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Art Therapy in Shelters
with Children from Violent Homes

Keri Herring

A Research Paper

in

The Department

of

Art Therapy

Presented in Partial Fulfilment of the Requirements
for the Degree of Master of Arts
Concordia University
Montreal, Quebec, Canada

April 1995

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Thank-you to my family who helped me to feel safe while growing up. Thanks also to Paul who supports me and is my equal. Finally, thanks to the students and professors in Concordia University's Art Therapy Department who have given me a taste of what Art Therapy can be.

Abstract

Art Therapy in Shelters
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Keri Herring

Presented in Partial Fulfilment of the Requirements
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There is a need for direct intervention with children from violent homes in a shelter setting. This research paper establishes a psychosocial basis of art therapy as an important mode of intervention with children from violent homes staying in shelters. The research presents a pragmatic look at characteristics of the shelter setting and children from violent homes. It also reviews intervention strategies that have so far been implemented to reach these children. An interview with an art therapy student who has interned at a shelter, and an interview with the shelter's director concludes the research.

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Introduction

"Five girls!" is an exclamation I often heard when people were informed of the constitution of my family. It was often accompanied with a whispered comment something like, "Your poor father!". I never really understood this comment as my mother and father seemed quite content with our gender. My parents believe in equality for men, women, and children. They conveyed this belief in their actions and also in their words.

The songs from a collection put together by Marlo Thomas (1974) entitled, Free to be you and me, are forever in my memory and helped to develop my conviction of the idea that no matter your sex, gender, or age, you should be free to be who you are and have the rights of all people:

Several pieces in the book challenge stereotypes that have imprisoned children's imaginations, stunted their emotional development and restricted the games, toys and people they play with. And two or three selections redefine fairy tales so that Sleeping Beauty can stay awake and look at her life with her eyes wide open, and the brave prince can relax and enjoy his life without continually having to prove his "Manhood" (Thomas, 1974, p.12).

I have come to realize how often violence and power are used to control people. This realization and my training in art therapy has drawn my interest in working with those who have witnessed violence and felt a gross misuse of power; children from violent homes staying in shelters.

Children from violent homes are facing a unique set of

conditions unlike any other population. Often these children come with their mothers to shelters in a state of crisis. Their stay is important and short term. Services offered to these children are minimal at this time, much of the focus is helping the mother back on her feet again. As a modality, art therapy may be able to reach the children in a way which no other approach could. Art allows the children to express themselves in ways beyond words, and the healing power of creativity should not be underestimated. There are many ways one could approach this research. I began my search with a question: How can art therapy benefit children from violent homes who are staying at a shelter? In answering this question I decided that my first step would be to learn more about the dynamics of the children and the situation in which they are found: the shelter.

Children from Violent Homes and the Shelter setting

The Shelter

Before I begin examining some of the characteristics of shelter life and how they may effect the therapeutic situation, I feel I should first mention that intervention services for children found in shelters is a relatively new phenomenon. "In other words, children outnumber women in residence at most shelter programs, but historically they have

not been primary candidates for intervention and treatment because the emphasis is usually placed on the women's needs" (Malchiodi, 1990, p.19). The needs of children in this state of crisis are now being recognized and services are beginning to be made available to them due to greater public awareness and funding (Jaffe, Wolfe, & Wilson, 1990). Shelters are now beginning to develop special services for children and I believe art therapy could be one of their primary intervention strategies.

Therapy with children in a shelter is crisis intervention, and is short term. Working within a shelter presents a unique set of circumstances which must be adjusted to in order for intervention strategies to be formed. Each shelter may also have its own approach in working with the clients that come to them, which must be considered. Cathy Malchiodi(1990), an art therapist who works in this environment states:

Within the scope of this structure, there are some basic considerations and inherent frustrations that do affect how art therapy services may be most effectively provided. These aspects are of key importance to how the art therapist designs short-term treatment and maintains an optimally effective program. No approach, including art intervention, can be effective unless it is flexible within the agency structure and realistic in terms of service delivery (p.18).

Some of the inherent frustrations which Malchiodi (1990) mentions should be examined in order to get a feel for the

shelter environment that the children, mothers, and therapist are facing. The population is constantly changing, mothers and children are constantly coming to and leaving the shelter. For the therapist this means that at times there may be very few child clients and at other times there may be an almost unmanageable number. Malchiodi speaks of this instability and says, "it can be frustrating and draining, and bring on feelings of lack of control in the therapist" (1990,p.48).

The fact that the children's stay is short term often implies that the children are in a testing stage in the therapeutic relationship. They may, at first, be uncomfortable, anxious, and uncertain. They may test the limits and boundaries or be needy for attention. Another condition which requires creativity and flexibility on the part of the therapist is the fact that the composition of groups may vary according to size, developmental level, and ages of participants. A common concern for therapists in this environment is that it is hard to feel that your intervention has had an impact when the children often leave the shelter to re-enter an abusive situation (Malchiodi, 1990).

Though there are many obstacles facing the therapist when reaching children in a short term shelter environment, if one keeps his or her goals in perspective the experience can be positive for both the child and the therapist:

As brief as it may be, the experience can be a strongly positive and memorable one. Invariably, the children enjoy their time with the art therapist;

they look forward to their personal time with their advocate and interventionist. At a time when mother is busy getting her life together, getting a job, seeking legal aid, securing a new home, and tending to her own psychic wounds, the art therapist can assume a positive and supportive role for the child. Quality attention can be paid to the child, thus enhancing self-respect and self-esteem. Ways to relax and reduce tension, ways to express feelings, and active ways to entertain oneself can be introduced to children and learned by them. Such learning may be transferred to post-shelter life, thus making children more resistant to stress and a little more able to cope (Malchiodi, 1990, p.53).

Their stay in a shelter is a busy one, with many people coming and going. New demands are often placed on the children as old ones are relieved. Most stays in shelters average between one and six weeks. The atmosphere is busy, due to the fact that there is much to be done in this time.

The Children

With this better understanding of shelter life, one must now look at the children who come to the shelter, and some characteristics which are common to this population. In order to understand the children that are coming to shelters with their mothers, one must consider the environment that they are coming from. Children from violent homes suffer the direct and indirect effects of this environment. One of the more direct effects is theorized to be learning to use violence in their interactions with others:

One of the most familiar and widely accepted views of aggressive behavior in children and adults is the

belief that violence breeds violence. The cycle of violence hypothesis, derived in large part from social learning theory, suggests that a child who learns violent behavior patterns at home will be more likely to engage in similar patterns later on (Jaffe, Wolfe, & Wilson, 1990, p.57).

Being brought up in a violent environment is thought to teach children that violence resolves conflicts and that assaultive behavior and threats maintain power and control over others. It is also thought to teach these children that the victims of violence have brought this consequence upon themselves.

More indirect effects, conceptualized under a "disruption hypothesis" of violent home environments, seem to depend on the child's age, developmental level, support system, and various other factors. The fact is that these children are facing an inconsistent, threatening environment which makes it difficult for them to cope:

In this manner, stressful family events, such as wife abuse, create an atmosphere in which the child not only faces the immediate threat of danger, fear, and unpredictable adults, he or she must also learn to cope with the myriad forms of "fallout" from the conflict, such as parental ineffectiveness, changes in residence and family income, sibling distress, and many others. The disruption hypothesis, therefore, accounts for the adjustment problems of children of battered women on the basis of their attempts to cope with extremely unpredictable and far-reaching changes in the family unit (Jaffe, Wolfe, & Wilson, 1990, p.62).

Both the direct and indirect effects of the child's home environment must be considered when one engages to work with children in a shelter. As Walker (1979) points out, it is

important to understand that:

Children who live in a battering relationship experience the most insidious form of child abuse. Whether or not they are physically abused by either parent is less important than the psychological scars they bear from watching their fathers beat their mothers. They learn to become part of a dishonest conspiracy of silence. They learn to lie to prevent inappropriate behavior, and they learn to suspend fulfillment of their needs rather than risk another confrontation (p.46).

It would in fact be an unusual circumstance if a child brought up witnessing this violence never felt it first hand.

When one looks at the threatening environment these children are coming from, the primary goal of any intervention becomes clear:

First and foremost, intervention has to be centered on the issue of safety. Children who live with ongoing violence need to be protected from the direct and indirect consequences of this violence. Children who continue not to feel safe in their home will not be able to focus on loftier goals of behavioral and emotional changes (Jaffe, Wolfe, & Wilson, 1990, p.84).

Given this brief sketch of the homes these children and mothers are fleeing from, one can begin to look at some common ways they may be effected.

When the child enters a shelter environment they are often in a state of crisis. They have left almost everything that is familiar behind and they are uncertain of the future. Often their primary support, their mother, is emotionally and even physically unavailable to them due to the fact that they

are also facing extreme circumstances which they are trying to deal with. The children are often scared, threatened to secrecy, confused, and do not know who to trust; "that is, the emotional trauma resulting from chronic rejection, loss of affection, betrayal, and feelings of helplessness that accompanies child maltreatment may be a common factor accounting for the changes in child behavior" (Jaffe et al., 1990, p.68). Children may react in many different ways to this set of circumstances. Hughes, Parkinson, & Vargo (1987) found that, "In addition to the externalizing of behavior problems, researchers have consistently found significantly higher levels of internalizing and over controlled problem behaviors among shelter children" (Jaffe et al., 1990, p.49). No matter how the child is acting or reacting to their circumstances it remains clear that she or he should be reached in some way and supported through this difficult time.

According to Jaffe, Wolfe, & Wilson (1990), who have done much research with this population:

The children we have interviewed are almost universal in their need to be listened to, believed, and supported. They usually are not looking for solutions but an opportunity to share their fears about their mother and perhaps all members of the family. Children at different stages of development may express these feelings directly to adults with whom they feel safe, or indirectly through play and drawings (p.83).

