School Counseling Prevention and Intervention for Child Witnesses of Intimate Partner Violence

Juleen K. Buser

Rider University

Erin Saponara

The College of New Jersey

Abstract

Children who witness intimate partner violence (IPV) often suffer a range of physical, behavioral, emotional, and familial consequences (Holt, Buckley, & Whelan, 2008). School counselors may be in a key position to implement prevention programs around this issue, identify children who have witnessed IPV, and to engage in intervention efforts. Thus, school counselors need increased knowledge about the impact of IPV on child witnesses. In addition to summarizing some research on the impact of IPV on child witnesses, the following article will discuss prevention and intervention efforts which school counselors can utilize to assist students in combating the deleterious effects of witnessing violence in the home.

School Counseling Prevention and Intervention for Child Witnesses of Intimate Partner Violence

Intimate partner violence (IPV) is destructive in the lives of many children; authors have concluded that children witness IPV at high rates (Osofsky, 2003). Fusco and Fantuzzo (2009) studied 1,581 incidents of domestic violence over a one-year period and found that, in 43% if the cases, children were home during the event. These researchers discovered that 95% of the children who were present during a domestic violence incident were exposed to the violence; over 60% heard the violence and visually witnessed the violence, and 3% of the children were injured during the event. While prevalence rate data often varies across studies, due to issues such as differing definitions and research methodologies (Osofsky, 2003), estimates of the numbers of children exposed to IPV is consistently in the millions. Researchers have estimated that 3 million (Carlson, 1984) to 15 million children (McDonald, Jouriles, Ramisetty-Mikler, Caetan, & Green, 2006) are annually exposed to IPV.

Given that millions of children are witnessing IPV, it is crucial that counselors are cognizant of the potentially damaging influences such exposure can have on children, in addition to gaining knowledge of prevention and intervention strategies which could assist these child witnesses. Specifically, it is imperative that school counselors gain an understanding of these issues (Fontes, 2000). Guided by the tenets of the *American School Counselor Association National Model*, which discusses the makeup of a comprehensive developmental school counseling program (American School Counselor Association [ASCA], 2005), school counselors can employ a range of prevention and intervention strategies in response to the problem of child exposure to IPV.

School counselors frequently implement a preventive focus in regard to mental health concerns which affect students (Herr & Erford, 2011). Comprehensive developmental school counseling programs have been identified as programs which endeavor to reach all students (ASCA, 2005); school counselors employ various “safety nets” in order to best “catch” students, the largest of these “nets” being large group guidance and prevention programming (Herr & Erford, 2011, p. 42). Authors have noted that certain traits, such as high self-esteem and family support, may buffer children from the deleterious influence of witnessing IPV (Kennedy, Bybee, Sulliva, & Greeson, 2010; Neighbors, Forehand, & McVicar, 2003). These resiliency factors can be stressed in various prevention programs which target all students—not just those impacted by IPV. Due to the high numbers of children who witness IPV every year, large scale prevention efforts appear warranted; many students may have already witnessed (or will witness) IPV and those who have developed resiliency traits will be better equipped to cope with this exposure.

A second “net” that school counselors may use include more targeted efforts to reach certain students who need assistance not offered by large group prevention; such efforts include small group counseling and parent and teacher consultation (ASCA, 2005; Herr & Erford, 2011). These prevention efforts may assist students who are beginning to suffer the damaging consequences of witnessing IPV; these students may have communicated some distress, but do not exhibit clinically severe emotional or behavioral problems. School counselors are often instrumental in the identification, assessment, and intervention processes of assisting children exposed to IPV (Fontes, 2000).

Authors have noted that school counselors are in a key position to identify the early warning signs of certain mental health struggles among students, as they encounter children on a frequent, continual basis, and can observe subtle shifts in behavior (Currin & Schmidt, 2005). In the case of IPV, the home is likely a place of some instability and it may be that parents/guardians will not notice the change in their child (e.g., increased depression, increased aggression). Consequently, the school counselor is in a particularly influential position to identify children who may be beginning to suffer the consequences of witnessing IPV. School counselors may notice early indicators that a child is witnessing IPV, signs potentially missed by other adults in the child's life. School counselors may then engage in efforts to enhance students' conflict resolution skills (Gamache & Snapp, 1995; Lane, 1995; Runyon, Basilio, Van Hasselt, & Hersen, 1998) and emotional regulation (Gamache & Snapp, 1995; Runyon, et al., 1998; Vickerman & Margolin, 2007) in order to help the child cope with current distress and prevent the onset of more serious difficulties.

