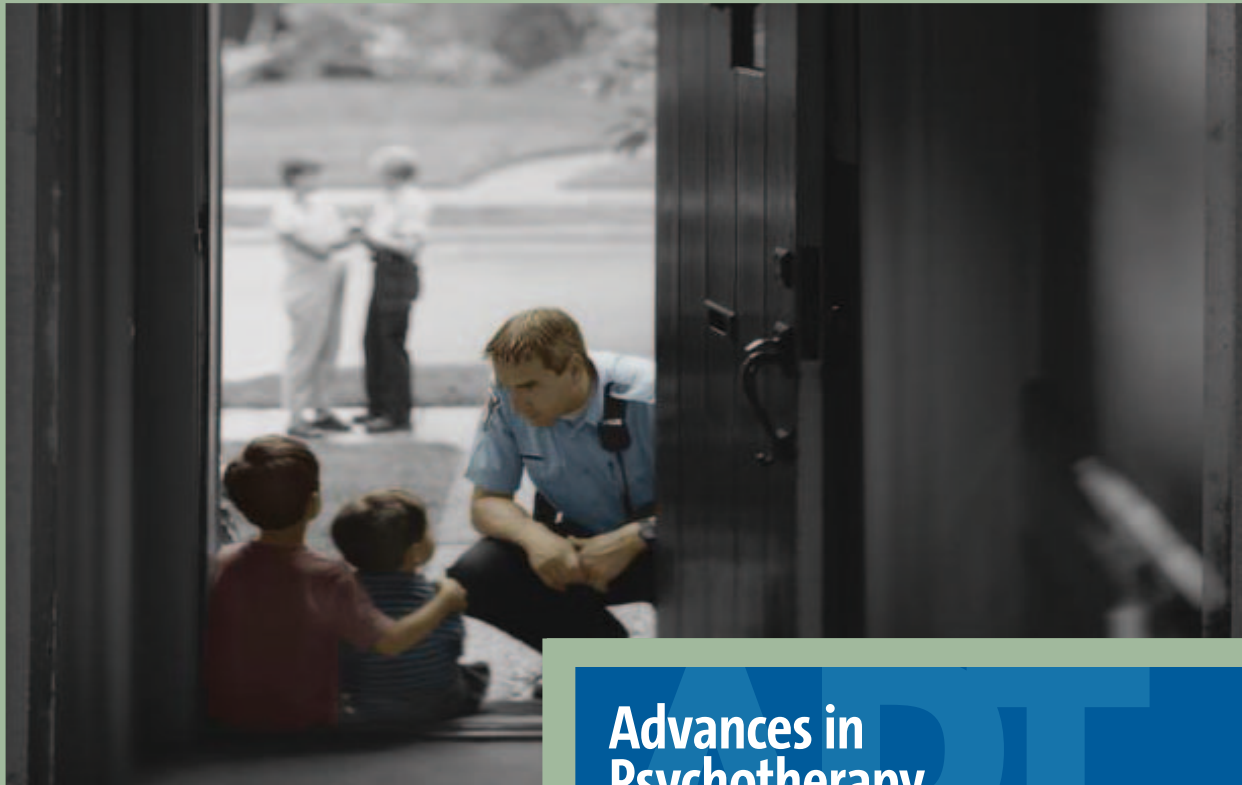


Peter Jaffe · David A. Wolfe · Marcie Campbell

Growing Up with Domestic Violence



Advances in
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Growing Up with Domestic Violence

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Growing Up with Domestic Violence

**Assessment, Intervention, and Prevention
Strategies for Children and Adolescents**

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From P. G. Jaffe, D. A. Wolfe, & M. Campbell: *Growing Up with Domestic Violence* (ISBN 9781616763367) © 2012 Hogrefe Publishing.

Library of Congress Cataloging information for the print version of this book is available via the Library of Congress Marc Database

Cataloging data available from Library and Archives Canada

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<http://www.hogrefe.com>

PUBLISHING OFFICES

USA: Hogrefe Publishing, 875 Massachusetts Avenue, 7th Floor, Cambridge, MA 02139
Phone (866) 823-4726, Fax (617) 354-6875;
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Format: PDF

ISBN 978-1-61676-336-7

Preface

Over 20 years ago the two senior authors of this work first published *Children of Battered Women* in an effort to pull together emerging research and clinical practice on the intersection between domestic violence and child abuse. Although it seemed somewhat obvious to us that growing up with domestic violence would likely be harmful to healthy child development, we could not turn to professional literature on this issue to support our concerns. To laypersons and many professionals alike, children needed to be the direct recipient of physical or sexual abuse before any community intervention was necessary. In our work with the court system at that time, we were often surprised at how growing up with domestic violence was ignored or minimized – such as in situations in which an adolescent had repeated the same violent acts they had witnessed at home. In our view, such offences were a reflection of the community's failure to address the reality of growing up with violence in the family.

