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CHAPTER  THREE

Children Exposed to Partner Violence

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Partner violence is often described as unseen because it usually occurs in the privacy of a home. But violent homes often include children, and these children do see the violence (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997; Hilton, 1992; Holden & Ritchie, 1991; Jaffe, Wolfe, & Wilson, 1990). Children hear their parents, the adults they love and depend on, screaming in anger, pleading in fear, and sobbing in pain. They hear fists hitting bodies, objects thrown and shattered, and people thrown against walls and knocked to floors. They may see blood, bruises, and weapons. Some children witness domestic rapes and even murder (Eth & Pynoos, 1994; Pynoos & Nader, 1988). These children often show signs of trauma, but partner violence has even broader implications because family relationships have such a profound influence on development (Aldwin, 1994; Davies, 1991; Hartup, 1989).

This chapter describes current knowledge about how partner violence affects children and the different ways children respond to, and cope with, violence in their homes, focusing on developmental differences. It covers approaches to assessing and treating child witnesses to partner violence.

Defining the Problem

Childhood exposure to partner violence, as we define it here, occurs when children see or hear physical assaults between their parents or observe its effects. Most of the literature focuses on violence in two-parent families, but "parents" should be broadly construed to include stepparents or cohabiting or other intimates or even dating partners of a parent. When we refer to parents in this chapter, we do not mean to exclude other family structures, such as single-parent families. No type of family is immune from this kind of violence.

Much of the research on child observers of partner violence has been based on data from battered women in shelters and thus tends to involve children who have seen their mothers victimized severely—often and chronically. Other patterns of violence can occur but are not as well documented in the literature. The assault victim can be someone besides the mother: a stepmother, live-in partner, or dating partner of the child's father. In some cases, the mother may be a perpetrator of assault, and the victim the child's father, stepfather, or live-in or dating partner of the child's mother (Stets & Straus, 1990). The violence in a child's home may be entirely one sided, or both parents may use it to varying degrees. Children may see their mothers use violence in self-defense or see their parents trade blows (Stets & Straus, 1990).

Other situations also differ from typical shelter cases. Many children are exposed to less severe violence in homes in which parents occasionally or routinely slap, shove, and throw things at each other. Some children see severe violence but live in homes in which the mothers do not flee or incidents are not reported to police or other agencies (Straus & Gelles, 1990a). The violence that children observe can vary in its onset and duration. Children may live with parents who have been married and violent for many years, or violence may suddenly erupt over money problems or other stressful events. Violence may set in as a marriage disintegrates and either ceases or persists after parents are divorced or separated. Or, children living with a single parent with no history of partner violence may suddenly witness attacks on their parent by a new stepparent or dating partner.

Although children may be exposed to different degrees of violence under a variety of circumstances, the unique and salient characteristic of this exposure is that children observe violence done by or against their parents or both. These children may grow up fundamentally confused about the meanings of love, violence, and intimacy. The parent-child relationship on which a child relies for nurture, security, and guidance is often distorted as children attempt to cope with viewing their parents as victims or perpetrators of violence or both. The partner violence that children observe occurs within their core relationships, and its significance for the children lies in that fact (Aldwin, 1994; Davies, 1991; Hartup, 1989).

Scope of the Problem

Researchers are beginning to establish how many children witness partner violence. Estimates are primarily based on a few surveys asking adults to recall childhood experiences. This research suggests that substantial numbers of children are exposed to adult violence in their homes as they grow up.

Incidence of Child Exposure to Partner Violence

Four surveys asking adults about childhood memories suggest that between 11% and 20% of adults remember seeing violent partner incidents when they were young (Henning, Leitenberg, Coffey, Turner, & Bennett, 1996; J. L. Jasinski, personal communication, June 19, 1996; Straus et al., 1980; Straus & Smith, 1990a). More than 10% of adults surveyed recalled their mothers or fathers hitting each other in the two representative National Family Violence Surveys conducted in 1975 and 1985. In the 1975 survey, 11% of those responding recalled at least one occasion of violence, with 13% reporting their fathers hitting their mothers, and 9% their mothers hitting their fathers. In the 1985 survey, 13% of adults remembered violent incidents between their parents (Straus, 1992; Straus et al., 1980; Straus & Smith, 1990a).

Sixteen percent of those surveyed in the 1992 National Alcohol and Family Violence Survey remembered their parents hitting or throwing things at each other. People were asked to recall incidents that happened when they were teenagers: 7% recalled their fathers as the perpetrator, 4% remembered their mothers hitting and throwing

things, and 5% recalled both parents being violent (J. L. Jasinski, personal communication, June 19, 1996).

In a fourth survey, in which 617 women responded to a mail questionnaire in a small New England city, 20% remembered violence in their homes when they were age 15 or younger (Henning et al., 1996), 8% reported that their fathers attacked their mothers, 6% reported their mothers as the assailants, and 6% reported violence by both parents.

At least one study asked children directly about observing partner violence. The 1991 National Child Victimization Prevention Study, a telephone survey of 2,000 children ages 10 through 16, asked children, "Have you ever seen any of the adults in your household hit one another?" Seven percent of children surveyed answered yes. When children were asked who did the hitting, 3.4% identified their fathers or stepfathers, 1.5% identified their mothers or stepmothers, and the remainder identified other adult relatives, mostly siblings. Children were not asked who was hit. Three percent of children surveyed had seen such violence in the past year (D. Finkelhor, personal communication, June 19, 1996).

Although these surveys provide the best figures we have, it remains difficult to know precisely how many children see violence in their homes. People surveyed about such matters may forget experiences or remember incorrectly or be unwilling to disclose painful or embarrassing events. At best, survey figures give a range in which the true rate for childhood exposure to partner violence exists. The 5% rate of exposure to parental violence found in the National Youth Prevention Study underestimates true rates because these survey participants had not finished their childhoods. The rates between 11% and 16% found by the three national surveys of adults may also be low because some people forgot violent incidents or failed to disclose them for other reasons. Also, these surveys each asked only one question about violent behavior by parents. The Henning mail survey, which found that 20% of adult women saw violence between their parents, asked several detailed questions about types and severity of violence, but the sample in this study was based on a local survey of women only, and only 617 of the 6,000 in the sample returned questionnaires.

Researchers estimate that between 20% and 28% of couples who are dating, cohabiting, or married experience at least one violent incident during the course of their relationships (see Chapter 1). Assuming that rates of violence for parents equal rates for couples in general, these figures are fairly consistent with a range of 11% to 20%

for how many children witness assaults. The estimates for violence over the course of a relationship include couples who admit to occasional and relatively mild incidents like slaps and shoves that a child might not notice, as well as couples who engage in frequent or severe violence or both, which would be harder for other household members to miss. This possibility might account for the discrepancy in rates for couple violence and child observation of violence.

None of this is to say that partner violence only affects children if they see it. As described later in this chapter, viewing violence between parents directly affects children in several ways, yet partner assault also has an indirect impact because it physically and psychologically affects parents, particularly mothers, in ways that are consequential for parent-child relationships.

Chronicity of Exposure to Partner Violence

Little is known about how many incidents children who witness violence observe and how often violence occurs. Straus (1992) reported that adults who recalled partner violence as they were growing up were aware of an *average of nine incidents* between their parents, with most people remembering at least four episodes. Kaufman Kantor and Jasinski (personal communication, June 19, 1996) found that, of people who remembered their parents hitting and throwing things, 60% reported more than one violent incident. In the National Youth Prevention Study, one half of children who had seen partner violence had seen it more than once (D. Finkelhor, personal communication, June 19, 1996). Although multiple incidents seem more prevalent than single ones, it is likely that children are more aware of, and more likely to remember, violence when it happens more than once.

Severity of Violence That Children Witness

Henning et al. (1996) asked women about the severity of violent behaviors they recalled between their parents. About one third of women who grew up with partner violence (7% of all women surveyed) had seen their fathers kick or bite their mothers or hit them with fists. Six percent of all women surveyed had seen their fathers beat up their mothers, 3% had witnessed choking and threats with weapons, and 1% had seen their fathers use knives or guns. Somewhat smaller numbers of women had seen their mothers engage in

severe violence. One percent of children in the National Youth Prevention Study (11% of those who reported witnessing violence) had seen violence so severe that the victim required hospitalization (D. Finkelhor, personal communication, June 19, 1996), but researchers did not ask more specific questions about the types of violence.