Finally, school counselors may also intervene with students who are struggling with issues that the other two "nets" cannot alleviate; these students are likely exhibiting more serious emotional and behavioral problems (Herr & Erford, 2011). Individual counseling interventions and referral to outside professionals include school counselor efforts at this level (ASCA, 2005; Herr & Erford, 2011).

The following article will provide a summary of some of the research on the detrimental influences of IPV in terms of how it impacts child witnesses. Cultural considerations around this issue will also be underscored, in addition to a discussion of implications for school counselors. Previous articles have tackled this issue (e.g.,

Fontes, 2000; Pressman, 1985), but have focused primarily on school counselor interventions, rather than preventive strategies, and have not underscored the school counselor's role within the framework of a comprehensive developmental school counseling program. However, prior to beginning this discussion of research pertaining to child witnesses of IPV and school counselor implications, brief attention to definitional issues is needed.

Definitions

In the present article, the violent domestic relationship will be termed *intimate partner violence* (IPV; Center for Disease Control [CDC], 2008). Other terms have been used in the literature to refer to this type of violence, including parental violence and domestic violence; thus, when research findings are being reported, the language of the specific study will be utilized. Occurrences of IPV may differ in terms of the type of domestic relationship involved and the victim of the violence. Domestic relationships may include individuals who are legally married, individuals who are cohabitating; individuals who are dating; individuals who were married in the past; individuals who were dating in the past; and individuals who share a child (Gosselin, 2000; Saltzman, Fanslow, McMahon, & Shelley, 1999). Moreover, the victims of IPV may include females and males in heterosexual or homosexual relationships (Gosselin, 2000).

The type of violence within a relationship can also evidence considerable variation. Researchers have identified four categories of IPV: physical abuse; sexual abuse; emotional/psychological abuse; and threat of violence (Saltzman et al., 1999). While there has been variation in the research in terms of what constitutes witnessing violence (Buka, Stichick, Birdthistle, & Earls, 2001), authors have defined exposure to

IPV as including a child's direct witnessing of the violence (e.g., seeing and hearing the violence), a child seeing evidence of a violent event (e.g., bruises), and a child hearing accounts of a violent incident (Jouriles, McDonald, Norwood, & Ezell, 2001).

Impact of IPV on Child Witnesses

Authors have noted that exposure to IPV influences the developmental, psychological, emotional, and social functioning of children (Edleson, 1999; Holt et al., 2008; Kitzmann, Gaylord, Holy, & Kenny, 2003). In a meta-analysis Kitzmann et al. (2003) noted that 63% of children exposed to domestic violence had more negative outcomes (i.e., adjustment difficulties) compared to children who had not witnessed domestic violence. However, there are a range of factors which influence the degree to which a child witness is affected. For example, Kennedy et al. (2010) concluded that a long duration of continually witnessing IPV was more detrimental to children than witnessing one-time, intense instances of IPV. Spilsbury et al. (2007) documented that chronic witnessing of domestic violence was linked with higher levels of dissociation and anxiety, compared to children who had witnessed domestic violence once. Other authors have found similar detrimental outcomes for children who are consistently exposed to domestic violence (Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009). In addition, Spilsbury et al. (2007) found that children who believed they had some control over the domestic violence had increased rates of posttraumatic stress, compared to children who did not believe they had control over the violence.

Following, an overview of the impact of IPV on child witnesses will be provided. This article will focus on only a few of the multitude of negative outcomes the literature has documented (for a review, see Holt et al., 2008). This article will concentrate on

some negative outcomes which are specifically relevant to school counseling prevention and intervention, e.g., increased aggression, higher rates of depression and anxiety, and elevated symptoms of posttraumatic stress. Moreover, the way in which IPV affects the parent-child relationship will also be underscored.