We learned that there was widespread ignorance about domestic violence and child abuse, especially with regard to how such events interfere with child and adolescent development. As we began our research we chose to focus attention on several themes, informed by theories of normal and abnormal child development, which have shaped our subsequent work and the foundations for this book. These themes emphasize that the behavior of children and youth is a reflection of the lessons learned in their family about intimate relationships and conflict resolution. While recognizing that children attempt to adapt to their circumstances, good or bad, such adaptation may come at a huge cost to themselves and society when growing up with domestic violence. In particular, we focused on the connections between the emotional and psychological harm created by these events and their future interpersonal and intimate relationships that are so often disrupted by violence and/or victimization.

In writing this book, we were motivated to revisit these themes and document the tremendous progress in the field over the last 20 years. We strongly believe that a community's silence or denial of these issues leaves vulnerable family members with no place to turn, and that child welfare and justice systems are too overburdened to provide much more than crisis intervention. Failing to keep up with new developments in assessment and intervention strategies to address violence in the family has both a short-term impact on community services (such as police, medical, education, and social services), as well as a long-term and pronounced impact on community safety and well-being. Our hope is that this information will become more common knowledge amongst clinicians across many different disciplines, who see these children every day in their practice.

This book describes the impact of exposure to intimate partner violence (IPV) on children and youth, and the relevant prevention and intervention initiatives. Exposure to IPV is defined using examples from different ages and developmental stages. The epidemiology and etiology of children exposed to IPV is reviewed, with a focus on assessment, intervention, and prevention

strategies. Relevant and current theories regarding the impact of exposure on children are reviewed, and case studies from the clinical experiences of the authors are described. The objective of this text is to inform practitioners regarding how to recognize the impact of IPV on children, and to discuss effective clinical interventions and school-based prevention programs.

Dedication

This book is dedicated to the many adult victims and children who have had to survive violence in their families. In particular a special appreciation is extended to those individuals who shared their stories to educate all of us in becoming more effective community advocates.

Table of Contents

Preface	v
Dedication	vii
1 Description	1
1.1 Terminology	4
1.2 Definitions	5
1.2.1 Definitions for Court and Community Intervention	7
1.3 Epidemiology	8
1.4 Course and Prognosis	10
1.4.1 Infants and Young Children	10
1.4.2 School-Age Children	11
1.4.3 Adolescents	12
1.4.4 Sex Differences	13
1.4.5 Risk and Protective Factors	13
1.4.6 Longer Term Effects	14
1.5 Differential Diagnosis	15
1.6 Comorbidities	15
1.7 Diagnostic Procedures and Documentation	16
2 Theories and Models of the Effects of IPV on Children	17
2.1 Developmental Traumatology	17
2.2 Cognitive-Contextual Framework	18
2.3 Social Learning Theory	20
2.4 Feminist Theory	21
2.5 Summary of Theoretical Perspectives	22
3 Diagnosis and Treatment Indications	24
3.1 Diagnostic Considerations	24
3.2 Stability and Personal Safety	25
3.2.1 Risk Assessment	25
3.2.2 Working with Police and Child Protection	26
3.2.3 Working with Family Court Around Custody and Access Arrangements	26
3.2.4 Helping Children Adjust to Disruption and Loss	29
3.3 Nature and Severity of Children's Symptoms	29
3.4 Summary	30
4 Interventions for Children Exposed to Intimate Partner Violence	32
4.1 Methods of Treatment	33
4.1.1 Individual Treatment Approaches	33
4.1.2 Group Treatments	35

4.1.3	Interventions Involving Parents/Caregivers	42
4.2	Mechanisms of Action	47
4.3	Efficacy and Prognosis	49
4.4	Variations and Combinations of Methods	51
4.4.1	Universal Prevention Strategies	51
4.5	Problems in Carrying Out the Treatments	55
5	Case Vignettes	57
	Case Vignette 1: David M.	57
	Case Vignette 2: Ann & Mary H.	59
	Case Vignette 3: Peter & Derek	61
6	Further Reading	64
7	References	65
8	Appendix: Tools and Resources	74

1

Description

Rayan's mother, Trina, attends classes for English as a second language (ESL). Rayan's father is fluent in English. He answered all the questions, rarely conferring with his wife. Trina drops Rayan off each day before ESL class. One morning, after being in the program for 1 month, Rayan becomes extremely upset. She clings to her mother, screams, and needs to be peeled off of her. This behavior reoccurs most mornings. Trina often has tears in her eyes and seems to hesitate as she leaves, and she is called out of her class periodically to calm Rayan down. Child care staff see this behavior as more extreme than the usual separation anxiety and that it seems to be lasting too long. Rayan usually cries all morning while her mother is away in class. Lately, there are times when Rayan calms to a whimper, but she never completely stops crying. She startles and will start to scream if there are any loud noises. She sits in the corner of the room. One day after class, Trina is asked if she and her husband can come in for a talk about Rayan. She quickly shakes her head at this suggestion. Her hands are shaking while she states that her husband should not be bothered with this. Trina starts to cry, saying that she will quit school to stay home with Rayan (Baker & Cunningham, 2005).

