

Stepping stones to resilience: Supporting children and young people through a life marked by family violence

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The present paper shows how significant counselling is to children and young people who have been subjected to experience of ongoing violence within the family circle. The modality of Three-In-One-Concepts, used in conjunction with expressive therapies, has the potential to be a powerful therapeutic approach for bringing children and young people to a level of resilience where they are able to cope and distance themselves from the intensity of the impact of family violence.

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Family violence hurts kids, too - even if they don't see it. Evidence shows that living in a family where there is violence - physical or emotional - may have significant traumatic effects on children (Devaney, 2015; Domestic Violence prevention Centre, 2018; The Australian Domestic & Family Violence Clearinghouse, 2015). As noted by Campo (2015), in the past two decades, empirical evidence about the extent to which children are exposed to domestic and family violence and the negative effect this has on their development has created an impetus for policy responses to this issue. This is reflected in the recognition that exposure to family violence is a form of child abuse in some state and territory child protection frameworks - for example Queensland Child Protection Act 1999, (Office of the Queensland Parliamentary Council, 2005), the Australian Government's National Framework for Protecting Australia's Children 2009 - 2020 (Council Of Australian Governments [COAG], 2009/2014, and the federal Family Law Act 1975 (Office of Legislative Drafting and Publishing, Attorney-General's Department, 1975/2012).

As a result of family violence, children can experience powerful mixed and confusing feelings that may be difficult for them to express. However, despite the horrific emotional, psychological, and somatic impact that family violence has on children and young people, the effects on the individual are not irreversible if early and effective intervention occurs. A review of the literature profiles the effectiveness of counselling in providing a safe space where children and young people can express their feelings and come to acknowledge their thoughts and life experiences.

As referenced by Irwin, Waugh, and Wilkinson (2002), children who have experienced domestic violence are more likely to:

- Exhibit aggressive behaviour;
- Experience anxiety;
- Exhibit symptoms of depression;
- Demonstrate diminished self-esteem;
- Tell lies, act disobediently, and act destructively;
- Reveal reduced social competence skills;
- Exhibit emotional distress;
- Demonstrate somatic complaints.

One Avenue of Support

Children impacted by domestic violence can find support at The Centre for Women & Co. which is a Non-Government Organization (NGO) based in Queensland with branches in Logan and Redland City. The vision at the Centre for Woman & Co. is to deliver responsive, high quality and holistic women's services to the Logan and Redlands Regions. The mission of this NGO is to encompass domestic and family violence support services and women's health and wellbeing support services (personal communication, September 21, 2018).

When an intake is done for children and young people, it is established that they have been witness to abusive relationships within the family system. A child's experience of family violence may be through the witnessing of violent acts and the consequences of physical violence: such as broken bones, blood, bruises or broken objects. They may become indirectly involved in the violence by being in close proximity to their mother when she is being abused or when they are intervening to protect her. They may also be the subject of abuse by the perpetrator.

For some, there may be responsibility of calling the ambulance or they may react in the moment by trying to stop the perpetrator from hurting the other parent. It is usually noted that the abuse has been on-going for many years and even though the family relationship may have broken down, the abuse is still continuing in some form. Children tend to become the scapegoat and can be very much caught up in a triangulated web where one parent is judging the other parent to the child and projecting their thoughts and emotions onto them.

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It has been found that children in this situation can be very vulnerable when it comes to taking on those emotions which can send them into feeling confused and overwhelmed by the whole scenario. They have been traumatised enough over the years with the violence and now they have the separation and the triangulation to try to work through. Many children make the comment, "I like both parents and I don't know which side to take or who to choose". On the other hand, there can be children who are caught up emotionally in a battle where the court has given both parents equal share of responsibility for their children but the children do not want to go to the other parent. Young people quite often present this as a huge dilemma in their lives.

Research in Situ

Empirical data gathered over a period of 12 months testify to the effectiveness of Three-In-One-Concepts processes when working with children and young people who have experienced vicarious trauma through witnessing family violence. Unsolicited comments from children, mothers or primary caregivers, and teachers have been manually recorded. Evidence is embodied in statements that collectively portray an image of the power of therapeutic support and the impact this can have of the well-being of children and young people.

Young people refer to muscle testing as a "lie detector". They explain that while they might be telling the counsellor that their presenting issue is one thing, the muscle indicates something different. Children and young people often say to their Mum and the receptionist, "How does she get all that information from my muscles? This is so cool. When am I coming again?" Children will also thank the counsellor for "fixing" them using the muscles.

Before the counselling session with children and young people, it is normal for the Mum to express, "[Johnny] is acting just like his Dad. He is aggressive at home and at school. The teacher says he is not concentrating and is becoming very disruptive in the class room". After follow-up communication in the immediate days following sessions, mothers report how relaxed and calm their child is as compared to how they were acting before counselling. In addition, mothers whose children have a diagnosis of high functioning autism report that their children are having fewer meltdowns and are able to cope with the anxiety associated with going to school and participating in other general activities where there is potential for separation anxiety and their Mum is not present to give support and a much needed sense of security.

