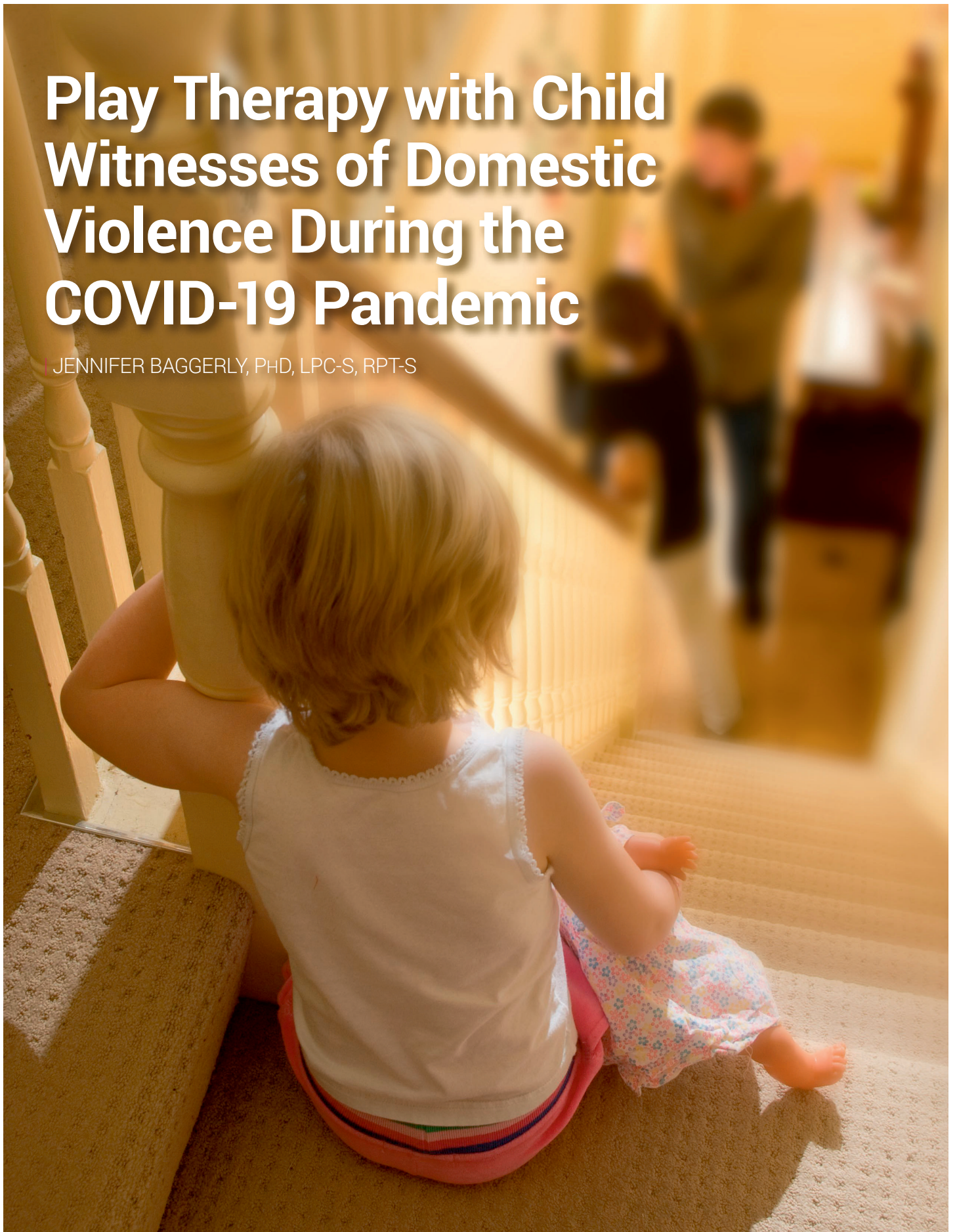


Play Therapy with Child Witnesses of Domestic Violence During the COVID-19 Pandemic

