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The Development & Functionality of a Group Intervention Program for Children Exposed to Intimate Partner Violence

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By

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Contents

Abstract: Children with exposure to Intimate Partner Violence (IPV) often develop effects from the trauma physiologically, socially, and developmentally, and if not appropriately addressed, these effects may continue into adulthood and result in a child experiencing or perpetrating IPV as an adult. This study developed an intervention-based program as a form of game therapy designed to be played with a group of children with CEDV and then tested the functionality and enjoyability of it on a collection of primarily college-aged individuals in multiple virtual game sessions. The study found the game to be quite enjoyable and functional, with participants having high levels of overall enjoyment and opinions of the game. Various suggestions to enhance the playability of the game were given, and ultimately more studies are required to test the efficacy of the intervention program on helping children exposed to IPV recover.

Literature Review

Intimate Partner Violence

It is commonly accepted among psychologists and psychiatrists that a child's (healthy) development depends on their interactions during appropriate developmental stages. These include individual physical and mental capacities and external factors in their social and physical environment, such as their parent, family, or community (Gerwitz, 2007). If adverse childhood events (ACEs) occur, children's development may be altered, potentially affecting them long after they have transitioned into adulthood. Harmful interactions may include exposure to intimate partner violence, or IPV, which is defined by the Centers for Disease Control and Prevention as

> "physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy." (CDC).

IPV can manifest in many different ways, and is fluid in appearance. It can be sexual, verbal or emotional, psychological, financial, and even physical (Kimber, 2015). The severity of IPV may vary, and it does not necessarily have to consist of physical abuse in order to be considered abuse, although that's often the most easily identifiable type. Violence against women, particularly that which is perpetrated by an intimate partner, presents itself in almost all countries and across all cultures, and is the most common form of violence against women; the World Health Organization estimates that lifetime IPV prevalence ranges from 20 percent in the Western Pacific to 33 percent in the African and South-East Asia region (WHO). The potential risk for a person to enter an abusive relationship is contingent on factors such as their country of residence, socioeconomic position, household composition, cultural background, and gender.

Recent research indicates that lifetime prevalence rates of IPV vary between 11 and 71 percent depending on individual factors such as race, gender identity, socioeconomic status, etc. (Alhabib et al. 2010, Archer 2006, Harvey et al. 2007, Garcia-Moreno et al. 2006).

The consequences for victims of IPV are lengthy and can vary significantly. The National Coalition Against Domestic Violence (NCADV) found that 1 in 4 women and 1 in 9 men will experience severe intimate partner physical violence, intimate partner contact sexual violence, and/or intimate partner stalking sometime in their life (NCADV). The impact this experience may have on an individual may result in a variation of effects, and may be categorized as either psychological and/or physical. These effects may also vary in their severity. Adult survivors can develop Post Traumatic Stress Disorder, depression, or anxiety from their experiences, and take a long time to recover from these effects. This is even more true for the children that are exposed to IPV, with the further addition of halting or altering their emotional or psychological development (Edwards, 2019).

Childhood Exposure to Intimate Partner Violence

Childhood exposure to domestic violence, or CEDV, is all the ways in which a child living in a household with domestic violence is exposed to the violence. Being in an abusive household will affect the child and their development (Edwards, 2019), and sixty-eight to eighty percent of children living in homes where there is IPV witness assaults occurring on their non-abusive parent. An additional risk in those homes is the possibility of them also experiencing violence 15 times the national average (Edwards, 2019), as children raised in homes where IPV is present often experience harsh parenting including yelling, hitting, and verbal or physical threats. As mentioned, IPV is an ACE with well-established effects on children, and child maltreatment is an additional adverse event that often co-occurs with IPV.

Research on ACEs demonstrates that as a child with exposure to IPV in their household grows up, they have a higher risk of developing health problems such as diabetes or heart disease. In addition, variations in support systems impact the effects of CEDV. The evidence overwhelmingly demonstrates that children exposed to IPV are at a much greater risk for mental, behavioral and physical health problems (Wathen, 2013). Children with a history of CEDV also may learn unhealthy behaviors and beliefs as to what a healthy relationship looks like. Children exposed to IPV have higher rates of emotional dysregulation, and may exhibit heightened aggression and antisocial behavior or might rely on violent coping mechanisms, mirroring behaviors they have learned from the abuser (Kimber, 2018). Since school-aged children are supposed to be working on developing their right versus wrong moral compass, it is possible that living in a home with IPV results in them normalizing or moralizing that violence. Children may believe it to be a rational solution to average problems (Baker, 2002). Additionally, with the moralization of violence, children exposed to IPV in the home may exhibit more aggressive and antisocial behaviors than a child that has not been exposed to IPV (Baker, 2002). It has also been shown that children from IPV homes have lower levels of social ability and are less skilled with social interactions than others of the same age. They also may exhibit more aggressive, antisocial, fearful, and inhibited behaviors than other children (Huang, 2015).

These events have additional effects on the development and health of children, and children experience varying consequences as a result of CEDV, including internalization, externalization, or the development of Post-Traumatic Stress Disorder, or PTSD. Common examples of internalization are the presence of head- or stomach-aches, wetting the bed, developing depression, anxiety, or even cutting oneself. On the other hand, a child could externalize their reaction to the situation, and develop a high level of defiance or an attachment

disorder in order to process and attempt to process the situation that he or she is in (Committee, 2014). Each child reacts to the situation differently, and their reaction is dependent on factors such as age, gender, type of exposure, severity, and frequency of exposure. Overwhelmingly though, they all learn unhealthy behaviors and beliefs as to what a healthy relationship looks like and how to resolve conflict in the home.

The effects of CEDV often also contribute to children's inability to effectively communicate and cooperate, largely due to a heightened level of fear and insecurity (Wathen 2013, Cannon 2010, Kwong 2003). The acute and long term consequences of exposure to IPV for children are compounded because they are still developing (Edwards, 2019). Witnessing these experiences can disturb the development of children's conflict resolution skills and normalize the violence placing them at greater risk for growing up to be an abuser or a survivor themselves (Kimber, 2018, Cannon, 2010, Henderson, 2003). If not addressed properly, negative impacts can persist into adulthood.

There are numerous determinants and variants on the precise impact on each child, such as their resilience, the type of IPV exposure, the severity of it, the age of onset, and the length and form of exposure. If a child experiences an early and lengthy enough exposure, it can have lasting effects on their neurobiological system such as altered brain functioning, shifts in neuroendocrine responses to stress, even changes in the the development of the Hypothalamus-Pituitary-Adrenal (HPA) axis, which regulates the body's response to stress and other body processes (Valentino et al., 2020) (Mueller and Tronick, 2019). All of these consequences were found to significantly impact their receptivity to future stressful experiences for the rest of their lives, which unfortunately had a direct correlation to increasing the likelihood of them becoming a perpetrator of IPV once an adult (Kimber, 2018). This may be because they

learned that the abusive behavior is healthy, and consequently will grow up looking to emulate and mirror their parent's relationship in their own adult life, meaning that they will grow up to be an abuser or victim themselves.

Children in homes where IPV is present are at an additional risk, as they are 15 times more likely than the national average to experience violence themselves through "harsh parenting," which includes punishing a child through tactics such as yelling, hitting, and engaging in intimidating behaviors such as verbal or physical threats (Edwards, 2019). Growing up in a home where IPV is normalized and integrated into their daily life means that they are considerably more at risk to be maltreated themselves, whether that be in the form of being neglected or by being abused themselves. Furthermore, children in these households have been found to be more at risk to be a perpetrator or victimized themselves as an adolescent, although the transmission of intergenerational violence does tend to be role- and gender-specific, as Eriksson and Mazzerrole (2015) found that being exposed to father-only violence was the most likely to result in IPV perpetration. Carlson et al. (2018) found that adolescents with IPV exposure are more likely to abuse their partners than adolescents without IPV exposure. Similarly, adolescents with IPV exposure were more likely to be abused by their partners than adolescents without any IPV exposure, although female adolescents are more likely than males to be victimized, and the abuse is likely to become more severe over time comparatively to non-exposed adolescents (Choi et al., 2016). This further abuse can worsen the effects that they are already experiencing, and continue to halt their healthy development into adulthood (Guedes, 2013, Carson et al., 2018). Exposure to IPV results in an increased risk that the child grows up to be a partner of an abusive relationship, either as the abuser or the victim (Cannon 2010, Kwong 2003).