From his earliest memory, 10-year-old Josh has heard and seen loud arguments and violence in his home. Many times he has seen his father hurt his mother and almost every day would hear him insult and demean her. Both Josh and his mother were intimidated by his anger and afraid of the repercussions if they did not comply with his increasingly irrational demands. The charges now before the court include assault with a weapon (a chair) and uttering death threats. A neighbor overheard shouting and called the police. Josh and his mother reluctantly gave statements. Josh's video-recorded statement documented that he heard his father threaten to kill his mother. Josh's older brother Albert was angry when he learned about the charges and blames both Josh and his mother. Mr. H. pleads not guilty. Ms. H. tearfully tells the prosecutor that she cannot remember the incident. The prosecutor reluctantly decides that Josh's evidence is essential to the case. She will arrange for Josh to testify via closed-circuit television and ensure he has a support person. If necessary, she will use his video-recorded evidence. When Josh's mother learns that Josh will be testifying, she is upset and angry that the system is meddling in "our own personal business." Josh is worried and confused about his role in the prosecution. He knows he

should tell the truth but worries about the consequences for his family and himself if he does. His mother does not want him to testify, and his brother said that it will be his fault if their father were to go to jail. He is not sure if he wants his father to return home, but is very worried about his reaction to seeing him testify. Josh feels confused and alone (Cunningham & Hurley, 2007).

Mary Spenser was going through a difficult separation after years of putting up with domestic violence. She stayed for the sake of the children so they could have a father and financial support. She finally left her husband when she saw the impact of the violence on them – in her own words: “I looked in my kid’s eyes and I saw a look like ‘Mom, when am I going to be next?’” (Jaffe, Lemon, & Poisson, 2003).

Case 20011 involved the homicide of two teenaged girls by their father, and his suicide. The perpetrator and his wife had been in a relationship for 16 years, during which they had separated on three occasions. He had a long history of medical disability, including chronic back pain, anxiety and depression, which prevented him from maintaining meaningful employment. His ongoing medical management for these difficulties appeared to be primarily through his family doctor, although he had several admissions to psychiatric facilities due to suicidal ideation. The perpetrator had an aggressive and controlling personality, and exhibited abusive language and physical abuse to his spouse. The children often witnessed harassment, threatening behavior, and even death threat utterances against their mother. Despite numerous incidents involving police and the courts, there were no formal court-ordered visitation/access arrangements in place, with the children opting to visit their father on a regular basis. During one such visit, the father accompanied by his two children, purposefully drove his vehicle into the path of an oncoming truck, killing all three. The perpetrator had left several suicide notes indicating his intent on taking his own life as well as his children’s (Ontario Domestic Violence Death Review Committee [DVDRC], 2007).

Witnessing intimate partner violence in the home disrupts a child’s healthy development

These four cases all illustrate the complexity of issues affecting children exposed to domestic violence. Not only do these cases demand the best clinical assessments and intervention planning to prevent tragedies, they require collaboration among different service providers in various systems (i.e., police, legal, childcare, education, mental health, child advocacy center, and domestic violence services). In the mid-1980s, the impact of domestic violence on children was gaining attention from researchers, practitioners, and policy makers (Jaffe, Wolfe, & Wilson, 1990; Strega, 2006). There was growing recognition that witnessing intimate partner violence (IPV) in the home disrupted a child’s healthy development, and could cause outcomes or consequences similar to those of children who had been physically abused (Jaffe, Wolfe, Wilson, & Zak, 1986). This concern fostered a growing need for assessment and intervention services for these children, as well as new legislation aimed at protecting children from exposure to domestic violence.

The early research focused on children residing in shelters for abuse victims. These children often had to deal with multiple stressors in their lives beyond the violence, such as parental separation, poverty, and repeated disruptions in their daily lives. Some of these early research findings confirmed that the impact of domestic violence on children was often significant, but neither straightforward nor consistent. These studies implied that substantial harm to children was not necessarily inevitable or long-lasting. Like other adjustment problems in childhood, recovery from exposure to violence was significantly related to positive changes in family circumstances, perceived support from family and community members, and, of course, the absence of abuse or fearful events.

As discussed in subsequent chapters, many of these early findings have been replicated and expanded, and have helped to unravel the complexity of this multifaceted relationship between children's adjustment and exposure to domestic violence. There has been significant progress in our understanding of the detrimental effects of childhood exposure to domestic violence. For example, a search of PsycINFO and PubMed on children exposed to domestic violence reveals that research studies in this area have increased 20-fold since the early 1990s (see Figure 1). In conjunction with this growth in understanding, intervention programs for children and their parents have been implemented across North America and around the world. Legislative and policy changes have also been established to ensure that children receive the assistance they require.