Some of the central issues focused on by those working with children in shelters are described as:

understanding the child's shock, confusion, anxiety, and distress that exist as a result of the trauma of witnessing violence;
being aware of the child's possible ambivalence about his or her relationship with both parents, including wishes for changes in both mother and father and in their relationship together;
understanding the child's insecurity about his or her future and planning for the mother's next move as well as possible guilt about having caused the violence or not being able to prevent it;
knowing how to deal with the child's aggressive behavior toward mother or other residents;
helping the child to develop a sense of trust and safety in the current environment (Cassidy et al., 1987);
helping the child to foster relationships with appropriate nonviolent male models (Armstrong, 1986); and
assisting the child in handling the distress of being removed from familiar environments, such as school, community, and related friends and activities.(Jaffe et al., 1990, p.97-98).

Offering services to children at this time may be an important step in helping them to cope. Carlson (1984) notes that, "this may represent an ideal opportunity for children to share their feelings and sense some safety and adult support in these circumstances. Children who witness their mother being assaulted are experiencing significant emotional trauma that requires an outlet for expression and some sense of restabilization" (Jaffe et al., 1990, p.96). The child's resources may be immobilized because of the anxiety, fear, and depression brought on by the crisis. Reducing these feelings may be a major goal in their treatment (Malchiodi, 1990).

Malchiodi (1990) turns to creativity to reach children who are in this situation,

Creativity can become a positive replacement for

feelings of anger and violence and helplessness. Through art experiences, a feeling of internal locus of control is created. The individual has an effect on the world around him or her symbolically through the small space of artistic experience. For a child traumatized by violence in the home, this measure of control can be extremely important to stabilization and mastery of the immediate crisis (p.23).

This is a time of change and transition for those staying at a shelter. The children are facing demands from their environment and from their internal state which they may be unable to comprehend and handle alone. Reaching the child in this state of crisis and showing them both resources from within and without may help them to cope with this often terrifying situation.

Direct and Indirect Intervention

There are both direct and indirect ways to intervene when addressing the needs of children from violent homes staying in shelters. Indirect approaches may involve helping the mother to get back on her feet again. This may be done by determining her needs and helping her work towards them. It could also involve helping her to interact and communicate with her child or children by teaching specific parenting skills which may be more effective than the ones she previously used. Sharing developmental information and ways in which children cope with stressful situations may also help

her to understand her child's reactions; to the violent home, or to the move into the shelter. Advocacy is another indirect way to influence a child's environment which may have an effect on her/his well being. This may range from connecting the family to the most appropriate and needed services from their community, to increasing sensitivity in the school system to the concerns of children who have experienced violence in their homes. Other more indirect approaches may focus on breaking the generational cycle of violence by increasing society's awareness of the dangers of using violence to attain ones wants, and of being victimized by this type of force.

Direct intervention approaches focus on working with the children, either individually or in groups, in order to help them work on the particular issues that they may be dealing with. These issues change depending on their developmental level, the history of violence in their lives, and the individual child's reactions to their situation. Direct intervention often also involves an advocacy role, in that the primary worker with the children would need to share pertinent information about the child's functioning with others who are directly involved with the child.

An art therapist may work with a direct or indirect approach or a varying combination of the two, this would depend on the art therapist and the needs of the shelter at which s/he is working. In order to examine how art therapy may

benefit a program for children at a shelter for women and children from violent homes, programs that have been developed in shelters to help meet the needs of these children will be presented as will some research findings which have been designed to help better define the population we are speaking of. To illustrate how new research in this field is it should be noted that prior to 1970 there was almost no literature to be found even on the subject of spouse abuse, nor did there seem to be acknowledgement of violence in the marriage or the family. Since then there has been a rapid increase in both professional and public awareness of spouse abuse and an expanding professional literature (Neidig, 1984). This literature is just beginning to acknowledge children as the unintended or indirect victims of wife abuse (Jaffe, Hurley, & Wolfe, 1990). For the purpose of this paper focus will be on the direct intervention approaches aimed at servicing this population of children, the more indirect modes of intervention will only briefly be presented.

Research on Children from Violent Homes

In 1981, the National Center on Child Abuse and Neglect in the United States funded six demonstration projects designed: to modify the effects of violence on children through crisis intervention and remedial activities; to identify needed community services and act as advocates for

this population; and to develop techniques to improve parenting skills in violent families. Five of the projects continued after the initial funding year. One of these five, The Family Place, in Dallas Texas, was selected to provide technical assistance to the demonstration projects and to oversee the collaborative research. As part of its research mandate, The Family Place set up a study of the children who came to the shelters. The authors state:

When women who have been beaten by their partners seek refuge in shelters for battered women, they usually bring their young children with them. Until recently, most shelters could offer only a temporary protected environment and some day care for children... their mothers were perceived as those in need of counselling and therapy. In recent years, however, concern about the long-term effects on children of living with and witnessing violence, together with evidence that many children are themselves victims of abuse, suggest the need for remedial and preventive services to help break the cycle of family violence (Layzer et al., 1986, p.6).

The authors summarized the findings of assessment forms collected to study the children coming to five shelters in the United States. Information about 906 children was gathered, and forms describing such characteristics as income and family problems were also completed. An outline of their major findings follows:

- * The women and children left homes in which physical violence and emotional abuse were frequent and had persisted over several years. Close to half of them had been battered for more than five years, weekly or more frequently. For some of the women, battering was daily.
- * The children in these homes both witnessed violence when

it was directed at their mothers and were themselves victims of it. Nearly 70% of the children were victims of abuse or neglect. Nearly half were physically or sexually abused; in addition most of these children were emotionally abused and physically neglected. Physical attacks on children were often savage- guns, knives, poison and burns were the weapons used on half of those who were physically abused. Five percent of the children had been hospitalized as a result of the abuse.

- * The batterer of the mother was usually the abuser of her children, although, in about one-quarter of the cases, the mother joined the batterer in abusing the child. In a few instances, only the mother was the abuser.
- * Despite the pervasiveness of the violence towards children, only about 20 percent of the families were currently being seen by protective service agencies. This group of children who entered shelters with their mothers represents a population of abused and neglected children largely unknown to and unserved by the agencies mandated to protect them (Layzer et al., 1986).

From this study it is clear that violence does occur in the family. In fact one estimate states that in Canada one million women are physically and sexually abused every year by the men they live with (Jaffe, Hurley & Wolfe, 1990). Though the violence is now acknowledged and women are thought to be in need of social support in the shelter setting, the children are often overlooked. Studies such as these illustrate how victimized the children are who come from these homes, and that services should be developed to recognize their needs.

Honore M. Hughes (1986) outlined research findings that had been done on children in shelters for battered women. Hughes noted the improvements in research methods from anecdotal evidence and impressions to standardized, well-validated instruments, and the use of control groups. The

author noted that these improvements allow for more definitive conclusions to be drawn. Hughes outlines factors that seem to influence the adjustment of shelter children as being: "...the ages and gender of the children; the amount of violence they observed; their abuse status (that is, whether they were abused in addition to witnessing violence); and the mental health of the mother" (Hughes, 1986, p.22). The author concludes the article by summarizing the findings and making some recommendations for intervention based on the research. Hughes (1986) states that preschool children seem to be the most at risk for difficulties in psychological adjustment and behavioral ratings that suggest a need for treatment. Hughes relates this as being, "...from the increased likelihood of having been physically abused, from problems attendant with their level of cognitive development and from the greater probability that their mothers are having difficulty coping due to depression" (Hughes, 1986, p.24). The author sees the primary intervention with preschool children as being conducted through their mothers by offering these mothers more intense attention involving shelter crisis intervention, advocacy, general parenting education, and possibly individual therapy. The author notes that it is possible to intervene more directly with school-age children and that shelter workers should be alert to the children's, "...different levels of adjustment, distress and usual problem-solving styles, based upon their gender, abuse status and the amount

of conflict they had witnessed" (Hughes, 1986,p.24).

The author suggests to work with the children by presenting new ways to cope with internalizing behaviors, relaxation skills, and new problem-solving strategies to cope with depression. Also since aggressive/ antisocial behaviors are likely to continue into adulthood, non-violent methods of interacting should be taught. Hughes (1986) suggests that changing the children's attitudes toward violence would make a difference so that physical abuse they have witnessed would not be a routine part of life and they would realize that there are ways to live without violence.

It will be helpful here to present a summary of the main research findings pertaining to the characteristics of this population presented by Hurley and Jaffe (1990):

Typically, these children exhibit patterns of maladaptive behaviour, with higher levels of internalizing and externalizing behaviors than is seen in children who have not had this experience. They share with other traumatized children a constellation of symptoms including anxiety, helplessness, sleep disturbances, and somatization which are consistent with the child's stage of development and the severity of the trauma they have experienced. Children who witness family violence are at risk, both in the short term and long term, for behavioural and emotional difficulties which have a significant impact on their interpersonal relationships.

The research clearly indicates that this population is in need. This awareness however has not been matched by the development of specialized programs for these children. In

fact a survey of Canadian shelters for battered women indicated that only a small minority had any specialized staff or programs for the children who come to these centers (Jaffe, Wilson, & Wolfe, 1986).

Programs Developed to Reach these Children

Some programs have been developed specifically to try to determine and reach the needs of children in shelters. Some of these programs will be outlined below. Understanding the steps advanced so far for reaching this population will present a clearer picture of how an art therapist may work within, and help to develop these programs.