Children exposed to IPV tend to also become more aggressive and antisocial, as well as fearful and inhibited, and are apt to have more vigilant and conscientious behavior regarding perceived and/or potential threats in social contexts (Simmons, 2015). When presenting this behavior in context with others, the individual may exhibit more aggressive and hostile peer interactions, which will give them negative feedback from other children that reinforce and could even encourage these aggressive dispositions. When coupled with the other common effects that children may develop, such as behavioral problems, emotional distress, Post Traumatic Stress Disorder (PTSD) and depression or anxiety (Simmons, 2015, Levendosky et al., 2013), the consequences of IPV may be severe and varied in how they affect children's development.

Consequences of IPV on Parenting and the Parent-Child Relationship

Survivors of IPV often find their psychological well-being to be extremely affected, and generally share most of the consequences of IPV with their children. Short-term effects may be presented physically, such as minor injuries or serious conditions (Meadows et al., 2011). Long-term physical effects may be arthritis, asthma, chronic pain, digestive problems, heart problems, irritable bowel syndrome, nightmares and problems sleeping, migraines, sexual problems such as pain during sex, stress, and problems with the immune system. But there may also be the development of an eating disorder, or mental effects like anxiety, depression, PTSD, or self-esteem issues. There is also the potential for them to develop a substance abuse problem; around 90 percent of women with an addiction have experienced IPV or sexual violence at some point in their lives (Preventing Multiple Forms, 2016). All of these consequences of IPV could impact a survivor's ability to effectively parent.

Additionally, being in a relationship with an abusive partner adds an extreme level of stress to a parent's life, and the abuser may have socially isolated them, resulting in very few

support systems accessible to them. Thinking pragmatically, their relationship with their abuser as a co-parent could be a source of stress, aggravated by the absence of the partner's support. As discussed earlier in the paper, IPV could affect their physical and mental health, but also their social skills and emotional regulation. Additionally, as the personality of a child is also heavily affected by IPV in the home, they can share similar consequences of IPV with their non-abusive parent. These factors can act as determinants for the effectiveness of the guardian's parenting, and help to lower their ability to effectively parent their child(ren) and access the support systems and resources available to them -- all of which further isolates them and affects their ability to obtain the support they need to best assist their child in recovering from CEDV.

Many parents work to hide the violence from their children and may consequently believe their child is not aware of or affected by the violence, but that may not be the case (Simmons, 2016). Most field reports taken by an officer responding to a call regarding IPV document IPV abuse by asking a parent whether or not the child has witnessed or been victim to any abuse, or this information is extrapolated from records provided either by the police or the district attorneys. In addition, the degree of IPV suffered by children is typically inferred using the parental reports and what the parent believes to be true, rather than just asking the children themselves. However, studies have demonstrated that when the children are asked directly, even though the parent may have believed them to be asleep or unaware, they are able to vividly recall the events and IPV that occurred, and are able to provide detailed descriptions of those events (Simmons et al., 2016). This indicates that children are more astute than their parents believe them to be, and that they are unfortunately more prone to suffer consequences of IPV than previous studies have shown (Simmons et al., 2016).

Children exposed to IPV may also have a harder time being able to attach emotionally to their parents early on in their lives. Their ability to do so is a crucial developmental stage in the child's life, and is typically done with their primary caregiver, like their parent (Gerwitz, 2007). Children may have correlational development based on their parent's response to IPV; a study by Levendosky et al. discovered that maternal and child PTSD symptoms tend to be correlated, meaning that a child's physical and emotional relationship with their parents may leave them especially vulnerable to relational PTSD. As such, a healthy bond between parent and child has shown to have numerous benefits regarding the health of their later functioning; the inability to develop and foster this bond is considered a strong risk factor for later emotional and behavioral problems (Winston and Chicot, 2016). The development of a strong attachment relationship provides a solid foundation for self-regulation in early childhood, which is critical to normal development as the child grows (Gerwitz, 2007). Moreover, it is a prerequisite to the healthy development of social skills that allow children to successfully cope with intricate social situations, as well as developing the ability to connect with others through reciprocity and empathy (Gerwitz, 2007). If unable to develop properly, it is more than likely that the child will have impaired self-regulation, further complicating the child's life through enduring behavioral and conduct problems. Since children who have been exposed to IPV are found to have considerably lower rates of attachment to their parents than children who are not surrounded by violence, it can be concluded that IPV can directly and negatively impact the development and maintenance of child-parent attachments. It is also possible that these children believe their parent has healthy self-regulation skills and should be emulated by the children, which is due to watching the abusers present themselves as a model that has very poor self-regulation skills in regards to negative emotions (Gerwitz, 2007).

Through suffering IPV together, the parent and child have the possibility to have a greater relationship, and parents tend to want to help their child recover from these effects as much as possible. According to Anderson and Van Ee (2018), the parent can be a buffer against poor socio-emotional outcomes by demonstrating adaptive coping mechanisms. They have even been observed to be more responsive and warm to their children than is normal, and play a key role as mediator in chaotic family situations. Clearly, most parents try to do what they can in order to protect their children from experiencing IPV. In fact, a primary motivator for parents experiencing IPV to seek help and support was their concern for their children and their children's wellbeing (Rhodes et al., 2010). While survivors of IPV can potentially find ways to validate their own abuse (normalizing it, denying it, arguing they deserved it, etc.), once their child becomes at risk, they are much more likely to seek outside help and resources, and to do what they can to remove them and their child from the situation. If the parents were able to recognize the effects of IPV on their children, they immediately became much more motivated to seek outside help (Anderson and Van Ee, 2018).

Treatment & Recovery from IPV

Children exposed to Intimate Partner Violence (IPV) often exhibit a lack of emotional self-regulation, increased aggression and antisociality, and increased fear and insecurity. There are various programs to help children recover from these effects, and to promote healthy development that will lead them to successful, emotionally healthy lives. Programs include after-school enrichment programs or by teaching a parent ways to directly help their child. Currently, the most common recommendations tend to focus on individual counseling or the implementation of enriched childcare and preschool programs that encourage self-regulation of anger and negative emotions. These programs are designed to promote the healthy development

of conflict resolution and other social skills. Alternatives to these may also include home-based programs that teach parenting skills to help with the healthy development of the child whilst working simultaneously with parent and child (Gerwitz, 2007) (Baker, 2002) (Meadows et al., 2011).

Because of the way in which the parent and child bond and learn to lean on each other in this situation, joint treatment and therapy sessions have been found to be effective and beneficial for both parties (Meadows et al., 2011, Pernebo, 2018). However, separate sessions are crucial as well, so that the parent can heal on their own, as well as to learn healthy parenting methods and how to decrease parenting stress. It could also help to be separate so that the parent can speak more candidly as to their own experiences, without being afraid as to what the child might hear. This is the same for the child; it is important for them to receive some treatment separately so that the child can obtain space to properly process the events, identify the safe people in their life, and work on solidifying confidence in themselves and their environment (Anderson, 2018).

Game Therapy

Due to CEDV being such a critical issue, there are many suggestions as to how to lessen the severity of the consequences of being exposed to IPV, but not enough research has been conducted on the effectiveness and functionality of game therapy as an intervention-prevention program for this form of trauma. Common intervention programs currently include enriched childcare and preschool programs that focus on the self-regulation of anger and negative emotions in order to assist the healthy development of social and conflict resolution skills, or even home-based programs that teach parenting skills that would help with the healthy development of the child whilst working simultaneously with parent and child (Gerwitz, 2007, Meadows et al., 2011). Depending on the area, there are even safe houses available that not only

try to make sure that the survivor and their children are safe, but also that the parent and children are able to heal and deal with the effects of IPV in a healthy way.