Some parents may try to protect their children from violent marital fights, but people who work with children of women who have sought refuge in shelters note: "[W]e find that almost all (children) can describe detailed accounts of violent behavior that their mother or father never realized they had witnessed" (Jaffe et al., 1990, p. 20). Most children in shelters have witnessed acts of severe violence (Giles-Sims, 1983; Hilton, 1992; Holden & Ritchie, 1991). McCloskey, Figueredo, and Koss (1995), studying children from violent families, some of whom lived at home and some of whom lived in shelters, found that almost one half had witnessed potentially lethal violence such as choking.

Exposure to Sexual Violence

Although growing numbers of researchers have become interested in children's exposure to partner violence, few have broached the topic of exposure to domestic sexual assault even though substantial percentages of women who are assaulted by their partners also suffer rape (see Chapter 4). In one study of 115 women from a battered women's shelter who had been sexually abused as well as physically assaulted, 18% reported that their children had witnessed sexual attacks (Campbell & Alford, 1989). The small body of research into marital rape recounts many instances of children seeing or hearing their mothers raped and sexually abused (Finkelhor & Yllö, 1985; Russell, 1990).

Different Ways Children Are Exposed to Partner Violence

When we speak of children being "aware" of or "exposed" to violence, it implies that children are passive observers. This does not mean children are at a distance from what they see. One researcher who reviewed police reports of partner assaults noted the disturbing contexts for children who were witnesses:

> They sat crying and frightened and watched what was going on, or they ran into the adjoining room and put their hands over their ears. A seven-year-old girl . . . fainted from fear. A seven-month baby girl lay in her crib in the living room when an explosive fight broke out. It ended with the mother getting beaten and landing on top of the little girl. A four-year-old girl sat weeping in her mother's lap as the father threatened with a knife. (Hyden, 1994, p. 123)

Sometimes children are more than observers; they can be participants in the battles of their parents in varying degrees:

> The children were still in the kitchen during all the squabbling. When they saw the knife being waved like a sword, they both started to scream and run for the door. . . . He yelled, "I'm going to cut you all into tiny little pieces." (Roy, 1988, p. 174)

> A seven-year-old girl witnessed how her father was trying to choke her mother. The girl forced her way in between her parents, and begged and pleaded for her father to spare her mother. (Hyden, 1994, pp. 123-124)

> Another woman told of her 3-year-old son coming to defend her, saying: "No, Daddy, no!" And he came behind his father and started hitting him. (Hoff, 1990, p. 204)

Some children are targets of attack, along with their mothers, as in this mother's account:

> He got me down and started kicking me. . . . He kicked me three times in the head. . . . He grabbed Amy by the neck and broke Bobby's arm. (Hoff, 1990, p. 34)

Children are also witnesses to sexual abuse:

> Then he . . . forced himself into me from behind . . . the whole time he had the knife against my leg. . . . I thought he was going to kill me. . . . And the whole time I could see Anna (their preschooler) standing in the kitchen. (Hyden, 1994, pp. 113-114)

It is easy to see from these accounts how children can become overwhelmed by witnessing violent, emotion-laden scenes between their parents. Children may react intensely to these frightening adult displays, and their reactions may include acute fear for their own and

their parents' safety. Many children have difficulty coping with the feelings of fear, anger, and pain aroused by the violence they witness in their homes (Roseby & Johnston, 1995; Rosenberg & Rossman, 1990).

Symptoms of Children Exposed to Partner Violence

Children who observe partner violence cannot be described as having one particular pattern of response to their experience (see Table 3.1). A recent summary of 29 studies of children who have witnessed partner assaults (Kolbo, Blakely, & Engleman, 1996) reports harm in several areas of functioning: behavioral, emotional, social, cognitive, and physical.

Behavioral problems include aggression, cruelty to animals, tantrums, "acting out," immaturity, truancy, delinquency, and attention deficit disorder/hyperactivity (Ascione, in press; Davies, 1991; Dodge, Pettit, & Bates, 1994; Graham-Bermann, 1996c; Hershorn & Rosenbaum, 1985; Hughes & Barad, 1983; Jouriles, Murphy, & O'Leary, 1989; McCloskey et al., 1995; Sternberg et al., 1993). Common emotional problems are anxiety, anger, depression, withdrawal, and low self-esteem (Carlson, 1990; Davis & Carlson, 1987; Graham-Bermann, 1996c; Hughes, 1988; Jaffe, Wolfe, Wilson, & Zak, 1986). Social problems are poor social skills, peer rejection, and an inability to empathize with others (Graham-Bermann, 1996c; Strassberg & Dodge, 1992). Cognitive difficulties generally include language lag, developmental delays, and poor school performance (Kerouac, Taggart, Lescop, & Fortin, 1986; Wildin, Williamson, & Wilson, 1991). Physical problems include failure to thrive, difficulty sleeping and eating, regressive behaviors, poor motor skills, and psychosomatic symptoms such as eczema and bed wetting (Copping, 1996; Jaffe et al., 1990; Layzer, Goodson, & Delange, 1986).

Most of the research cited used various standardized instruments that measure psychological and other problems. Researchers compared the scores of children exposed to partner violence with normed scores or with scores of control groups. Most, but not all, of this body of research found that children who witness violence are significantly more likely to have problems in one or more of the five areas cited than children who do not.

TABLE 3.1 Symptoms of Children Exposed to Partner Violence

Behavioral	*Emotional*
Aggression	Anxiety
Tantrums	Depression
Acting out	Withdrawal
Immaturity	Low self-esteem
Truancy	Anger
Delinquency	
Physical	*Cognitive*
Failure to thrive	Poor academic performance
Sleeplessness	Language lag
Regressive behaviors	
Eating disorders	
Poor motor skills	
Psychosomatic symptoms	
Rejection by peers	

NOTE: Researchers are uncertain whether these types of problems are attributable to exposure to partner violence alone or to the cumulative effect of exposure and other problems prevalent in violent homes.

These findings do not imply that every child who witnesses partner violence, even frequent and severe violence, will have problems. Many children are able to cope successfully with disturbing events. Moreover, this body of research is relatively recent, and its findings are limited by methodological and other difficulties detailed later in this chapter. At this point, researchers are uncertain whether the problems of these children are attributable to exposure to partner violence alone or to the cumulative effect of exposure and other difficulties prevalent in violent homes.

Why Exposure to Partner Violence Harms Children

Researchers believe that partner violence damages children developmentally in several ways. A model of these influences is described by Jaffe and his colleagues (1990), who theorize that children are

affected by partner violence both directly and also indirectly through the impact the violence has on their parents. Direct effects include physical danger to the child, emotional and behavioral problems stemming from attempts to cope with violence, and the learning of aggressive behavioral patterns. Indirect effects ensue from maternal physical and psychological ill health resulting from the stress of being abused, exposure to paternal anger and irritability, and inconsistent or overly harsh parental disciplinary practices by parents who may be particularly distracted and irritable.

Direct Influences

Physical Danger

Some children are in physical danger because of the violence in their homes (Jaffe et al., 1990). Proximity to an assault can imperil a child who is nearby when objects are thrown, weapons used, or people shoved and hit. A child may be injured while being held in his or her mother's arms, fleeing, or trying to intervene in an assault. Some children become targets of assault.

Exposure to physical danger is also associated with post-traumatic stress disorder (PTSD) and related symptoms. *PTSD* is a specific psychiatric disturbance caused by exposure to an extreme stressor that results in the involuntary reexperiencing of the event (in the form of intrusive recollections or dreams), a residue of heightened physiological arousal (as in difficulty falling asleep, irritability, and exaggerated startle responses), and a pattern of avoidant behavior (feelings of detachment or estrangement and emotional constriction; see *DSM-IV* for exact criteria for diagnosis). Exposure to violence seems to trigger PTSD in children more consistently than other stressors (McNally, 1993). Studies have found that 100% of children who witnessed parental homicide (Malmquist, 1986) or who witnessed a mother's violent sexual assault by strangers (Pynoos & Nader, 1988) qualified for the diagnosis of PTSD. Current theory about PTSD views it as resulting from overwhelming levels of fear and helplessness, particularly combined with perceptions that one is going to be killed or seriously injured, so it is easy to see how PTSD could be triggered by exposure to partner violence. It is not clear, however, how many children who witness less serious forms of partner violence may suffer from PTSD. In one study of 64 7- to 12-year-old children whose mothers had been assaulted by partners in the past year, 13% were suffering from clinically diagnosable PTSD, and the majority of children exhibited some PTSD symptomatology: 52% experienced intrusive, unwanted memories of traumatic events; 19% exhibited traumatic avoidance; and 42% suffered from traumatic arousal symptoms (Graham-Bermann, 1996d).