Behavioral and Emotional Influences

According to social learning theory, individuals learn aggression through observing others; these models of aggression can teach individuals a range of aggressive behaviors (Bandura, 1978). Ireland and Smith (2009) concluded that social learning theory may apply to adolescents exposed to IPV. These authors found that adolescents exposed to IPV had higher rates of self-reported violent crime and caregiver-reported externalizing behaviors (i.e., behaviors such as stealing and destruction) during adolescence. Moreover, adolescents exposed to severe IPV (i.e., acts apt to result in injury such as choking, kicking, using a weapon, etc.) were more likely to engage in self-reported violent crime and relationship violence in early adulthood. This tendency to learn aggressive behaviors may start well before adolescence. Huang, Wang, and Warriner (2010) conducted a longitudinal study of children exposed to domestic violence; children exposed to domestic violence at 1 year of age evidenced higher rates of externalizing behaviors (e.g., bullying and aggression) at 5 years of age. Spilsbury et al. (2007) found that 12.6% of children (n = 462) who witnessed domestic violence reported clinically significant symptoms of conduct disorder. In a meta-analysis, Kitzmann et al. (2003) reported that children who witnessed domestic violence were more likely to suggest an aggressive response to a

simulated or theoretical conflict compared to children who had not witnessed domestic violence.

Researchers have also documented a relationship between exposure to IPV and symptoms of anxiety and depression. Huang et al. (2010) found that child exposure to domestic violence at 1 year of age was predictive of internalizing problems (e.g., depression, being withdrawn) when the child was 5 years old. Spilsbury et al. (2007) documented that 11.8% of children (*n* = 451) who witnessed domestic violence reported clinically significant symptoms of depression and 13.6% of children (*n* = 456) reported clinically troubling symptoms of anxiety.

Children who witness the trauma of IPV may also develop symptoms of posttraumatic stress. Among a sample of 444 children who had witnessed domestic violence, 11.9% reported clinically significant symptoms of post traumatic stress (Spilsbury et al., 2007). The effects of the trauma and the symptoms of posttraumatic stress can have wide-ranging influences on a child's school performance and overall well-being. For example, Arroyo and Eth (1995) noted that children ages 3 to 5 may become reserved and avoidant after experiencing trauma—reactions which could delay development. Additionally, school age children may be academically impacted; symptoms of increased arousal and reduced concentration may impede school performance (Arroyo & Eth, 1995). Furthermore, researchers have found that, among boys who witnessed parental violence, increased levels of posttraumatic stress symptoms were associated with decreased self-esteem (Reynolds, Wallace, Hill, Weist, & Nabors, 2001). A range of treatment models have been designed to address the symptoms of trauma children may experience after witnessing family violence; authors

have noted that these interventions often include several common components (Vickerman & Margolin, 2007). Two of these components (viz., conflict resolution and emotional regulation) will be described later in this article.

Influence on the Parent-Child Relationship

A variety of factors impact the relationship between the non-offending parent and a child exposed to IPV. Researchers have found that experiencing domestic violence is linked to problematic parenting practices (Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006). Specifically, these researchers studied women whose children were 12 months old; mothers who experienced domestic violence within the first year of their child's life displayed a less nurturing and more detached parenting style. Researchers have also documented an association between IPV and parental mental health. In a study of mothers and their children exposed to intimate partner violence, Huth-Bocks and Hughes (2008) concluded that mothers who experienced domestic violence had higher rates of depression; this, in turn, led to a less mentally engaging home environment for the child. The offending parent's relationship with the child witness may be characterized by abuse, as IPV may overlap with child abuse (Bedi & Goddard, 2007). Researchers have reported a 40% co-morbidity rate for marital abuse and child abuse among clinical samples (Appel & Holden, 1998).

