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Original research paper

## A SYSTEMIC FAMILY APPROACH IN WORKING WITH CHILD VICTIMS OF VIOLENCE

### *Abstract:*

This paper presents a case study that explores the application of systemic family therapy in working with children who are victims of violence within their family. The case study focuses on the Johnson family, comprising a father, mother, and their two children, who sought therapy after a traumatic incident of domestic violence. The therapeutic approach utilized a systemic family therapy framework, aiming to address the complex dynamics resulting from the violence and its impact on family members. The goals include providing a safe environment for children to process their experiences, enhancing communication, promoting non-violent parenting, and strengthening the family's support network. The interventions involved individual sessions with the children, family sessions, psychoeducation, and collaborative goal setting. Throughout the therapy process, significant improvements were observed, including enhanced communication, improved emotional well-being for the children, non-violent parenting strategies, and the development of a support network. The findings of this case study highlight the effectiveness of systemic family therapy in promoting healing, fostering healthy relationships, and creating a nurturing environment for children affected by family violence.

**Keywords:** Systemic family therapy, children, victims of violence, case study, family dynamics, communication, non-violent parenting, support network, trauma, healing, healthy relationships.

### **A systemic family approach in working with child victims of violence**

The systemic family approach is a valuable framework employed in working with children who have experienced violence. This approach recognizes that a child's well-being is intricately connected to the dynamics within their family system, and acknowledges the importance of understanding and addressing these dynamics to promote healing and growth. By considering the family as a whole, the systemic family approach seeks to identify and transform patterns of interaction that contribute to violence and create a supportive environment for children to thrive.

Peer violence, in professional international literature known as Bullying, is a type of use of force, threat or intent to abuse and/or aggressively dominate other peers. This behaviour is often repeated and represents additional stress for those who are the subject of the bullying, i.e., victims of bullying. The same is a threat to the positive development of children. It causes anxiety, loneliness, depression, loss of interest in school and school success, closing in on oneself. Such emotions can develop into a state of so-called toxic shame that supports a feeling of helplessness in relation to behaviour with other peers, so these children believe that even adults could not help them. For some children, such experiences can be extremely hurtful and thus they could face post-traumatic stress that would be prolonged in a certain period of life. The mix of emotions these children experience is toxic to their psychological well-being.

When we talk about children who are victims of violence, it is important to develop a support system in their environment, which implies: a warm and supportive atmosphere in the family, help in making new friendships, strengthening existing friendships, strengthening self-esteem, as and teaching new communication skills.

Parents can play a significant role in children. It is important that they monitor their child's behaviour, register any changes in their behaviour and mood, and check that everything is okay. They should also teach the child positive behaviour, point out the mistakes he makes and teach him new communication skills, but also explain to them that whenever peer violence occurs, it is necessary to turn to an adult (parents, teachers or other persons in whom they trust). Only in that way could the violence be stopped. In such situations, it is important to react in a way that will help the children to face the reality, to offer them help and support and to serve them as a model for constructively solving the problematic situation that has arisen.

In addition, it is very important to work on raising awareness about violence and peer violence as well as its consequences. That's why teachers and parents can help in acquiring skills for defence and prevention from victims of peer violence, through assertiveness (endurance, self-confidence, self-confidence, respect for oneself and others, to defend one's rights without shouting, confident voice), communication skills (which calm the atmosphere and open opportunities for communication between children through active listening and I messages), social skills (for reducing tension in oneself and the group, cooperation and respect and maintaining good friendships).

The basic rule in working with children who are victims of emotional violence is to work with a multidisciplinary approach, which includes professionals from different fields. Each from their own aspect, they collect data about the child, observe his behaviour, and only then combine the obtained data, with the possibility of making a diagnosis.

The whole procedure takes place in several stages, namely:

### **1. Observation of the child in relation to adults and other children**

Even the basic data that we get during the process of observing the child, help us form a picture of him and his problems. Observing how the child talks to the adult, what he wants, how he sits in the presence of an adult, whether he answers spontaneously or asks permission from the adult, whether he plays with the objects around him or just observes them - these are just some indicators that speak of childish behaviour. About his freedom of expression and his relationship with adults. Very often, in order to get a complete picture of the child, it is also necessary to observe the behaviour of adults - how the adult answers the child's questions, whether he shuts him up or explains to him, whether he pays attention to him or ignores him, whether he respects him or insults him with your words and actions.

### **2. Collection of anamnestic data**

Data collection questions should be focused on family relationships, data on child development, ways of raising children, punishments and rewards. It is especially important to assess the child's relationship with his parents, siblings, and peers.