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The Center for Disease Control and Prevention (n.d.) defines domestic violence, also known as intimate partner violence (IPV), as a current or former partner's physical violence, such as hitting, kicking, or other types of physical force; sexual violence of forcing a partner to take part in a sex act; stalking of repeated unwanted contact that causes fear; and psychological aggression of verbal and non-verbal communication with the intent to harm mentally or emotionally. Surveillance data from 2011 showed that over 10 million women and men experience IPV each year (Breiding, et al., 2015). Recently, the World Health Organization (2020) reported that IPV has increased during the COVID-19 pandemic. This increase in violence may be due to more financial stress, isolation due to quarantine, more frequent volatile interactions, because work and school are no longer an escape, and less checks and balances from outside family members, friends, and teachers (Ragavan et al., 2020). Given the prevalence and severity of this phenomenon, it is important to be able to identify children's exposure to IPV, to describe play behaviors of children who witnessed IPV in general and during COVID-19; to explain trauma-informed child centered play therapy (TI CCPT) procedures; and to encourage self-care strategies for play therapists working with child witnesses of IPV.

Identifying Children's Exposure to Intimate Partner Violence

Even in the midst of the pandemic, parents who experienced IPV may seek mental health services for their children. To avoid objection by an abusing partner, some parents justify their child's behavior as the reason to obtain play therapy. During intake sessions, many parents may not report or even recognize they have experienced IPV. However, they may give subtle clues, such as, "Her dad sure has been grumpy lately and now my child is acting up," or "We are both working from home now while managing our children's school and it has gotten overly intense." Play therapists can ask parents to expand upon these comments by saying, "I sense your distress. Describe for me what happened during some of the worst times." "What part of it did your child see or hear?"

Play therapists may also become aware of IPV through children's play in the playroom. Previous researchers have identified play from children who witnessed domestic violence. Kot and Tyndall-Lind (2005) found children exposed to IPV had play themes of aggression, killing, death, and escape. For example, they described a boy who engaged in aggressive play of shooting, hitting, and killing bobo until he collapsed in exhaustion. Another girl used scary animals (i.e., spiders, snakes, alligator, and other wild animals) to re-enact the escape from her home after a violent episode.

Similarly, Tyndall-Lind (2010) detailed siblings re-enacting domestic violence during group play sessions. For example, a boy played "daddy" and demanded that "mommy," played by his sister, make dinner. When it was not ready, he would yell at her and push pots and food on the floor.

CLINICAL EDITOR'S COMMENTS:

Play therapists are crucial in recognizing and treating the consequences of domestic violence in child witnesses.

Another boy played army with his brother and told his troops to retreat because someone was hiding, ready to attack them.

Weinreb and Groves (2007) discussed play themes of good versus bad in a four-year-old girl exposed to her father's rageful outbursts and physical assault of her mother. The girl would alternate between roles of "good" and "bad" animals and even asked the play therapist to tell the "bad" animals to go away. When the play therapist did, the girl was excited and said, "My daddy hit my mommy. He is bad and can't live with us anymore" (Weinreb & Groves, 2007, p. 82).

During the COVID-19 pandemic, I also observed children's play behavior reflecting domestic violence compounded by quarantine (Baggerly, 2021). For example, a 5-year-old child instructed me to close my eyes while she put "bugs" (i.e., toy spiders) on my shoulders. She said, "There are bugs all over you and they are trying to crawl up your nose." This appeared to be her concrete explanation of COVID-19, which is sometimes explained as a "bug" to children. Then she used a rope to tie me to my chair, saying, "You can't escape these bugs. Now I have you trapped, and no one is going to come over to see." Then she proceeded to use a knife to pretend to stab me. This appeared to be her perception of danger within her family, who had limited protection due to the quarantine. Another general example of children's play during COVID-19 occurred when a child playing in the doll house, moved the "mommy" doll to another area of the room "to go to work." Then she said, "Someone breathed on mommy while at work so she died of COVID." This anxiety of losing a parent to COVID is especially heightened for children who have witnessed IPV. They may worry about who would protect them from the person who is violent.