Christine Delange (1986) wrote an article describing The Family Place Children's Therapeutic Program, developed at a shelter for victims of family violence in Dallas, Texas. This program was designed to provide children with positive role models, positive experiences, and healthy alternatives to dealing with frustration and anger. The program was outlined as having three major components: crisis intervention, remedial activities, and advocacy services. The shelter staff recognize that children from violent homes are traumatized, often abused, emotionally neglected and suffering severe mood swings brought on from living in the stress and tension of violent family relationships. In fact their records show that 55% of the children were victims of physical abuse, 12%

experienced sexual abuse and 75-80% displayed social and emotional problems such as, "...nightmares, bed wetting, tantrums, biting, kicking, excessive anger and fear" (Delange, 1986, p.13). The author goes on to state:

...the children who come to the shelter exhibit low self-esteem, lack of impulse control, short attention span and an inability to control anger. While some children are often physically aggressive and verbally abusive toward other children and adults, others display passive and withdrawn behavior (Delange, 1986, p.13).

She comments that often the children take on adult responsibilities in the family, are socially isolated from their peers, and do not relate to activities and interests of their own age group.

The remedial activities in the children's therapeutic program stressed having a structured, consistent, predictable daily schedule and therapeutic activities in which each child or group of children could share feelings and act out their needs. The program engages both school age and preschool children in activities to, "...enhance self-esteem, stimulate problem solving and creative play, improve socialization skills, increase coping mechanisms to better handle anger and frustration and teach more appropriate ways to gratify needs" (Delange, 1986, p.14). Individual and group play therapy are provided to work on these issues. The Family Place Children's Therapeutic program also offers both formal and informal intervention focused on parent-child interactions and

communication. The staff act as advocates to help assist the children in receiving from the community those services identified by both the staff and parent as important. The author sees therapeutic programs for children in shelters as having a unique opportunity to: provide support and understanding regarding the changes in their family life; to identify and assess each child's special needs; and to assist in remediating social-emotional problems through direct intervention and advocacy services.

Honore M. Hughes (1982) presents a number of brief interventions which were implemented for purposes of providing services directly to children and to interrupt the cyclical perpetuation of violence across generations of families. This work was funded by a grant to the University of Arkansas for the purpose of providing a replicable model for services to the children in the community's Battered Women's Shelter. This model preventative program included intervention with the children, mothers, schools and shelter staff members. The children's services consisted of individual, peer, sibling, and family counselling. Mothers received education regarding parenting skills and child development and a school liaison system was established. The shelter staff were also trained regarding child advocacy and child development. The grant staff consisted of four advocates for the children: a clinical psychologist, two graduate students in a clinical psychology training program, and a child advocate who worked at the

shelter.

For the purpose of this paper their direct intervention with the children will be focused on. The services to individual children varied from a Big Brother/Sister recreational type approach to longer term more intensive contacts which more closely resembled traditional child psychotherapy. The type of intervention chosen depended on the ages and needs of the children. Hughes (1982) states that typical issues that the children dealt with included making the transition to a new place of residence and a new school, fear of being unsafe, and missing their fathers.

A weekly "Children's Group" was developed during which feelings, fears and fantasies were discussed. The children were often divided into small groups by age in order to discuss the concerns that they had in common. Occasionally the groups were separated to give siblings a chance to work together on particular family issues, such as alcoholism or incest. Family meetings were also held with the mother, during which a staff person acted as a facilitator in order to help improve communication and to assist the family in the discussion of sensitive topics. In the context of these groups the children dealt with: "coping with the substantial change in their lives; getting along with the other children; plus, dealing with their feelings about their fathers, their attitudes regarding physical punishment and their reactions to the "no violence" rule at the Shelter" (Hughes, 1982,

p.497). The author proposes that the discussion of the rationale for the prohibition against physical force allowed for a preventive type of understanding of the problems associated with the use of violence.

Hughes (1982) summarizes the goals of the staff who received the grant as being child-focused and family-specific:

a) grant staff members provided family members with support in their distress; b) they facilitated increased understanding with the children, both of the situation and of their feelings; c) they helped the children better comprehend the psychological reactions and processes that were unique to their particular situation (e.g., alcoholism, divorce, incest); d) they attempted to enhance, and help the mothers increase the children's feelings of self-worth; e) they facilitated communication within the family; and, f) they attempted to help mothers and children find nonviolent methods to deal with frustration(p.501).

It is clear that child-focused intervention involves working directly with the children. Yet, working with others who are perhaps more permanent in their environment, including their mothers, the shelter staff, and their school may help them to better understand the children's behaviors and needs.

Linda B. Hunter (1993) wrote of her work using play therapy with homeless children. She views shelter life as providing an opportunity for intervention in the crises of families that are ordinarily difficult for service agencies to reach. She sees siblings as a natural support system and clarifies her program and findings with case examples showing how children use play therapy as an opportunity to, "...manage

family crises as they happen, resolve conflicts, and express difficult feelings, making sense of their unpredictable world and mastering crucial developmental tasks" (p.65). The author developed a combination of parenting classes "Family Evenings", support groups "Mothers' Mornings", and children's activities. The children's activities involved individual, group, or sibling, non-directive play therapy.

Hunter (1993) described the mother accompanying the children as being often, "overburdened, depressed, and unable to offer adequate attention" (p.66). The parent is usually overwhelmed and busy making arrangements and future plans. The author uses sibling therapy to help the children to use each other as a resource for support and understanding. Hunter (1993) sees sibling therapy as a possibility to stimulate shifts in communication patterns and to help them to verbalize feelings instead of acting them out against each other.

Most children arriving at shelters for battered women come with a brother or sister. If the children are aided, through therapy, to enhance the supportive and minimize the destructive elements of sibling interaction they may help each other through this time of crisis (Hunter, 1993). Moore et al (1990) support this idea stating, "...the sibling relationship may play a significant role in children's abilities to cope with adverse conditions both within the home and in the community" (p.20). There is a high probability that this support system will go with them when they leave the shelter.

Gibson & Gutierrez (1991) developed a service program in New York for safe-home children, servicing more than 6000 victims a year. This program involved providing housing with host families to various families in crisis for a period of up to three months. When reviewing the history of shelters it was the author's belief that services for battered women were often not prepared to deal with the complex needs of children who witness family violence or who themselves are targets of abuse. At the time of the study the authors provided various programs for the families involving services focused on the mother, the children, and the family. The development of a children's program was made possible by a grant; it was one of the few programs at the time designed specifically to meet the needs of children from violent homes. The grant funded only enough money to hire one full-time master's-level counsellor and supplies for play and art therapy. The counsellor supervised between three and seven student interns, representing a variety of disciplines from colleges and universities. The counsellor and her staff were responsible for: intake and assessment; case management and advocacy; and group services and counselling.

Though Gibson & Gutierrez (1991) described all of their services, following will be an outline of their children's program. The purpose of the children's group was to help children to learn, through the use of age-appropriate activities and exercises, problem-solving methods and socially

acceptable ways to ventilate and express anger and other feelings elicited by the violence and family dislocation. The groups also focused on other social skills that would help the children function in a group. They lasted approximately one and one-half hours. The number of children present varied from 2-16 with an average of 3. The groups engaged in various activities during a typical session including: talking in a group; individual play time; organized group play; role playing; playing with puppets; watching videos; and listening to music. The authors stress the importance of having a worker available to provide immediate, concrete services to stabilize the family's situation, including the needs of the children. They also add that a willingness to provide concrete services and to be an advocate with community agencies can be an effective way to allow them to then be able to work on emotional issues. Gibson & Gutierrez (1991) look at the crisis situation as being a time when the family's old ways of behaving and coping are being challenged and new ways may be developed. They also see it as a time to determine if the children are in need of more intrusive intervention. They view the shelter stay as one way to begin to undo the damage done to children who have witnessed family violence.

Michele Kates and Debra Pepler (1989) outlined a program they have set up involving a reception classroom for children from violent homes that are living in emergency shelters. At this time it was believed to be the only classroom in Canada

designated for these children. The reception classroom provides an environment where the children can learn in a class with other children going through similar difficulties including siblings and other familiar children from the shelter they may be staying at. The reception classroom also reduces the risk that the children might be in danger, as they may have been if they were going to their regular school at this time. It offers a supportive environment in which the focus is on individual educational work, recognizing some of the children's emotional needs, and the development of appropriate social skills. It was noted that the poor social skills may be apparent because of a variety of factors such as: modelling of aggression; poor child management; and weak family problem solving in the home. The authors propose that school districts with large numbers of transient children in emergency shelters for battered women should consider setting up a reception classroom. They conclude by offering suggestions to a regular school program that might increase its sensitivity to children going through this troubled time such as: staff education about the impact of family violence; additional support for children identified as coming from violent homes; a study program that addresses violence within our society; and an increased emphasis on the development of social skills. The authors believe it should not be assumed that critical social skills and alternatives to the use of aggression are being taught in the home.

Jaffe, Hurley, & Wolfe (1990) offer a summary of issues that they believe need to be considered in the treatment of children suffering the specific consequences of the trauma of witnessing violence:

- * Basic safety skills to help the child prepare for future family crises. These skills need to involve some discussion about the dilemmas created for children when they think about calling the police. Are they able to ensure their mother's and their siblings' personal safety? Are they being disloyal to their father?

- * Their feelings about their family situation - these include guilt, anxiety, anger, confusion and sadness. They also need to deal with their ambivalent feelings about each parent. Children love their father but disapprove of his violence. They feel sorry for their mother but also resent her helplessness and inability to protect herself and the children.

- * The fact that anger and conflict in relationships are a normal part of life. However, violence is not an appropriate way to resolve conflict. Children who witness violence lack alternative role models who will help them deal with their own anger. Often children are frightened by their own anger and feel that the cycle of violence is inevitable.

- * The responsibility these children feel for having caused the violence. Interventions must be designed to take into account these exaggerated and false perceptions that lower self-esteem and promote self-blame. Children need to learn that their parents are each responsible for their own behaviour. Children are responsible only for the normal challenges of childhood and age-appropriate concerns (Jaffe, Hurley, & Wolfe, 1990).

