What about Me!

Seeking to Understand
a Child's View of
Violence in the Family

Centre for
Children
& Families
in the
Justice System
of the London Family Court Clinic
est. 1974

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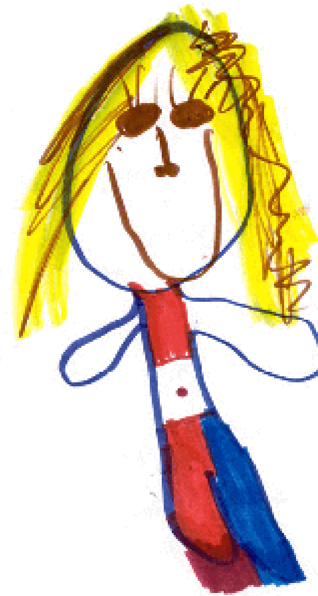
Public Safety and Emergency Preparedness Canada
Sécurité publique et Protection civile Canada

This study was funded by the National Crime Prevention Strategy of the Ministry of Public Safety and Emergency Preparedness, Ottawa.

The opinions expressed here are those of the authors and do not necessarily reflect the views of the National Crime Prevention Strategy or the Government of Canada.

We dedicate this work to the children and young people who shared their stories and whose words and drawings help adults to understand

Me when the violence was happening	Me when the violence had stopped
	

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ACKNOWLEDGMENTS

We extend our genuine gratitude to the National Crime Prevention Centre of Canada and especially Lucie Léonard, who helped shape this project in the early stages and continued with faith, support and patience until its completion. Their orientation to crime prevention through social development is both informed and compassionate. We are proud to contribute to their efforts to build a safer Canada where each child can achieve her full potential free of criminal victimization, discrimination, or economic adversity. Few researchers have the luxury of being able to collect and read over 400 sources of information on one topic. This funding provided the unique opportunity to take stock and view that body of knowledge critically and through the lens of service providers. We have advanced some observations and recommendations for the next steps.

We thank especially Antonia Marroquin-Ponce and Tim Kelly of Changing Ways and Shelley Yeo and Kate Wiggins of Second Stage Housing, Women's Community House, who helped advertise this study among women who might be interested in participating. Here at the Centre, we have benefited greatly from our colleague Peter Jaffe who is a pioneer in this field. His ground-breaking work on children exposed to violence has led the way, working to bring the largely invisible plight of these children into the light. Andrea Finlay assisted with the collection of articles and Irene Deschêes helped organize the enormous bibliography of material collected. As always, Karen Rhiger works diligently, and indispensably, behind the scenes supporting us and the Centre.

Finally, we acknowledge the tremendous contribution of the women and children who shared their stories and drawings to help us and others understand better. We sincerely hope that the observations made here will stimulate a dialogue to advance our collective efforts on behalf of women and children affected by violence. They deserve our best efforts.

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"WHAT ABOUT ME"

Seeking to Understand a Child's View of Violence in the Family

Two-year-old Ameer is crying as his father orders him to hit his pregnant mother in the stomach. She squirms to avoid the toddler's feeble blows but eventually shoves him away. She is crying too and his father is yelling, angry that his mother called 911 last night during a violent argument. When the police arrived, his mother minimized the situation and no charges were laid. Ameer does not understand this, but his father is promising to call the Children's Aid Society if his mother calls the police again, to tell them she hit Ameer. They will take her children, both Ameer and his nine-month-old brother, he threatens. His father works long hours in the family business and often comes home drunk. His mother speaks little English, is a landed immigrant because of her husband's sponsorship, and has no family in Canada. Her husband's family visits periodically to make sure she is home. She has no social supports, no access to a car, and the growing family lives in a tiny two-bedroom apartment. Six months later, neighbours call the police during a loud argument and, despite his mother's pleas, Ameer's father is arrested as Ameer watches. In the months that pass as the case slowly winds it way through the court system, Ameer is sad and confused about why his father doesn't come home.

Four-year-old Brenda is watching television with the volume turned up, trying to ignore the loud argument between her parents in the kitchen. Suddenly, her mother walks into the den and tells Brenda they are going to spend the night with Grandma. Her father protests and pushes his wife down onto the couch next to Brenda. "I told you that if you ever did that again you are outta here," his mother yells defiantly. As she pretends to call 911, Brenda's father storms out and drives away. Her parents divorce and Brenda moves with her mother to a smaller house in a different area. Her father is supposed to visit every second weekend but often doesn't show up. For six months, he doesn't come at all because of a prison sentence for impaired driving.

Twelve-year-old Charity has fallen asleep in school again. Her teacher sends her to the principal who asks if anything is wrong at home. Charity weighs her options. Sometimes she imagines living in another family. Her father is strict and all five children must follow the rules or they are punished. Even his mother sometimes breaks the rules and her father has to punish her, so she will learn to do better. Last night, Charity was too slow coming to the table for dinner. She was hit with a belt and sent to her room with nothing to eat. When her mother protested, her father turned on her. Charity later heard her crying in the next room and forced herself to stay awake as long as she could, to send her love to her through the wall. It wasn't fair what happened to her and she blamed herself. She should have been quicker getting to the dinner table. Next time she will do better. She tells the principal she was up late finishing a school project.