Cultural Considerations

In working with children from diverse racial/ethnic backgrounds, it is important that school counselors gain awareness about the various ways in which cultures approach IPV. Certain cultural codes and values may influence how family responds to IPV. For example, in a qualitative study of Jordanian women, Gharabibeh and Oweis

(2009) found that study participants were hesitant to leave an abusive marital relationship, due, in part, to an absence of familial support, a fear of losing their children, and a desire to avoid the social stigma surrounding divorce. These Jordanian participants noted that they could not count on their own families' support if they chose to leave their husband and return to their family with their children. These women also explained their fear that their children will be separated from them, alluding to a cultural tradition which seems to give priority to the father in cases of marital conflict. The treatment of victims of IPV may vary across cultures as well. For example, Dumont-Smith (1995) reported that, in cases of domestic abuse among the aboriginal community in Canada, treatment for both the victim and the perpetrator is, ideally, approached in a manner which prioritizes harmony and rehabilitation. Punishing the perpetrator is not viewed as the manner in which to restore heath. Sweat lodges, fasting, and healing circles are methods frequently utilized by the aboriginal community.

Implications for School Counselors

School counselors may assist child witnesses of IPV in three main ways, based on guidelines of *ASCA National Model* (ASCA, 2005) and the "nets" (Herr & Erford, 2011) described previously. For example, school counselors may conduct large group prevention efforts, which target all children. School counselors should be aware of research noting that certain factors buffer children from the negative impacts of witnessing IPV; prevention programs can address these factors. In addition to large-scale prevention efforts, school counselors may target students who have been exposed to IPV, but who exhibit only mild levels of behavioral or emotional problems. School counselors can be instrumental in identifying struggling students and engaging

early intervention efforts with child witnesses of IPV. Certain strategies can be employed to help students cope with their current distress and prevent the development of more troubling symptoms. Finally, a school counselor may intervene with a student who is severely impacted by IPV, such that an outside referral is needed for more intensive mental health treatment. School counselors can play a critical role in identifying the need for and facilitating such a referral.

Prevention Programs That Target all Students

Despite the negative outcomes noted previously, researchers have found that many children are resilient in the face of adversity; for example, in one study, Martinez-Torteya et al. (2009) reported that 54% of children who witnessed domestic violence met criteria in order to be considered resilient. School counselors can create prevention programs which target resiliency factors. Specifically, some traits have been recognized as buffers to the negative effects of IPV (e.g., Kennedy et al., 2010); prevention programs can assist students in developing these resiliency factors and to consequently halt the development of negative outcomes.

Fostering family support. Researchers have found that family social support moderated the impact of witnessing IPV, such that children who received strong levels of family social support exhibited less depression two years later (Kennedy et al., 2010). Family social support was defined, in part, as a child's sense of a family members' helpfulness. School counselors can accentuate the importance of familial bonds and can work with children to identify individuals in their immediate and extended family who can offer support in times of difficulty. Helping children to identify and learn ways in

which to ask for support from their family may temper the negative impact of witnessing IPV.

Moreover, providing educational programming to parents and guardians about the buffering impact of social support may also be warranted. Communicating with parents and guardians on a regular basis may be protective; school counselors can actively seek to help parents and guardians become (or remain) connected to their child's academic performance and life at school (Erford, 2011). Such connection will likely increase the child's sense of family social support, and, optimally, offer protection from the negative consequences of witnessing IPV.

Fostering self-esteem. Researchers have found that, among young adolescents (ages 11 to 15) exposed to interparental violence, the young adolescents categorized as resilient had higher levels of self-esteem (Neighbors et al., 2003). Given such findings, prevention programs in the school can help students gain self-esteem. Searcy (2006) asserted that one element of self-esteem is activity-based, in that children and adolescents' self-esteem is benefited by participating in an activity. Successful completion of an activity may not be necessary; mere participation in an activity could enhance a student's self-esteem (Searcy, 2006). Thus, school counselors can encourage children to join sports teams and other school and community organizations (e.g., student council, drama, music lessons, etc.). Researchers have found that participation in team sports was linked with higher self-esteem among elementary age children; this relationship was mediated by increases in children's sport self concept, i.e., perceived ability in sports (Slutsky & Simpkins, 2009). School counselors should keep in mind, however, that students may also benefit from engaging in basic everyday

activities such as cooking (Searcy, 2006). Prevention programs can be guided around education about the types of activities available in the school and community, in addition to programs which help students identify interests and brainstorm activities (both organized activities and unstructured activities) in which they could engage on a regular basis.