Disclosure is common early on in the intervention, "Most children are protective of their parents and hesitant to disclose the violence that goes on "behind closed doors" in

their home. Children are most likely to share their observations at the time of crisis such as a police intervention, an admission to a shelter or in extreme trauma" (Jaffe Wolfe, & Wilson, 1990, p.79). Following disclosure it is important to ensure that the child is listened to and supported. Follow-up procedures are also important to lessen the chances of mental health difficulties in later life (Jaffe, Wolfe, & Wilson, 1990). It could have devastating effects on a child if he or she does reach out, through disclosure, to find no services are available for him or her.

The studies presented offer many goals that are focused on when working with this population including: to share feelings; to enhance self-esteem; to stimulate non-violent problem solving, to improve socialization skills; to increase coping mechanisms to better handle anger and frustration; to teach more appropriate ways to gratify needs; to provide support and understanding; to help them make the transition to a new place of residence and school; and to build a sibling support system where possible. As an art therapist one may take on many roles depending on the needs of the shelter and the personality of the therapist. I chose to focus on direct intervention approaches as I feel art therapy may address some of these issues relevant for children who have lived in violent homes and have the opportunity for short term intervention in a shelter environment.

Art Therapy Intervention in Shelters
with Children from Violent Homes

Children from violent homes staying in shelters are facing many external and internal stresses. It will be presented why art therapy may be an appropriate mode of assessment and intervention for this population. Research will be explored in this area and will be followed by two interviews: one with an art therapy student who has interned at a shelter for women and children from violent homes; and the other with the shelter's director.

Why Art Therapy?

There is much written of the benefits of working with children in art therapy versus many other types of therapeutic interventions. To begin, a general definition of what art therapy is may be helpful. Art therapy is a form of psychotherapy which reconciles emotional conflict and promotes personal growth by the use of art materials:

The arts therapies are the purposeful use of media and techniques derived from the arts themselves and psychotherapy in order to help people to understand themselves, release tensions and anxieties, learn specific coping and communication skills and facilitate the resolution of conflicts (Naitove, 1982, p.270).

The use of art in psychotherapy seems to be a natural combination when working with children, who may find the more verbal approaches much more difficult and may need a creative outlet to work through their experiences. In fact, the importance of the availability of art to children undergoing stress was recognized by the White House Commission on Mental Health (1978):

Normal persons, children, who are involved in either personal or situational stress (such as sexual abuse) are temporarily vulnerable to developing emotional problems. The arts must be made available to these children to facilitate coping skills in the face of life-threatening trauma (Cited in Naitove, 1982, p.269).

It is clear that children in shelter settings are a population facing much stress and therefore should be reached and facilitated to understand their experiences in ways that their developmental level may require. Experiences through the arts can be cathartic and can facilitate tension reduction and relaxation through the release of emotion in order to help the children better focus and cope with the difficulties they are facing (Klingman et al., 1987).

Naitove's (1982) description of art therapy work with sexually abused children can readily apply to work that may be done with child witnesses of conjugal violence:

These activities engage perceptual motor, sensory motor, and cognitive skills; object relatedness; interpersonal and group skills; reality testing; personal awareness and identity. Creative arts expression may reduce or relieve tension and anxiety by allowing the client to recognize potentials for control, failure, mastery, rejection, hostility and

acceptance while developing the abilities to cope with these risks in safe socially acceptable arts experiences (p.284).

The use of the arts in therapy can reach a child at various levels and allows for exploration and growth in many different areas.

Children often cannot verbalize what they are experiencing internally or externally and need an action-oriented approach for expressing themselves and for building relationships:

...expressive therapies offer a versatile, individualized alternative therapeutic approach that can be used with a wide range of individuals in crisis. Expressive therapies also offer an additional method of communicating information to the clinician as well as facilitating a working rapport with the patient. These modalities do not require immediate verbalization and are action-oriented (Farrelly & Joseph, 1991, p.132)

Many children that enter a shelter setting are 'acting out' or 'acting in'. Therefore, a reflective approach towards their difficulties may be futile. The more involved participation required by the art making process in art therapy is implicated and may help the child make sense of their externalizing and/or internalizing behaviors.

Art therapy in shelters for women and children from violent homes must reach the children in a meaningful way in a short time. There are many advantages of using art in crisis intervention. Art, rather than a more verbal approach, can

help clients understand their situation more clearly as their art making may not be as restricted by inherent defenses often present in verbalizations. Klingman et al. (1987) examined how interventions are often avoided by individuals under excessive stress and state that in order to increase their willingness to approach intervention strategies, the strategies must be somewhat self-directed, and must allow graduated exposure to the aversive stimuli. In the case of a child at a shelter the aversive stimuli may be remembering the abuse, or exploring their feelings around familial violence. Art therapy allows the children to focus on what they are able to handle at that time, and to work at their own pace:

Children's difficulties in discussing their response to a trauma may be due to their relatively short-term defenses against remembering, their inability to express their internal turmoil in words, and/or their suspicions of the readiness of adults to listen. (Klingman et al., 1987, p.163).

Expression through art allows for a certain kind of remembering which may not be as guarded, or perceived as being as dangerous, as verbal disclosure of their experiences. A child may not be able to verbally express what they have felt or witnessed, yet in his or her drawings the child's experiences become better understood by both child and clinician.

Other characteristics of the art process known to reduce the avoidance behavior or defenses are that: art is a natural

way to express emotions; many children and adolescents enjoy working with art materials; art creation is a socially acceptable way to reveal reactions to one's environment; and the sense of mastery offered through the creative process often leads to a feeling of gratification (Klingman et al., 1987). The arts offer tangibility and permanence and the children can check and recheck their perceptions (Klingman et al., 1987). The works can also provide documentation of the progression of the therapy:

When the product is graphic, plastic, or has been recorded on film or tape, the work itself remains as a witness, available for immediate review or later to evaluate changes over time. The original work can be altered or revised to suit the needs and desires of the clients (Naitove, ,p.291).

Children often work in the here and now; art expression allows for this focus on the present act of creating. Art offers children a way to remember if they wish, what they have created or what direction they were heading in, in terms of expression and exploration. It seems to act as concrete proof of the work done in sessions and is often kept safe by the art therapist throughout the therapy and used as a review when the child is leaving the shelter. The children often decide at the end of their art therapy experience which works they would like to take with them from the shelter and which ones they would like to leave in the therapists care. This decision is often quite symbolic and can tell the therapist a lot about

how the child is dealing with the termination of the therapy, and the fact that they are soon leaving the shelter.

Since work with children in a shelter setting is short term it seems that giving a child a method of expression and release which they can use beyond their stay at a shelter would be beneficial. Art can be used as a coping resource for the children, "Art that is experienced in the context of crisis resolution becomes an asset; it can serve as a model for coping in future crises, and eventually, become part of a basic behavioral repertoire for self-monitoring of internal events" (Klingman et al., 1987, p.165). The children may take the experience of problem solving, exploration, and expression through art with them and use it when they experience times of stress. The benefits of this type of expression and exploration for the child, even when an art therapist is not present, are manifold. Also, the child's supportive experience with the art therapist could be remembered in this way.

Art Therapy and Assessment

Because the work with children in a shelter setting is crisis intervention and is short term one of the central purposes of an art therapist's intervention with a child may be that of assessment. It would be important that even if the art therapist only meets with a child briefly that the information learned through the art therapy may be used in

order to advocate for the child and help others to understand his/her particular experiences or needs. Often when children are living in violent homes they not only witness abuse, they are also the recipients of it. Assessment with this population must be designed to find out more about the child, her/his situation, and to help determine if they, too, may be victims of abuse.

Traditional means of assessment and diagnosis for these children is often unsuccessful because they are unable or unwilling to communicate their complex thoughts and feelings. An approach must be used which is sensitive to the special needs of this population. As stated in a study by Nancy Sidun and Ronald Rosenthal (1987) of their work with sexually abused children;

Specifically, sexually abused children commonly perceive the usual verbal methodology for assessment and treatment as threatening and emotionally loaded (Naitove, 1982). Verbal communication during assessment and treatment may demand a skill level not always available to the child. In addition, victims may be cautioned or threatened by family members and perpetrators not to talk about what has happened...Finally, because sexually abused children may repress or suppress their abuse, a test that does not rely on conscious report seems indicated (p.26).

The use of art with children for assessment creates a non-verbal mode of communication through which the therapist and child can begin to break the silent wall surrounding the child. The artwork of these children escapes the censorship

which they are careful to maintain in their verbal communication. As stated by Cathy Malchiodi in her book, Breaking the Silence (1990), " for children who have been abused or have witnessed violence in their homes and are often silent in their suffering, art expression can be a way for what is secret or confusing to become tangible" (p.5).

In many cases children who come from violent homes are suspected of being, or having been abused, in some way. It is important for caregivers to explore this issue in order to determine if this is the case. Can an art therapy assessment procedure actually detect abuse? There are no conclusive results supporting the notion of guaranteed detection of abuse (Wadeson, 1987). Art making, however, has been found to help children in the communication of this information (Briggs & Lehmann, 1989).

Many different assessment procedures have been developed for children using art media. Some involve the exploration of one drawing such as Kinetic family drawings (Burns & Kaufman, 1970) in which participants are asked to, 'draw everyone in the family doing something'. This procedure seems to help mobilize a child's feelings particularly in the areas of self-concept and interpersonal relations. Manning (1987) designed an art-based task in which she asks a child to draw a 'favourite kind of day' to assess a physically abusive environment by examining the weather, size, and amount of movement in the picture. Buck (1973) designed a task of

drawing a house, a tree and a person and then asking the subjects to define, describe, associate to, and interpret their drawings. This technique was developed to learn about the subject's, "sensitivity, maturity, flexibility, efficiency, degree of personality integration, and interaction with the environment" (Buck, 1973, p.1).