> 16-year-old David is angry and confused. His mother's ex-boyfriend just finished a drug treatment program and she let him move back in. David won't show it, but he is furious at her. After that man came into their lives, when David was 12, the police were at their place repeatedly because of the noise: partying, arguments, and sometimes violent fights. They had to move over and over again, usually because of eviction but sometimes to go into a woman's shelter. David changed schools eight times. He is shy and finds it hard to make friends. They never had much money and his clothes weren't as cool as those of the other kids. This man got David's mother into drugs and now she is on probation because of it. The CAS had a supervision order on the family for two years over concerns of neglect. David's biological father is in prison for drug trafficking. He believed his mother's second husband to be his father until the age of five, when that relationship ended and his mother told him the truth. She seemed so sad and David tried to take the pressure off by looking after his baby sister. After a series of unsuccessful relationships, David had at first been happy when this man came into his mother's life. Now, he just wants to take his sister and run away.

These four hypothetical scenarios reflect young people who might come into contact everyday with educators, social workers, shelter staff, public health officials, health care providers, as well as police officers and workers in the youth justice system. All four young people have been "exposed" to violence against their mothers. They are similar in that way and yet different in so many others.

There are many dimensions to the compendious term "family violence." From a child's point of view, Holden (2003) lists nine (Table 1). Add these variables to those likely to mediate or moderate any link to short and long-term outcome and an overwhelming number of factors are logically and theoretically involved (see Figure 1). Most research, typically conducted with limited funding, focuses on a few of these variables, sometimes only one or two. But children who come for assessment or treatment will present with the complete "package" of factors that impact their lives and functioning. In our experience, service providers want to assess, refer and treat children such as these by taking into account the violence they experienced, but also attending to other adversities and challenges, with a consideration of strengths and protective factors, and in ways that are individualized to their unique needs.

Funding from the National Crime Prevention Strategy in Ottawa supported the work here, involving an exhaustive literature review to cull the best information to inform intervention. Combined with extensive clinical practice and using case studies as illustrations, we adopt an approach that...

- uses only the "best evidence" available in the literature
- adopts a child's eye view
- overlays a developmental framework
- acknowledges the wide spectrum of violent experiences, including violence against children
- conducts a gender analysis
- considers the role of co-occurring family and childhood adversities
- remembers the ecological context in which the family lives
- attends to ways our words and interventions can be counterproductive

Table 1
Key Characteristics of Domestic Violence as it May Relate to Children

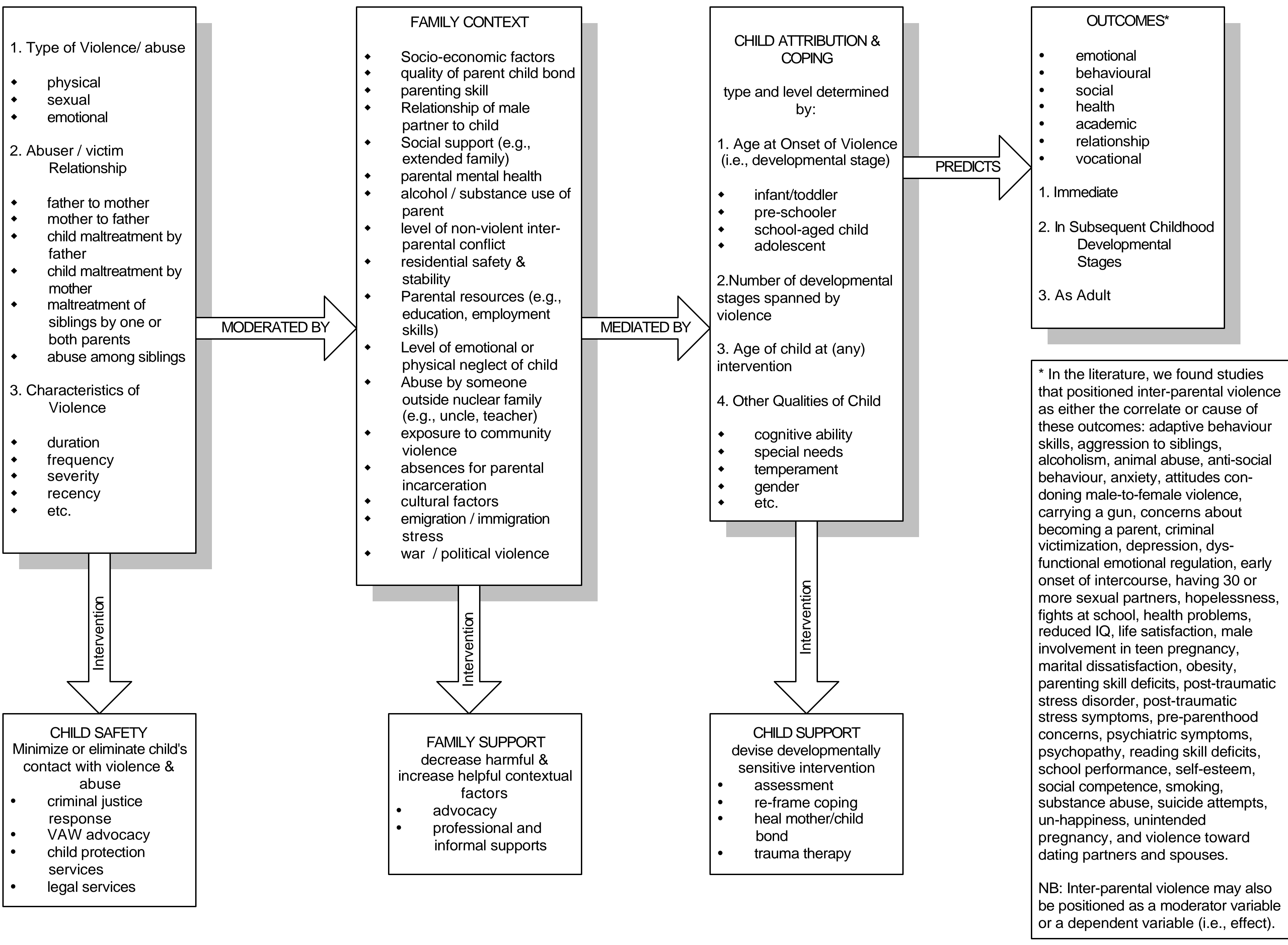
Characteristics	*Examples*
Type of Violence	Physical versus psychological; minor versus severe; "common couple violence" versus "patriarchal"
Nature of Specific Acts	Hit with object; threats; use of weapons; intentional versus accidental
Presence of Injuries	From bruises to death; minor emergency or hospital visits
Timing Variables	Frequency of violence; duration of violence; child's age; time since last assault
Escalation	Extent to which violent episodes escalate
Type of Perpetrator	Family only; anti-social; dysphoric/borderline
Perpetrator's Relation to Child	Biological father; stepfather; live-in boyfriend; transient boyfriend; or mother
Victim's Role in the Assault	Whether victim is passive or attempts to defend herself
Resolution	Apology; submission; continuing fighting