Emotional and Behavioral Problems

Some children from violent homes exhibit symptoms of emotional and behavioral problems that appear to be attributable to the violence they witness (Jaffe et al., 1990). These children are fearful because they are subjected to frightening domestic scenes. They are anxious because they are worried about their safety and the safety of other family members. They are listless from sleepless nights, sad from seeing a parent victimized, angry at one or both of their parents, and depressed because the situation seems hopeless.

Some coping mechanisms that children use to deal with partner violence may cause them trouble. Fearful children may alienate parents, teachers, and day care providers by being aggressive or clingy and dependent (Davies, 1991; Holden & Ritchie, 1991). Some children isolate themselves from peers to keep the family secret of partner violence hidden (Jaffe et al., 1990). Adolescents may run away from home (Carlson, 1990) or anesthetize themselves with alcohol or other drugs.

Aggressive Behavioral Patterns

Considerable evidence suggests that children whose parents are violent at home are more aggressive, both at home and in other settings, than children whose parents are not violent (Davis & Carlson, 1987; Dodge et al., 1994; Holden & Ritchie, 1991; Thornberry, 1994). One simple and widely accepted explanation of this, called *social learning theory,* proposes that children with aggressive parents learn to be aggressive by imitating their parents' behaviors (Bandura, 1973). When parents use violence to exert control, to deal with problems, and to settle conflicts, children come to see aggression as a powerful and appropriate tool for interpersonal relations. Children may identify

with parents who use violence. Also, children from violent homes may not have the opportunity to learn negotiation and other peaceful methods of conflict resolution.

Indirect Influence

Disciplinary Practices

Some researchers have explored the association between the quality of marital relationships and the quality of parenting skills, finding that parents in violent conflict with each other may tend to have qualities that can interfere with healthy child development, including irritability, harsh disciplinary practices, fewer positive interactions with their children, and more inconsistency in child rearing (Belsky, 1984; Holden & Ritchie, 1991). Holden and Ritchie (1991) note that inconsistency may be a particular problem in these families for two reasons: (a) Parents may disagree more about child rearing and may communicate poorly, and (b) mothers may respond to their children one way when they are alone with them and a different way when fathers are present. Parents coping with their own violent relationships may be unable to provide consistent supervision and guidance to their children (Holden & Ritchie, 1991; Jaffe et al., 1990). Parents may fail to teach their children how to control aggression and may even unwittingly reinforce aggressive tendencies by ignoring them or by backing down from confrontations over violent acts (Patterson, 1982; Patterson, DeBaryshe, & Ramsey, 1989).

Maternal Stress

For children, the risk of harm comes not only from exposure to frightening and emotional scenes involving parents but also from the toll on parents' abilities to maintain close and positive parent-child relationships. Most children turn to their mothers for help in coping with problems. When the problem is partner violence, however, a mother's life may be so disrupted by the stress of her own victimization that she is unable to respond to her child's concerns and fears.

Several studies have found that high levels of maternal stress, particularly stress related to parenting, are associated with emotional and behavioral problems in children living in battered women's shelters (Graham-Bermann, 1996b; Holden & Ritchie, 1991; Wolfe, Jaffe, Wilson, & Zak, 1985). Mothers may be physically injured, in poor

health, and overwhelmed with anxiety and depression, as well as dealing with stresses from money problems, unemployment, divorce, and homelessness (Jaffe et al., 1990). At least one study, however, has found that, in violent homes, mothers' mental health problems are not causally related to children's mental health and that most of the variance in children's mental health scores can be attributed to the violence in the home, rather than to maternal distress (McCloskey et al., 1995).

Paternal Characteristics

It seems apparent that children who witness assaults between their parents would be affected by their fathers' actions, but data allowing for the assessment of paternal behavior are rarely gathered in partner violence research (Sternberg, in press). One exception is Holden and Ritchie (1991), who interviewed battered mothers about their husbands' child-rearing behaviors. They found that paternal "irritability" was one of two significant predictors of behavioral problems in children of battered women. (The other significant factor was maternal stress.) They also found that, compared with fathers in a control group, fathers in violent families did less child care, were angry at their children more often, were less affectionate, and were less likely to reason with their children and more likely to spank them. At least one other study found that paternal irritability predicted antisocial behavior in boys (Patterson & Dishion, 1988).

Hartup (1989), reviewing the research on fathers, notes that "father-child attachments show many of the same qualities that mother-child attachments do" (p. 122). Where a mother is the primary caretaker, Hartup speculates, the father's support of maternal care giving, or lack of support, will have important implications for a child. Disagreements about child rearing are rife between parents in violent families (Salzinger, Feldman, Hammer, & Rosario, 1992; Straus et al., 1980). If Hartup is right, in violent families in which mothers are the primary caretakers and fathers are disengaged from child rearing, paternal challenges to a mother's parenting ability may weaken and damage mother-child relationships. Some tenuous support for this idea comes from a study of Israeli children (Sternberg et al., 1994), which looked at children's perceptions of fathers and mothers, comparing four groups: (a) children who were abused, (b) children who witnessed partner violence, (c) children who witnessed such

violence and were abused, and (d) a comparison group. Although children from both abused groups viewed a perpetrating parent, whether father or mother, more negatively than children from the comparison group, children who witnessed partner violence but were not abused did not view their violent fathers more negatively. They did, however, have more negative perceptions of victimized mothers. (Children from all four groups were similar in the number of positive traits they assigned to their parents.) The impact of paternal behavior on children exposed to partner violence is an important area for future research.

Factors Determining the Extent of the Impact of Partner Violence

Although the above mechanisms help explain why exposure to partner violence can result in trauma and symptomatic behavior, it is not possible to generalize about the form or magnitude of harm to an individual child. Each child will have a different experience. Several factors are particularly likely to determine how a child perceives, responds to, and copes with observing parental violence and how any harm is manifested: (a) the age and developmental level of the child, (b) the nature and severity of the violence witnessed, (c) the family context of the violence, (d) the nature of social interventions, and (e) the cumulative stress factors acting on the child.

Age and Developmental Level

Children's levels of understanding and coping abilities differ with age, and the impact of exposure to violence cannot be assessed without considering a child's developmental level (Davies, 1991; Jaffe et al., 1990; Roseby & Johnston, 1995; Rosenberg & Rossman, 1990).

Infants Through 5-Year-Old Children. Children in this age-group may be disproportionally exposed to partner violence and particularly vulnerable to it (Copping, 1996; Fantuzzo et al., 1997).

Infants are cognizant of the emotional states of others at an early age (Cummings, Zahn-Waxler, & Radke-Yarrow, 1981), and they may

be disturbed by the anger and turmoil of a violent household. Moreover, babies require sensitive, responsive caretakers, and mothers who are suffering in violent relationships may be too injured or under too much stress to respond to their infants' distress or to give them the intense physical care they need. As a result, some infants from violent homes may show signs of health problems and neglect. They may be underweight, have problems eating and sleeping, cry inconsolably, and be unresponsive to adults (Jaffe et al., 1990; Layzer et al., 1986). Also, infants are fragile and at risk of being injured in violent homes.

Toddlers and preschool children still rely heavily on their caretakers to help them control emotions and behavior. Children of this age may become increasingly aware of, and disturbed by, the chaotic atmosphere generated by partner violence. They lack the resources to cope with confusing and frightening events on their own and are particularly dependent on caretakers for explanations and reassurance (Davies, 1991; Jaffe et al., 1990). Because they are too immature to regulate their own behavioral and emotional responses without help, they tend to show signs of behavioral and emotional problems if their mothers are too depressed or otherwise incapacitated to provide responsive care (Davies, 1991; Graham-Bermann, 1996b). As they get older, they also begin to think about and try to understand the things that go on around them. Young children who have observed violent domestic scenes need to talk about their experiences with adults who can help them explain and clarify what they have seen. If the children cannot do this, they may try to express themselves by acting out (Davies, 1991).