Other studies involved the examination of incest markers in children's artwork (Cohen & Phelps, 1985); the use of House-Tree-Person drawings to establish child abuse (Blain, Bergener, Lewis, & Goldstein, 1981); Draw-a-person tests to determine graphic indicators of sexual abuse (Sidun & Rosenthal, 1987); and, The examination of human figure drawings for emotional indicators of sexual abuse (Hibbard & Hartman, 1990). Drawings have also been studied as indicators of intelligence (Goodenough, 1926) and personality (Machover, 1949; Koppitz, 1968). Tasks such as these have particular rating scales or methods of evaluation which have been studied to examine their reliability and validity.

More general assessment procedures have been designed to help the clinician learn more about the child client and their suitability for art therapy. The Kramer Art Therapy Evaluation Scale (Kramer & Schehr, 1983) requires that a client complete three art tasks; a drawing, a painting and a clay sculpture. This assessment was designed to provide information on a client's strengths, weaknesses, and potential for benefiting from art therapy. The Ulman Diagnostic Interview (Ulman, 1965,

p.63), consists of four drawings and one movement exercise which concludes with one final free drawing. The Winnicott Squiggle game (Winnicott, 1971, pp. 14-27) involves the process of scribbling, making the scribbles into a picture and telling about it. This process involves the active participation of both the therapist and the client to participate. Stember's assessment procedure (Naitove, 1982) involves characteristics of Ulman's Diagnostic Interview and Winnicott's Squiggle Game and might include as many as seven tasks in art, drama, and play therapy.

An assessment procedure is offered by this author (See Appendix) as a way for an art therapist to gain information regarding what is on the child's mind, how s/he perceives himself or herself, and the imagination, hopes and/or fears of the child. It may also indicate the possibility that abuse may have occurred. The assessment requires the child to create four pictures and should take approximately one hour. It does not use sculptural materials as three dimensional objects are less easy to store. The age of the children this assessment is geared for is between 5-12 years. This procedure involves a free drawing, self-portrait, drawing of a dream, and finally another free drawing.

There are many ethical considerations that should be examined when implementing assessments with this population. As an art therapist I believe one has to be careful when working with children to not be too intrusive and have them

share too much before a strong alliance of trust and safety has been established. It is hoped that the assessment procedure chosen will help to open some avenues of further exploration but will not be overwhelming for the child in crisis. Confidentiality when working with children is a delicate issue to manage, as the primary caregiver plays such a vital role in the child's health. For this reason it is important to share information with the mother that will be useful for both mother and child, being careful not to betray the trust of the child. Ethical issues also arise when unreported abuse is suspected from the information of the initial assessment, or further art therapy sessions. The therapist must follow the guidelines set out by the shelter in which they are working and Canadian laws for cases of suspected abuse (Wells, 1990).

The problem of child abuse is an area of increasing concern among health professionals. Often abuse is not detected until adulthood when the victims are finally able to speak out; in many cases the abuse is never discovered. The earlier the abuse is detected the sooner it will be stopped and only then can the healing begin. As stated in a study by Felice Cohen and Randy Phelps (1985), "Those of us who work to try to undo the catastrophic effects of incest must find a way to learn the child's secret before she is able to disclose it. Assessing her drawings may be a means of doing so" (p. 259). Art therapists in a shelter or crisis centre can

play a vital role in assessing and working with children at this difficult time. An art therapist in a shelter setting may be the only person with the opportunity to work closely with a child in order to learn their needs. In this case the art therapist may take on an advocacy role in order to share pertinent information with the mother, and the treatment team at the shelter. This advocacy role may also involve making referrals to outside services on the child's behalf. The art therapist must know of the most appropriate action once s/he is made aware of certain concerns regarding a child and must be careful to maintain a trusting relationship with the child throughout this process. Allowing children to communicate and express through art may be a means of reaching the child in ways that traditional verbal methodologies could not have. It is anticipated that the use of art in the assessment procedure will help the child to share their position in this state of crisis.

Addressing the Children's Needs

Some of the overall needs that art intervention can be designed to address outlined by Cathy Malchiodi (1990) are: learning to communicate feelings, giving the child permission to be a child, coping with stress, and addressing self-image. In her book, Breaking the Silence, Malchiodi (1990) outlined certain needs that were often expressed through their art

products and their behavior while creating, which included: an intense need for nurturance; generalized anxiety and fear; withdrawal/ depression; aggression; regression; low self-esteem; and at times Post Traumatic Stress Disorder. Each of these needs were examined, and ways they are worked with by the child and therapist through the art experience were presented.

Feelings of guilt and low self-esteem often go hand in hand the children staying in shelters. Focus is on helping to alleviate the child's blame on themselves for the violence, or for the separation from his or her father. In this way the child's self-concept may be enhanced:

Children typically enter shelter programs with very poor self-concepts, often related to feelings of responsibility for what has occurred at home. Although it is probably unrealistic to think that one can have a major impact on a child's self-esteem during his or her brief stay at a shelter, one can begin work in this area (Carlson, 1984, p.162).

Ambivalence towards one or both parents is also very common. Often the children feel both love and anger towards their parents regarding the issue of family violence. This ambivalence is accompanied with a feeling of guilt and low self-worth. Acknowledging how a child feels and helping the child to feel that they are understood and are not alone is a first step in helping to rebuild his or her fragile self-esteem.

Due to the short period a therapist will actually work

with the children the primary approach is of a supportive nature. Attention is on developing the therapeutic alliance, the enhancement of the child's strengths and healthy coping strategies, and to help the children gain a sense of mastery in this overwhelming situation (Farrelly, 1991, p.131).

Often children react to their environment without knowing how their behaviors relate to their experiences. Art expression may offer the child an opportunity to explore his or her feelings and behaviors and the connections between the two. This increased understanding of why they may respond the way they do may help alleviate some of the less healthy coping responses and replace them with a more helpful responses;

If these previously threatening thoughts and feelings can be examined, discussed, and made meaningful in a concrete fashion through the art intervention, the cycle of continual repetition of symptoms or dangerous acting out behaviors can sometimes be interrupted, provide relief, and perhaps, eventually, insight as well (Farrelly & Joseph, 1991, p.134).

Children are often empowered with this new understanding and may explore their reactions to events internally well after their stay in the shelter. This process of developing an understanding of their behavior may help them to better handle their more negative feelings and to find new ways to cope and gratify their needs besides violence.

Art Therapy Research

Very little research has been done studying art therapy in shelters for women and children from violent homes because it is such a new field. Therefore, related areas such as expressive therapies in crisis intervention, shelter programs in general, and art therapy with sexually and/ or physically abused children were found to be helpful in learning about how art therapy could be implemented with children from violent homes staying at shelters. It should be noted that expressive therapies and creative therapies include, but are not restricted to, art therapy, as they also include music therapy, dance therapy, drama therapy, among others.

Due to limited budget and time, sometimes group work is chosen either in addition to or at the exclusion of individual work. In some cases it may be the therapy of choice as there are many benefits offered by group therapy, "in addition to a climate for creativity, it is important to provide a variety of situations in which to experience the arts therapies..." At the same shelter art therapy may be offered on an individual bases to a child, to child dyads, to sibling dyads, to peer groups for adolescents, to parents, to mothers, to mother and child, and to multiple family groups. It really depends on the art therapist, his/her caseload, and the needs of both the staff and those staying in the shelter.

Carlson speaks of the benefits of group work, "A group experience can provide support, as well as the knowledge that one is not the only child with a violent home life" (1984, p.164). He also states some of the goals that working in a group may help to achieve:

In addition to focusing on the identification and expression of feelings, such groups can also assume a preventative or educational role. This might entail working with children on the development of such social skills as more effective verbal communication, as well as problem-solving, and non-violent conflict-resolution skills (Carlson, 1984, p.164).

In a chapter entitled, Group treatment of children in shelters for battered women, Alessi & Hearn (1984) describe a group experience designed and implemented with children in shelters between the ages of 8-16 for a sequence of six weekly sessions. The goals of the treatment group were to give children living in the shelter the opportunity to:

1. have the necessary support to resolve the crisis they were experiencing;
2. learn to identify and express feelings;
3. learn problem solving skills; and
4. learn modes of healthy coping behaviors (p.54).

The use of creative expression and exploration may help the children to achieve these goals. An art therapist provides both verbal and non-verbal support for the child as they resolve the crisis they may be experiencing. Expression through art may also develop children's abilities to identify

and express feelings. Also, the process of art making involves problem solving and the development of cognitive skills required for this process. As examined earlier art making can be viewed as a healthy coping behavior which may help children function during times of crisis.

The treatment components of this group involved: 1) A crisis model component, which allows for the ventilation of feelings, the reestablishment of equilibrium, and a focus on problem-solving skills. The group was designed to help children to find some stability and to express their feelings in an atmosphere of support; 2) An accelerated model component, this indicates that the focus is on the here and now, with an emphasis on encouraging the individual to take responsibility for solving his or her problems. This component places emphasis on an individual's potential; 3) An educational component, which focuses on helping children learn to cope with their present problems in healthy ways. They are taught to problem solve and helped to realize that there are both healthy and unhealthy ways to respond to their feelings (Alessi & Hearn, 1984)

All of these components could be complemented by the introduction of art making and creativity throughout the process. In fact, "supportive activities were being done with all children in the shelter. These included encouraging children to talk about their family situations and to express feelings through art, puppetry, dramatic play, creative

writing, music, and creative movement" (Alessi & Hearn, 1984, p.52). These modes of expression were also used throughout the groups. For example, "...children are asked to print the feeling words expressively (for example, one child drew the word "sad" three dimensionally, coloured it blue with tears dripping, and another drew the word "mad" with each letter having teeth and coloured it red)" (Alessi & Hearn, 1984, p.57).