### **3. Observation of children's play**

Regardless of whether the child plays alone or in the company of other children, the child's insecurity, fear, aggression and mistrust come to the fore very quickly, which are manifested in the child's play, in the way of playing and in the content of the game, and all a significant indicator of the child's emotional state.

### **4. Analysis of children's drawing**

Drawing is a way of expression that children often use, and it is of inestimable importance, regardless of whether the child draws spontaneously and freely what he wants to draw at the moment, or draws on a predetermined topic. It is important to analyse not only the content of the drawing, but also the colours used, the reliability of the line and the location of the drawing on the sheet. Insecure children usually draw with pale colours and with uncertain strokes, and it happens that the whole drawing is located only in one corner of the sheet.

The pictures below show drawings of Dacia who are victims of violence.





If the child draws a drawing on a given theme, especially on a family theme, then very often it happens that one member of the family is missing, some characters are oversized, and others are reduced. Based on these illustrations, it can be concluded about the child's relationship with the

family members. It sometimes happens that the child leaves himself out of the drawing, so when asked where he is or why he is not in the drawing, he is surprised. But this is an introduction to the further conversation about how the child is experienced in the family. Children who have experienced some trauma, the picture they draw often has a traumatic content. At the beginning of experiencing the traumatic event, it is much easier to express their problems non-verbally than with verbal techniques. In that sense, drawing is one of the most valuable ways to express feelings and an indicator of childhood problems.

### **5. Analysis of children's behaviour**

The analysis of the child's behaviour in itself includes the analysis of the problems that the child manifests, as well as the analysis of the attitude towards himself and others. A child psychiatrist or psychologist is the last person parents ask for help with their children's physical problems. However, there are a number of obstacles that adults do not recognize in their children, because apparently children do not have a problem. In fact, the child is learning, does not oppose authorities, is not rude or aggressive, and does not go out of the house very often - so according to the parents, there are no problems. But such children are often depressed and know how to surprise their environment with a suicide attempt (Harkness & Lumley, 2008).

### **6. Use of scales and questionnaires**

The questionnaires that are used most often refer to the analysis of:

- The degree of cognitive development of the child
- Features of child development
- The child-parent or child-educator relationship (Pearl, 2002)

The most commonly used instruments are:

- Child Abuse Trauma Scale (CATS)
- Minnesota Multiphasic Personality Inventory (MMPI)
- Rorschach's Test
- The Thematic Apperception Test

Apart from these, there are also a whole series of scales that are applied in our country. It is considered that at least three of the following scales should be applied in the diagnosis process:

- Guidelines for Psychosocial Evaluation of Maltreatment in Children and Adolescents issued by the American Professional Association on Maltreatment (APSAC)
- CARE Index (Crittenden, 2001)
- Psychological Maltreatment Rating Scale (PMS) (Brassard, Hart and Hardly, 1993)

- Conflict Tactics Scale (Strauss, 1979)
- Record of Maltreatment Experiences (ROM) (McGee, Wolfe, & Wilson, 1997)
- Bayley Scales of Infant Development (Bayley, 1969)
- Tennessee Self Concept Scale (Fitts, 1991)
- State-Trait Anxiety Inventory (Rohner, Saavedra, and Granum, 1978)
- Child Abuse and Trauma Checklist (Senders and Becker- Lausen, 1995)
- Child behaviour Checklist (Achenbach and Edelbrock, 1979)
- Child Assessment Schedule (Hodges et al., 1982).

The first question that every professional in this field should ask himself is how to reach a child who is a victim of emotional violence, because the environment that acts destructively does not recognize the child's needs or consciously hides them, and the child depends on his environment and only she can bring him in contact with the person who can help him. In fact, this is where the biggest problem is located.

The solution to the problem begins with good information about the needs of children, as well as information about violence and its consequences for children. Information must be provided through public media, through continuous education in schools, colleges, but also in all institutions where children are dealt with and whose main role is the protection of children and children's rights.