While these are all beneficial, game therapies have recently been discovered to have positive effects on individuals suffering from trauma, and help them learn to practice healthy behaviors in almost life-like scenarios. Additionally, therapy can be cost-prohibitive for many survivors, and so other more cost-effective forms of treatment may be necessary. Megan Connell is a board-certified licensed psychologist who is currently using role-playing games as a form of group therapy. She uses the games to help veterans recover from PTSD, to help teenage girls gain self-confidence, and to help children struggling socially learn how to work as a team. Connell believes that by putting people in a game where their character has the opportunity to learn new skills, the player themself develops these skills and learns coping mechanisms and/or conflict resolution skills they possibly will not have learned otherwise (D&D Therapy). A game specifically designed to help children exposed to IPV recover from the effects they may be suffering with (which can present as depression, anxiety, an inability to regulate one's emotions, or more), as well as teaching them healthy conflict resolution skills, could prove to be a highly beneficial form of therapy.

Of particular emphasis is a game therapy program designed to address the lack of emotional self-regulation which often leads to violent coping mechanisms (which is a behavior learned from the situation, heightened aggression and antisocial behavior) (Kimber, 2018). These mal-adaptive behaviors contribute to children's inability to communicate and cooperate, and may result in an abnormally heightened level of fear and insecurity. Exposure to IPV often results in an increased risk that the child grows up to be a partner of an abusive relationship, either as the abuser or the victim (Cannon 2010, Kwong 2003). Through the use of games,

children exposed to IPV can learn skills that will help them to recover and process the trauma, discover ways to respond to conflicts without violence, and continue a healthy development.

The effects of IPV are very individual, and vary per child. Some children may become more aggressive and violent over time, and learn that abusive behavior is acceptable and the default way to solve problems. This comes with the normalization of violence in the home, as children exposed to IPV tend to learn more aggressive and antisocial behaviors, instead of learning healthy ways to express their anger and aggression as they are supposed to do (Baker, 2002). Multiple studies have also shown that children exposed to IPV homes have lower levels of social competence than others of the same age, as well as exhibiting more aggressive, antisocial, fearful, and inhibited behaviors than other children (Huang, 2015). In other cases, children exposed to IPV have increased levels of anxiety and fear, and could be at greater risk of developing PTSD, or depression and becoming a victim of IPV as an adult. Games provide the unique opportunity to help children feel safe enough to face their fears to learn healthy coping mechanisms which can further their emotional development (Adams, 2013, Miller). Through these activities, children can become adept at managing their feelings in ways outside of the aggressive methods they learned from the IPV role models by having to explore alternate, healthy forms of conflict resolutions. It is important to note that the development of realistic scenarios in a game-based therapy can be helpful to children who are victims of nearly all kinds of IPV as it will help them to find solutions to their personal life while exploring these problems within a safe, abstract environment (Adams, 2013). These scenarios can help children work through the program together as a team, feeling supported and a sense of belonging, rather than further victimized. In this way, the children learn much-needed and valuable emotional development skills that are at least as effective as traditional therapy or enriched after-school

programs, in a fun and safe environment where they are encouraged and guided to make good choices for the benefit of the group. Once obtained, these newly acquired skills will continue to benefit them, and shaping their futures and the awareness of this development will hopefully break the cycle of IPV in time for the next generation.

The use of games have additionally been reported to have beneficial effects on people's mental states, which could help children recover from specific effects of IPV. In the article, "Negotiating With The Dragon: Role-Playing Games As Group Therapy," the author Daylina Miller argues that not only can games be used to help mentally ill patients, but also that, "The use of this game... can allow patients an opportunity to [metaphorically] explore their mental dungeons and slay their psychic dragons" (Miller, 2017). Having participants "mentally slay their dragons" in a safe game can build their self esteem enough that they can start to recover from their insecurities and fears that are all too common in children exposed to IPV. Games encourage communication skills and the importance of working together. By using a multi-player game as group therapy, children are provided with "a nurturing and safe environment where people can work together through trauma, anxiety, and other emotional issues" (Miller, 2017). When surrounded by teammates with a common goal, and presented with fantasy-based foes and antagonists, it is easier for children to deal with their anxieties and fears trying out new social tools with kind and guided supervision.

Another added benefit of the proposed game therapy is that the children may also feel stronger as they face fears in a group support setting, and get to be presented with multiple ways to face their fears. Having the children play the game together, instead of designing a game between the adult and the child, could also help the child recover from certain effects of IPV as it will teach them how to socialize and interact with children their age, and work on their ability to

trust and work with others (McGonigal, 2011). Additionally, group-based interventions and forms of therapy will help them to bond with children going through similar traumas or experiences, which can help them to feel more supported while processing their own trauma (Schwartze et al., 2017).

In a study that conducted research on adults who played Dungeons & Dragons, one of the most famous role-playing games, it was found that communication skills were bolstered considerably, and that having the players work together helped them to establish a bond to serve a common purpose. In this instance, the researchers observed how the game's separation of "good vs. evil" served to help unite the players against a common goal or enemy, further encouraging the players' desire for bonding and communication. Uniting the children by presenting them with a problem that they need to solve, or making the mission task-oriented instead of individually fighting villains, the players could learn tools to work together as a team to accomplish a group goal. This problem solving program enhanced their communication skills, built their comfort in relying on others, and further developed their understanding of how to work as a team (scenarios generally absent in their home environments) (Adams, 2013). This would be beneficial as studies have shown that children exposed to IPV tend to have lower social competence skills and tend to be more aggressive, which only hinders working with others as a team (Huang, 2015). Placing children in a game wherein one needs to work as a team could hopefully begin to overcome that effect of IPV by enhancing the level of bonding and trust within children exposed to IPV, as well as their communication skills. While the program I developed did not focus on a "good versus evil" dichotomy, encouraging the players to work as a team could hopefully begin to overcome that effect of IPV.

Game and Program Development

Since school-aged children are developing, living in a home with IPV could result in normalization of that violence, and believing it to be a rational solution to average problems (Baker, 2002). In this instance, my game would consist of a version that tries to teach children exposed to IPV how to emotionally self-regulate by presenting them with problems and non-violent conflicts that they then learn to work through individually and as a group, with the Instructor assisting them the whole time. Moreover, by presenting non-violent conflicts, the game will encourage the players to find solutions other than violence, in order to attempt to teach them how to deal with similar scenarios in the future. By introducing various coping mechanisms and ways to exit a potentially abusive situation, it is possible for this game to help children feel more safe, as they are now better equipped to be in this situation, and now how to navigate it a bit better. As this is a role-playing game, it would need to be set in somewhat of a fantasy- or adventure-based world, but the scenarios the kids would be presented with would still maintain a significant amount of realism so that they are able to take their solutions with them back to their life outside of the game, while at the same time encouraging them to develop their imagination.

If the child has a lack of emotional regulation, resulting in lower impulse control, games could arguably help to combat that effect and help the child learn how to deal with a stressful situation within a fun, cooperative and non-confrontational program. This is why it is crucial for the child to be able to develop their emotional regulation. Putting them in a mildly stressful situation would help an adult in charge of the game see how they behave without the child feeling that there will be real-life consequences or that their behaviors are wrong. Rather, the adult has the opportunity to teach the child healthy behaviors and help them to unlearn the

aggressive behaviors they've been exposed to at home. Additionally, the game could also help the child learn that there are alternative ways to deal with stressful situations. Doing so would teach them healthy ways to express themselves, relieve pressure in socially acceptable ways and teach them to effectively emotionally self-regulate.