Children who have been Sexually Abused

As stated earlier, children who come to shelters often not only are witnesses of violence but have been victims of sexual, physical, or psychological abuse as well. To provide these children with the opportunity of expression through art in a safe environment is extremely vital. "Sexually abused children need age-appropriate ways to ventilate their fear, anger, aggression, hostility, and feelings surrounding the issues of sexual assault" (Kelly, 1984, p.12). In fact, it seems victims of sexual abuse are dealing with similar issues that child witnesses of conjugal violence are facing;

Low self-esteem and acting out behavior to test that perception are so commonly seen among child-sexual abuse victims that therapists should anticipate their occurrence. Individual therapy should be used initially to help victims identify and express negative feelings about themselves (Porter, Blick, & Sgroi, 1982, p.120).

An overlap can be noticed in the behaviors exhibited by children who have experienced various types of abuse.

Similarities in the intervention required by these children can also be found;

Verbal communication can be difficult for these children, who are often depressed, angry, stressed, or excited. Thus, communication through the creative arts therapies is now seen by many in the mental health field as the most appropriate and least stressful ways to assess and treat the sexually abused child. We have found that children are more easily engaged through drawing pictures related either directly or indirectly to the traumatic event than through talking about the event (Powell & Faherty, 1990, p.36).

In a program developed by Clara Jo Stember, outlined by Naitove (1982) the goals and objectives of arts therapy with sexually abused children in crisis intervention were broadly defined as the following...

1. To introduce the client to creative expressions media and modalities for the purpose of providing gratifying arts experiences. The underlying premise is that success is ego-strengthening and that such experiences provide opportunities to reintegrate impaired egos and to enhance self-esteem.
2. To elicit verbal and nonverbal statements and expression (ventilation) of overt and internalized areas of conflict, facilitating their definition, delineation, and recognition. This is done by eliciting and identifying individual symbolic repertoires...and encouraging externalization of the trauma...
3. To provide an opportunity for the development of an alliance (rather than the psychoanalytic process of transference, which would be inappropriate for short-term therapy) with the therapist and to provide for exchange of dependence for independence by reaffirming the client's strengths. This involves

acknowledging and totally accepting the individual on a physical, emotional, and ethnic basis while encouraging him or her to recognize that situational disturbances do not necessarily incur permanent physical, emotional or social stigma or impairment...

4. To accelerate maturation of delayed cognitive and functional behavior patterns to an age-appropriate level when necessary...because the arts also provide clues to auditory, visual, and kinaesthetic modes of learning and deficit, they add vital information to the data base used for the development of a treatment plan...(Naitove, 1982, pp.279-280)

These general goals seem applicable to the children at a shelter whether they have experienced sexual abuse or not. It seems clear that art therapy used to support children at this time of crisis offers both a verbal and non-verbal way for children to express and explore their experiences and feelings. It stimulates problem solving and creative play, helps to increase self-esteem and to improve socialization skills. The use of art in therapy increases coping mechanisms to better handle confusing feelings such as anger, frustration, and ambivalence and offers the child appropriate ways to gratify needs.

Art Therapy Intervention as Prevention

Children that are living in a shelter have faced and are facing an extreme amount of stress. Some children may not be overtly showing signs of distress, yet are facing extreme environmental challenges, "...prevention refers to the

intervention carried out when an observable stressful situation exists, and is directed at the population affected in order to counteract potentially harmful effects" (Klingman, Koenigsfeld & Markman, 1987, p.153). Art therapy with children in shelters could be looked at as a form of prevention, reaching the child before s/he is no longer able to cope with the stressful situation:

The therapist's role in dealing preventively with reactions to disaster (e.g., to grieving) is to assist the children through the process as constructively as possible and, thus, enable them to alter their thoughts, feelings, and behavior that tend toward the destructive or pathological. It is contended here that art forms provide a useful means for the generic approach for children following disaster (Klingman et al., 1987, p.153).

To a child conjugal violence is disaster; as mentioned previously it leaves children without knowledge of who to trust and how to cope. Children witnessing the violence often feel alone and without support.

The use of art in therapy helps the alliance between therapist and child develop more quickly which is extremely important for crisis intervention work. It offers children a creative socially acceptable outlet for their feelings, and teaches children how to creatively problem solve. The use of art in the assessment of children allows the clinician to be in tune to the child's experiences and how they perceive them. Therefore the art therapist may be able to act as an advocate ensuring that the child's needs are being addressed and met.

Art making may serve as a coping resource beyond their stay at the shelter, and may also be used as a preventative measure while the child is at the shelter.

Interview with an Art Therapy Intern

A student in the Master of Arts in Art Therapy program at Concordia University, Bonnie Harnden, arranged a summer practicum placement at a shelter in Montreal designed to protect women and children from ongoing family violence. I had the chance to interview her about this experience.

What is your impression of services available to children in shelters at this time?

It really depends from shelter to shelter but I think over all the services available are quite minimal. It would depend on the funding that the shelter receives. In the shelter that I worked at they had a student start a children's program, write it up, but there was actually no one there to enact it. So basically, there were no services for the children whatsoever. They had facilities for kids, there was a playroom, but other than that there were no services for children at that shelter. The mothers were responsible for the kids all the time, there was no relief. There was very little staff/ children intervention at all.

They were really happy to have a student volunteer actually to do art therapy. They really wanted someone to work with the kids at that shelter so I worked with the children individually and that went really well, both in terms of the shelter as a whole, and the kids and the mothers seemed to really respond. The children were very, very, excited to be a part of art therapy. My arrival at the shelter each day was very...they were just very enthusiastic and just starved for... ummm...really wanting to be creative and have the opportunity to create. It was a very special thing.

What difficulties or stresses do the children staying in a shelter seem to be facing?

There is a great deal of transition going on and the moms are very, very stressed out, all of a sudden living in a shelter. Often, once they do settle into the shelter, then they go back to the home...and then if you see them again the abuse has continued. Often after you see that transition you see the children really, really, struggling. Just a lot of confusion, a lot of acting out behaviour. It's very difficult. You see the mothers going through a lot of abuse, and that is also very present in the child.

Did you find art therapy to be an appropriate mode of intervention with these children and why?

Yes, because they don't really have the words to express. Art therapy really allows for a container for their experiences. It allows for them to sort of transform them so I found it really appropriate...also being in a shelter, there's you know, there are some toys, usually used toys, but being able to get them to create was actually very healing for the kids. So I felt it was very appropriate.

Did you find art therapy particularly useful in terms of assessing the children at the shelter?

It's very useful in assessing the children at the shelter, but it's what do you do with that assessment in terms of agencies and social programs because there is so much going on. The mother is right involved in it and the kids are very, very often second. It's usually the wife that's been abused in most of the cases I saw. You do see a lot of problems with the kids but you're very isolated in a way because you are the only one dealing with them. So working with shelter workers and out there is really important but it is very difficult and you have to sort of find out how the system works..what you actually do with that assessment is another thing. I mean often no one really wants an assessment done, you know, you are sort of on your own with that. But when you do see a lot of problem areas with the kids it's really important to find out whether to take it to the staff, or should the mom become involved? How does this work? Because often you only see kids for like two weeks and then they're out, it can be a very brief intervention. I mean it would be good if you do see problems...because working in shelters is so new with kids it's all really up in the air as to what to do with that information. It really raises a lot of questions actually.

What makes work in a shelter setting unique?

What makes it unique is that..it's a very different kind of setting in that the women live there all the time and often you're in a house, it's almost like being in a household. It's not like a motel or a hotel where everything is spread out.

Everything is usually within one area. Like for instance the art therapy room that I was in initially was right beside the main room, so there was a great deal of traffic. There's people in and out all the time so you have to get used to that...also a sense of flexibility because they come and then they'll leave the next day or they'll come and they'll be there for like two months. It really depends on the situation, and sometimes you'll be working with a family, like a mother and a daughter and you really think your going somewhere and the next day you'll come in and find out that they have left that morning. There is very little warning when someone is going to leave. It's out of the blue, or, or it's very unpredictable. Getting sort of, being very flexible, to that sort change and flow of the shelter. Also the dynamics of a shelter change very rapidly because there is always new people coming in. The group dynamics of a shelter can be very peaceful for a couple of weeks and then they can be like a whirlwind so there is a lot of things happening. Also, with the women, the mother is going through all these changes so it can be very up and down with the kids as well. I think that being extremely flexible is important.

What are some basic considerations that need to be dealt with when setting up a program in this environment?

Space and materials are very important. Space; ideally you'd like to have a space that's a bit out of the way from everything so it's a bit more special. When I took the women and the kids it was a bit more private and quiet. This is definitely a consideration. Materials...umm.. I guess really being prepared to be flexible. In terms of schedules, that also has to be coordinated because the moms also have appointments. You have to sort of work with the staff to set up either reliable, stable appointments so that things get moved around, or be prepared to be flexible. I think having a really good basis of some of the different situations... sometimes there is some suspicion that there might be sexual abuse and there is all kinds of things that you have to sort of be prepared for happening. So having a good background knowledge and just developing a really good relationship with the staff and really finding out what their needs are is really important for setting up a program. There's all kinds of things, there's so many little details, I'm not sure. I remember when I was setting up the program I spent quite a few days there just reading and writing and getting a feel for the shelter...

Interview with a Shelter Director

I also had the opportunity to speak with the director, Lynn Beaudin, of the shelter The Friendly Home where Bonnie Harnden had done her placement. This interview followed a tour of the shelter and a glance at the files they have developed in order to theoretically be able to set up a children's program at the shelter. Budget constraints seem to be the factor which keeps it from actually being available to the children at the shelter.

Could you describe the shelter you are presently running?