This is one of the tasks of the primary prevention of children's mental health, and according to the World Health Organization for proper child development there are several basic conditions, such as: education for healthy parenting, public awareness, adequate educated and educational staff, developing healthy lifestyles, supporting tradition and the like. When the child finds himself in a situation where someone needs to help him, a whole series of problems arise, the first of which is mistrust (Why should I *trust an unknown person, when my loved ones have betrayed me?*). The process of gaining trust is long-term, individual and depends on both the child and the therapist. In that relationship, there are no rules, except one – that everyone must be patient, follow the child's process of acceptance, not speed up or slow down, simply be with the child and build trust without manifesting false feelings, but and being constant and reliable. Since the main problem faced by children who are victims of emotional violence is showing emotions, they should be helped to start expressing and manifesting them with the help of exercises for recognizing their own and other people's emotions. There are several ways to get children in a situation to talk about their emotions, through:

- Naming the emotions of other people based on what the child sees on the face of a displayed picture or on specially created dolls for that purpose (Fig. 1)
- Naming emotions in oneself based on what one feels (Fig. 2)

- Drawing the emotions that the child recognizes in himself and in the people close to him (Fig. 3)
- Drawing your most common emotions (Fig. 4)

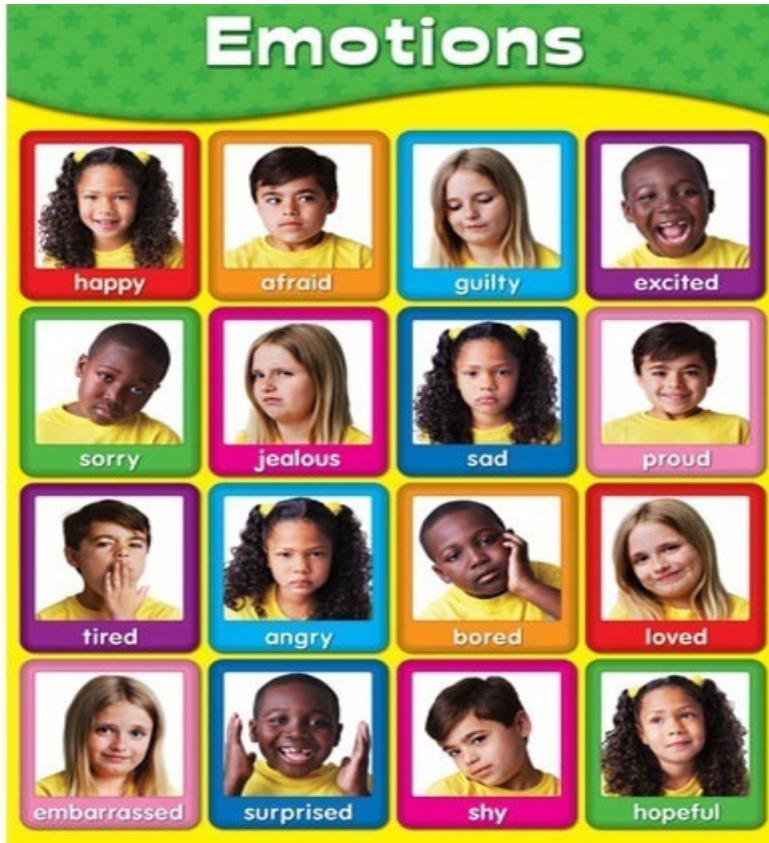


Figure 1. List for naming emotions in other people

Circle how you feel on a scale of 1-5 right now:

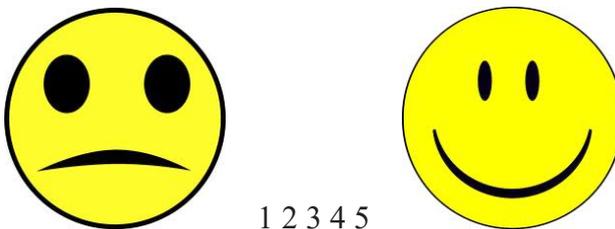


Figure 2. Naming emotions in oneself



Figure 3. Drawing the emotions that the child recognizes in himself and in the people close to him

In this way, and in a relaxed atmosphere, the therapist can get closer to the child, allowing him to draw, name and explain what is written and what he feels. Thus, the path to building trust is opened, the child is in a position to start talking about himself and what he likes. Speaking and expressing his emotions, fears, problems, the child becomes more relaxed, more confident and fuller of trust in the therapist. Only then can the therapeutic process begin, which requires professionals who are well trained and qualified to work with children. The number of children who are victims of emotional violence is huge. Very often they pass by us unnoticed, deep in their sorrow and preoccupied with their fate.