Source: G.W. Holden (2003). Children Exposed to Domestic Violence and Child Abuse: Terminology and Taxonomy. *Clinical Child & Family Psychology*, 6(3): 151-160 at 155.

While often characterized as *witnesses* -- implying a passive role – children who live with violence are actively engaged in interpreting, predicting, assessing their role in causing the violence, worrying about consequences, problem solving and/or taking measures to protect themselves, physically and emotionally. As they mature, their interpretations and coping mechanisms will change and they may start to play active roles in attempting to prevent or intervene in incidents. Understanding better how young people process and cope with their experiences may help identify how "damage" is caused -- or averted -- and the mediating and corollary factors that may play equally great a role. Research is typically focussed on the aggregate, the average, the group. Intervention is necessarily focussed on the individual, the client, the child. Perhaps, looking beneath the correlations and statistics might yield greater understanding to support effective intervention.

Several sources of information were collected. First, we reviewed the literature and noted especially the most methodologically rigorous empirical studies, studies which focussed on specific age groups, and studies accessing the voices of children. Second, we integrated knowledge of child development and four hypothetical models of impact that had previously been developed (e.g., Baker *et al.*, 2001), much in the way previously accomplished with children of women in prison (Cunningham & Baker, 2003). Emphasis was placed on how children and adolescents of different ages cope with their experiences in ways characteristic of their age and stage of development, and also their gender.

Figure 1: **Variables Hypothetically Associated with Impact of Family Violence**



Third, we spoke with children who had lived with violence, in all cases involving intimate partners who assaulted their mothers.[1] In all there were 11 young people who lived with severe violence and two who witnessed two episodes quickly followed by a marital separation. This small group of children illustrates how 13 different children will differentially process the experience of domestic violence. Using this approach, the complex interrelatedness of multiple adversities and impact of variable periods of living with violence at different ages is starkly evident. Their cases are also used to illustrate some problems in existing research.

The title, *"What About Me,"* alludes to two things. First, young children filter experiences through reference to themselves. Their beliefs about attribution, blame, and consequences of violence are powerful and should be considered in efforts to understand how they are affected. Second, focussing solely on woman abuse, we can artificially slice off a fraction of their lives and ignore the other parts, some of which are more salient for them. For example, the more frequent the violence, the more likely that the children are themselves maltreated (Ross, 1996). Yet, 44% of the 220 empirical studies we reviewed did *not* control for child maltreatment when positioning inter-parental violence as a cause of later problems. This was true despite a huge overlap between the two and the fact that child maltreatment is linked to many of the same "problems" attributed to inter-parental violence. As a young participant in one of our previous studies challenged, "aren't you going to ask about when he hit *me*?" This study is our answer to him. Yes, tell us about all of it, not just what we want to hear.

In this report, we ....

- raise some questions about how "inter-parental violence" is defined and measured in research
- suggest some refinements to the current measurement techniques
- suggest that researchers should move forward from descriptive studies and assist with developing and evaluating interventions
- provide an alternative framework in which to study and understand these children and their needs
- propose a developmental framework to aid understanding, intervention and evaluation
- suggest some basic principles for assessment and intervention

Understanding cognitive distortions and non-adaptive coping strategies within a developmental framework may inform assessment, intervention and research by identifying the linkages (as opposed to the correlations) between family adversities and later adjustment problems.

[1] Families were located through the local battering mens' treatment program, Changing Ways, and the Second Stage Housing Residence of Women's Community House. This search strategy located families in which the violence had stopped, which were accessing community support, and which had experienced violence of sufficient severity to prompt police involvement or bring women into contact with shelter services. Our standard ethical protocol was applied (Cunningham, 2003), having been designed specifically to guide research with vulnerable families.

Definitions

From the many phrases used to describe the phenomenon under discussion here, one has gained favour in the literature: "inter-parental violence." The adjective "*inter-parental*" reflects how children may see acts by mothers to fathers and fathers to mothers and indeed might be affected by both, probably in different ways. This is called bi-directional violence or gender-symmetrical violence. Study after study of *general population* samples reports that violence (as they define it) is gender symmetrical, in both frequency and severity. The first such study was the 1975 National Family Violence Survey by Murray Straus. The most recent is from the U.K. (Walby & Allen, 2004). Data such as these are typically met with disbelief by advocates and those working in the field of domestic violence, who contend that women are overwhelmingly the victims of violence in the home.