Estimating the prevalence of exposure to IPV is not straightforward. To obtain a rough estimate, researchers sometimes calculate the number of children exposed to IPV on the basis of national surveys or statistics on domestic violence incidents. Using this method, Carlson (1984) estimated that approximately 3.3 million children between the ages of 3 and 17 years in the United States were exposed to domestic violence each year. More recently, based on interviews derived from national sampling, 15.5 million children in the United States were estimated to be living in households in which domestic violence had occurred at least once in the previous year, and approximately 7 million children were exposed to severe domestic violence (McDonald, Jouriles,

With support, children are able to recover from exposure to violence

An estimated 15.5 million US children ages 3–17 years have been exposed to domestic violence at least once

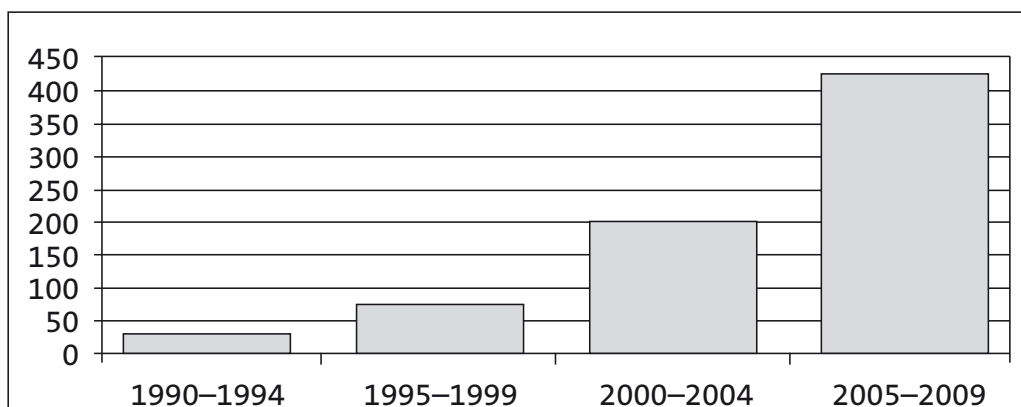


Figure 1
Number of research studies on children exposed to domestic violence over the past 20 years (from PubMed and PsycINFO searches).

Ramisetty-Mikler, Caetano, & Green, 2006). The sample for this estimate included children between birth and 17 years and was based on reports from both partners in the home. Although we cannot conclude from these estimates that the problem has increased fivefold, there is a consensus that children exposed to IPV represent a significant population, only a fraction of whom may be identified when they present with diverse problems to various community services and agencies.

Although domestic violence has been considered a crime in most states and provinces since the early 1980s, the focus has been on the adult victims and perpetrators, not the child witnesses. In the past, children exposed to domestic violence were seen as “secondary victims,” and some prosecutors were only able to use the children’s experiences as aggravating factors in sentencing perpetrators. However, some jurisdictions have since created legislation that views children’s exposure to IPV as a separate criminal offence and/or a form of criminal child abuse (Jaffe, Crooks, & Wolfe, 2003). In Canada, by the early 1990s, six provinces created laws stating that childhood exposure to domestic violence should be considered child maltreatment (Weithorn, 2001). This legislation has led to increased involvement by child protection services (CPS) when there are documented reports of children exposed to domestic violence. In many jurisdictions, child custody legislation has been amended to include exposure to IPV as a factor for the court to consider in determining custody after parental separation. In over half of US states, there is a rebuttal presumption that a parent abusing another parent is unfit to have joint or sole custody of children. These legal reforms reflect the growing recognition that domestic violence is harmful to children independent of any direct forms of abuse they might also suffer.

Programs are being introduced into elementary schools to prevent violence in future relationships

To illustrate how far the field has come in the last 25 years, there is an increased awareness of the need for early intervention and prevention programs. For example, there is wide-spread training for educators on the early warning signs of children living with domestic violence, to recognize their unique needs and to ensure access to appropriate community services (Baker & Jaffe, 2006). School systems are in the early stages of integrating violence prevention programs for elementary and secondary students as part of the standard curriculum, as a universal means to promote healthy relationships and prevent violence against future intimate partners (Wolfe, Jaffe, & Crooks, 2006).

The explosion of research and prevention efforts is illustrated by searching for terms such as *children exposed to domestic violence* on the Internet. Aside from finding thousands of research and clinical programs, major websites dedicated to this and related topics can be identified (please see Chapter 6 Further Reading).

Exposure to violence often leads to behavioral problems as well as the possible loss of a parent

1.1 Terminology

In the early 1970s, domestic violence was viewed as an act of physical or sexual violence toward an intimate partner (O’Leary, 2001). The definition now includes behaviors ranging from verbal and psychological forms of abuse, to economic, sexual, and physical violence. Within the clinical literature, the con-

cern about children's exposure to IPV has focused on overt patterns of adult behavior, such as coercive control, destruction of property, threats of harm to family pets, and emotional abusive acts that threaten, terrorize, denigrate, or restrict freedom (Maiuro, 2001). At the extreme, children may be exposed to domestic homicide, which is not only the most traumatic event but also results in the loss of one or both parents (Jaffe & Juodis, 2006).

Children exposed to IPV may witness abuse, hear abuse, see direct consequences of the abuse (e.g., bruises on their mother), or be directly involved in the crossfire between adults. Prior to the mid-1990s, the term *child witnesses of domestic violence* was common in the literature. The term *witness* was confusing, because practitioners associated the term with being an eye witness or potential courtroom witness. It also implied a more passive role that does not recognize that children who live with domestic violence are actively interpreting, predicting, worrying, and problem solving to protect themselves and others in the family from further abuse (Cunningham & Baker, 2004). More recently, the term *exposure* has been adopted by researchers and clinicians as a more holistic term that captures the range of children's experiences.