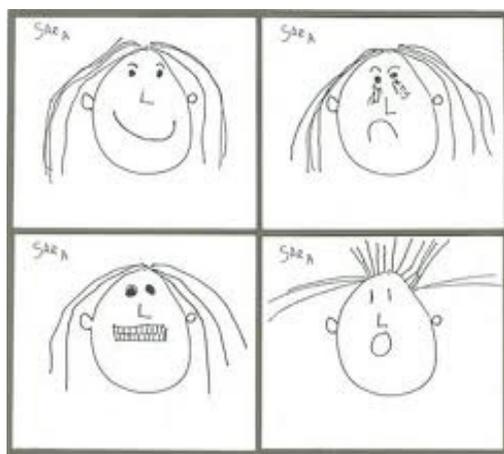


Figure 4. Drawing your most common emotions

The following stand out as the best models of assistance:

- Visits to specially trained nursing nurses and doctors;
- Organizing educations in schools and contacts with parents and educators;
- A well-organized service to help families when it is noticed that something is happening to the child;
- Work on breaking the cycle of violence in families or schools where violence was previously observed; and
- Continuous work on information and awareness about this problem.

Children who are victims of emotional violence are belittled, ridiculed, manipulated, with unsatisfied basic needs and without adequate psychosocial development. In addition to the bad image, they form of themselves, they are characterized by the following:

- The basic defence mechanism in these children is repression, because showing emotions is a sign of weakness;
- They identify with younger children, which results from their regressive behaviour and emotional immaturity;
- In families where there is emotional violence, the father is usually emotionally distant, cold, absent, indifferent to the children's needs, while the mother is intrusive and with too many demands, and the children are lonely, fearful, with frequent problems at school and with early expressed antisocial forms of conduct;
- These children want to be recognized for at least some characteristic, based on the motto, "it's better to be someone, even in a negative sense, than nobody in an emotional sense", and during their growth and development they feel insignificant, unnoticeable, so they show educational social problems;
- These children are socially isolated and friendless; and
- One of the main problems with these children is the problem of identification and communication.

In order to break the cycle of emotional violence against children, it is necessary to know the factors that contribute to the prevention of violence. Data show that not all children who have been victims of violence later become perpetrators. The following factors contribute to this: social support from the environment, a quality, caring and not violent parent/guardian, the opportunity to express emotions (because these children can often express anger and sadness when talking about their past experiences), reduction of stressful situations during life, which often depends on the strength of the person himself, presence of friends, making conscious decisions not to repeat the patterns and lifestyles they experienced, positive school experience, strong religious beliefs and support from the religious community, connectedness with parents, family agreements, family communication, ability to adapt and recover, strong external support

system, psychosocial orientation, social problem-solving skills, intelligence, positive peer group, and self-discipline (Kocijan-Hercigonija, 2003).

The prevalence of emotional violence is unknown, however, according to estimates by the American Humane Society, which published data for the period 1997-2007, the total number of reports of emotional violence against children was 11%. This data is not real, but it indicates the problem in defining and assessing emotional violence<sup>1</sup>.

In 2009, the National Centre for Abused and Neglected Children in the United States reported that 223,100 emotionally neglected and 211,100 emotionally abused children were identified that year. That data states that no significant gender differences were found, but states that the frequency of violence is 5 times higher in poor neighbourhoods, regardless of the race or ethnic group to which the children belong<sup>2</sup>.

In North Macedonia, there is a growing body of research and evidence that supports the effectiveness of the systemic family approach in working with children who have been exposed to violence. Studies conducted in the region have highlighted the positive outcomes achieved through this approach, such as improved communication within families, reduced levels of violence, and enhanced overall well-being for children.

Systemic family therapy has proven to be an effective approach in working with children who are victims of family violence. This therapeutic modality focuses on understanding and addressing the complex interactions and dynamics within the family system, with the goal of creating a safer and more nurturing environment for the child. Here are some good practices in using systemic family therapy with children's victims of family violence:

**Collaborative and Non-Blaming Approach:** Systemic family therapy emphasizes collaboration and non-blaming. Therapists work alongside family members, including the child, parents, and other relevant individuals, to explore the underlying causes of violence and identify patterns of interaction that perpetuate it. This approach helps create a safe space for open communication and understanding, without assigning blame to any individual.

**Assessing Family Dynamics:** A thorough assessment of family dynamics is essential in systemic family therapy. This involves examining family roles, communication patterns, power dynamics, and the impact of violence on each family member. By gaining a comprehensive understanding of these dynamics, therapists can develop tailored interventions to promote healthier interactions and relationships.

**Promoting Safety and Empowerment:** Ensuring the safety and well-being of the child is paramount. Systemic family therapy helps create a safety plan that may involve providing immediate protection, such as involving child protection

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<sup>1</sup><http://www.amicc.org>

<sup>2</sup><http://www.childhelp.org/pages/statistics>

services, if necessary. Therapists empower the child and non-violent family members to assert their needs and set boundaries, fostering a sense of agency and control in their lives.