After receiving positive feedback from mothers, it is the counsellor's understanding that children tend to feel "very good" and "balanced" after sessions. Therefore, it is noticeable at home and at school when the stress is beginning to mount and they are not "feeling good". This is an indicator that the child needs to have another session. Also, after communicating with the child's teacher, mothers will speak to the counsellor about how much the child's behaviour and focus has improved in the classroom.

One reported incident relates to the situation where it was suggested to a mother that her son might have Attention Deficit Hyperactivity Disorder (ADHD). The mother stated that she was advised by school authorities to "get him tested and onto medication". As an alternative to this radical measure, the mother chose to bring her son with her to counselling; as she knew that her child may find the support he needed. After one session using the Three-In-One-Concepts process, a change in behaviour was observed and remarked on by the teacher who is

said to have asked the mother if she had been to the doctor to get medication, as her son's behaviour had greatly improved.

Three-in-one Concepts: An Overview

Three-In-One-Concepts was founded and created by Gordon Stokes (1929-2006): and while Three-In-One-Concepts, also referred to as "Three-In-One-Concepts 'One Brain' Stress Management Approach to Counselling", uses muscle testing, it is to be noted that muscle testing is not testing muscles. It is testing the brain's hemispheres. In 1976, Stokes officially created Three-In-One-Concepts, Inc. and in 1983, with his partners, Daniel Whiteside (1933-2013) and Candace Callaway (1949-2005), he began to fashion Three-In-One-Concepts into its current form: infusing the "One Brain" method with everything that peaked his interest throughout his life time - from Parent Effectiveness Training to Personology.

The "One Brain" stress management approach is gentle and non-invasive. The individual personhood of the client is respected with ethical consideration focused on integrity as related to achieving the highest good of oneself and the highest good of all. Three-In-One-Concepts developed and expanded to become a multidimensional therapeutic modality, focusing on the integration of Body, Mind, and Spirit as forming the "One Brain". The modality was further developed to assist people resolve their personal experiences of emotional stress overwhelm in all areas of their life (Three In One Concepts, n.d.).

Three-in-one Concepts: The Process

By placing hands on the outer wrist, the clinician can feel a wakening or a strengthening of the wrist muscle. While the clinician feels the movement in the wrist, it is actually the Anterior Deltoid muscle in the upper arm that is reacting. A weak response indicates that there is a stress source being held within the body.

When right and left arms are used simultaneously both cerebral hemispheres are activated to achieve whole brain response. As Stokes & Whiteside explain (1996), "With both brains working equally an honest read-out of how emotion affects the body is established" (p. 12). The body runs on an electrical system pouring through the body and fires the brain. The same system can be used through muscle testing to find out from the body what is causing the stress. When the client thinks of something that causes stress, the arms start to give way, causing a negative muscular response (Ainley, M, 2009). It is a safe and gentle way to identify and defuse old belief patterns, phobias and traumatic experiences that may have been stored in the memory bank for many years.

This gentle process allows biofeedback from the body/brain to identify and defuse suppressed negative emotions that wilfully destroy the positive changes that clients want in their lives. Stokes and Whiteside (1996), define the "One Brain" process as "dealing with all levels of awareness - body, mind, and spirit - at both conscious and subconscious levels; while getting more into what is hidden in the sub conscious, rather than what we think we know on the conscious level" (p. 10). According to Stokes and Whiteside (1996), when all levels of awareness are dealt with, right brain and left brain begin to communicate with each other allowing for integration of the right creative brain and the left logic brain. As a result, body, mind, and spirit are empowered to deal directly with self-doubt on any issue as well as the stress-overwhelm that hampers clear thinking and decreases freedom of choice.

Three-in-one Concepts: In the Field

When working with young people, the counsellor may often “go with the flow” connecting with the child’s reality incorporating complementary therapeutic approaches, and while working with the presenting issue the counsellor is also working with what the muscle indicates at the time. Quite often the young person will say, “Oh yes, that’s right! That is what I would like to get the stress off”. The stress may not be to do with the trauma they are experiencing at present, but could be related to something they have experienced in the past and which may feel very similar to the somatic sensation that is happening in the present. However, what is the same, is that there is a contributing critical incident that triggers a stress response that could be either traumatic in the moment or could present as secondary trauma (Wyder & Bland, 2014).

When using the muscle as the indicator, the counsellor will “age recess” (in counselling terms, more commonly referred to as age regression). This evokes release of a stored memory back to where the muscle response indicates an appropriate age for healing past trauma. This will be the age at which stress will be released and the brain re-balanced into thinking differently about the emotional experience at that age. The muscle determines the type of healing the body and mind require (Stokes & Whiteside, 1996)

A fundamental belief in working with children and young people is that each one is their own unique person. What they share is a life over shadowed with the trauma associated with family violence. Therefore, while Three-In-One-Concepts may be the primary “go to”, it is, in practice the primary modality underpinning an over arching eclectic framework. Modalities incorporated in this structure include, reframing, visual association picture and word cards, non-directive sand play, directive sand tray, painting, drawing, feeling faces, visualization, child-centred play, power animals and positive affirmations. The muscle is again used to round off the process.