Early Intervention for Child Witnesses of IPV

In addition to creating and implementing prevention programs to promote student resiliency and thus reduce the negative outcomes associated with witnessing IPV, school counselors are also in a position to identify students who have witnessed IPV. Some child witnesses may be exhibiting mild levels of distress and school counselors can facilitate efforts to both alleviate this distress and prevent the development of severe behavioral and emotional difficulties. Legal and ethical issues, such as reporting IPV, are also primary concerns of school counselors.

Identification and legal concerns. Paying close attention to warning signs (e.g., symptoms of posttraumatic stress, depression, notable aggression, or extreme passivity) may enable a school counselor to identify students who are witnessing IPV in the home (Fontes, 2000; Kitzmann et al., 2003; Spilsbury et al., 2007). Other signs, such as sleeping difficulties, may also be relevant. Humphreys, Lowe, and Williams (2008) conducted a qualitative study with mothers who had experienced domestic violence; a main theme which emerged from this study was the sleeping problems of the participants' children, who were noted to have experienced bed-wetting, nightmares, and interrupted sleep. Authors have recommended that counselors ask students directly about what is going on in the home in order to ascertain if a child is being exposed to

IPV (Fontes, 2000; Pressman, 1985). In addition, formal and thorough assessment tools which target a range of child behavior and emotional symptoms can also be utilized (Runyon et al., 1998) and authors recommend that, prior to commencing treatment with traumatized children, counselors engage in such an assessment process (Margolin & Vickerman, 2007)

Once a school counselor has identified that a child is witnessing IPV, several lines of intervention may be indicated. First, a school counselor needs to ascertain if this situation should be reported. Authors have noted that, in the case of child abuse and neglect, school counselors are considered mandated reporters and must report suspected cases (Barrett-Kruse, Martinez, & Carll, 1998; Bryant & Milsom, 2005; Fontes, 2000). However, the legal responsibility of counselors varies by state regarding circumstances in which no child abuse is taking place, but a child is witnessing IPV (Fontes, 2000). Some states (e.g., California and Oregon) specify situations in which domestic violence in the home should be reported, such as instances when the child is likely to intervene and be harmed during IPV and instances of a child being in intense fear and thus unable to function (Oregon Department of Human Services Children and Teens, 2007). States have also noted that child witnessing IPV has been reported as emotional abuse (California Department of Social Services, 2003). Fontes (2000) noted that, even in states where there are no laws governing the reporting of a child who witnesses IPV, school counselors may still decide to report such exposure due to a belief that the child is in danger.

Teacher involvement. School counselors can be instrumental in training teachers on the topic of child exposure to IPV. Authors have recommended that all

individuals who work with children receive training on IPV exposure and information about the ways in which these child witnesses can be assisted (Osofsky, 1995; Carter, Weithron, & Behrman, 1999), and certain programs stress the training of teachers (Centre for Children and Families in the Justice System, 2002; Gamache & Snapp, 1995). School counselors can offer training programs which provide education on the prevalence of, influence of, and signs of child exposure to IPV. Osofsky et al. (2004) asserted that early intervention with children who have been exposed to violence is preferable; these authors posited that, as more time passes between the violent event and the intervention, more distressing behavior and emotional problems will emerge. Thus, teachers can be trained to recognize the warning signs (mentioned previously) that a student may have witnessed IPV. Case studies may be an effective way to train teachers in the variety of scenarios they may encounter, which signify that a child is witnessing IPV (Centre for Children and Families in the Justice System, 2002).

This training should also include suggestions for interventions related to child exposure to IPV (Osofsky, 1995), including ways in which teachers and school counselors can partner in order to assist child witnesses in the classroom. Cholewa, Smith-Adcock, and Amatea (2010) summarized several programs which were effective in reducing disruptive behavioral issues among elementary school students. These authors concluded that one implication for school counselors (drawn from these successful programs) was the benefit of collaborative work with teachers. School counselors can consult with teachers on classroom management skills and can also team up with teachers to conduct social skills training in the classroom (Cholewa, et al., 2010). Fontes (2000) also discussed the importance of working with teachers. In order

to assist child witnesses of IPV, this author recommended that school counselors work with teachers to reduce the amount of competition and stress in the classroom environment; child witnesses are already experiencing an intense, stressful home environment and reduced intensity and stress at school could be helpful to them. Others have also recommended that, when considering child witnesses of IPV, teachers strive to create classrooms characterized by teamwork and cooperation (Centre for Children and Families in the Justice System, 2002).