Child exposure to IPV does not fall within the definition of a "mental disorder" and is not represented in the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition* (DSM-IV; American Psychiatric Association, 2000). However, many of the consequences or symptoms of exposure to domestic violence are represented in the DSM-IV, and these children often receive a diagnosis reflecting the impact or developmental effects of the violence. For instance, children may experience relevant DSM-IV Axis I clinical disorders such as Posttraumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorders. Furthermore, these children may develop general emotional and behavioral problems and other mood disorders such as depression and/or anxiety. Symptoms or consequences of childhood exposure to domestic violence can also lead to Axis III issues (General Medical Conditions), as a result of trying to cope with chronic stress and conflict in the home. Finally, Axis IV issues (Psychosocial and Environmental Problems) are often relevant, in relation to experiencing social isolation, bullying, and/or absenteeism from school.

Children exposed to violence may experience a number of disorders or complications later in life

1.2 Definitions

The definition of children *exposed* to domestic violence includes a range of experiences and does not make the assumption that children have to have observed the violence (Holden, 2003). Moreover, this term recognizes the full range of exposure children may experience, which is helpful in understanding the consequences of a child's unique experiences and tailoring intervention (Hayes, Trocmé, & Jenney, 2006). For example, Holden (2003) identified 10 different types of exposure based on qualitative reports from children and mothers as well as other research reports: (1) exposed prenatally, (2) intervenes to stop the violence, (3) victimized by one or both parents, (4) participates in conflict or violence, (5) is an eyewitness, (6) overhears the violence, (7) observes the initial effects, (8) experiences the aftermath, (9) hears about it

Children can be exposed to violence in many different ways

indirectly, and (10) is ostensibly unaware of the violence according to a parent (e.g., assault did not occur at the home, or the mother thought the child was asleep when assault occurred). Holden's categories are an important reminder of the diverse experiences children from these homes may bring to clinical settings.

A woman's exposure to violence while carrying an unborn child may affect both the woman and the fetus

Research has shown that women are at an increased risk of being abused when they are pregnant, and that being assaulted while pregnant increases a woman's risk of intimate partner femicide (McFarlane, Campbell, Sharps, & Watson, 2002; Parker et al., 1999). Domestic violence occurring while the woman is pregnant is included in the definition because of the physical and/or psychological effects on the fetus, such as premature births and low birth weight. Due to stress, abused mothers may use alcohol, nicotine, or illicit drugs that can cause fetal alcohol effects or other birth defects (Lewis-O'Connor, Sharps, Humphreys, Gary, & Campbell, 2006). The mother's psychological state can also affect the fetus due to high levels of cortisol. These levels of stress, in turn, affect mother-child attachment and the infant's emotional regulation, creating a poor foundation for healthy child development (Levendosky et al., 2006).

Children may not just witness the abuse, they may be directly involved as a victim or unwilling perpetrator. A child may intervene when seeing their mother being abused in the hopes of protecting her and stopping the violence. In fact, it is estimated that a significant percentage of school absenteeism can be attributed to children staying home to protect their mothers (Cunningham & Baker, 2004). Children can also be victimized during a domestic assault, either intentionally or accidentally, with physical and/or verbal assaults. Although less common, perpetrators may coerce or encourage a child to participate in the assault of the mother (Holden, 2003).

Often, children are exposed to more violence than their parents realize

A child may also see or hear the actual abuse and/or the consequences of the abuse. They may try to intervene to protect a parent, or they may run away and hide in fear. A child may hear yelling, objects breaking, doors slamming, crying and/or screams for help from another room in the house. Often parents believe that their children are unaware of a violent incident because they were not physically present. However, in contrast, our initial research studies found that parents underestimate what their children actually experienced (Jaffe, Wolfe, & Wilson, 1990). Children can also be exposed to the consequences or aftermath of abuse. They may see the initial consequences such as injuries, property damage, hospital trips, and police involvement. They may also be exposed to the long-term consequences such as moving to a shelter, their parents' separation, court proceedings, and the absence of an incarcerated parent (Holden, 2003). Finally, even though a child may not be directly involved or actually witness or overhear the violence or the consequences of the violence, he or she can indirectly learn about it by overhearing conversations or even media reports.

Across different research studies the definition of exposure to domestic violence and the research criteria to establish the presence of exposure varies greatly, making it difficult at times to draw consistent conclusions across studies. Some studies focus on women and children with known histories of domestic violence, such as those residing in shelters, which can result in biased samples of women and children in crisis and/or who have experienced more

extreme types of abuse (Holt, Buckley, & Whelan, 2008). Other studies have used interviews with family members, specifically mothers, and/or professionals to gain a perspective on the prevalence and type of children's exposure. These samples can also be biased because agreement between sources can be quite low, and the type of exposure or the rate of exposure can be overreported and underreported (Holt et al., 2008). To draw conclusions from these studies for clinical purposes, it is important to examine researchers' definition of exposure, such as frequency, severity, age when exposure occurred, and identity of the abuser (i.e., the significance of the relationship of the abuser to the child; parent versus stepparent; multiple abusers in the home). While there may be emerging agreement on the concept of exposure to violence and consequences, children's experiences are so diverse that it is important to assess the unique circumstances affecting each child.