Games as therapy may be able to help children combat their fears safely and feel more confident in themselves. As a result, which could help them to learn from these situations and lower the risk of them ending up in a similar situation as an adult. According to the article, "Adult Health and Relationship Outcomes Among Women With Abuse Experiences During Childhood," the authors argue that women who had either experienced child abuse and/or witnessed IPV as a child had poorer health and higher rates of depression and IPV as an adult. Being raised in a home with IPV makes these children believe that this is how relationships work, and that these traits commonly linked with IPV are traits they should look for in a significant other. At this point it is possible that as it was part of the culture the woman was raised in, they are more likely to adapt and normalize it, which heightens the risk of them being in an abusive relationship as an adult. Therefore, there is a need to teach children with CEDV not only the proper regulation of emotions, but also to help them bolster their confidence and combat the normalization of violence in order to lower the risk of their future relationships being abusive and promote healthy relationships.

During my second year at Trinity, I became a certified domestic violence advocate in the state of Connecticut with the Connecticut Coalition Against Domestic Violence (CCADV) and started volunteering and working with children of IPV two to three nights a week. My work in the safe house and the research I did and have continued for my literature review led me to design a game as my program to help children of IPV recover from specific effects -- most

notably the ones that I came into contact with the most while volunteering. My volunteering was not "research," but it informed the process.

Deep Observation

To become a certified domestic violence advocate, I had to complete my training, which consists of a 30-hour course, with 18 of those hours being in person, and the rest online. On the first day of training, I arrived in what looked like an office building, and after I checked in at a front desk, I got led to a conference room with windows and a whiteboard that went for the length of a wall. There were around six or seven tables arranged in rows, with two chairs per table, and it was well-lit. I was the youngest person in the room by far, with everyone else being in at least their 30s. Racially and ethnically, however, the participants were diverse and came from different backgrounds. The trainers were two white women, both around 60 years old, and appeared to be close coworkers, and good friends. They were pretty extroverted, which proved to be very beneficial to running the training and fostering a sense of community for the 18 hours we spent together.

There were around 10 or 12 people trying to get certified, including me, and all but one were female. When we were going around the room explaining why we were getting certified, most people said their job required it, or that they had always wanted to do this and now had the time. I gave my anomaly of an answer, explaining that I was doing an Independent Study with a professor learning about IPV, and wanted to start volunteering as part of that. None of the people stated that they were going into this line of work because they had previously been a victim of IPV, although every single worker I have met since then has credited those experiences as the main drive behind working in this field and will openly share these stories with you. The man, however, gave an interesting answer that still surprises me. He told us that his current wife was

very involved in this field, and he learned through her that he had been abusive to his previous wife and sons. However, he took this opportunity to learn and grow, and wanted to get involved in order to help combat the same problem he had once contributed to. Even back before I had any training, I understood that this was a big deal; in the training, the trainer explained that whether or not the abuser can learn to stop is one of the biggest unanswered questions in this line of work.

The training continued for the next two days, and was interactive, and even though I usually hate interactive group-based activities, I really enjoyed it. The two women running the training would explain a topic, and then give personal (and anonymous) stories that they ran into during their time working at a safe house. The stories were always very profound, and the women had a way of expressing the severity of the issue, while still keeping the energy in the room lighthearted enough so that we could joke around with each other and not get bogged down. They would explain a law or policy, and then share a story as to when a client of theirs would run into the policy, and get the help they needed because of it; or, they would talk about a time that the policy was not in place, and prove why it is needed. The women discussed types of abuse, red flags, how abusers typically work and function, children exposed to IPV and their experiences, abuse within the LGBTQ+ community, safe houses, policies and laws, and what I found most impactful, why women stay in abusive relationships. This is a typical question for women, and at its base, is logical. Why choose to stay in a relationship where you are being hurt and mistreated? Which is why it is important to educate people on all the reasons why a survivor of IPV might stay, whether that be because they have nowhere to go, are in a challenging financial situation, thinks this is best for their children, the abuser threatened to kill them if they left, etc. The fact that I remember the most from the training is that the most dangerous time for

a victim is right after they leave the relationship, because the abuser has nothing left to lose (I later learned in "No Visible Bruises" by Rachel Snyder, that the risk stays on a constant high for about a year, and then dips significantly). In training, we learned never to tell a survivor this, because if they hear it, it could encourage them to stay. Instead, we are supposed to tell them as much as possible that "The abuse will only get worse", which is true, and could stop them from validating it or normalizing it and trying to move on with their life, thinking it will not happen again.

After completing the in-person training, we all received a USB drive with the rest of the information on it, and instructions to take a test that will be sent out via email. It mostly contained more in-depth information on the topics we had already covered, especially on the laws and policies. I read through it in the next two days, and then took the test, and nervously sent it to the trainer. The next day, I received my certification, and was then permitted to start volunteering at the safe house.

Volunteer Work

It is important to understand that not everyone can have access to a safe house, as it is in an undisclosed location, in order to keep its inhabitants safe. I have heard stories from other volunteers about how they had to go on lockdown because an abuser had access to a gun, discovered the location, and was coming to kill his ex-girlfriend and anyone who had helped her get away from him. So being allowed to know the location is a big deal, and I remember that I was told over the phone, when our only correspondence previously had been in person at the advocacy training or via email. When I volunteered at a different safe house over the summer, the volunteer coordinator chose to meet me for coffee so that she could get a read on who I was, and if I was someone that could be trusted working at a safe house (she told me this after the

fact). There are also lots of security measures; both safe houses had video cameras all over the house and especially outside. One of the houses had electric locks that buzzed people in, and the other had a normal lock, a deadbolt, and a chain; however, I noticed that some volunteers would forget to lock it, which freaked me out a bit. These stories typically did not scare me, and just made me more passionate about this cause, but sometimes a few unnerved me, particularly when I heard about a perpetrator trying to get revenge on anyone who had helped his victim leave him; specifically the safe house.

Before I could start volunteering, however, I had to go and sign some papers and get a tour of the place. Upon arrival, I was immediately out of my element, as it was a bit of an unique set up. The front half of the building was an office, with security cameras and a meeting room, but the back half was a kitchen and a common area, with the second and third floors reserved as bedrooms for the inhabitants. Finally, the basement was the children's section, and consisted of a big arts and crafts room with tables and chairs like a classroom has, and a room with bookshelves and children's books, and a big, somewhat uncomfortable couch that covered two walls. The walls are all painted different bright colors, and it was there that I would spend time with the children three times a week: Monday nights I watch them with the help of Anna (a pseudonym to maintain anonymity), who works there, Tuesday nights I help with art therapy, and Wednesday nights I help with music therapy. My first time there, however, I was struck by how much all the women in the house hung out with each other upstairs. A few women had babies, but they were passed from person to person, so much so that it was hard for me to discern who was actually the mother. A few women were cooking, and the rest were chatting and talking, and I was heartened by how much of a community seemed to have developed there. When I talked with the workers, I found it to be much the same. One thing that they all had no problem with, that I found a little

bit unexpected, was that they had no problem "complaining" about certain inhabitants. I found this to be part of their "inside information", that you were only privy to if you knew the inhabitants. Some they really liked, and some they really felt bad for, but some they did not like at all, and I have since learned that it is not uncommon for women to claim IPV occurred when it did not and they are just homeless and need a place to stay, or for inhabitants to steal food from the communal pantry, and for there to be serious tiffs between inhabitants. It always felt counterintuitive having to unlock the pantry, or turn on the air conditioning for the women who lived there, all of whom were older than me. The workers also used certain vernacular that had to be explained to me. For example, when staying at the safe house, the inhabitants are sometimes referred to as "clients", and when their stay was up, they were "termed".