Okay, the shelter just opened up in the last year in 1994 and we have ten beds and that includes mom and kids. You had mentioned a question about stay, on average the woman stays about six weeks. Now for some shelters they have an average of four weeks with a maximum of six weeks however we're not limited to that so we look at individual cases and see if there is a need to stay longer then we are allowed. So it's a case per case basis. Now as part of our second phase of renovations not only are we going to be wheelchair assessable but we are also going to have two longer term apartments. Now when I say longer term apartments it means up to a year and the women and the kids would have there own kitchen and bathroom so it's more private. She can still be involved, you know, if there is a workshop and you'd still have to attend resident meetings but it's a bit more normal because they've got their own kitchenette and so they do not have to be so much in community.

And how many people are in your shelter? How many children?

Well, we have a maximum of ten beds..well right now we actually have eleven. But in '94 our average was up to 78% capacity we didn't use our full capacity. Mostly, actually, it's not that we didn't have the room, but it's that we don't have enough staff to handle the caseloads. That's the limitation for us.

What's the mission statement here? I'm adding questions on

you!

Our primary purpose is to provide safety for the women to come to so...their physical safety so the women feels secure, and of course, providing the needed advocacy that she requires. Looking at her needs and hooking her up with available services for her. So some of the primary things that we look at when a women first comes in is her obvious security, as I mentioned earlier, but also her medical needs that she has from physical abuse... So firstly it's medical and secondly it's legal, housing and finances...and also the emotional. That's sort of part in package, but that's sort of what we call the first line intervention and then everything else falls under second line which includes the children, parenting, and many other issues that she might have. You know, her educational goals, her work goals and so on...

What services are available to children in your shelter and what is your impression of services available to children in shelters at this time?

Unfortunately, when we first did the printing of our flyer that I gave you, one of the headings of one of our services, because of the work [name of a social work student] had done for her thesis; putting together a children's program, we had intended to be able to have finances in our planning to have a child care coordinator who would handle the program along with volunteers, along with the team. Unfortunately, due to budget constraints, that had to be dropped. So, originally in our flyer we had actually put in there a comprehensive children's program and in the second printing of our flyer we had to drop the word comprehensive to just children's program. And, basically as far as a children's program there hasn't been anything formal. It's just a matter of having things.. and trying to fill the gaps and having the basement and volunteers who can work with children and so on. But nothing formal, so that has been frustrating. Having a children's program but not being able to implement it, because of not enough staff. One of our problems also has been facility, as part of the renovations that we're doing includes having a children's area just down in the basement. So we didn't have the space because of the renovations going on so that'll be, that'll make a big difference...something that I had mentioned to you...the children's program committee consists of a paediatrician, [her name], there is a special ed. teacher, [her name] and a youth protection worker, [her name] and myself and again the biggest problem right now are fundings. So we are trying to look at different avenues of funding. Now one of the idea's that came up last time we met was possibly, because we have the facilities once the renovations are complete, is to run a daycare. Actually running a daycare, except it's for our kids that are staying here, or we could

even expand in the future to maybe include a daycare for all the other shelters in the area dealing specifically with the kids and the effects that the conjugal violence has on their lives...So, that's an idea and we can try and get the funding that way. Another idea that we're looking at right now is that we can get, from the mennonite center community, a worker through them that they will sponsor for two years. They don't give out any money but they give out people to you. So, we actually have an application to get somebody that they will sponsor for two years... So these are two avenues...then again the mennonite centre has more like missionary work that they do. So, again, that goes with limited funding...

What is your impression of shelters at this time from the research that you've done and from your knowledge of shelters and how do you perceive children's programs in shelters?

Well, I perceive children's programs as being very..umm..for example, I moved from Ontario to Quebec and the lack of funding available to Quebec shelters is..there is such a drop in funding. In Ontario there are some children's programs, or what I should say child care workers, but not necessarily extensive program's, but there's a bit more than what I've seen in Quebec. From visiting other shelters they have, like I showed you, welcome books, but not necessarily comprehensive program's. Just sort of, to keep the kids occupied. Usually what I've seen for children's programs is something to keep the kids out of the workers' and the mom's hair, which isn't really an objective as far as I'm concerned in running a program. But that's what I've seen, and I think it has a lot to do more with budget constraints than just desire. But there is a definite need to research it far more, research that can apply to all shelters.

What are the children like that come to the shelter, what seem to be their needs/difficulties/stresses?

The initial need...one of the things that we find really meets the children's needs when they first come in is just the fact that there is consistency when they come in. The first couple of days when a woman comes in we don't give her any chores to do or anything like that. She just needs a couple of days to rest and to be away from the violence. You'd be surprised how much a couple of days away from it will do. We find that one of the things that has been really positive is just the fact that the kids get regular meals and regular bed times. Even though it's difficult when they first come in, because it's some place new. We've been really pleased at how fast the kids have been able to adjust to being somewhere new, where there is some consistency and there's scheduling. Always having lunch at noon, always supper at five, bed time at eight thirty, you know, day in day out. We find that their kids perk

up quite fast.

I'll tell you an experience that we've had for example. We had a woman who stayed here, actually, she was here a couple of months and of course her daughter was quite used to us. And she left, and a few months later she needed to come back. Now it was interesting that the mother told us that during the time that she had stayed here, her daughter is four years old, and she was toilet trained. And as soon as she left here she started wetting the bed again, which she had done before she came here. So it was a really good view of seeing, and we attribute it to the consistent routine, as being healthy for the kids. And, sure enough, after she had been here a while she stopped again. So it might have to do with, it obviously has to do with, the consistency and also being away from the abuse. Now mind you she hadn't gone back to the abusive household. It was a situation where she went out on her own except, there were, he had visitation rights with the daughter and so on. So she didn't necessarily witness violence. That's why we attribute it to the consistency, because she wasn't necessarily experiencing the violence which would explain why she had started wetting the bed. That's just an example. So that's one of the immediate needs that I see as far as the practical areas, that the kids need consistency. And they need, they need their mom. The mom needs time to work out many issues. As I mentioned, there is many issues to look at, at this time and after several weeks I find that the mothers can sort of step back in to being more consistent with their child, and reestablishing, and bonding and so on and so on. But we find a large majority of the moms that come in have very good parenting skills, or a large majority do. So it's just a matter of allowing mom to be mom.

What role would you expect an art therapist to fulfil?

She would have to be part of the intervention team. As I mentioned to you earlier it's important that whatever is being done with the children runs parallel to what is being done with the mom. So that person would become part of the team and be aware, you know, of what's happening with the kids but to also what is happening with the mom and that person would act as a liaison to also, as you mentioned earlier, advocate for the children to the other staff to alert them...for better assessment.

What may be the mother's expectations of the art therapist at the shelter?

Okay, now from my experience of having an art therapist for only one summer one of the difficulties of the placement that we had is that the moms, at the beginning, were really

suspicious of art therapy. It took quite a while just for them to be comfortable with her. I think there's a lot of misconceptions about art therapy so it's really important at the very beginning to sit down with mom and explain what the purpose of art therapy is. What it is and what it is not. I think they were afraid of being interpreted through their art. And disclosure is another thing, you know, but once they realized that that wasn't the purpose of the art therapy they were much more comfortable. Some of the things that worked out really well that the women really enjoyed were things that were not just painting watercolours and so on, but the clay work. The sculpture that they did was one of the things that the women commented they really enjoyed..

Do you mean the women themselves or the children?

The women themselves. With the kids again, you see the art therapist becomes the fun staff, see that's the thing, you know, they get to be the hero. You know the kids can't wait till "Bonnie" would come in, you know, because she's the fun staff so that's an advantage of being the art therapist. Because that's the person that's not telling them you know, "go sit down with your mom and have supper", or "it's bed time" sort of the rules person. So it adds a different dimension to the staff team.

From your experience having an art therapy intern at your shelter, do you perceive it as an appropriate mode of intervention with these children, and why?

Definitely, my reason why, umm, now there is a problem with art therapy, I think anyways. Because of budget constraints it's hard to hire an art therapist exclusively. I see it as someone who has multiple talents who can also combine their art therapy work with child care intervention and I don't know how, I'm not sure how that mixture can work or what kind of training that person would have. But as far as a shelter, as far as somebody responsible for the funding and so on, it's not really realistic to expect an art therapist full time in a shelter. However, it is, I see it as a very important part but it has to be integrated in the intervention with the kids combining it with art therapy. So I think there has to be a dual role there for the art therapist, so that she can also do the intervention with the kids...as a tool to be used in the intervention. But at this point I don't see it as being a tool used on it's own apart from child care intervention.

What can an art therapist provide that others working in the shelter may not be able to?

It depends on what others you mean, others working with the kids or others working with the moms?

Interpret it however you want.

I mean she brings in a learning skill level that the others do not have, as far as in assessment and in working with the kids. I think that would be number one, and as I mentioned she's the fun staff. I mean that's what she does, so therefore, that's what she can focus on. The other staff don't have that luxury to do that...

Was art therapy useful in the assessment of the children and if so in what way? So talking more of advocacy...

Yes, I think it gave us an insight into what was happening with the child. Sometimes we're so busy with the moms that it's hard to focus on the children. So she was able to bring that in. Now because it was the summer job field placement it was difficult to really delve into that and really work with that... We have staff meetings every Tuesday afternoon so because of summer and people being on holidays it was really difficult to interweave and sort of connect the whole assessment process. It helped but I think it would be a lot more helpful if it was somebody regular.

What type of assessment would an art therapist be especially useful for providing? If you could have your dream assessment of a child at the shelter?

First of all especially nearer the beginning...how is the child adjusting to being here? And, of course, very important is trying to assess how the conjugal violence has effected the child. To what point has the child been effected? What would be the most appropriate way of connecting that child up to the available services? And is that child in a crisis situation that there needs to be immediate counselling? Is the child suicidal? You know, different things like that, that the child, especially the young ones, may not be able to verbalize and that an art therapist could pick up on. So I see that person being available very much for being able to assess if there is a crisis and to identify it very early on before you get something very serious. So I see it as a short term assessment and also part of a long term assessment. Actually, I am thinking of an example... We did hook up mother and child to individual counselling with a therapist who was also an art therapist at the [name of institute]. She did both actually. She did counselling and art therapy and that was more of a long term intervention plan and as far as I know they still see that counsellor.