Trauma-Informed Child Centered Play Therapy

The compounding impact of domestic violence during the COVID pandemic requires an enhanced play therapy treatment approach for children. TI CCPT (Baggerly, 2013) is a comprehensive treatment approach that combines knowledge of trauma and trauma-specific strategies with Landreth's (2012) child centered play therapy. The format of TI CCPT is 30 minutes of CCPT as described by Landreth (2012) followed by 15 to 20 minutes of psycho-education that is based on neurophysiology and core components of children's trauma interventions (National Children's Traumatic Stress Network [NCTSN], n.d.). TI CCPT

follows three fundamental stages of trauma recovery, identified in Judith Herman's (1992/2015) seminal work as (1) establishing safety, (2) restorative retelling of the trauma story, and (3) restoring the connection between survivors and their community.

In stage one, safety in the setting is established by creating a warm and inviting playroom with toys from each category (Landreth, 2012). Safety in the relationship is developed through implementing Axline's (1974) eight principles. In the second part of the session, safety is facilitated through play-based psychoeducation. Play therapists educate children and parents on basic neurophysiology through illustrations such as Siegel and Brison's (2012) hand model of the brain, also found online (<https://www.youtube.com/watch?v=gm9CIJ740xw>). Then play therapists use playful games and children's books to teach physiological regulation strategies including deep breathing, progressive muscle relaxation, playful exercises, and mindful movements. Next, they help children develop a safety plan of where to hide and who to call for help. Finally, they teach positive cognitive strategies like positive self-talk (i.e., "I am smart and I am strong"), looking for clues that a place is safe, and thinking of the most likely thing that will happen rather than the worst thing that could happen. Resources for other coping strategies can be found in *COVID-19 Interventions* (O'Conner & Picard, 2021), accessible on the APT website; *Caroline Conquers Her Corona Fears* (Camelford et al., 2020); *First Aid Arts* (FirstAidArts.org, 2020); and *Helping Children with Traumatic Separation or Traumatic Grief Related to COVID-19* (NCTSN, 2020).

In stage two, if and when children spontaneously reenact their trauma experience during their non-directed play, play therapists facilitate understanding and enlarge the meaning. For example, "You like to be the one with the power to decide if I am stuck here or if I can go free," and "You know how scary it can be when there is no escape from danger." During psychoeducation, play therapists read children's books explaining trauma and domestic violence. Then they can guide children in making a book about their own experience. For example, "The happy things I remember about my family are when..." "A scary thing that happened in my family was when..." and "a hopeful thing about my future is..." Play therapists also can use other creative approaches, such as puppet shows, sand tray, and art to facilitate a restorative retelling of children's trauma stories.

In stage three, play therapists help restore connection between children and their families, peers, and community members by reflecting or proposing effective interpersonal skills during nondirective play. For example, if the child is re-enacting a scene of his dad yelling at him, then the play therapist could say, "The daddy doll yelled at the boy doll and the boy doll was scared. The boy doll may be wishing daddy would just calmly say, 'Please pick up your toys.'" During psychoeducation, play therapists teach effective interpersonal skills such as "I messages," compromising, encouraging words, and safe responses to harsh words. Children learn to say to angry siblings or peers, "I know you are angry. You look like you need time to calm down. I'll go do something else for now." In addition, play therapists invite parents who are safe and can regulate

their own emotions into play sessions. Play therapists facilitate positive parent-child connections through strategies such as “I love you rituals” (Bailey, 2000), Theraplay® activities (Booth & Jernberg, 2009), or child-parent relationship therapy (CPRT; Landreth & Bratton, 2019).

Implementing TI CCPT with children who have experienced IPV during COVID-19 provides a safe space for children to develop an accurate emotional understanding of their experiences. Children are able to adjust their self-concept from, “This is my fault, and I am helpless,” to “Even in scary situations, I am strong and I know ways to help myself be safe and calm.” Although it is difficult witnessing the harsh impact of IPV in the pandemic, play therapists can take comfort in seeing children become resilient.

Self-Care Strategies for Play Therapists

Play therapists can ensure their own resilience by implementing self-care strategies. This is crucial due to their double challenge of preventing vicarious traumatization from their client’s experiences of IPV and play therapists’ own life disruption due to the pandemic. Helpful self-care strategies are setting boundaries between work and home; healthy eating; exercise; peer supervision; meditation; and taking mindful self-compassion breaks (e.g., Blocker Turner, 2019; Goffena, 2019; Goodyear Brown & Stauffer, 2019; Neff, 2021; Rae, 2019; Shelby, 2019; Thompson & Sears-Taylor, 2019).

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