Johnson (1995) has posited that these two vantage points – general population surveys and the client lists of anti-violence agencies – provide a view of two very different, nearly non-overlapping phenomena (see Figure 2). He calls the former "common couple violence" and the latter "patriarchal terrorism," to denote both its severity and the gendered nature of this type of violence. As the name implies, the first category describes families where there may be a great deal of conflict, but where physical violence is infrequent, relatively minor (e.g., slapping, pushing), and gender balanced in both frequency and severity. Any physical violence is "an intermittent response to the occasional conflicts in everyday life... but not a general need to be in charge in the relationship" (Johnson, 1995: 286).

The second category describes a fortunately small group of families were violence is frequent, severe, escalates in severity, is predominantly initiated by men, and is almost exclusively experienced by women. Not merely the extreme tail of a frequency/severity continuum of "common couple violence," this type of violence is motivated by a need to control. Some control tactics are physical, while others take the form of the control tactics described in the Power & Control Wheel, developed by the Domestic Abuse Intervention Project of Duluth, Minnesota (www.duluth-model.org).

Proponents arguing from their respective vantage points are probably both correct, simply because they do not share the same definition. Likewise, a key problem in using empirical research to inform intervention is that researchers seem to be using different definitions of "child exposure to domestic violence" than do practitioners. This is the question we were left with: *are researchers and practitioners using such different definitions of key terms like"violence" and "child" that research findings are largely irrelevant (or even misleading) for practice?* More specifically, could the research be oversimplifying a complex problem? What might be the consequences of having, in one group intervention, both young people who experienced "common couple violence" (by far the more common) with children who have experienced "patriarchal terrorism"? Should interventions designed for one group be different than interventions designed for the other? In what ways?

At the very least, we need to spend some time looking at definitions.

Nominal Definition

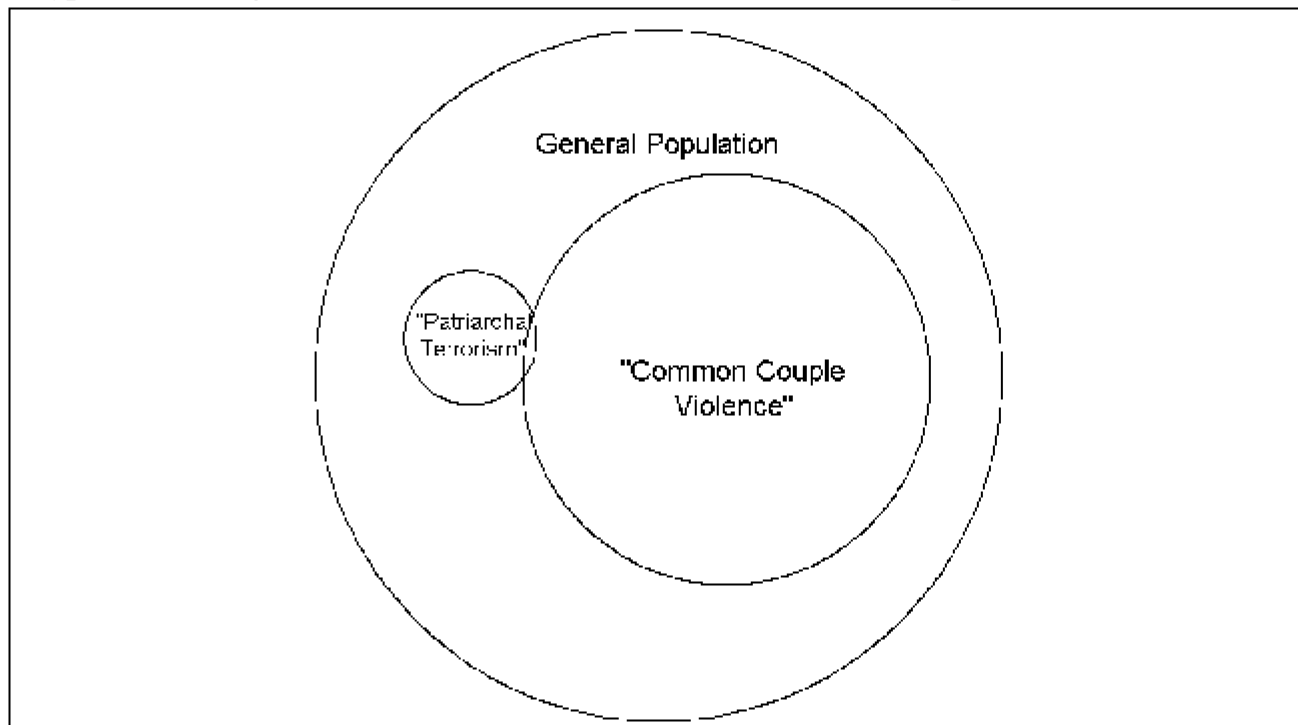
Hearing the phrase “children exposed to domestic violence,” each person has a mental image of the young people to whom this phrase applies. Researchers call this a *nominal definition*. Think of your nominal definition: *what* happened to them, perpetrated by *whom*, and *when*?

For us, that term means young people like Heather’s three girls, described later and Angela’s children (see Box 1). In both cases, these families experienced severe violence over many years at the hands of a father figure, had enormous difficulty escaping to safety, and still fear he could find them. The profound effects will reverberate in their lives for years to come. Our definition also matches what Johnson (1995: 284) calls patriarchal terrorism:

> a product of patriarchal traditions of men’s right to control “their” women, [a] form of terroristic control of wives by their husbands that involves systematic use of not only violence, but economic subordination, threats, isolation, and other control tactics.