1.2.1 Definitions for Court and Community Intervention

As if the debate on clinical and research definitions is not difficult enough, the court system may demand even more nuanced findings in various hearings. Children exposed to domestic violence may be in court as offenders, victims of domestic violence, pawns in parental custody disputes, or even witnesses to what happened in their family. Mental health professionals who work with the court system by choice or by duty when called to testify may have to make more specific findings about the impact of exposure to violence and make sense of children's behavior.

There is debate among legislators about the most appropriate definition for state intervention. One example of this controversy concerns whether or not exposure to IPV falls under the definition of child maltreatment. Six Canadian provinces (Alberta, Saskatchewan, Prince Edward Island, Newfoundland, New Brunswick, and Nova Scotia) and the Northwest Territories have created child protection policies that define children's exposure to IPV as child maltreatment. In the United States, Montana and Puerto Rico are the only jurisdictions that have added exposure to IPV to their definition of child maltreatment (Nixon, Tutty, Weaver-Dunlop, & Walsh, 2007).

Although these provinces, territories, and states have determined that children's exposure to domestic violence is a form of child maltreatment, they differ from each other in defining when exposure requires protective services. For example, Alberta determines a child's need for protective services by assessing for the presence of an emotional injury that was presumably the consequence of exposure to domestic violence (Nixon et al., 2007). Puerto Rico includes witnessing domestic violence as a form of emotional harm, and does not feel that a child needs to suffer from an emotional injury before protective services become involved. Similarly, child protection legislation for New Brunswick and Newfoundland states that a child does not need to have sustained an emotional or physical injury before protection services can intervene; however, the child's security or development must be deemed at risk due to the child living in a violent household.

Definitions of children exposed to violence may trigger state intervention or access to services and programs. A compelling example of this issue took

Professionals may be required to make findings on the impact of exposure on children

Many jurisdictions have different policies which protective services need to follow before they can intervene on a situation

Children's exposure to domestic violence is a form of emotional harm, which may lead to intervention by CPS

place in Minnesota when child maltreatment legislation changed to include children's exposure to domestic violence under the definition of neglect (Weithorn, 2001). Professionals who suspected that a child was being exposed to violence were mandated to report it to CPS. This new legislation caused a 100% increase in cases reported to CPS and cost US \$31 million per year (Nixon et al., 2007). Because the child welfare system was completely overwhelmed, Minnesota repealed the legislation in 2000. Children's exposure to domestic violence is no longer considered a form of neglect in that state, and professionals are no longer mandated to report these types of cases to CPS (Edleson, Gassman-Pines, & Hill, 2006).

Rather than including children's exposure to IPV in the definition of child maltreatment, some provinces and states have incorporated children's exposure into already existing child protection legislation and mandates and/or interagency policies/protocols (Nixon et al., 2007). For example, Alaska's brought in legislation that required a clear link between the domestic violence exposure and children's extreme maladjustment ("mental injury") before a protection finding could be made. This statute does not require reporting to child protection, if the child is safe, and appropriate care is being provided. Ontario, Canada, has incorporated children's exposure to domestic violence as a form of emotional harm in assessing individual cases. Even at the front end of the court system, there may be varying policies that trigger referrals to CPS, and in some jurisdictions, police may make automatic referrals to CPS whenever there is a domestic violence incident that includes children in the home (Baker & Jaffe, 2006).

In summary, definitions of children exposed to violence vary widely in research methodology, clinical assessments, and state interventions through a variety of civil and criminal court proceedings. Interested readers can find extensive reviews of court reforms pertaining to children exposed to IPV in our list of resources (Chapter 6).

1.3 Epidemiology

Even though most of children's exposure to domestic violence is not reported, the numbers are still significant

Although prevalence rates are difficult to establish due to underreporting, to children not disclosing their exposure, parent's not recognizing it, and/or issues around defining exposure to domestic violence, childhood exposure to IPV appears to be common throughout the world. Estimates based on United Nations Population Division data and domestic violence studies from 1987 to 2005 indicate that 133 to 275 million children across the globe are exposed to domestic violence (UNICEF & The Body Shop, 2006).

Estimates per 100,000 children in the population permit some degree of comparison of rates of exposure to IPV across several countries worldwide. These estimates are derived from national studies on rates of domestic violence and the number of children per household who may be living with such violence (Table 1). As shown in Table 1, these prevalence estimates vary widely, and must be interpreted with caution until more consistent surveillance methods are applied around the world (UNICEF & The Body Shop, 2006).