Children between the ages of 2 and 5 who have been exposed to partner violence often behave aggressively (Graham-Bermann, 1996c), possibly "to ward off imagined aggression" (Davies, 1991, p. 521). Children may also become excessively demanding, talkative, and physically active (Copping, 1996). Boys may exhibit these "externalizing" behaviors more often than girls (Copping, 1996; Cummings, Pelligrini, Notarius, & Cummings, 1989; Davies, 1991). Children of this age may also become whiny and clingy, have trouble sleeping, regress in behaviors such as toilet training, be anxious or sad or both, and have trouble interacting with peers and adults (Davies, 1991; Graham-Bermann, 1996c; Jaffe et al., 1990). Some researchers believe that preschool children are especially likely to feel responsible for violence between their parents because of their developmentally

appropriate egocentrism and inability to view things from the perspectives of others (Jaffe et al., 1990; Roseby & Johnston, 1995).

Six- Through Twelve-Year-Old Children. School-age children usually have more resources to cope with exposure to violence. They have more control over their emotions and more sophisticated cognitive skills, including more realistic understandings of events. They develop problem-solving and reasoning skills, and their social circles broaden to include friends and adults outside their families (Aldwin, 1994). They are still very oriented within their families, however, and tend to see their parents as role models (Jaffe et al., 1990). Because of this, they may feel particularly confused and conflicted about partner violence. For instance, they may admire a powerful father but also fear him, or love and worry about a victimized mother but feel angry at her for appearing weak. Boys may feel particularly ambivalent about their fathers (Hughes, 1982).

As children get older, they tend to blame themselves less for parental conflict (Jaffe et al., 1990; Jenkins, Smith, & Graham, 1989). This does not mean, however, that they stay out of it. Jenkins et al. (1989) found that whereas only 24% of 9- to 12-year-olds blamed themselves for their parents' quarrels, 71% intervened in various ways, trying to stop the disputes. Children of this age also worry about the vulnerability of their mothers and siblings (Graham-Bermann, 1996a).

Behavioral problems resulting from exposure to violence may become apparent as children enter school and start interacting with peers and teachers. Aggressive behavior is often a particular concern (Davis & Carlson, 1987; Hughes & Barad, 1983; Jaffe, Wilson, & Wolfe, 1988), but children may also act out, have conduct problems, and be emotionally needy, fearful, and anxious (Davis & Carlson, 1987; Hershorn & Rosenbaum, 1985; Jaffe et al., 1986; Jouriles et al., 1989; Rosenbaum & O'Leary, 1981a; Sternberg et al., 1993). They may have academic problems (Kerouac et al., 1986), have difficulties with peers (Strassberg & Dodge, 1992), and suffer from sadness, depression, and low self-esteem (Davis & Carlson, 1987; Hughes, 1988; Jaffe et al., 1986). Isolation may also be a problem. In some cases, children are ashamed of their homes and concerned about keeping the violence a secret. In other cases, children may be isolated by a domineering father who seeks to control the family by limiting access to outsiders (Jaffe et al., 1990).

Adolescents. By adolescence, most children are able to understand the perspectives of others, come to independent conclusions about events, and appreciate what they can and cannot control (Aldwin, 1994). Adolescents are more able to view partner violence as their parents' problem and to turn to friends and adults outside their families for support. They may be less fearful and anxious about the situation than younger children and less likely to feel responsible for violent events (Jaffe et al., 1990).

Some teenagers, however, will have lived with partner violence for many years and may show evidence of long-term effects. Children who have grown up with violence are more prone than other teens to delinquency and violent behavior (Dodge et al., 1994; Thornberry, 1994). These teens may assault peers, siblings, and parents. Some teens may use alcohol and other drugs to escape from their problems, or they may escape literally by running away. Suicide is also a concern with troubled adolescents, particularly those who are withdrawn and depressed (Carlson, 1990; Hollis, 1996; Spirito, Overholster, & Stark, 1989). Although some adolescents from violent homes find ways to escape, others stay at home and assume parenting duties for younger children in the household. These adolescents bear heavy burdens of responsibility (Jaffe et al., 1990).

Gender Differences

Some researchers have considered whether gender differences contribute to the extent or types of problems exhibited by children who witness partner violence. Some studies indicate that boys from battered women's shelters or other clinical populations are more likely than girls to behave aggressively or to exhibit conduct problems (Davis & Carlson, 1987; Hughes & Barad, 1983; Jaffe et al., 1990; Jouriles & LeCompte, 1991) or that girls have more problems with depression, anxiety, and other internalizing behaviors (Davis & Carlson, 1987; Holden & Ritchie, 1991; Jaffe et al., 1990). Other studies finding various problems have not reported significant differences between boys and girls (Cummings et al., 1989; Fantuzzo et al., 1991; Hughes, 1988; Hughes, Parkinson, & Vargo, 1989; Jaffe et al., 1988). One study found that girls who witnessed violence, were abused, or both had more problems with aggression and other externalizing problems than boys and were also more depressed (Sternberg et al., 1993).

The evidence here is inconclusive for several reasons. Studies that find boys have more problems with aggression may simply be reflecting a trend in the general population where boys exhibit more aggression outside the home than girls (Dodge et al., 1994). Moreover, most of these studies are based on mothers' reports, and some evidence suggests that women who are victims of partner violence rate their sons as more aggressive than other observers would rate them (Hughes & Barad, 1983). Also, these studies use small groups of children, and when the groups are divided by gender, they become even smaller, reducing the statistical reliability of the results. Clearly, this is another area where more research needs to be done.

Nature and Severity of the Violence Witnessed

Besides developmental stage, another factor that can influence the impact of witnessing partner violence is the nature and severity of what is seen. Scant research has been conducted on this topic within the field of partner violence, but an extensive literature describes what characteristics of other kinds of violence are more likely to affect a child seriously. It is clear that the greater and more threatening the violence, the more likely it is to have an impact.

Research with crime victims demonstrates that people who are injured or who believe that they could be seriously injured or killed are more likely to experience later traumatic stress symptoms (Kilpatrick, Edmunds, & Seymour, 1992). In studies of PTSD in children, being physically close to an act of violence, hearing screams or cries for help, being closely related to the victim, and seeing bloody wounds or serious injury tend to correlate with amount of trauma, along with duration of the episode, number and nature of threats, and degree of brutality of the act witnessed (Pynoos, Steinberg, & Wraith, 1995). The trauma literature has also made an important distinction between exposure to single traumatic events and multiple or chronic traumatic events (Terr, 1990). Chronic exposures tend to produce more devastating and difficult-to-treat problems. Thus, we would expect that children exposed to multiple, ongoing episodes of partner violence over an extended period of time would be more affected than those who witnessed isolated episodes.

Family Context of the Violence

Partner violence rarely takes place in the context of an otherwise happy or stress-free family. In addition to marital conflict are other major stressors, such as poverty, unemployment, mental or physical illness, alcohol abuse, and entanglements with the legal or criminal justice system. Moreover, other violence may occur, particularly directed toward the children (Jaffe et al., 1990). These factors can affect the impact of exposure to partner violence.

Marital Conflict. In trying to understand the impact of exposure to partner violence, one important theoretical question is the extent to which it can be distinguished from the effects of exposure to marital conflict without violence. Research into the effects of observing partner violence has produced findings that are consistent with a body of research that looks at how overt parental hostility affects the emotional and behavioral development of children. When children who live in "discordant homes," where parents are overtly hostile but the hostility stops short of violence, are compared with children from harmonious homes, they tend to have the *same sorts of problems* as children from violent homes (Grych & Fincham, 1990). Children from discordant homes are more psychologically disturbed when parental quarrels are frequent and severe (Grych & Fincham, 1990; Jenkins et al., 1989).

Researchers have tried to determine whether children who are exposed to actual violence are somehow different from children who are exposed to parents' verbal hostility with no violence. Evidence suggests that children who witness partner violence are at greater risk of adjustment problems than children whose parents are simply angry and hostile but not violent (Fantuzzo et al., 1991; Jouriles et al., 1989). Some studies, however, have found no differences between discordant homes and violent homes (Hershorn & Rosenbaum, 1985), and some studies have found only weak differences (Hughes, 1988; Hughes et al., 1989; Sternberg et al., 1993). These studies do find that children from both groups have significantly more problems than do children from nonviolent, harmonious homes.