Parent involvement. Parent education and consultation are additional early intervention efforts which school counselors can undertake. Many beneficial treatment modalities emphasize treatment for the non-offending parent, in addition to treatment for the child witness; such programs often target training in parenting practices (e.g., Jouriles et al., 2009; Kinsworthy & Garza, 2010; Runyon et al.., 1998). School counselors can offer general programs which discuss beneficial parenting practices, such as behavioral strategies (Runyon et al.., 1998). In a treatment program designed for parents and children who have witnessed interparental violence, Runyon and colleagues (1998) described a program wherein parents learn behavioral management skills. While school counselors would not implement the entire treatment protocol created by these authors, they can provide preliminary educational training on this style of parent-child interaction. Drawing from this Runyon et al. (1998) program, school counselors can provide education on skills parents/guardians can use to discourage unfavorable behavior (i.e. ignoring) and skills parents/guardians can use to encourage favorable behavior (i.e. praise).

School counselors may also consult with parents about the struggles faced by a child witness. Fontes (2000) noted that communication with the non-offending parent must, however, be handled cautiously; while empathy and resources may be welcomed, school counselors are advised to not criticize the non-offending parent or urge a specific course of action regarding leaving a violent situation, as this could initially increase the risk of violence.

Conflict resolution. Fontes (2000) recommended psychoeducation groups for child witnesses of IPV; in these groups, children who have problems with aggression can participate in conflict resolution training and learn to solve problems without the use of violence. Pressman (1985) also noted the relevance of conflict resolution education for children experiencing family violence. Gamache and Snapp (1995) described the elementary curriculum *My Family and Me: Violence Free,* which was created by the Minnesota Coalition for Battered Women and targeted children exposed to family violence. One activity in this curriculum, specified as being appropriate for students in grades 4-6, teaches students how to solve conflicts nonviolently; students brainstorm nonviolent solutions through role plays and case scenarios.

Other authors have also suggested activities which focus on teaching children how to be assertive. Runyon et al. (1998) described an activity which teaches children how to differentiate between aggressive, passive, and assertive behavior; counselor(s) also act out a role play wherein these three responses (i.e., aggressive, passive, and assertive) are modeled in reference to a hypothetical scenario (e.g., sharing a toy); children then choose the most helpful response. Lane (1995) created a conflict resolution strategy wheel, which children can use in order to identify appropriate

responses to conflict; strategies on this wheel include listening to the other person's point of view, working together to find a solution, asking for help from an adult, and deciding to share.

Emotional awareness. Authors have noted that interventions designed to help a child identify and express emotions may aid in a child's ability to self-regulate emotions (Vickerman & Margolin, 2007). In one activity, children identify various emotional states, based on pictures of these emotions, and then share a time when they experienced the emotion in the picture (Runyon et al., 1998). Such emotional awareness can then be extended into training on emotional regulation, i.e., what a child can do when a certain feeling is experienced. Runyon et al. (1998) discussed strategies children can learn to identify when they are feeling angry (e.g., a fast heartbeat) and skills children can use to manage these emotions of anger (e.g., exercising, counting, and self-talk).

Intervention and Referral

Additionally, school counselors may engage in individual intervention efforts with students seriously impacted by witnessing IPV and will also refer students and families for outside care. Outside services will enable students and families to receive more intensive and comprehensive treatment than can be provided in a school setting.

Intervention. School counselors may be able to implement certain programs and supports in the school setting to assist those students who have witnessed IPV and are exhibiting more serious emotional and behavioral problems. Authors have suggested that counseling with child witnesses include the identification of a safety plan (Runyon et al., 1998; Peled & Edleson, 1995); safety plan creation is also part of an elementary

school curriculum geared to help child witnesses of family violence (Gamache & Snapp, 1995).