All of the workers also freely share with each other the experience that led them into this field of work; it is almost always having a past experience of abuse, and is very personal, but they tell it freely to each other, with an understanding of trust, and there is the assumption that even if I do not know you, you work or volunteer here, and so I trust you. This is different from the training, where no one shared any personal history of abuse, but they shared second-hand stories constantly. It is a kind of insider information, to be told that the person working this shift with you was only able to leave her abusive husband after he burned down their house thinking she was inside, or that while a fellow volunteer has a good relationship with her mom, she does not speak with her dad because he abused her and her sister as a child. One of my favorite coworkers, who mostly speaks Spanish, had an hour long conversation with me once talking about her abusive husband from when she lived in South America, and how hard it was for her. She kept comparing her past husband to her present husband, and kept repeating over and over that "he never hurts her". And then you share your story in response, and the two of you are able

to joke or talk about it using certain idioms or vernacular that others may not fully understand. With me, always being the youngest of the group means that it always ends in a little lecture or lesson about what kind of guy to avoid, which is a common practice even for women who do not have a history of abuse, and may be happily married, to give younger women bits of advice and lessons about what kind of guy to date. These lessons can be minor (for example, I have been told to never date a man who is chronically without a job) but they may also be extreme and serious. Oftentimes, the serious lessons are related to abuse and violence, and a fair number of my fellow volunteers at a safe house have warned me against men who have tempers, or take pride in being aggressive. These lessons may sometimes come at the tail end of a conversation about an unhappily married woman, and her situation is used as a warning so that you hopefully will not befall the same fate. These talks are central to women's solidarity, and can be found outside of the safe house, but it is on a new level of camaraderie and emotional intimacy in the safe house, that people I am not related to and have only made small talk with, feel comfortable and are willing to share these stories with me; and moreover, the necessity they feel in having these conversations adds a deeper level of intimacy and connection. Similarly, the vernacular used in those conversations is the same vernacular you are able to apply to children that you work with, but in a way that you are able to (hopefully) help them recover from the effects of IPV that they are suffering from.

Since receiving my certification, I have been volunteering at Interval House multiple times a week, either watching the kids while their parents were in a support group or assisting with music or art group therapy. While the amount of children attending tends to fluctuate due to the unpredictability of intimate partner violence, I generally watch one to five or six children for around 90 minutes. Engaging and working with children at the safe house has been remarkable in

helping me to better understand the common struggles and effects of IPV that children typically experience, and gave me hands-on experience as to how to help them recover. While working with the kids at the safe house, I have seen children respond in varying ways. In my experience, the more common response is to develop heightened levels of aggression and emotional dysregulation, and brag proudly about all the fights they get in at school, and how they always win. They are also quick to place blame on others, and feel the need to defend themselves constantly, as though they are always under attack. This means that they are hyper-aggressive and struggle with developing and maintaining friendships, and I am much more likely to have to stop them from bickering than anything else.

However, I have also seen children respond by developing anxiety and becoming antisocial. Those children seem to have extreme levels of anxiety, and will wait for an adult's instruction or permission (sometimes repeatedly) before doing an activity. They also hesitate to stand up for themselves in most environments, and will just adjust to receiving less than they should. This may result in the over-aggressive children taking advantage of this child, and I have to step in to make sure that the situation is remedied correctly. A particular example of this is when I assisted in group activities at the safe house, and organized the distribution of toy blocks with which the children were building towers and designs with. One child insistently and repeatedly took all the blocks of another child, citing that they "needed them". As the child would do this in front of me, I was able to see the other child's response, which was to simply adapt and play with less blocks; they were seemingly unphased by the other child's behavior, and got anxious when I intervened to redistribute the blocks fairly. Nonetheless, both children seem to crave attention and may cling to adults whose attention they want, and will often act out if they feel they are not getting enough.

I have seen these experiences firsthand, and have noticed that as long as all of the children are of the age that they can understand the basic rules and the structure of games, they take to them quickly and really enjoy them. Therefore, when I started designing my program, I quickly knew it was going to be a game, as that was one of the few activities that was able to engage them and hold their attention for a sustainable amount of time. Once I determined that I was going to develop a game, I was in my second year of college and had been playing a lot of games with my roommates. The games we were playing were a lot more freely structured than the games I had played as a child; while there was typically still a board game structure, the pieces were separated so that the layout would change every time it was played. The characters were a lot more similar to that of role-playing games as well, and it was this interest and practice that made me initially intend to design a role-playing game structured to specifically address the challenges that children exposed to IPV experience. Over the next year, I started designing the game, and even reached out to Dr. Connell, a clinical psychologist who uses role-playing games, or RPGs, to help individuals recover from trauma or enhance their social skills. As I developed the game, however, and continued my work at the safe house, I quickly realized that a RPG would not be feasible, as my program needed enough structure that it could be replicated and unfortunately, RPGs are very much an individualized game. Each game session is different from the rest, and I would not be able to design the game enough to prepare and teach others to replicate it, which is my goal when designing this program. I also kept in mind that there were multiple therapy-based games available for children to play at the safe house, yet I noticed almost as soon as I began volunteering that I had to convince them to play these games with me, as the games tended to be more designed to open a therapeutic discussion more than anything else. Foreseeably, the children I spent time with grew bored with those games very quickly, and

the games ended up being ineffective due to their inability to retain children's attention. So I knew that my game had to be successful both in captivating and entertaining its players as well as being effective in addressing the effects of CEDV.

Additionally, thinking back to my experiences at the safe house, I remembered that in the fall to winter period of 2019, we had two male children staying at the safe house. One of the boys, with the pseudonym of Steven, who was around six or seven years old and was excessively interested in violence and tried to incorporate it into any aspect of his life. There is a stuffed Tigger in the children's room of the safe house, and he would consistently use it as a gun. He also had difficulty listening and following instructions, and would rarely be able to sit still or devote his attention. However, when we played a game, he was able to focus, and while he still moved around a lot, it was much more regionally-specific to where the game was. Additionally, those were the few times that violence of some sort was not incorporated into the game. So I thought a game would be a good idea. However, I quickly learned that there would need to be guidelines and it could not be completely free of structure, as when I presented Steven with Lincoln Logs, he immediately made them into weapons, and started (playfully) fighting and chasing the other boy present around the room. While this seems like harmless fun, it would not help Steven to recover from the effects of IPV in the way that I hoped the game would be able to do. This, coupled with my research on RPGs, led me to determine that my program would need to be somewhat based upon an organized game such as Monopoly, as the structure and organization that the game provides is extremely effective and beneficial, and I have even noticed that children communicate and interact with each other more positively than at other times. As I had just received a grant the summer of 2020, I quickly purchased a few games (some therapy-based, and some simply for amusement) and played through them with my friends (via

FaceTime, as this was during quarantine) to learn what was typically done, and to see which components I would like to modify and adapt to my own game. As I played these games, my own game formed in my mind, and I was able to design it and develop a rulebook by the fall of 2020.

Based on my research and experience, I designed and developed a game with role-playing elements, titled *Mystery Planet*, intended to help children of IPV recover from these effects. This game is intended to be able to be played as a group activity amongst children and an adult (ideally a certified domestic violence advocate) that still helps children learn to communicate in a healthy way and to collaborate and work together; skills that tend to be underdeveloped in children exposed to IPV. This was done through having the mission of the game be shared by the group; in this way, as the players go on a "supervised" adventure together, they are forced to think and work with each other, instead of against or separately from each other (learning how to work together and cooperate - which is often an underdeveloped skill for children of IPV) (Kimber, 2018) (Committee, 2014). The game also helps players by encouraging children to speak up and make their own decisions, which helps them to develop that ability to the point where it could hopefully be transferred to real-life situations (Miller, 2017). For children who tend to have trouble regulating or controlling their emotions, such as anger (Huang, 2015) (Kimber, 2018) (Baker, 2002), the game is designed so that they have to take a step back and think through their problem before simply acting — which helps them learn to reflect, take stock of their emotions and their situation, evaluate their situation and emotions, and then decide the proper course of actions based off of that analysis (Miller, 2017) (Adams, 2013). Finally, the game helps by teaching and encouraging discussion around healthy ways to resolve conflict, and introduces to them various non-violent ways to resolve issues. The game is

intentionally structured to have no violent elements, to encourage and foster healthy conflict resolution.