Taken together, these studies suggest that pervasive conflict that takes the form of overt verbal hostility *or* violence harms children by causing stress, impairing effective parent-child relationships, and

training children to be aggressive (Grych & Fincham, 1990). Overall, children from violent homes appear to be at greater risk for showing clinical-level behavioral and emotional problems, but it is likely that some symptoms are caused by the conflict and not necessarily the violence.

Child Maltreatment. In understanding the impact of witnessing partner violence, another fact to keep in mind is that many of these children are not just witnesses to violence, but victims themselves. Children exposed to adult partner violence are at high risk for being physically abused (Kenning, Merchant, & Tomkins, 1991; McCloskey et al., 1995). In a national sample of the population in 1985, 22% of husbands who had hit their wives in the previous year had also physically abused their children, compared with 8% of husbands in other families (Straus & Smith, 1990a). Similarly, 23% of women who had hit their husbands had also physically abused a child in the previous year (Straus & Smith, 1990a).

Even higher rates of physical child abuse are found among children subjected to partner violence. One review notes that researchers have consistently found that 25% to 45% of children of women in shelters have been physically abused (Hotaling, Straus, & Lincoln, 1989). A survey of several shelter populations found that more than one half of the children in residence were abused or neglected, frequently both. The physical abuse was often severe: 5% of these children had been hospitalized for injuries caused by physical abuse, and 8% had been identified as sexually abused (Layzer et al., 1986). A study that included children living in shelters and children living at home found that children in 10% of families studied had been sexually abused (McCloskey et al., 1995).

In addition, the issue of emotional maltreatment is important. One could argue that, by definition, children exposed to partner violence experience emotional maltreatment. But even independent of this, it is very likely that children in violent homes have been yelled at, threatened, manipulated, or triangled into the parental conflict—other forms of emotional abuse separate from the witnessing.

At least three studies have attempted to compare children who have been exposed to partner violence and children who have been abused, with inconclusive results. One small study found that abused children had more behavioral and emotional problems, but the differences between the two groups were not reliable (Hughes et al., 1989). A second study found the same number of problems in the two groups (Sternberg et al., 1993). A third study measuring the relative effects of being abused and witnessing violence found that physical abuse wielded the most powerful effect on a child's behavior but that witnessing partner violence added to that effect (Salzinger et al., 1992).

Again, it must be recognized that some effects seen in children who witness partner violence are probably a result of the physical and emotional maltreatment they have additionally suffered and that these effects may be difficult to distinguish from the witnessing itself. On the basis of available research, it also seems plausible that when physical and emotional maltreatment are present in addition to partner violence, one would expect more severe difficulties for a child.

Nature of Social Interventions

Many children who live with partner violence become involved with social service and governmental agencies that attempt to intervene in the situation (Jaffe et al., 1990). These agencies are usually focused on the adult parties to the violence and are often not cognizant of, or equipped to deal with, the special needs of children. Two of the most common agencies are battered women's shelters and the criminal justice system.

Battered Women's Shelters. When mothers escape from violent relationships by fleeing with their children to shelters, the flight and the shelter residence are distressful in themselves. Children find themselves abruptly severed from their homes, toys and belongings, pets, and daily routines. These families are often in hiding, with children cut off from the supports of school, close friends, and most relatives. Children may miss their fathers, resent the move, and press their mothers to return home (Jaffe et al., 1990).

Many children in shelters score in the clinical range for behavioral and other problems measured with standardized instruments such as the Child Behavior Checklist (Achenbach & Edelbrock, 1984). In one study, 70% had clinical-level behavioral problems and 53% appeared to be clinically depressed (Davis & Carlson, 1987), although the extent to which these symptoms can be attributed to shelter residence is unclear. One study that investigated children who were exposed to violence and compared children living in shelters with children living at home found higher internalizing behaviors in shelter residents.

The children in shelters were sadder and more withdrawn and depressed than the children at home (Fantuzzo et al., 1991). These children may also be more anxious (Hughes et al., 1989).

Shelter stays are often short, and many problems exhibited by children in shelters may be temporary reactions to family disruption. Problem behaviors may decrease over time during shelter residence (Copping, 1996), and behavioral and emotional problems may decrease for most children living with their mothers in nonviolent homes, within 6 months after leaving the shelter (Wolfe et al., 1986). Because these children tend to have many family problems, it is difficult to isolate the effects of shelter residence. Many battered women's shelters have become sensitive to children's needs and have instituted special programs to assist children during their stay (Jaffe et al., 1990).

Criminal Justice System. When police, prosecutors, and criminal courts become involved in partner violence, this increases the potential for additional negative effects on children. In addition to the upsetting exposure to violence, children may now have to deal with the embarrassment of public disclosure, the fears and confusion engendered by the presence of police and the legal system, the disruption of routine, and the possible conflict of loyalties. For example, when police arrive at a home, the children are often afraid that they will be accused of a crime. Police are sometimes not adept at handling children and their fears, and in the confusion surrounding arrest, children can be very disturbed, not understanding what is happening, and may get separated from parents.

Police and prosecutors will often want to interview the children, and the children may have to repeat their stories on many occasions (Whitcomb, Shapiro, & Stellwagen, 1985). Children may experience a crisis of loyalty, not wanting to be responsible for putting their parents in jail. They may also fear retribution by the offending parents, and so they may lie, change their stories, forget details, and end up suffering the ire and frustration of investigators.

Most research on children's involvement in the legal system has been done in regard to child sexual abuse and relatively little in regard to partner violence cases. Sexual abuse cases are similar in some of the stresses they impose on children (crisis of loyalty, police investigation, public exposure), although they do differ in that a child him- or herself has been the direct victim and is the primary witness in

legal actions, which certainly adds to the stressfulness. Children rarely have to testify in cases of partner violence.

Cumulative Stress Factors

As can be seen from reviewing all these potential contributing factors, it is difficult for researchers to isolate exposure to partner violence from other stressful factors in a child's life. Children who live with violent parents may be particularly prone to experience cumulative stresses. They generally grow up in discordant homes and suffer high rates of abuse. Their parents are likely to move frequently, to have problems with alcohol, and to get divorced (Spaccarelli, Sandler, & Roosa, 1994). In extreme cases, these children are forced to flee their homes for a shelter and to cope with the intrusions of child protective services, police, and criminal justice agencies. Witnessing partner violence is often part of a "cumulative stressor" chain of events (Jaffe et al., 1990), meaning that children with more than one serious difficulty in their lives are more likely to show signs of harm from exposure to violence, maltreatment, and other problems than children who have only one serious problem. The number of stress factors may be even more important than the exact type of stress factor in determining whether a child is harmed (Rutter, 1985). Ultimately, specific effects are probably associated with specific stressors, and generalized stress effects are associated with the number of stressors and magnitude of the total stress burden. But the important point is that witnessing partner violence must be seen in this total context.

Protective Factors

Despite the harmful influence of violence and abuse on children's lives, many children who live in difficult circumstances do not show signs of great disturbance. This is possible because protective factors in these children's lives buffer them against the harmful impact of the violence. Studies tend to divide protective factors into three categories: (a) the characteristics of the child, (b) the quality of family support, and (c) the quality of extrafamily support. Children who are adaptable, are particularly intelligent, have unusual talents or strong

interests, or have other internal resources tend to overcome adversities. The style with which children tend to attribute causes to bad events can also be a protective factor, particularly if they can avoid pessimism and self-blame. Children who have strong, supportive relationships with some significant adults also tend to fare well. Other protective factors include support from peers and teachers, success in school, and athletics (Herrenkohl, Herrenkohl, & Egolf, 1994; Mrazek & Mrazek, 1987; Rutter, 1985).

Two studies indicate that family support may not be as effective a protective factor for children exposed to partner violence. McCloskey et al. (1995) found that children from violent families who reported supportive family relationships were not shielded from the mental health effects of witnessing violence. Kolbo (1996) found that boys exposed to partner violence who reported high levels of support scored significantly higher in self-worth than did boys who lacked support, but that level of support did not make a difference in the self-worth scores of girls in the study (the source of support was not specified). Other protective factors have not been studied in this context.