What makes work in a shelter setting unique?

Many things, one of which is just the fact that you're dealing

with confidentiality so it makes it very difficult. For example, if you are writing a paper you can't give out names obviously, but also you don't necessarily give out exact situations. For example I mentioned before about a four year old, a mother with a four year old daughter might have been, actually, the actual case may have been a mother with a three year old son. So, you know, you can't give specifics necessarily because even in that way that person can be identified and that's primary...And that takes a while getting used to. And there is also safety issues for the art therapist herself. For example, all of the staff, except for myself, don't use our last names, so understanding the safety aspects. So if there is a violent husband looking for their wife there are certain security measures that are taken for getting into your car and things like that. So the art therapist would have to basically work in the same setting as the rest of the staff do. There is the stress level, it's stressful to work in a shelter because of the crisis situations and the issue of violence. It can get very harry. And also just the fact, as I mentioned earlier, such limited funding, so she might be overloaded with cases. It has to be someone who knows how to handle the stress and knows how to pace herself and knows how to be part of the team...

What are some basic considerations that need to be dealt with when setting up a program for the children in this environment?

Obviously, the person has to understand the effects of the violence on the child's life. That's number one, but the person also needs to understand the effects of the violence on the mom's life. Because unless you understand some of the issues for example, low self-esteem, the ambivalence that the mom has because of the violence..unless you understand these things it can be very frustrating to watch and you think, 'Oh, why is she doing this to her child?'And some of the parenting issues can be very frustrating unless you understand. I think that's the main thing, is understanding the issues related to conjugal violence. Again, it's important to..uhh..I mean you also have to have, in order to set up a program, you have to have the physical area. You need to have enough space. You have to have enough light. You have to consider all these aspects. You have to have the right equipment, you have to be able to schedule properly, and you have to have the staff...

Are these things sometimes a problem, is scheduling sometimes a problem?

Yes, it is. Scheduling is, in the fact that you really have to consider the woman's timing. If she's not ready to have someone else step in and work with her kids, and that's very much an issue that you have to be aware of. I mean let's face

it, you know, some mothers feel threatened having another woman spend time with her kids. So you really have to, you can't be blinded to that fact that sometimes there are issues of jealousy, and issues of control even. You know, 'what's she doing disciplining my child?' and 'what's she doing telling my child what to do?' and so on. So you really have to be aware of where the mom is at, and really respect that. So that's important.

How would an art therapist fit in with the rest of the team working at the shelter? How do you perceive it?

Again, Uhh..if we're talking about an art therapist alone I see it as support staff to the first line workers. However, if it's somebody that can combine both the intervention with the art therapy I see that person as being sort of first line. A first line intervention worker if you combine the two.

Do you perceive art therapy as an important part of the intervention services being developed for children from violent homes in shelters?

I see it as a vital part but not necessarily as an important part as far as looking at all the different needs. I see it as necessary, however financially it's not reasonable to be able to have an art therapist alone.

Budget constraints!

These interviews and the research presented, clearly demonstrate that there is a need to service children from violent homes in a shelter setting. Yet at present, it seems that the services to reach the children are minimal. As mentioned by Lynn Beaudin, the children need a child care interventionist who would set up programs such as mealtime and bedtime routines and perhaps leisure activities for the children, as well as actual therapeutic intervention. It would depend on the individual art therapist working in this setting to decide how much of a dual role s/he feels comfortable playing when it comes to combining child care intervention

with art therapy intervention for the children. However, it would be difficult for any one person to fulfill both of these roles simultaneously, which demonstrates the need to provide more than one type of intervention service for children in shelters.

It was explored that the art therapist would be an integral part of the team and may act as a liaison between the children, staff, and perhaps the mothers. The role of the art therapist must be developed within the particular setting depending on the needs of the shelter and the skills and flexibility of the therapist. This role must then be made explicit to everyone involved in order to reduce the anxiety and suspicion which often accompanies unclear expectations. From the interviews, it can also be seen that the student art therapist working at the shelter was able to offer support and act as a resource for the children, the mothers, and the staff.

The importance of flexibility was also stressed throughout the interviews, and became clear throughout the research. When one enters the situation of a shelter to offer therapy, the therapist must be prepared to work under somewhat stressful conditions; with fluctuating clientele, perhaps a less private and quiet space for conducting the art therapy than desired, and many possible schedule shifts. A feeling of futility which may accompany the work in the shelter was also mentioned; as often the children and mothers who leave the

shelter return to the violent home situation and therefore must return to the shelter again within a few months time.

It is important that the art therapist be knowledgeable and sensitive to the needs of the children, the mothers, the staff, and the dynamics involved in working in the shelter setting. The fact that she or he needs to be knowledgeable of resources within the shelter and in the community was also stressed. The art therapist is likely to be in the position to advocate for particular children's needs as the children quickly leave the shelter setting and may need external supports in place.

The use of art in the assessment of children from violent homes seems to be an integral part of the role of the art therapist; whether it be assessing how the child is adjusting to being at the shelter, how they have been affected by the conjugal violence, or whether they have been a victim of some form of abuse themselves. Determining what to do with this information is presented as an important task of the art therapist.

The fact that the art therapist is often known as the 'fun staff' is a frequent occurrence due to the involvement of art materials and creativity during the sessions. In actuality, the art therapy time is often used by the child to explore serious, emotional issues. To children 'work' involves play and artistic creations in which they learn about themselves, their feelings, and their environment. In fact,

often when a child is asked where they are going when entering the art therapy room with me there answer is, "To work!".

Conclusion

Children from violent homes staying in shelters are facing a new and unsure environment when adjusting to shelter life. Most are also coming from a home in which they did not feel safe. They may be facing demands from their environment and their internal state which they are unable to handle alone. Whether the child reacts by internalizing or externalizing behavior or appears to be functioning normally, the direct and indirect effects of witnessing violence must be realized. The child requires help to discover resources within themselves and in their environment which will enable them to cope in this time of crisis.

There are both direct and indirect ways to reach this population. Until recently much emphasis has been placed on the indirect ways, with the belief that helping the mother will inevitably help the child to live in a more safe environment without violence. It is now recognized that the children too must be reached and supported in this time of crisis. The necessity of this intervention is underlined in both the long term and short term effects of living in a violent household. Within a particular shelter setting an art therapist may work with the mothers, the children, or both,

in groups or individually. The focus of this paper was on direct approaches for working with the children.

Art therapy as a mode of intervention with this population has many inherent advantages. Most children are comfortable expressing themselves through art; this is particularly useful with children who find the more verbal approaches difficult. Experiences through the arts can offer tension reduction, relaxation, and opportunities for the expression of both negative and positive emotions. It offers an action-oriented focus and allows children to be reached with an individualized approach at their developmental level. Inherent in the creative process is a feeling of gratification, success, and tangible documentation of their exploration. Children may be able to express their feelings and perceptions of their experiences more clearly than would have been possible with words alone. Through creative exploration with an art therapist the needs of the children can be learned, expressed, explored, and in some cases met within this short time span.

Direct intervention with children who have witnessed violence in their homes is imperative. Services for this population are only now being developed. This research has underlined the needs of this population, the nature of shelter life, and the suitability of art therapy as a mode of intervention for these children. This research will prove valuable to others who plan to explore this subject further

and to those implementing programs to reach this population.

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Appendix

Sample Assessment Procedure for Art Therapists working with Children from Violent Homes

Required Materials:

- * Liquid tempera paint
- * Markers
- * Crayons
- * 2 different sized white paper, 8 1/2 X 11 and 11 X 14

These materials were chosen as they are the ones children are most commonly familiar with. They also offer a variety of choice for the child as each medium is managed differently. Offering different sized paper also allows the child to control how much room s/he will give the task at hand, and how big s/he wants his or her image to be.

Procedure:

1. Free Drawing

The child is asked to draw or paint a picture of anything he/she would like.

Purpose: The purpose of this free drawing is to allow the child to create a picture of something that s/he is comfortable with and to explore the media. It is also to find out what is on the child's mind coming into the assessment, as children often draw what interests them and is important to them at the time (Briggs & Lehmann, 1989).

2. Self-portrait

The child is asked to draw or paint a picture of himself or herself.

Purpose: A lot of information can be obtained about a child's image of himself or herself from a self-portrait. Also, many studies have been done regarding indicators of abuse from images of people children and adolescents have drawn (Sidun & Rosenthal, 1987). Though the results of these studies are inconclusive, they may help the clinician when looking at the drawings to gain a better understanding about what the child may be expressing.

3. Draw a dream

The child is asked to draw a dream that they have or have had.

Purpose: This exercise may elicit many responses. The

child may draw a pleasant dream, a nightmare, or a hope or ambition. This exercise was designed to allow the child to see their imagination. It is also based on the fact that many children who have been abused suffer nightmares or other sleep disorders (Maisch, 1973). This directive may give the clinician access to extremely valuable information about the child and his/her inner world.

4. Free drawing

The child is asked, once again, to draw or paint anything they would like.

Purpose: This exercise is intended to have a closure effect for the child, allowing the opportunity for her or him to draw what they would like or need to draw. This gives the child a chance to explore any ideas that might have come to them throughout the session. It may also give them a chance to regain a bit more control through creating without a directive.

It is recommended that the therapist take time after the assessment to write notes on the child's verbalizations, behaviour, and their impressions of the art work or the session. I will not prescribe a technical procedure for analyzing the art work or for discussing the work with the child as I believe this is dependent on the therapist, the child, and the interactions which took place.