The Game

As it is now, the premise of the game is that the players have landed on an abandoned planet as their rocket has run out of star-fuel. In order to repair it so they can leave, they need to obtain three star fuel pieces scattered around the planet. The game is structured for two to three players, and one adult to play with if wanted. The goal is for the players to work together to accomplish their collective goal of finding the pieces, and bringing them back to the home tile so that they can refuel their spaceship and leave the planet. Players win when they have brought all the pieces back to the home tile. While there are possible consequences and setbacks (especially if rules are broken), there's no way to lose the game. Additionally, there are specific elements that I have incorporated into this game that are intentionally designed to help children of intimate partner violence (IPV) recover from any effects of IPV.

As the game is structured for two to three players (children of IPV) and one adult (instructor), it is encouraged that if the adult is willing, they play as well; this could foster bonding with the children, and should be something to consider. This is due to the enjoyability and typical bonding that comes from playing games with children -- as your interpersonal relationship is more developed, they will trust you more. Additionally, though, this may be due to the nature of the game, as if the children see an adult being vulnerable and engaging with the game, they will be more likely to mirror that behavior and take the game seriously as well. In total, there will be no more than four players allowed, as the low number will make it easier to work together and cooperate, and will hopefully foster an environment where they trust each other more intimately than they would if the game were designed for a larger number of people.

The low number will also help make sure that each child's voice can be heard, and will lessen the chance that anyone feels that they are being ignored or discounted. As children exposed to IPV tend to have inconsistent attendance at the safe house due to their familial situation, and so it is important to start and finish the game in one set time span each week.

This also encourages bonding with children that have similar experiences, and having to solve a shared problem (such as the one in the game) will teach them that sharing a problem with others and asking for support can be very beneficial and helpful for them, and is in fact a good thing to do. Many children exposed to IPV also tend to either have difficulty with concentration or attention, or they may be extremely attentive to the adults around them. The most common response is to be extra defiant and disobedient, but it is also possible for children to be completely obedient and reserved instead. Oftentimes, this leads to the defiant child taking advantage of the other child's quietness, further silencing them in order to make sure that they themselves are heard. The reserved child may also simply agree with this treatment in order to keep the peace and avoid conflict, which also plays into how well they listen to adults. This game will force children who do not listen well to learn to listen to their teammates, and will encourage children who have a hard time speaking up to start to do so. In this way, it will teach how to communicate in both an effective and a healthy way.

I have also learned that having the children work together may be a real challenge, and the game would have to be designed so that while children are encouraged to work together (and while I would encourage it), it is not a requirement for every decision, the way a team normally is. I learned this when I was playing Connect Four with three of the children these past few weeks. Two of the kids were on one team, and I was on a team with another. The other team was made up of Francis and Andrew (pseudonyms), and Francis is overly aggressive and takes

charge, whereas Andrew is quiet and tends to go with the flow. Because of this, I had to make sure that they worked together so that Andrew did not get steamrolled. However, Francis and Andrew had trouble working together after the first few moves, and we quickly had to switch to them each putting a piece in each turn, and then my team doing the same. This way, they still had the common goal of winning, but were able to also play as individuals. I concluded that this is a good tactic for my game, wherein they each can take their own turn, but still share a common goal that needs to be accomplished in order to win.

Children of intimate partner violence, or IPV, may have social, emotional or behavioral issues. This game has been developed based upon my experiences volunteering with the children at a safe house, and is designed to help resolve specific issues that I came into contact with most often. These tend to be heightened defiance, under-developed emotional regulation and maturity, violence-based conflict resolution methods, and the tendency to either listen extremely well or quite poorly. Components of the game that will help with at least one of these effects are the clear explanation of the basic rules of the game, leeway and creative expression for developing their character, the time structure of the game, a group goal, a lack of violence, a visual structure, and a low number of participants.

Rules and Gameplay

The first component of the game I address is the introductory rules of the game. It is important to introduce basic ground rules at the beginning, with logical, clear, and rational consequences if they break them. The instructor will list rules that children without exposure to IPV might not need to hear, but clearly explaining at the beginning of the game that violence will not be tolerated, and listing specific examples, because they have a different definition of violence, due to having it normalized in their home. This helps them to better understand what

violence is, and will make it less likely for them to complain if or when they break the rules and have to face any subsequent consequences, as in my experience working with children in multiple capacities, they respect rules more when the rules and the consequences for breaking them are explained in depth before the activity begins.

While it is generally true that children of all backgrounds, despite their severity of CEDV, obey rules better when explained clearly and concisely beforehand, the reaction of children who have been exposed to IPV to the introduction of consequences may be more severe, and may highlight the underdevelopment of their emotional regulation skills. When I have been working with children who have not been exposed to IPV, and they break a rule without having been clearly told it was a rule, they still get emotional and will repeatedly tell an adult that they did not know it was a rule when they were breaking it. It is important to be proactive in these measures and detail the rules and consequences before an activity begins in order to avoid these reactions. However, when working with children exposed to IPV, their reaction to perceived injustices tends to be more volatile, and they have a much harder time regulating their emotions. These children may react more strongly, and oftentimes have to be taken back to their parent once they become upset, simply because they are unable to calm themselves down in an appropriate way. Oftentimes, in this situation they will be pulled to the side and be taught ways to process these emotions (i.e. hitting a pillow, explaining why they are frustrated, etc.), but the efficacy of these tactics can vary, and it also takes a while for these solutions to become effective.

Environment

Providing a detailed explanation of the rules before the game begins also lessens the risk of rules being broken. It is important to consider that children exposed to IPV are more defiant and their responses to being raised in a home with IPV can vary widely. Therefore, they need

less severe punishments, because it is probable that these rules will be broken a lot, and it is essential for the functionality of the game that this variety of responses and tendency to break rules is taken into consideration. A common effect of IPV is for children to have a harder time listening, and to be more defiant in many situations (Meadows et al., 2011). This behavior can come in the form of me either having to repeatedly state instructions, or tell a child not to do something multiple times before the statement has the same effect on a child who has not been exposed to IPV. When working with children who have not been exposed, I generally only have to repeat myself a few times at most, and I do not have to focus as much on instructions within a conversation. I can joke around with them while telling them not to do something, and they will listen. At the safe house, however, it is routine to have to tell a child something multiple times before they will listen, and I have to make sure to give it all of the focus in the conversation; if not, they will try not to hear the instruction, and be distracted by toys, or something else I said. In addition to expressing defiance, their ability to exhibit varying effects of IPV, both in severity and presentation, are something that I need to keep in perspective when playing the game. Healing is not linear. For some children, only getting into a fight once or twice is a sign of progress because they are no longer immediately resorting to violence to solve a conflict, whereas for others, they have better developed emotional regulation skills, and know of healthier ways to resolve disagreements and to communicate. Some of the severity of effects of IPV is a lot stronger than that of others, and our responses need to be conscientious of that. Giving them the same punishment means that one child may be punished disproportionately, and that should be taken into account when thinking up rules and consequences, and playing the game.

Visual Structure

The game has a board and is structured visually, so that the kids will be able to move their character around. I have noticed in my work that children love games with a visual component, as it helps them be more involved and stay interested if they can physically move an object onto a different tile, or pick up a card, or make other physical actions that will encourage them to interact and participate with the game more.

Characters

Additionally, there needs to be an enhanced ability for the children to develop their own character. This takes no more than 10 minutes, but should help to more fully immerse themselves into the game, and be more emotionally invested and will help the game be more effective in its potential to reduce the effects of IPV. Adding a create-your-own-character element also encourages them to have more fun with it, which means they will likely enjoy it more. However, some level of assignment is still important so that I am able to match kids appropriately with characters designed to help them with their effects specifically. For example, I could match a child suffering from anxiety or PTSD around being heard with a role that requires them to speak more and express their opinions, or I could match another child who struggles with cooperation with a role that requires them to develop that skill.

There will also be no more than four players allowed, as the low number will make it easier to work together and cooperate, and will hopefully foster an environment where they trust each other more intimately than they would if the game were designed for a larger number of people. The low number will also help make sure that each child's voice can be heard, and will lessen the chance that anyone feels that they are being ignored or discounted.