Poole, Beran, and Thurston (2008) proposed that professionals use play, music, and art modalities when working with children in domestic violence shelters; school counselors could use these creative methods as well with students who have witnessed IPV. School counselors may also employ certain cognitive interventions with children experiencing the detrimental consequences of witnessing IPV. Child witnesses of IPV may hold faulty beliefs, such as a child believing they will unavoidably engage in future violence if they marry or a child thinking that the violence was somehow the fault of the abused (Silvern, Karyl, & Landis, 1995). Confronting these assumptions and offering alternate information may assist children operating under these faulty and likely confusing beliefs (Silvern et al., 1995). Moreover, as children who believe that they have some control over the IPV have been found to have higher rates of posttraumatic stress symptoms, compared to children who do not claim to have control over the violence (Spilsbury et al., 2007); cognitive interventions may also assist children in disputing this belief. Graham-Bermann (2001) discussed the importance of intervention programs which emphasize that the IPV is not the child's responsibility.

Referral. School counselors will also facilitate referrals for students and families who are experiencing the detrimental effects of IPV. Researchers have found that programs which involve both the non-offending parent and the child have been successful in reducing child emotional and behavioral struggles (Gwynne, Blick, & Duffy, 2009; Jouriles et al., 2009). Stover, Meadows, and Kaufman (2009) reviewed research on interventions for children exposed to IPV and concluded that the most

successful treatments included the child and the non-offending parent—who was the mother in these studies. In one program (Project Support), counselors educated mothers about parenting skills and offered support, while also including children in sessions in order for mothers to practice these new parenting skills (Jouriles et al., 2009). Compared to a control condition, children in the Project Support group evidenced diminished conduct problems; the researchers suggested that this reduction was due to the reduction in maternal psychiatric symptoms and unpredictable parenting. School counselors can develop a referral list which details community agencies and clinicians who can work with both the non-offending parent and the child witness. Children may be assisted indirectly through services which target parenting style and parent mental health.

Filial therapy is an example of a type of counseling which works with both the parents and the child. Authors have made a case for the relevance of this therapy in working with children who are exposed to family violence (Kinsworthy & Garza, 2010). These authors explained that filial therapy is a technique which trains parents in the skills of child centered play therapy—specifically teaching parents to reflect their child's emotions. Parents who completed a 10-week training in filial therapy (which included the parent conducting 30 minute play therapy sessions with their child), reported a range of benefits, including feeling more connected to and supportive of their children (Kinsworthy & Garza, 2010).

Conclusion

Children who witness IPV are at risk for a range of negative outcomes, including increased aggression, depressive symptoms, and symptoms of posttraumatic stress

(e.g., Kitzmann et al., 2003; Spilsbury et al., 2007). School counselors, however, are in a position to limit the negative consequences of child exposure to IPV. Using the model of a comprehensive developmental school counseling program (ASCA, 2005; Herr & Erford, 2011), school counselors can offer a range of services to child witnesses of IPV. Specifically, school counselors can implement prevention programs which foster student resiliency factors and thus, optimally, buffer children against the detrimental effects of witnessing IPV. In addition to this key role in prevention efforts, school counselors are in a role to identify signs of children who are witnessing IPV, engage in early intervention efforts, and provide child and family referrals for more intensive treatment.

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Biographical Statements

Juleen K. Buser, Ph.D., NCC, is an Assistant Professor in the Counseling Services Program at Rider University. She teaches courses in Counseling Theories, Practicum, School Counseling, and Counseling Skills. Dr. Buser has also served as president for the International Association of Addictions and Offender Counseling.

Erin Saponara, M.A., has her master's degree in art therapy and is currently pursuing her M.A. in school counseling from The College of New Jersey. She currently works as art therapist for children with behavioral and emotional needs in Ocean County, NJ.

Correspondence regarding this article should be addressed to: Juleen K. Buser, Ph.D., NCC, Department of Graduate Education, Leadership, and Counseling, Memorial Hall 202L, 2083 Lawrenceville Road, Lawrenceville, NJ 08648. E-mail: jbuser@rider.edu