Reviewing the literature, we realized how few studies shared our nominal definition.

Figure 2:
Hypothetical Diagram of “Patriarchal Terrorism” and “Common Couple Violence”



This diagram was created by the authors to illustrate the concepts described in M. Johnson (1995). Patriarchal Terrorism and Common Couple Violence: Two Forms of Violence Against Women. *Journal of Marriage & the Family*, 57: 283-294.

Operational Definition

To conduct an empirical study, researchers develop an *operational definition*, defining a concept so precisely that it can be measured with reliability and validity, terms which roughly mean consistency and accuracy. They must specify who, what, where and when, and often craft a question to match the definition in a way that could easily be replicated by another researcher. That question, or the answer to it, becomes the *operational indicator* of the variable. Here is one example from a large general population survey of adults:

> *Now thinking about the whole time you were a teenager, were there occasions when your father/step-father hit your mother/stepmother or threw something at her? How often did that happen?* [never, once, twice, 3-5, 6-10, 11-20, more than 20 times] *What about your mother/stepmother hitting your father/step-father? Were there occasions when that happened when you were a teenager?*

"Exposure to interparental violence was operationalized as a frequency great than zero on either the father-to-mother or mother-to-father items" (Heyman & Slep, 2002: 866). This study was typical, different only in that the results were widely reported in the media, as "clear evidence for a cycle of violence" (e.g., Mozes, 2002).

But, did that question match *your* nominal definition of children exposed to violence? Note the frequency (perhaps only once), severity (maybe one incident of throwing something), timing (only during the "teenage" years but not in childhood), and identity of the abuser (possibly their mother, or both mother and father). Other studies suggest that the majority of responses will fall under the "once" or "twice" categories. This means that samples used to study "youth exposed to violence" could include many young people who saw their mothers slap their fathers once, perhaps during an argument, and a very small group of people who conform to the nominal definition assumed by most consumers of the studies.

Some operational definitions we found were so different, the studies were excluded from consideration. For example, no data are reported here from Canada's National Longitudinal Survey on Children and Youth. The operational indicator of exposure to violence collapses parental violence with that committed by other people, including older siblings "fighting" with each other, in a way that cannot be separated for analysis:

> *How often does [your] child see adults or teenagers in the home physically fighting, hitting or otherwise trying to hurt others?* [often, sometimes, seldom, never]

In total, 85% of empirical studies asked a question such as those listed above, of a mother, the child directly, or adults asked to focus retrospectively on a specified period of their childhoods. In a few studies, the operational definition is a criminal charge (2%), a confirmed child welfare designation (4%), or the fact that the family is in a shelter (9%).

BOX 1: Angela and her daughters Beth, Cara and Dana

Angela and her three daughters are survivors of 10 years of woman abuse and child abuse, perpetrated by her common-law partner, Amos, the stepfather to all three girls. Amos came into the family when Angela was pregnant with Beth, Cara was one, and Dana was 11 years old. Amos was violent both in and outside the family. He was involved in criminal activities and was a heavy user of drugs such as cocaine. Angela apologized several times in the interview for her "bad memory," explaining that she may have suffered "brain and memory problems" from repetitive "blows" to her head.

Angela describes being psychologically abused every day, even by telephone if Amos was away from home. Physical violence was frequent and severe, with violence-free intervals being rare. Angela describes their family life as "constant moving," often in efforts to flee Amos – one month they moved three times to seek refuge – but also in moves initiated by and with Amos. The longest the family stayed in one spot was five months. The girls missed more school than they attended. They were in and out of many shelters. Angela was hospitalized three times but usually resisted going to hospital because it would leave her daughters alone with Amos.

Angela felt like Amos's punching bag and reached a point where she wished that she were dead rather than endure more abuse. Her daughters were also abused. Amos often attempted to control Angela by threatening or perpetrating abuse against the girls. For example, at various points when Beth was an infant, Amos prevented Angela from calling the police or leaving him by threatening to kill the baby. While no daughter was safe from psychological and physical maltreatment by Amos, Angela believes her middle daughter Cara bore the brunt of the child abuse. Angela links Cara's abuse to her protectiveness of Beth and Angela. Angela described Cara as her "caretaker." Amos frequently choked Cara before or after assaulting her mother. To shop for groceries, Angela was forced to leave Cara home with Amos, who threatened to harm her if Angela sought assistance or did not come back. As the eldest, Dana was protective of both siblings. However, her attempts to rescue her mother and sisters by bringing in authorities lead to her alienation within the family. She was in and out of the home as a young teenager, dropped out of school early, and become a teen mother.

Beth, Cara, and Dana's exposure to violence against their mother differs from that of many children in that Amos assaulted Angela in front of others outside the home. In one incident, Amos entered a public meeting and dragged Angela out by the hair onto the street. Angela screamed as Amos beat her. The bystanders seemed paralysed. Angela recalls a young Cara yelling for the men to stop him. The assault only stopped when a store owner came out with a baseball bat and threatened Amos. Angela and the girls returned home with Amos.

This added to the girl's sense that Amos was all powerful, invincible and could not be stopped by authorities. This perception was strengthened when on two visits to shelter, Amos impersonated authority figures (e.g., police officer, physician) to speak to Angela on the phone and convince her through threats to leave the shelter to keep the girl's and herself safe. It is not surprising that in the midst of the violence, Angela's teenage daughter came to believe that the only way to keep her sisters and mother safe was to kill Amos.