Time Structure

The game should be completed in a 90 minute session from start to finish, to fill the amount of time their parents' support group therapy session lasts. Additionally, children exposed to IPV tend to have inconsistent attendance at the safe house due to their familial situation, so it is important to start and finish the game in one set time span each week. Being in a relationship with IPV is extremely stressful, and it is hard to maintain a reliable and consistent way to get outside support and help while in the relationship. Some abusers track their partner, or the survivor may need to attend support group sessions in secret, or it becomes too dangerous for them to attempt to obtain outside help at this point in time. All of these reasons (and others) mean that while the support group is offered weekly, the attendance of the parents (and their children) can be subject to change at any moment. Being in a home with IPV can be very chaotic, and so the game needs to be accommodating and flexible in response. It also can be very challenging for children to work together; I have had experiences where two children could not handle being on the same team for a game of Connect Four. While the game I developed is a more individualized game where each player gets their own character and can each move on their own, they do share a common goal, and having the game go on for much longer or for multiple sessions would be very challenging for all involved.

Goals

The focus of the game needs to be for the players to collectively accomplish a group goal, instead of individual ones that will foster competition. This will teach children exposed to IPV teamwork and how to work together, as well as how to rely and trust in others. In my experience volunteering with children at the safe house, these are skills that are significantly underdeveloped, and it takes a lot of coaxing and adult involvement for children to try to work

together. When I have assisted with music therapy, it was clear just how difficult it can be to have them share or take turns with each other, especially because they struggle more than other children when told what to do. Even if they are working with an adult to accomplish a goal, it can be challenging for them, due to their inability to listen and be willing to compromise or work together. They also have a heightened need to be heard, which intensifies their inability to work with other children exposed to IPV, and will sometimes result in one or both of them turning to violence instead of compromise.

Children exposed to IPV resort to violence as a primary form of conflict resolution, and engage in name-calling or insults with other children. I have had children complain to me about another kid being mean to them, and then as soon as the issue was resolved, the first child will immediately start calling the other one names. They will also resort to physical violence as well, and may have normalized that behavior and view it as a healthy response to conflict. Breaking up fights can be a typical event in the safe house, and I have had multiple conversations with children explaining how they should try to respond in the future, and introducing various ways to process anger. They also have trouble with emotional maturity in this aspect, and I have had to explain to a six or seven year old that even though a two year old may have started a fight, as the older child, they have the responsibility to not engage. Therefore, this game is specifically designed to challenge their tendency to respond to conflict with violence, and help these children develop healthier communicative skills.

Lack of Violence

The lack of violence in this game helps children exposed to IPV to communicate in a healthy way, and how to solve problems without resorting to violence. The game will present multiple options on each turn that will help children solve the problems presented in the game,

and will not have a way for violence to be incorporated. In this sense, some structure is needed so the players cannot have complete free will, as we are trying to give them healthy tools and discourage them from using more destructive means of conflict resolution. Children exposed to IPV are able to work violence into a surprising number of situations, and designing this game without the opportunity to incorporate these tactics will introduce to them the possibility of a world without violence, but one where their problems still get solved.

Testing the Game

I had originally intended for the study to test the efficacy of the game and how effective it was as a program to help children recover from the effects of IPV. However, due to the outbreak of COVID-19, that was no longer a possibility. Instead, while the game is still designed for children exposed to IPV, I decided to test the functionality of the game amongst young adults (primarily college-aged students) to test the pilot version of the game and to determine if there were any practical changes to be made before any further research is conducted. The study was open to participants of any race, ethnicity or gender, but all had to be able to speak conversational English, though not necessarily as their primary language. As I was merely testing the functionality of the game, prior experience or knowledge of IPV was not necessary, and all participants were informed of that prior to participating in the study. I tested around three to four participants at a time, as that was the number of players I intended for my game.

Participants

Recruitment was done primarily through recruitment letters posted on various social media sites, and all were given a written consent form to sign before participating that gave a more in-depth explanation about what the study was about, what their participation involved, and a brief overview of the participant's rights. Once signed and returned, the participants were told

to attend the study under a pseudonym so they could maintain anonymity. The study was additionally conducted virtually over a Zoom call, due to the pandemic, and the game was transferred onto an online format compatible with Zoom.

Data Collection and Analysis

Data collection was primarily through analysis of how the participants reacted to and played the game, and if they tend to enjoy it and how deeply they immerse themselves in it. I journaled specific conversations that occurred throughout the sessions, as an evaluation as to how they interacted with others and the game. The participants also gave feedback in a group format after the game was played, and filled out a short survey by themselves after the Zoom call ended. The survey asked questions such as what aspects of board games the participants typically enjoy, if they enjoyed this board game, if they believe the game encouraged bonding, was structured well, etc.

Data analysis was both quantitative and qualitative. Qualitative analysis was conducted through journaling and documenting written accounts of what happened during the game, as well as what the participants said and did during the game. Any observations about how the participants responded to and played the game were noted, and I compared to previous sessions with different participants. At the end of the sessions, once the game reached its conclusion, the participants were given a survey that asked them to assess how beneficial they thought the game to be.

As a participant observer, throughout each game I was assessing how much the participants seemed to enjoy the game. Participant observation is a common anthropological practice, where a researcher participates and interacts with a different group or culture in order to

better understand the internal structure, instead of just the external. When applied to this study, I acted in the role that the adult participant typically would be in if playing at a safe house with children. This means that I interacted with the participants, introduced and explained the game to them, and then organized the playing of it and facilitated discussions that were prompted by the Event Cards. For the most part, participants were not distracted easily or were engaging and enthusiastic about the game. However, if they were less interested than the other participants were, I made sure to note that, and I did the same with the conversations the participants had about the game and their thoughts about it. I additionally analyzed progress notes that I have taken throughout to see if any patterns stood out, and if there were any conclusions that could be discerned from this analysis.

I also analyzed the participant's surveys that they filled out to determine if the game was functioning well. One possible limitation for accurate data analysis will be that the participants are adults and may or may not have had prior experience or knowledge of IPV. Because of this, it will be difficult to determine if there are specific issues of functionality for traumatized populations in particular, or if it is just an amusing game that is enjoyable to play to participants of all backgrounds. However, as this study simply looked at the functionality and enjoyability of the game, the data extracted should still be applicable and help us determine the feasibility of the game itself. Instead, future studies should focus on the efficacy of the game to determine how effective it is in assisting children with CEDV recover from the effects of trauma.

A primary form of data collection and analysis will be my observations about the functionality of the game and any potential issues based on how I saw the game played and my experiences with children at the safe house. I will be taking these notes throughout the session, and will be conducting participant observation research in order to better understand how the

game is played, and how it flows. Other primary forms of analysis are the self-reports and assessments that the participants filled out at the end of the sessions as once the game reached its conclusion, the participants were given a survey that asked them to assess how beneficial they thought the game to be. Additionally, a form of analysis was how much the participants seemed to enjoy the game; if they were distracted easily or are not as enthusiastic as others were, and conversations with the participants about the game and their thoughts about it. This was valuable data which I will use to adjust the game in the future, and will recommend other programs to employ so that the intervention-based program will be better able to guide children exposed to IPV to more constructive behavior. I additionally analyzed progress notes that I have taken throughout to see if any patterns stood out, and if there were any conclusions that could be discerned from this analysis.

When conducting the sessions, I mostly gave events that were icebreakers for the first few rounds to encourage bonding and breaking the ice and then started to slowly work in a larger number of the Problem Solving Challenges, where participants were presented with realistic scenarios of IPV from a child's perspective and asked how they would respond. Participants seemed to respond positively to that organization, and at the end felt that the icebreaker exercises were very effective in helping them feel comfortable. As the game progressed, I chose events cards based on the mood I felt from the room, and if it felt as though the mood needed to be lightened or if the participants were ready to discuss a heavy topic. Overall, the game was played for around 60-75 minutes, exactly as long as I predicted, and they were able to explore almost all of the game board.

Most participants were mostly all within the same age range (early 20s) and 10 of the 14 participants identified as female, with two identifying as male, one as genderqueer, and the final on the nonbinary spectrum.