Long-Term Effects

Although some problems that children develop in response to exposure to partner violence constitute immediate reactions to difficult situations, the risk is that these children will develop chronic behavioral and psychological problems that could mark their lives into adulthood. One area of concern is the association between witnessing partner violence as a child and behaving aggressively as an adult. Adults who recall partner violence in their homes when they were young are more likely to use violence against their spouses, to be abusive with their children, and to commit violent crimes outside their homes than adults who grew up in nonviolent homes (Straus, 1992). Among married couples, both men and women exposed to partner violence as children are about three times more likely to hit their own spouses (Straus et al., 1980). Moreover, adults who witnessed severe violence are much more likely to perpetrate severe violence than those who witnessed milder violence or no violence. In the National Family Violence Survey, 20% of men who remembered

witnessing extreme violence between their parents severely abused their wives, compared with 2% of men who never observed partner violence (Straus et al., 1980).

The idea that children brought up in violent homes may be more likely to become perpetrators or victims of partner violence than children raised in nonviolent homes has been characterized as the "intergenerational transmission" of violence, wherein aggressive or victimizing family patterns are passed from parent to child. Although much, but not all, research in this area supports this idea, intergenerational transmission is certainly not an inevitable process, and much remains to be learned about the mechanisms by which such family patterns may be passed from parent to child (see Chapter 2 for a more detailed discussion).

Some evidence also suggests an association between exposure to partner violence as a child and enduring psychological problems as an adult. Studies have found that college students who observed parental violence were more anxious than those who did not, experienced more trauma-related symptoms, and had lower self-esteem and that the women were more depressed and more aggressive (Forsstrom-Cohen & Rosenbaum, 1985; Silvern et al., 1995). Another study comparing women who recalled violence between their parents with women who did not reports that the former showed more symptoms of psychological distress and lower levels of social competence (Henning et al., 1996). The women in this study who were exposed to violence also reported more physical child abuse by parents, more verbal conflict between parents, and less caring and support; these findings make it difficult to attribute their problems to any one source. Another study found that adults who witnessed partner violence as teenagers had more symptoms of stress and depression and more alcohol and other drug problems than other adults (Straus, 1992).

Limitations of the Research

The body of research concerning children exposed to violence is relatively recent, and much of it is limited in some respects. In a 1989 review of 29 studies, Fantuzzo and Lindquist (1989) pointed out many of the shortcomings in this literature:

- The existence of partner violence is usually determined solely on the mother's report, or it is assumed because the mother is living in a

battered women's shelter. The types and severity of partner violence and its frequency are seldom reported.

- The details of a child's exposure to violence, including type of violence, severity, frequency, and recency, are rarely noted. The child's exposure is sometimes assumed, rather than actually determined.
- The existence of important relevant factors is often not assessed, including basic demographic information such as socioeconomic status, race, unemployment, family structure, and age of parents, as well as family factors known to affect children adversely, such as substance abuse by parents, paternal or maternal physical and mental health, pathology and stress, parenting ability, and stability of the home environment.
- Data on children are usually gathered from a single source and often from the mother despite evidence that mothers in battered women's shelters may assess their children's behavior differently from other observers or the children themselves (Hughes & Barad, 1983; Sternberg et al., 1993).
- Child variables such as age, gender, and intellectual functioning are not always carefully assessed. Older adolescents are rarely studied. Wide age ranges are grouped together without consideration for developmental differences.
- Many of the children participating in these studies are from battered women's shelters, and some of their problems may be attributable to the family disruptions they have undergone, rather than to the violence they have seen.
- Child abuse and neglect are often not assessed despite the high risk in this population of children.
- No longitudinal studies and virtually no follow-up studies have been conducted.

Research is also lacking on the effects of a child's relationship to the perpetrator or the victim of partner violence or both. Although the most frequent scenario may be mother as primary caretaker *and* victim of violence, this is not always the case. Mothers can be assailants, and violence can be mutual. Children may perceive violence perpetrated by a caretaker quite differently from the way they view violent attacks against a caretaker, and perpetrators of violence may be more or less responsive to the needs of their children than are victims of violence.

The closeness of a child's relationship with the perpetrator is also an unexplored factor. When a mother is the victim of violence, her child's relationship to the perpetrator may range from that of a barely known new dating partner to that of an involved father with whom

the child has complicated intimate ties. If the assailant is a father who is also a close caretaker, the situation for the child may be particularly convoluted.

This is a relatively new area of research, and despite these weaknesses, its quality has steadily improved. It is difficult to conduct this kind of research. It is difficult to locate children who have been exposed to partner violence in the general population, and women's advocates and social service and medical practitioners who know of and work with these children may be reluctant to participate in research. Parents may distrust the research process or believe that participating is burdensome. Once a research project is started, the instability in the lives of these children presents obstacles to data gathering and to follow-up. The need to expand this research is compelling, however, given the large percentage of children who may be affected by partner violence.

Responding to the Problem

Responding to children caught up in partner violence is a complex challenge. Concentrating attention and resources on these children requires special efforts because, frequently, neither they nor their parents request assistance or attend to the children's crisis, and the urgent situation between the adults is often the overwhelming and compelling focus of those trying to intervene. To ensure that the children are a priority, wherever possible, professionals should be available who can devote their full attention to the situation of these children. It has been demonstrated that children have fewer symptoms when a trained professional is available to advocate for them (Rossman, 1994).

It should be kept in mind that child victims of partner violence come to professional attention in a variety of ways: in crisis situations because of police or shelter intervention in a violent episode between the parents; when the parents seek counseling in a noncrisis situation and the violence is disclosed; or when a child discloses parental violence in the course of some professional contact concerning the child at school, in a mental health setting, or during the course of a child welfare investigation.

Some have raised questions about the utility of intervening on behalf of a child witness when the parents are not ready to admit to

TABLE 3.2 Guidelines for Practitioners

Guidelines for Crisis Intervention
Conduct lethality assessment
Formulate safety plan
Train children in security procedures
Report child abuse if situation warrants
Provide crisis counseling
Guidelines for Noncrisis Situations and General Practice
Screen children for partner violence
Assess children who have been exposed
Recognize possible need for child abuse report
Assign independent worker to children
Consider crisis intervention needs
Be developmentally and culturally appropriate
Coordinate with other professionals
Encourage healthy parenting practices
Be aware of child custody issues
Promote parent education that teaches about the impact of exposure to partner violence

or deal with their own situation (Gentry & Eaddy, 1982, cited in Jaffe et al., 1990), but it is generally believed that interventions can be helpful. Several authors have conceptualized the intervention in three phases: (a) crisis intervention and initial assessment, (b) short-term therapy, and (c) long-term therapy.

Crisis Intervention

In a crisis situation wherein police have been called or a mother is fleeing her home, crucial, special issues (see Table 3.2) must be attended to (Rossman, 1994).

The safety of the children must be ensured. So, as a first priority, a "lethality assessment" is required to determine where the children should be residing and with whom. Even if it is clear that the family cannot remain together, family members may meet at court hearings, at relatives' homes, during exchanges of the children for visitation, and so forth, and the potential for violence at these times should be assessed. A good assessment requires that information be obtained from all family members, as well as close associates, and from professional evaluations of the violent adults.

A safety plan must be formulated for the children concerning what to do in case violence recurs. For children old enough to take action on their own, this plan should include a rehearsal of how to tell whether the situation is approaching dangerousness, how to get out of a dangerous situation (e.g., where to go in the home, or where to hide, whom they can call, secret ways of communicating what is happening), and places in the neighborhood or surrounding area that may be safe.

For families in shelters or other locations where they are hiding from a violent parent, the children must be trained in how to protect secrecy. Children need to learn how to avoid divulging their location to friends or relatives, how to make sure the abuser cannot use caller ID to trace the family, and how to take other precautions.

A child abuse report may be necessary. Most states require professionals who are aware that a child has been attacked or seriously endangered by a parent or caretaker to make a report to child protective services. In some states, exposure to parental violence is itself evidence of child endangerment. In all states, a report should be made if there are any signs that violence or threats have been directed at the child. A report would likewise be required if evidence suggests that the family violence has created an environment in which children's basic needs for food, supervision, and other care have not been met.