Today, two years since the last assault, Angela and the girls still worry Amos will find them. Angela keeps objects for defence handy. Each worries constantly about the whereabouts and safety of the others, especially if someone is late returning home.

Two troubling issues emerged from our review of the operational definitions. First, most research measures "common couple violence" – because it is more common and easier to find – affecting the utility of findings for interventions with victims of "patriarchal terrorism." As Indermaur (2001: 3) believes: "Clearly, we would be doing a great disservice to many young people exposed to entrenched patterns of violence if we treated their experiences as equivalent to that of young people who have been exposed only once in their lifetime to an act of violence."

Second, in a disturbing proportion of studies, Heather's girls and Angela's children would be categorized as "not exposed to violence." Let's break down the phrase "inter-parental violence."

Which "Parent" was Violent?

Among the 220 empirical studies, 33% focussed on male-to-female violence. In 11%, the characteristics of violence were not measured, as in some studies of shelter residents when exposure to violence would be assumed and dimensions of the violence (e.g., severity) were not relevant to the research question. In 56% of empirical studies, violence was measured as a bi-directional phenomenon. That is, respondents were asked about mother-to-father violence and father-to-mother violence. Contrary to expectation, this is not a recent trend (see Figure 3).

Because inter-parental "violence" is a bi-directional occurrence – especially in common couple violence – it is quite appropriate from a statistical point-of-view to measure it as a bi-directional phenomenon. However, they are logically and theoretically two different variables. It could easily be argued that a child seeing a mother be aggressive to a father is having a different experience than a child watching the reverse. And boys might be affected by this in different ways than girls are affected.

So we were surprised to find that, among the 105 studies where both were measured, only 30 of them separated the violence into two variables for purposes of analysis. In that way, the variable of mother-to-father "violence" could be analysed separately from the variable of father-to-mother "violence." See Fergusson and Horwood (1998) for an example where the outcomes for children were different when the variable was broken down. *In 40% of studies, mother-to-father violence was combined with father-to-mother violence so the two were assumed to be the same thing and only one variable was used in the statistical analysis.* Eliminating studies where the direction was not clear, the proportions are found in Figure 4.

What is "Violence"?

The Conflict Tactics Scale (CTS) is by far the most common instrument used to measure type and frequency of violence, true of 52% of studies. Accordingly, definitions of "physical aggression" included a range of behaviours from threats and throwing objects through to using a gun. This scale has several versions and it has changed over time, so the precise definition varied among studies using the CTS. Also, it was not uncommon for researchers to use some, but not all, of the items, to shorten the number of questions asked.

Figure 3
Empirical Studies on Male-to-Female Violence Only Versus Both Types

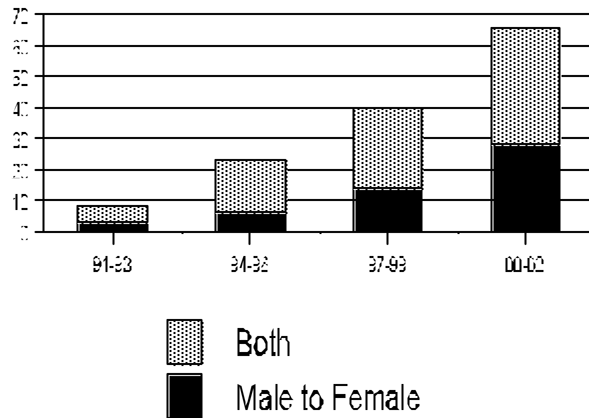
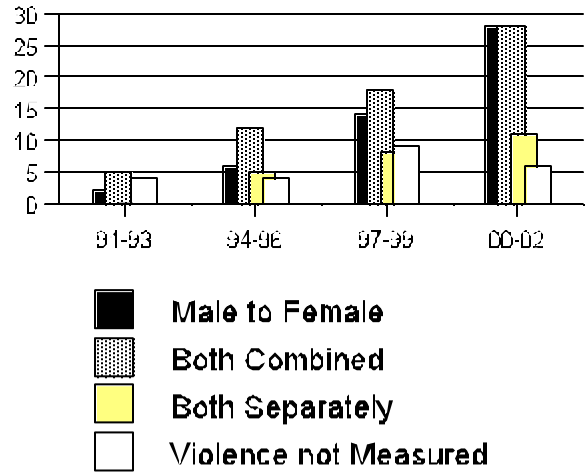


Figure 4
Directionality of Violence in Empirical Studies



The CTS has several sub-scales, the most commonly used being for physical aggression and psychological or emotional aggression. In many studies, both were used to collect information from subjects and then sometimes the scale scores were used as separate variables for purposes of analysis. In 15% of studies, however, emotional and physical violence were combined for analysis. In other words, the unique impact of physical violence could not be discerned. Also, the effect of physical violence could be confounded with the effect of psychological abuse, also known to be profound.

According to Whom?

Some operational definitions exclude violence that occurred without the child's knowledge and some include this violence. Studies include this type of violence by asking mothers about their personal experiences of violence, usually during a defined period or in relation to the current partner. The assumption is that children "know" about violence even when mothers think they do not, and this is likely true sometimes. In the few studies that ask both children and mothers, the correlation is quite low suggesting little correspondence. Some of these findings are presented in Box 2.

In a small illustration of this concept, we can use Emily's children Fletcher and Gwen, discussed later in the report. In this household, there had been two incidents of physical pushing of Emily by her partner. Surveying Emily about what she experienced would give her children a score of "2" incidents to which they had been exposed. However, her son Fletcher saw one incident and daughter Gwen saw the other. Asking them for their perspectives would mean that each is given a score of "1" incident to which they were exposed.