I predicted that participants would find the game to be functional and enjoyable, and that gender would not account for any changes or shifts in data. I conducted a construct validity test of the scale which indicated that participants were measuring the same construct (Cronbach's alpha = 0.05). Chi square tests demonstrated that participants' level of enjoyment of the game ($M = 4.38$, $SD = 0.506$, $p > 0.05$) was neither significantly correlated to how frequently they played board games ($M = 2.92$, $SD = 1.038$, $p > 0.05$), nor to how much they enjoyed playing games as a child ($M = 4.62$, $SD = 0.65$, $p > 0.05$). Participants' overall enjoyment and opinions of the game were high ($M = 4.37$, $SD = 0.71$).

Participants were asked to rank six reasons why individuals play video games from most to least important. There were patterns in their responses for the most and least important reasons people play video games. The social aspect of the game was most often ranked as the most important reason, with 53.8% ranking it first, and 69.2% viewed the passing of time as the component of board games that they saw as least important. Because teamwork was ranked differently by most players, and all players enjoyed the game, preliminary evidence would suggest there is no correlation between a participant's ranking of teamwork and how the game was perceived, although a larger sample size is needed.

Furthermore, based on the group interviews that I conducted after the participants played the game, they enjoyed the incorporation of the "Special Skills" a fair amount as they felt it made them each feel unique, and did want that to continue to be incorporated in the game, although

they would have liked to choose which ability they have (similar to the way players choose houses or careers in Life), although based on the intention of the cards and how they are designed to address specific effects of trauma, that may not be a pragmatic future incorporation to the game. Participants additionally enjoyed how the game is designed to be a form of group therapy, and to prompt discussion and questions around how to respond and deal with traumatic situations, but there were icebreakers and fun challenges thrown in so that participation in the game did not feel like therapy as much. Participants in this study also expressed that the shape of the board game confused them initially, but they did like how it makes it more complex to navigate, and they suggested that there could be "complexity" levels based on the set up of the board. Other suggestions tended to be to make the game last longer, either by adding more tiles to the board, or by making the participants require more stars to complete the game.

Another critique were that the scenarios presented to participants were heteronormative, and assumed the perpetrator to be a male and the survivor to be a woman. To correct this, the scenarios should include male survivors of IPV, and should also incorporate scenarios regarding IPV in LGBTQ+ relationships. The final critique given by participants was that some of the scenarios were too intense for an individual to address by themselves (especially if the participants is a child), and so the study participant's liked best when they were in a partnership and given these questions, as they were able to answer with a fellow player. As such, a possible edit could be to incorporate a "Phone a Friend" aspect and/or have the instructor encourage responses to be more of a discussion format and to encourage all players to give an opinion on these scenarios.

When conducting the sessions, one on one conversations and discussions were a little less common than I expected (which, as I had to alter the format of the game to be virtual due to

COVID, was most likely due to the virtual nature of the study) and the instructor had to be more involved than I had anticipated. When this is applied to children exposed to IPV at the safe house, it is advised that the instructor be aware of this and to try to guide the discussion and questions in response to that, with an even more heightened emphasis on encouraging conversation from the players.

Additionally, getting the participants to break the ice was a little bit difficult for around half of the sessions, although this was (again) seemingly due to the technological format the game was played on. As it is fairly understood that zoom classes are much more difficult to participate in and much harder to socialize with others, it would make sense for those difficulties to be applied to this game as well.

In the other half of the game sessions, however, bonding happened quicker than expected in the first session. In those two sessions, the participants were much more likely to have one-on-one conversations and get sidetracked from the game, and were even able to tease each other lightheartedly. Despite having not known each other before these sessions, the participants were quite comfortable with each other by the end, and all seemed relatively disappointed for the session to end. Participants also strategized heavily about the game, and worked together to decide (as a group) what should be done next, which was enjoyable to watch as that was what the game was designed for them to do. I noticed that addressing the awkwardness (WORD CHOICE) and encouraging more icebreakers tended to help smooth the flow of the game, as well as addressing how the game is designed for children aged 7-12 years old, and encouraged that participants put themselves in a “child-like” mindset.

Discussion and Future Research

The purpose of this study was to test the functionality of a program specifically designed to address the effects of IPV on children. I hypothesized that participants would find the game to be functional and enjoyable, and that gender would not account for any changes or shifts in data. The results of the study do support this prediction, although this may be due to the demographic similarity of participants in the study. Based on the results of this study, it is not possible to interpret the functionality of this program on a more diverse population. As the results of this study apply disproportionally to white individuals, thus it is not possible to definitively conclude that the game is functional for all individuals. It is only possible to conclude that the game is a functional program for white individuals. Based on the results of this study, it is not possible to interpret the functionality and enjoyability of the game for racial minorities. In order to fix this limitation, another study would need to be conducted using equal amounts of participants of all possible races and ethnicities. Another solution would be to analyze the relationship between the game and participant's opinions by surveying only a pool of individuals belonging to a specific race.

For future research, I would want to investigate the efficacy of the program as a way to reduce the severity of effects of IPV for children. If the results show the reasons whether the effects of trauma are alleviated by having children exposed to IPV participate in this program, we could obtain more specific information as to whether this program should be developed on a bigger scale, as well as potentially obtaining crucial information about how best to intervene and help children recover from trauma. An additional future research study would be to look at whether or not there is a racial or gender difference regarding the enjoyment and perspective of the game. If the results show that there is, we could learn which community this game would be most effective in, and be able to better design treatment plans for children exposed to IPV. This

could help us to address and aid individuals who are currently suffering from traumatic experiences.

Conclusion

While IPV is being addressed through various intervention/prevention programs, and there are multitudes of safe houses available for survivors to access, the prevalence of this issue is still great. Furthermore, the effects that it has on individuals (particularly while those individuals are still developing), can be extreme and alter a child's physiology and their behavior. Oftentimes, CEDV can lead to child maltreatment or neglect, which in itself has developmental consequences. Exposure to IPV in the home by itself though still may lead to a myriad of consequences, including internalization (i.e., head- or stomach-aches, bedwetting, or the development of depression and anxiety), externalization (the development of an attachment disorder or a high level of defiance), or the development of Post-Traumatic Stress Disorder, or PTSD (Committee, 2014). While each child reacts to the situation differently depending on various factors, children with IPV in their household tend to all develop an unhealthy belief about relationships and how to communicate and resolve conflict effectively; and if not addressed during the child's development, this may lead to the negative impacts persistently affecting the individual well into adulthood.

As such, it is crucial that there are available, effective intervention or prevention programs specifically designed to help children exposed to IPV process their trauma and recover from certain effects. The development of games as a form of therapy, or to help individuals recover from the effects of trauma, is a relatively under-discussed form of recovery program. Nonetheless, these therapy games are a particularly useful tool for adults to employ when

working with children with exposure to IPV, especially as a group. This is because it helps to engage with the child while still working to teach them healthy skills such as communication, teamwork, and problem-solving, while also addressing specific developmental effects that the child may be suffering from. The presence of an adult also helps, as they can help to ensure that effective communication is being employed and to better facilitate discussions to help children with exposure to IPV learn how to best deal with the IPV in their home, and to provide them with a safe environment in which they can share their own experiences. The game that I designed was specifically intended to do this, based on the results from my study, was effective in functioning as a game and engaging players in an enjoyable experience. As the game was developed over the course of multiple years, and I used my experiences working as a volunteer at a safe house interacting with children exposed to IPV, and assisting them with various forms of group therapy, I was able to apply the knowledge and information that I learned about them when designing this game, making it even more specialized for them. Future research, however, is needed to record and analyze how racial identities may affect the enjoyment and efficacy of the game. Additionally, it is recommended that future research conduct a longitudinal study to look at the efficacy of this game as a form of group therapy, to see how effective it is at helping to reduce the developmental effects of CEDV. Finally, of particular interest would be to research how other forms of therapy interact with the efficacy of this game on its players, and if there is a specific combination of therapy that is shown to be more effective than others.

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