Children who have just witnessed something very frightening or disturbing, such as a serious assault, or who have just suffered a traumatic dislocation, such as fleeing home, need the benefit of a crisis interview with a professional trained in crisis counseling with the children. (A detailed description of this interview is available in Arroyo & Eth, 1995, and Rosenberg & Rossman, 1990.) The goal of such an interview is to forestall some typical post-traumatic symptoms, such as intrusive imagery, by giving the child a chance to recount the traumatic events, to correct any misattributions of self-blame, and to develop initial strategies for managing overwhelming feelings.

Noncrisis Situations

Although sometimes children's contacts with professionals will come as a result of a crisis created by an acute violence episode, frequently a situation of partner violence exposure will occur outside a crisis situation. Because more and more professionals are following

the recommended practice to screen for possible partner violence in all child, marital, and family assessment situations, they are turning up an increasingly large number of exposed children.

When disclosure of violence exposure comes through contact with a child's parents, the parents should be asked in detail about the circumstances of exposure and their assessment of its impact on the child. Parents are frequently unable to assess impact on children accurately, however. An independent interview with the child is required in order to make that assessment (Jaffe et al., 1990).

The discovery of violence can also come through contact with the child, who may disclose it to a school guidance counselor or to a pediatrician in a routine visit. These situations are a challenge to handle because of the competing needs to protect the child's confidentiality and the safety of the child and possibly other household members. Thus, the practitioner receiving the disclosure must explore the situation with the child to know whether the child is in danger of retaliation, what kinds of dangers other household members face, and whether the child is comfortable with any practitioner communications with either parent. Adding to the dilemma, depending on the age of the child, practitioners in many states cannot provide counseling to a child without parental permission. Moreover, children who have been abused and threatened are subject to mandatory child abuse reports, whatever the wishes of the child. Thus, although the goal is generally to get support and counseling for the child and assistance to the family, the route to these outcomes may be complicated, depending on the details of the situation.

Assessment

A thorough assessment should be made of a child who has been exposed to partner violence; screening protocols suited to the child's developmental level should be used. During this assessment, practitioners need to establish a respectful, understanding relationship with the child and not press prematurely for disclosures before adequate trust is established.

Particularly for a preschool child, assessment requires observation of the child alone, with the mother, and even in the whole family context at home or in the clinic. Starting with preschoolers and up through adolescents, clinical interviews with children are possible.

These interviews are often greatly facilitated by the use of drawings, art materials, and other forms of creative, nonverbal expression.

The information that needs to be elicited during the clinical interview includes the kinds of violence to which the child has been exposed; whether the child him- or herself has been the target of violence; the identity of all individuals who may be violent in the child's environment, including sibling and peer violence; and the nature of any physical punishment the child may have been receiving. It is important to explore whether the child is concerned about his or her own safety or about the safety of a parent or other family member. If violence has been directed toward the child, a medical examination is likely warranted to check on the child's health and to establish any evidence of child abuse. As in the case of a crisis evaluation, an assessment of whether the child is at risk for abuse or neglect and whether he or she is receiving adequate parental care must be made.

Assessments are generally facilitated by the use of some structured instruments and assessment protocols. One assessment for exposure to violence, though not specifically marital violence, is the Survey of Children's Exposure to Community Violence (Martinez & Richters, 1993). The Conflict Tactics Scale (Straus, 1979; Straus & Gelles, 1990b) can be used for a specific inventory of partner violence, but so far it has been primarily developed as a research tool, rather than as a clinical instrument, particularly in regard to child interviews.

A good instrument is important for assessing the various kinds of symptoms and problem areas that a child may be manifesting. The Child Behavior Checklist (Achenbach & Edelbrock, 1984) has forms both for parental administration and for child self-administration. Sources for several other instruments are listed in the appendix at the end of this chapter.

General Case Management Issues

Cases involving children exposed to marital violence often entail some difficult case management issues that professionals need to anticipate and plan for. One common problem is unwillingness to accept treatment or intervention. Parents may prohibit help for their child because they are afraid of further disclosures of family violence or because of general hostility toward "meddling outsiders." The control tactic in some violent families is for the abuser to try to isolate

the family. Children themselves may decline help, seeing it as stigmatizing in some way or focused on an area of their lives they would rather deny than deal with.

Another common case management problem is the involvement of other agencies and professionals. These cases frequently come to one's attention through police, courts, or shelter agencies that continue to be involved with the family. The case may entail a child abuse report or an ongoing child welfare investigation. Criminal actions may have occurred about which the child must testify. The parents may have their own therapists and attorneys who are actively involved in the problem. These entanglements can create rapid developments in the case—a court order, a child protection finding, a police interview, the calling of a family therapy meeting—to which the professional working with the child must respond. Good liaison with other involved parties is important (Ammerman & Hersen, 1990).

An important concern is that other agencies and other professionals may have different priorities and different points of view that do not necessarily mesh well with the therapeutic needs of the child. Thus, police and courts may not be willing to take the child's needs into consideration in deciding how to conduct investigations or how to pursue charges. Other professionals may hold blaming attitudes toward the perpetrator or victim parent that do not correspond to the child's view. Ideologically oriented agencies may have agendas for the child that are not the child's own.

Unfortunately, in some communities, tensions and unresolved conflicts exist between partner violence professionals and child protection agencies. Partner violence professionals have sometimes been concerned that child protection agencies, lacking sufficient awareness about, and sympathy for, the situation of battered women, were overly hasty to remove children from their mother's care. Child protection agencies, for their part, have been concerned that overidentification with mothers has kept partner violence professionals from recognizing children who were in such danger that they needed separate child welfare intervention, apart from partner violence services. Fortunately, an increasing number of communities have developed collaborative protocols among these groups of practitioners.

Child therapists should be prepared for parents to have strong and often contradictory views about what should be done for the child. Some of these views may result from displaced anger as parents vent ire at each other or the system or the therapist. Parents should not be allowed to dictate treatment, but child therapists are in a more difficult situation than those with adult clients because parents can decide to terminate treatment.

Custody Issues

One challenging case management dilemma concerns issues of child custody. Violent relationships often end in divorce, which then leaves important questions to be resolved about custody and visitation rights of parents. Delicate assessments and resolutions must be made to ensure the welfare of the children—who need parental contact but also safety, security, and healthy parenting—while at the same time protecting adults who may have been victims of partner violence. Among the complex factors that must be weighed in custody decisions are the legitimate questions about the future safety of the children while in the custody of a parent who has exhibited violent behavior; the fact that violence can sometimes escalate or intensify, rather than diminish, after a separation or divorce; and the reality that custody arrangements frequently necessitate contact between parents, which can conceivably put them at risk for additional assault or harassment.

These issues have challenged family courts, which have not always had good information about partner violence and its consequences on children. In the past, some courts completely ignored the matter of partner violence in custody decision making, on the presumption that the roles as spouse and parent were distinct and that violence in one role did not presuppose it in another. But research has clearly suggested some interrelationship (see Saunders, 1994a, for a review of this research). The question begging for more research concerns in what circumstances partner violence is or is not a risk factor for violence and abuse toward children and whether and under what circumstances other negative effects accrue for children from continued frequent association with parents who have committed partner violence.

Another factor that needs sensitive assessment concerns the situations of the victims of partner violence in the course of custody decision making. Because courts often carefully examine the material and psychological resources that parents will bring to their parenting, victims of partner violence can appear at a disadvantage because they may be suffering from the psychological effects of their abuse, and

possible homelessness and financial instability related to their need to leave the home in a precipitous fashion. Moreover, custody arrangements determined by courts often entail the need to exchange children and to communicate about the details of the children's needs and living arrangements. Sometimes these needs can set up victims for additional harassment and possibly violence from their violent partners.

Thus, the need is for those who work with children who have witnessed partner violence to be familiar with the many sensitive and difficult issues that custody decisions can pose for children and parents. These professionals must be prepared for the rancor and intensity with which these issues can be battled—including the possibility of exaggerated or false claims on all sides and attempts to triangulate children into the conflict. They should be aware of and anticipate the impact these disputes may have on children. They also need to recognize that they may be called on to make assessments that will play an important role in court decision making.

Specialized agencies and professionals now provide assistance in this process. For example, at visitation centers, children can be with parents under supervised conditions, or ex-partners can meet to exchange children or negotiate child management issues. Those who may have contact with child witnesses to partner violence should be familiar with these resources.