BOX 2: He Said, She Said, Bobbie Said

Whom you ask can determine whether a child is correctly categorized as exposed to violence or not exposed. This is what Sternberg, Lamb & Dawud-Noursi (1998) discovered when asking mothers, fathers, children, and child protection workers. There was almost no agreement, except in families where each member reported no abuse. The authors strongly recommended multiple informants if grouping families for study according to the existence of domestic violence. Expect conflicting information, however, making it difficult to categorize families. Which informant is accurate?

Table 2.1
Error and Validity in Binary Classifications of Violence Exposure Among Children

		Child Actually Exposed	
		YES	NO
Child Classified as Exposed	YES	Correct	ERROR (false positive)
	NO	ERROR (false negative)	Correct

O'Brien *et al.* (1994) investigated the rates of true-positive and false-positive categorizations by administering the Conflict Tactics Scale to mothers, fathers and children (ages 8 to 11) from a community sample. Agreement within couples was not high, as one might expect, except in cases where no physical aggression was reported. In couples who acknowledged aggression in the relationship, agreement about whether the child had seen the aggression was even lower, and not very accurate using the child's own responses as the criterion of validity. Errors were in both directions, and no one type of informant was consistently "correct." For example, when both parents agreed there had been physical aggression in front of the child, one in five children reported having seen none. On the other side, 10% of children reported seeing physical aggression when both parents agreed in their ratings that no aggression had ever occurred. The authors posit that under-reporting is more common than over-reporting, suggesting that false negatives may well be a significant source of problem in research studies using binary classifications of children.

Regular sources of measurement error apply here, such as forgetting, choosing not to report because it is a private matter or unpleasant to remember, misunderstanding the question, and not sharing the same nominal definition of words such as "hit" or "threat." For example, some people see "hit" as "punched" and would not report a slap. Michael Jackson's father, after years of denying he "beat" his son as a child, clarified in a media interview: "I whipped him with a switch and a belt. I never beat him. You beat someone with a stick." Jackson senior and Jackson junior did not share the same definition of the word "beat." Children are especially likely to have concrete and narrow interpretations of such terms and under-report because of it. Some adults, because violence is a socially unacceptable behaviour, may minimize or deny their roles. Victims may choose not to report out of embarrassment, among other reasons. All these factors mean that the answer to a specific question may not correctly categorize a child as "exposed" or "non-exposed" and errors are likely.

When was the Violence?
Another way in which operational definitions could vary from nominal definitions was in terms of the time period during which the violence took place.[2] In our nominal definition of inter-parental violence, any violence observed and remembered by a child might have had an influence. For us, this excludes violence before the child was conceived, but some would disagree. Some operational definitions include pre-conception violence, perhaps assuming that the woman will inevitably parent her children differently by virtue of her status as a formerly abused woman.

A more common problem, however, is being under-inclusive. For example, in over 40% of studies, a parent, a child, or adults looking retrospectively, were asked about violence that occurred only during a specific time period:

- within the previous month (1%)
- within the previous three months (0.5%)
- within the previous six months (2%)
- within the previous year, the time period used by the Conflict Tactics Scale (29%)
- the teenage years only (3%)
- childhood up to age 16 (2%)
- childhood up to age 12 (0.5%)
- the years between seven and 17 (0.5%)
- ever in current relationship of mother (3%), excluding violence in previous relationships
- last year of previous relationship (0.5%)

Anyone experiencing violence outside the time period would be categorized as not experiencing violence, even if they had experienced horrific violence. As an example, Emily's two children who saw her pushed would be categorized as exposed to violence, because these incidents had happened only a few months before we met them. But Angela's girls would be categorized as "not exposed to violence" because they have been living in the shelter/second-stage housing system for more than one year.

In 19% of the studies (or 63% of studies of adults), the respondents are asked to reflect back on their entire childhoods. This seems to be the best method to study this issue. However, when adults retrospectively report inter-parental violence from childhood, with the possible exception of Blumenthal *et al.* (1998), we do not know when they were first exposed, for how long, and by how many different parental figures. This is unfortunate from a developmental point of view, but it also may serve to obscure the connection with later problems in functioning.

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[2] For 18% of the studies, the time period was not an issue (e.g., shelter sample where violence was not measured) and in 11% the time period was not specified in the write-up. For example, many studies used the Conflict Tactics Scale but it was not noted if the one year time period of that instrument was applied.

Why is Operationalization Important?

Because the definition of inter-parental violence influences the results of a study. Operational definitions at variance with the nominal definitions of research consumers can yield misleading findings and may be obscuring our appreciation of the true impact of violence on children.

Descriptive Studies

In 4% of the empirical studies reviewed here, the intent was to describe the incidence or prevalence of inter-parental violence in the general population. Policy makers and advocates want to document the magnitude of the issue to promote support for resources and to gain public awareness.

For example, an Australian survey of 5,000 youth aged 12 to 20 concluded that "up to one-quarter of young people in Australia" have witnessed an incident of physical or domestic violence against their mothers or stepmothers. Specifically, that was 23% for reported male-to-female violence and 22% for reported female-to-male violence. What was "violence"? They used six items: thrown something at, tried to hit, hit in defence, hit although not being hit, threatened with knife or gun, and used knife or gun. Indermaur (2001: 2-3) notes, "if we only count those three situations where an actual act of violence was initiated, hence removing attempts, threats and self-defensive hitting, and just including thrown something at her, hit her even though she didn't hit him and used a knife or gun, then one in five young people report witnessing one or more of these acts at least once." Eliminate cases where it happened "once or twice," the number drops to one in ten (see Table 2). So definition defines conclusions.