**Psychoeducation and Skill Building:** Systemic family therapy includes psychoeducation to help family members understand the impact of violence on the child's development and well-being. Therapists can educate parents about the effects of violence on parenting and teach them positive discipline strategies. Children can also be taught coping skills, emotion regulation techniques, and conflict resolution strategies to improve their resilience and adaptive functioning.

**Trauma-Informed Approach:** Recognizing and addressing the trauma experienced by children is crucial. Systemic family therapy integrates trauma-informed principles, such as creating a safe and supportive therapeutic environment, validating the child's experiences, and incorporating trauma-focused interventions. This approach helps children process their traumatic experiences and build resilience.

**Collaborative Network:** Collaboration with other professionals and community resources is vital. Systemic family therapists often work in collaboration with child protection services, schools, medical professionals, and support organizations to ensure a comprehensive and coordinated approach. This multidisciplinary collaboration enhances the support available to the child and the family.

By implementing these good practices, systemic family therapy can contribute to the healing and recovery of children who are victims of family violence. It recognizes the interconnectedness of family dynamics and empowers both the child and the family to break the cycle of violence, promoting healthier and more nurturing relationships.

Here's a case study illustrating the use of systemic family therapy with children of victims of violence:

**Case Study: The Johnson Family**

**Background:** The Johnson family consists of Mark (father, 40), Sarah (mother, 38), and their two children, Emily (12) and Jack (9). The family sought therapy following a traumatic incident where Sarah experienced domestic violence at the hands of Mark. Both children witnessed the violence, and it had a significant impact on their well-being and family dynamics.

**Therapeutic Approach:** The therapist adopted a systemic family therapy approach to address the complex issues stemming from the violence and its effects on family dynamics.

**Goals:**

- Provide a safe and supportive environment for the children to process their experiences and emotions.
- Help the parents understand the impact of violence on their children and themselves.

- Promote open communication and healthy interactions within the family.
- Enhance the parents' capacity for non-violent parenting and conflict resolution.
- Strengthen the family's support network and connection with external resources.

**Interventions:**

- **Establishing Safety and Trust:** The therapist focused on ensuring the safety and well-being of all family members. A safety plan was developed, which involved a temporary separation between Mark and the children until trust and stability were restored.
- **Individual Sessions with Children:** The therapist conducted individual sessions with Emily and Jack to provide them with a safe space to express their feelings and process their traumatic experiences. Various therapeutic modalities, such as play therapy and art therapy, were used to help the children communicate and make sense of their emotions.
- **Family Sessions:** Family sessions were conducted to facilitate open dialogue and understanding among all family members. The therapist encouraged active listening, empathy, and the use of "I" statements to promote effective communication. The sessions also addressed the impact of the violence on each family member and provided opportunities for expressing and validating their emotions.
- **Psychoeducation:** The therapist provided psychoeducation on the effects of violence on children's development and well-being. The parents were educated about the importance of non-violent discipline and positive parenting strategies. The children were taught age-appropriate coping skills and provided with tools to regulate their emotions.
- **Collaborative Goal Setting:** The therapist collaborated with the parents and children to establish goals and action plans to improve family dynamics. The goals included fostering trust, developing conflict resolution strategies, and rebuilding a sense of safety within the family.
- **Referral and Collaborative Work:** The therapist worked collaboratively with external resources, such as a domestic violence support organization and a child therapist specializing in trauma. Referrals were made to these professionals to provide additional support and services tailored to the specific needs of the family.

**Outcomes:**

- Over the course of therapy, significant improvements were observed within the Johnson family:
- **Enhanced Communication:** The family members learned effective communication strategies, leading to increased understanding and

reduced conflict. They became more open about their feelings and concerns.

- **Improved Emotional Well-being:** Emily and Jack demonstrated improved emotional regulation and coping skills. They gained a greater sense of safety and expressed their feelings more freely.
- **Non-Violent Parenting:** Mark and Sarah developed non-violent parenting techniques and practiced positive discipline strategies. They became more attuned to their children's emotional needs.
- **Strengthened Support Network:** The family engaged with external resources and developed a network of support, including participating in a support group for survivors of domestic violence.

**Conclusion:**

Through the use of systemic family therapy, the Johnson family achieved positive changes in their relationships and overall well-being. The therapy provided a safe and supportive space for the children to heal and helped the parents understand the impact of violence on their family dynamics. By addressing the underlying systemic issues and collaborating with external resources, the family experienced increased communication, improved emotional well-being, and strengthened support networks, ultimately fostering a healthier and more nurturing environment for all family members.