Response to Therapy

It has been found that when working with children and young people, the way they acknowledge their traumatic experience can be very different. Some demonstrate extraverted behaviour and like to talk about the whole experience. Others can become quite withdrawn and do not like to talk about anything: they may even move into a state of selective muteness. A significant feature of the muscle testing approach is that the client does not need to engage verbally. The body knows. Experience demonstrates that children and young people love to be muscle tested. They love becoming aware of how much stress they are actually carrying and how the muscle helps them to tell their story. The muscle remembers what the brain may choose to forget: or as Bessel van der Kolk (2014) might say, “The body keeps the score”.

This process keeps the brain in the present rather than focussing on experiences that have happened in the past and there seems to be no fixed rule on how many sessions a child or young person would require for keeping the brain in the present. Under general circumstances an affective timeframe has proved to be eight fortnightly sessions with a tapering down process.

Conclusion

Healing can be an ongoing process. Therefore, the purpose of counselling is to bring children and young people to a level of resilience where they are able to cope and distance themselves from the ongoing impact of critical incidents in this life span. For so many, it is highly likely they are still living in an environment where abusive behaviour is the norm and where they are still caught in the web of family violence. It could be said that an eclectic approach, incorporating the “One Brain” Stress Management and muscle testing, combined with expressive therapies has potential to be the greatest gift in helping young people acknowledge their experience, and the emotions attached to the experience: even if they choose to not talk about it.

References

- Ainley, M. (2009). Introduction to Three-In-One Concepts™. “One Brain” Stress Management System. [Utube.]. Retrieved from <https://www.youtube.com/watch?v=RSE65IPAbBA>
- Bourke, D. (2007). Stories Of Stress: Feeling, Thinking And The Flourishing Of Life. [PhD Dissertation.]. Brisbane, QLD: The University of Queensland.
- Campo, M. (2015). Children’s exposure to domestic and family violence: Key issues and responses. [CFCA PAPER NO. 36 2015]. Melbourne, AU: Australian Institute of Family Studies. Retrieved from <https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-36-children-exposure-fdv.pdf>
- Council of Australian Governments [COAG], 2014. Protecting children is everyone’s business: National framework for protecting Australia’s children 2009–2020. Canberra, AU: Commonwealth of Australia. Retrieved from https://www.dss.gov.au/sites/default/files/documents/child_protection_framework.pdf (Original work published in 2009)
- Devaney, J. (2015). Research Review: The Impact of Domestic Violence on Children. Irish probation journal, 12(October). [e publication]. Retrieved from <https://pdfs.semanticscholar.org/506f/db2353976001352213a72baf3c48aaa743c0.pdf>
- Domestic Violence Prevention Centre. (2018). Impact of domestic violence on children and young people. [Blog.]. Gold Coast, AU. Retrieved from <http://www.domesticviolence.com.au/pages/impact-of-domestic-violence-children-and-young-people.php>
- Irwin, J., Waugh, F., & Wilkinson, M. (2002). Domestic Violence and Child Protection: a research report; a Collaborative Research Project. Sydney, AU: The Department of Social Work, Social Policy and Sociology, University of Sydney.
- Office of the Queensland Parliamentary Council. (2005). Queensland Child Protection Act 1999. Brisbane, AU: State of Queensland. Retrieved from <https://www.legislation.qld.gov.au/view/pdf/2005-04-29/act-1999-010>
- Office of Legislative Drafting and Publishing, Attorney-General’s Department, 1975/2012. Family Law Act 1975. [Act No. 53 of 1975 as amended]. Canberra, AU: Office of Legislative Drafting and Publishing. Retrieved from <http://www.abc.net.au/cm/lb/4093556/data/family-law-act-1975-data.pdf>
- Stokes, G., & Whiteside, D. (1996). Tools of the trade. Burbank, CA: Three In One Concepts. (2016). Three In One Concepts: An Educational Corporation. Retrieved from <http://www.3in1concepts.us/creators.php>
- The Australian Domestic & Family Violence Clearinghouse, (2011). The Impact of Domestic Violence on Children: A Literature Review. For The Benevolent Society, 1 August 2011. Sydney, AU: The University of New South Wales. Retrieved from <http://earlytraumagriev.anu.edu.au/files/ImpactofDVonChildren.pdf>
- Three In One Concepts: An educational corporation, (n.d.). Electronic profile. Retrieved from <https://www.3in1concepts.us/>
- Van der Kolk, B. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. New York, NY: Viking Penguin.