Table 1
Prevalence of Children Exposed to Intimate Partner Violences

Lower and Upper Estimated Rates per 100,000 Children in the Population

World	India	UK	France	Japan	Australia	Canada	US
1,935 – 4,002	2,281 – 5,808	408 – 1,638	367 – 1,226	336 – 689	335 –2,857	248 –1,057	109 –870

Adapted from UNICEF & The Body Shop (2006)

Individual research studies have attempted to estimate prevalence rates in greater detail in local communities or regions, based on requests for service. For example, Fantuzzo and Fusco (2007) examined prevalence rates of children's exposure to domestic violence by looking at police reports and data from domestic violence crimes in a large Northeast county in the United States. In total, the study examined 1,517 domestic violence events that occurred in 1 year. Findings indicated that children were present in almost half (43%) of the domestic violence incidents that involved police, with the majority of the children (58%) being younger than 6 years. A total of 999 children were present during a domestic violence event. The majority of children who were present during the incidents saw and heard the violence (60%); a minority only heard (18%) or only saw the violence (5%).

The Canadian Incidence Study of Reported Child Abuse and Neglect was the first national survey that attempted to document rates of children's exposure to IPV, in addition to other forms of child abuse and neglect (Trocmé et al., 2005). The survey found an estimated 49,994 child investigations by Child Welfare Services involved children exposed to domestic violence as either the primary or secondary form of abuse. Notably, this figure represents one in five child abuse investigations in Canada. Of those cases of exposure, one third were categorized as a single incident, 13% involved multiple incidents over a period of less than 6 months, and 39% involved multiple incidents over a period longer than 6 months. Just over half (52%) of the children were boys, and 60% were under the age of 7.

Some studies have focused on vulnerabilities of certain populations that may have higher rates of domestic violence due to a number of sociodemographic and cultural factors such as poverty, access to resources, colonization, and fear of reporting on family matters to authority figures. For example, Aboriginal/Native American children are exposed to domestic violence more often than other identified groups of children in North America, a finding consistent with higher reported levels of domestic violence. In Canada, over half (57%) of Aboriginal female victims of domestic violence, compared with 46% of non-Aboriginal female victims, reported that their children saw and/or heard the violence (Canadian Centre for Justice Statistics, 2001). The research on children exposed to IPV should be seen in a larger context of children's vulnerabilities associated with race and poverty that increase the risk of the state intervening through child protection or juvenile justice systems (Children's Defense Fund, 2007).

Children are most often present during domestic violence events

There is a wide range in the reported incidence of children's exposure to domestic violence

Children may fail to disclose to their parents their exposure to the violence in fear of later consequences

As mentioned previously, any statistic on prevalence dependent on parent report is likely an underestimation because parents are often unaware that their children are exposed in some manner to violence in the home (Osofsky, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, Jaffe, 2003). Parents may be defensive or minimize the exposure to their children out of fear, or children may hide or make certain that they are not seen by their parents during the violent incident (Jaffe et al., 1990). Furthermore, children may not disclose to their parents or authorities that they saw or heard the violence, for fear of consequences, concern about further upsetting their parents, or sensing that domestic violence is a taboo subject to raise (McAlister-Groves, 2002).

1.4 Course and Prognosis

Domestic violence effects each child differently: mentally, physically, emotionally, and with regard to their behavioral well-being

Exposure to domestic violence is not in itself a mental disorder, although it is linked to serious consequences to a child's mental, physical, emotional, and behavioral well-being. Two separate meta-analyses found that the overwhelming majority of research studies on the impact of exposure to IPV document significantly more emotional and behavioral difficulties than in nonexposed children (Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, Crooks, et al., 2003). These difficulties hinge on a host of risk and protective factors and seldom follow a consistent pattern, even among children living in the same home. These various influences and outcomes are discussed below in relation to stages of development.

1.4.1 Infants and Young Children

Mothers in abusive relationships struggle to keep their kids safe starting right from conception

Exposure to domestic violence can affect unborn and infant children in a variety of ways. Mothers exposed to violence while pregnant can have a miscarriage, have premature births, and/or infants with low birth weight. To cope with violence, mothers may abuse alcohol or drugs, which can lead to fetal alcohol syndrome or other birth defects (Lewis-O'Connor, Sharps, Humphreys, Gary, & Campbell, 2006). The psychological state of a mother can also have an effect on an expected child. Interviews with pregnant women who had experienced domestic violence during their pregnancy indicated that they were more insecurely attached to their unborn child and had more negative representations of themselves as mothers, compared with mothers who had not experienced violence during pregnancy (Huth-Bocks, Levendosky, Theran, & Bogat, 2004). Such predetermined representations and attachments due to exposure to violence can cause difficulties in creating a secure and positive relationship between mother and child, which in turn can affect the child's normal development. Infants may also experience violence directly if their mother is beaten while she is holding her infant in her arms (Edleson, 1999).

Studies comparing exposed to unexposed preschool children report that children exposed to IPV have more behavioral problems, social problems, symptoms of PTSD, difficulty developing empathy, and less self-esteem (Holt,

Buckley, & Whelan, 2008; Huth-Bocks, Levendosky, & Semel, 2001). Young children may also show excessive irritability, emotional problems, and sleep disturbances (Hayes, Trocéé, & Jenney, 2006). Younger children may act out aggressively or express fear psychosomatically; for example, they may experience stomach aches, asthma, insomnia, nightmares, sleepwalking, bed-wetting, and headaches (Martin, 2002). Cunningham and Baker (2004) attribute temper tantrums, crying, resisting comfort, anxiety, and aggression in young children exposed to violence to be a consequence of their limited ability to express verbally their experienced upset (Holt et al., 2008).