Treatment Issues

Although all children exposed to partner violence need to be assessed, not all children need treatment or can necessarily benefit from it, although many can. It is important to assess this before referring for or starting a course of treatment. Children who are not symptomatic, who have good coping abilities and support systems, who have not been exposed to lengthy or highly disturbing violent episodes, or who are not particularly interested in therapy may not be appropriate for therapy. Such children can be given some brief prophylactic information that may facilitate their getting help if they should begin to experience difficulties.

Decisions about type of treatment and length of treatment should be based on an assessment of the child's problems, the child's developmental level, and the family context. Sometimes the clinician does

not have enough information at the outset and may wish to set a course of treatment that will be reassessed at a later point.

Short-term treatment may be sufficient for a child suffering from traumatic stress and adjustment problems, but not more deeply rooted behavioral problems. These more readily treated problems tend to involve anxiety and fears, feelings of self-blame, hopelessness and discouragement, anger, and revenge fantasies.

One component of short-term work with children, especially those who have witnessed disturbing scenes, is *trauma processing*. This involves getting the child to describe, often with the assistance of drawings and play activities, all the details of the traumatic event and the emotions that were evoked. The goal is to help the child begin to master and gain some ability to manage the strong feelings and images evoked by the experience (Terr, 1990, cited in Rossman, 1994). Trauma processing can be done in play therapy or in mother-child dyad situations for younger children and in individual or group therapy for older children and adolescents. Some children will need time before they are ready to deal with the traumatic events in the therapeutic setting.

Another component of short-term work involves reduction of feelings of responsibility and self-blame. Steps must be taken to lessen the children's sense of responsibility by making clear to them that their own behavior or qualities are not the basic source of the violence or conflict and that, as children, they are not capable of stopping the violence or protecting their parents on their own.

A child's developmental level will be an important consideration in the form that treatment will take. Infants primarily require a reestablishment of a safe and secure environment where a caretaker can deal reliably and responsively with infant needs for food, sleep, and physical contact. Therapy with toddlers and preschoolers is largely organized around play activities. For school-age children and adolescents, group settings can be a particularly effective form of treatment. School-age children and adolescents often have acute feelings of isolation and stigma resulting from their family situation that is readily dealt with in groups of children from similar violent families. Peled and Davis (1995) describe a short-term group approach to working with 8- to 13-year-olds in a model that is widely accepted as a way of working with children exposed to partner violence (Jaffe et al., 1990). Some preliminary evaluation studies of these support groups have been done (Grusznski, Brink, & Edleson, 1988; Peled & Edelson, 1992;

Wagar & Rodway, 1995). These groups seem to work best with children exposed to less severe levels of violence who have mild to moderate, but not severe, adjustment problems.

Short-term treatment of adolescents has some additional challenges that may not be present for younger children. As a result of neglect, resentful feelings toward violent parents, and socialization to violent modes of conflict resolution, adolescents from violent families may be engaged in a variety of acting-out behaviors. One therapeutic goal for such adolescents is to help parents reestablish appropriate limits, boundaries, and discipline (Harway & Hansen, 1994). To this end, resources intended to ease the stress on the parent, such as gaining safety from the abusive partner so that the mother may attend to the child, may very much help the child. Such parents need specific help in how to set clear and appropriate limits without getting into protracted conflicts with the child that may resemble conflicts with the partner. They also need help learning effective nonviolent disciplinary practices. This is particularly challenging because parents, out of guilt for their neglect and responsibility for exposing the child to violence, as well as fear that the child may develop the patterns of the violent partner, may easily overreact in their attempts to deal with adolescent acting out.

A difficult issue that may confront therapists who work with child witnesses concerns the advisability of whole family treatment sessions including the violent partner. Although child therapists can often see many valuable reasons for such sessions, this form of treatment has been controversial among those who work with partner violence (issues in the debate are discussed in more detail in Chapter 7). In general, it is important for the child therapist who sees some possible benefit from a whole family session to accept the lead from, and the judgment of, those professionals who may be working with parents. Similarly, a therapist who is working with a child and who sees a family session as contraindicated for the child should not allow the child to be pressured into participation. The situation is more difficult in families with episodes of partner violence, wherein the parents are not themselves in treatment. In such a situation, a child's therapist would want to convene a family session only after ascertaining that there is no risk of provoking violence or retaliation from an abuser, that the session is desired by all parties, and that the child feels safe and capable of coping with the situation (Rossman, 1994). It may be important in such a situation to ensure that multiple professionals are present—one who can take responsibility for the parents and their reactions, and one who is available to respond to the child.

Long-Term Treatment

Long-term treatment is possibly indicated for children who manifest problems of serious depression, suicidality, or self-injury, as well as for children with conduct disorders and aggressive behavior. These problems probably stem from more than the witnessing of partner violence and may arise from an environment of chronic conflict, emotional deprivation, and actual abuse and neglect of the child. Good resources concerning the treatment of such children are available, but it is beyond the scope of this chapter to review this literature.

Implications

1. Questions about possible exposure to parental and partner violence should be asked of all children being assessed or treated for other problems of a mental health, academic, or social nature (e.g., delinquency, sexual abuse, depression, academic difficulties).

2. All children exposed to parental partner violence should be given a detailed assessment to determine the nature and impact of their exposure.

3. In encounters with children who have been exposed to partner violence, the possibility of physical and emotional abuse of the child needs to be recognized, along with the potential responsibility for a report to the mandated child abuse and neglect reporting agency. All professionals need to be trained in such assessments and procedures.

4. All children involved in partner violence crisis situations should have a professional working with them independently who is able to assess them and act on their behalf.

5. Agencies and professionals should develop and be trained in protocols for providing crisis intervention with child witnesses that take into consideration their needs for safety, confidentiality, and post-traumatic counseling.

6. Work with child witnesses should take into account developmental level and cultural differences in parenting and family practices.

7. Professionals working with child witnesses need to coordinate and collaborate energetically with a variety of other professionals involved in these cases, such as shelter workers, police, prosecutors, attorneys, judges, and parents' therapists.

8. Partner violence implies some disruption of, or compromise to, parenting abilities and resources, and therefore work with adult victims and perpetrators of partner violence needs to focus on developing and maintaining healthy parenting practices.

9. Professionals working with violent partners and their children should be familiar with the difficult custody issues posed by separation and divorce in such families. Services that provide visitation centers and facilitate exchange of children and communication about child custody issues are needed.

10. Parent education programs for new parents and others in the community should include material alerting parents to the impact on children of witnessing violence; this is a way of trying to discourage violence from occurring, but also a way of encouraging parents to better protect and get help for children who do get exposed.

General Implications for Public Policy

The widespread prevalence of partner violence and its clear association with negative impacts on children contain an important message for public policy: Screening for exposure should take place much more consistently and universally than is currently the case in every environment where children are screened for problems, including pediatric visits, school counseling programs, emergency rooms, and child welfare investigations. This means that agencies and professionals who screen for spousal abuse should make sure they inquire about children's exposure (Jaffe et al., 1990). Likewise, it means that agencies and professionals who screen for child abuse should also look for exposure to partner violence.

Moreover, the realization that children can be traumatized by violence from a variety of possible sources suggests that screening should be as broad as possible and not limited to one or two narrow forms of violence or abuse. In addition to child abuse and parental

violence, children are traumatized by exposure to peer and sibling violence, encounter violence at the hands of nonfamily caretakers, and in some communities witness a great deal of violence in their streets and neighborhoods. Discussions are available on the wide range of children's violence exposure (Finkelhor & Dziuba-Leatherman, 1994), and protocols exist for screening systematically for such exposure (Martinez & Richters, 1993).

Conclusion

Research and practice concerning child witnesses of partner violence are still in the beginning phases and have yet to achieve the maturity of work that has been done with adult victims. A great deal is now recognized, however, and the clear message is that practitioners need to make concern about such children a central aspect of interventions. One of the most serious challenges is learning how to integrate this concern in a natural and organic way into the work with adult victims and perpetrators. The result is certain to be a major advance in the mitigation of suffering caused by partner violence and a stronger bulwark against its transmission onto future generations.

APPENDIX

Sources for Assessment Instruments

Achenbach, T. M., & Edelbrock, C. S. (1984). *Child Behavior Checklist.* Burlington: University of Vermont.

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