1.4.2 School-Age Children

Because of their increasing cognitive and social skills, school-age children (ages 5–12) may begin to interpret family conflict and violence and try to make sense of their family circumstances (Holt et al., 2008). Their developing awareness of family events affects how they attempt to process the abuse and effects on their parents and siblings (Cunningham & Baker, 2004). Children are often caught in a paradoxical bind: they look to their family for safety and security, but never know when a violent incident may occur. This bind creates ongoing fear and uncertainty. A child may be protective toward a parent who is being victimized (Peled, 1998), or identify with the offender and blame the other parent for the incident (Bancroft & Silverman, 2002). Other children may try to avoid any conflict or disruption at home, in an attempt to “manage” family crises that are beyond their control.

Children may be caught in paradoxical bind, looking to family for safety but not knowing when to expect violence

As a result of their attempts to cope with such events, children exhibit signs of excessive fears and worries, or begin to act out at home or school (e.g., getting into fights, misbehavior), as described below. Beyond emotional and behavioral adjustment problems, some children may exhibit distortions in attitudes and beliefs concerning parental violence and even their own abusive behavior (Cunningham & Baker, 2004). Children may come to blame themselves for abusive incidents in an ill-gotten attempt to make sense of the violence, which can result in feelings of guilt, self-blame, and personal responsibility (Jaffe et al., 1990).

Most research and clinical practice with this age group utilizes standardized measures of children’s emotional and behavioral problems, which consistently reveal a greater number of externalizing and internalizing behaviors as a consequence of exposure to domestic violence. The most consistent externalizing concerns among this age group involve aggression and other behavior problems. Internalizing difficulties often stem from anxiety and worry, as well as symptoms relating to PTSD (Kilpatrick, Litt, & Williams, 1997). Other internalizing behaviors commonly seen are depression, physical complaints (e.g., headaches, stomachaches), and low self-esteem (Wolfe, Crooks, et al., 2003).

PTSD symptoms are common to children exposed to domestic violence

Finally, it is important to note that the severity of children’s adjustment problems varies, and not all children score at levels that would require clinical intervention (Kernic et al., 2003). Although internalizing and externalizing behaviors are common trauma reactions, these and other symptoms may attenuate once a child is no longer living in these circumstances (Holden et al., 1998; Rossman, 2001).

1.4.3 Adolescents

Adolescents suffer from many of the same problems that younger children experience, but the consequences may be magnified

To some extent, adolescents possess more independence and personal choice in how they deal with violence in their family. Whereas younger children are trapped through their dependency on their parents, teens can more readily escape adversity through outside activities, peers, or alternative living arrangements. Some of these choices can be positive, such as seeking support from extended family, while other choices can place them at greater risk, such as running away from home, living on the streets, or getting involved in a gang. Unfortunately, research with this age group reveals that adolescents suffer from many of the same problems that younger children experience, but the consequences may be magnified. For example, feelings of depression and hopelessness turn into suicidal ideation. Anxiety and social withdrawal turn into truancy and school dropout. Teenagers exposed to violence in the home may turn to alcohol or illicit drug use to cope, or they may emotionally withdraw themselves from their family and peers.

Violence at home makes violence in relationships more common

Beyond the emotional and behavioral problems described above with younger children, the effects of exposure to domestic violence on adolescent development can extend beyond the family system into peer and romantic relationships (e.g., bullying; Baldry, 2003; dating violence; Wekerle & Wolfe, 1999). With issues like dating violence, teens are not only affected by the violence modeled at home but also by the impact of negative peer groups and media violence (Reitzel-Jaffe & Wolfe, 2001). Some teens act out the violence within their peer and dating relationships. For example, witnessing or experiencing violence while growing up was the strongest predictor of dating violence from Grade 9 to 10 (Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004). For others, exposure to violence at home leads to increased vulnerability and an apparent inability to seek assistance if they find themselves in a violent relationship.

There are also subtle effects of exposure to violence that may arise from dynamics in the family. Adolescents may assume particular roles in the family in an attempt to cope with or end domestic violence (Goldblatt & Eisikovits, 2005). Before conflict erupts adolescents can take on the role of “gatekeeper,” which is to prevent conflicts from escalating. This role leaves the adolescent in a constant state of vigilance that can turn into a troublesome pattern. For example, adolescents can take on two different types of roles during parental conflict or violence. The first role is the “pacifier,” whose aim is to calm down the conflict by verbally intervening and distracting the parents. The second role is the “protector,” in which the adolescent will physically get involved in a conflict to protect a parent (typically their mother) or siblings. An adolescent may also play the role of “mediator and judge” in the aftermath of the violent event, or take on the role of “educator” in an attempt to solve the conflict. Finally, the adolescent can become the “savior,” by reporting the abuse to an outside person, such as a teacher, counselor, or police officer. Taking on these different types of roles as a means of coping with violence in the home can be extremely stressful. These maladaptive coping strategies force an adolescent to abandon the normal, more carefree aspects of childhood in an attempt to maintain safety within the family system and protect younger siblings (Holt et al., 2008).