Using LONGSCAN data (Longitudinal Study of Child Abuse and Neglect), English *et al.* (2003) examined how different operational definitions created different categorizations of exposure among a sample of six-year olds. The results are summarized in Table 3 where remarkable variation can be seen. This sample is derived from child welfare caseloads and is deemed to be a high-risk group.

Table 2

Prevalence Rate Derived from Three Operational Definitions of Inter-parental Violence

Operational Indicator: seen father or step-father do this to mother or step-mother, or vice versa	Estimated Prevalence in Australia (among youth 12 to 20)
thrown something at, tried to hit, hit in defence, hit although not being hit, threatened with knife or gun, or used knife or gun	one in four
thrown something at or hit although not being hit or used knife or gun	one in five
thrown something at or hit although not being hit or used knife or gun, three times or more	one in ten

Adapted from data in D. Indermaur (2001). *Young Australians and Domestic Violence. Trends and Issues in Criminal Justice, no. 195.* Canberra: Australian Institute of Criminology.

Table 3

Percentage of 159 Six-Year Olds Exposed to Domestic Violence in LONGSCAN data set Using Several Data Sources and Time Periods

Measure of DV and Source of Data	Classified as exposed to DV
At Baseline Interview	
Self-report of mother (ever)	67%
CPS file data† (current or history)	28%
Either of the above	74%
At Age 4 Interview	
Self-report of mother re: this child (history)	64%
CPS file re: this child (current or history)	13%
Either of the above	69%
At Age 6 Interview	
Self-report of mother (current*)	14%
CPS file (current or history)	7%
Child report (direct)	19%
Child report (ambiguous)	40%
Any of above	52%
Cumulative (baseline to age 6)	
History only	50%
Current (excludes ambiguous child report)	34%
Either	84%

† any information in CPS file * last three months

Source: D.J. English, D.B. Marshall & A.J. Stewart (2003). Effects of Family Violence on Child Behaviour and Health During Early Childhood. *Journal of Family Violence*, 18(1): 43-57.

The most recent British Crime Survey also demonstrated this point (Walby & Allen, 2004). For women, 6% reported at least one incident of non-sexual domestic violence during the previous year defined to include economic abuse (i.e., prevented from having a fair share of the household money) and social isolation (i.e., stopped from seeing friends and relatives). Eliminating those two categories and focussing on threats and physical acts, the number is 4.2%. Eliminating threats (except threats to kill or threat with a weapon), the number is 2.6% . Eliminating "minor" force (i.e., push, slap, held down), the number is 1.6%.

Correlational Studies

Another group – 71% of the empirical studies – seeks to examine the consequences of violence exposure. For example, in 19% of studies, a group of youth categorized as "exposed" completed psychometric tests so their average score can be compared to the typical scores expected among "normal" youth. In another common technique, true of 60% of the empirical studies that measured violence, subjects were placed in one of two categories: exposed to violence or not exposed to violence. Their characteristics were then compared and any differences attributed to inter-parental violence. The more sophisticated (bur rarer) studies control for other variables, such as child maltreatment.

In any case, the utility of the conclusions hinges on the accuracy of categorization. When exposed youth get into the non-exposed group, and vice versa, the errors described in Table 2.1 occur. The accuracy of categorization is, in turn, predicated on the relevance and validity of the operational indicators. And the relevance of conclusions depend on how closely the operational definition matches the nominal definitions of consumers of the research or, more pointedly, the characteristics of young people receiving services.

Asking about name calling but making conclusions about "violence" is one problem, as was done in the otherwise excellent study by Fergusson and Horwood (1998) study (see Table 4). Eliminating name calling from the analysis – the most common type of "violence" reported – would likely have produced different conclusions.

Binary Classification

As already noted, 60% of the empirical studies measuring violence place each subject into one of two groups for analysis: exposed to inter-parental violence or not exposed to inter-parental violence. This binary classification is common for several reasons. First, it makes the research process fast and easy. One can use simple statistical tests such as the t-test and Chi^2 to compare the characteristics of one group to the characteristics of the other group and look for aggregate differences. Using more than one category of exposure (e.g., none, low, medium, high) does not create as clean and simple a result, although it is not uncommon to see the Chi^2 statistic (questionably) used for this level of measurement.

A second reason frequently cited by researchers is that the distribution of inter-parental violence is highly skewed. The majority of people in the general population report no violence during childhood and those who do tend to report that it happened infrequently. In other words, the experiences of Emily's children are typical of children represented in research on this topic (see Box 3). At the aggregate level, hypothetical data showing this skewed pattern of exposure is found in Figure 5.

Table 4
Reported Rates (%) of Interparental Violence (Ever) During Childhood

Violent Behaviour	Used by Father	Used by Mother
Threaten to hit or throw something at partner	11.3	9.9
Push, grab or shove partner	10.1	6.0
Slap, hit or punch partner	6.8	6.2
Throw, hit or smash something	11.6	7.9
Kick partner	1.8	2.5
Choke or strangle partner	1.2	0.3
Threaten partner with knife, gun or other weapon	1.8	1.1
Call partner names, criticise partner	35.3	35.5
At least one of the above	39.0	38.1

Source: Fergusson, D.M. & J. Horwood (1998). Exposure to Interparental Violence in Childhood and Psychosocial Adjustment in Young Adulthood. *Child Abuse & Neglect*. 22(5): 339-357.

Figure 5
Typical Distribution of IPV (Hypothetical Data)

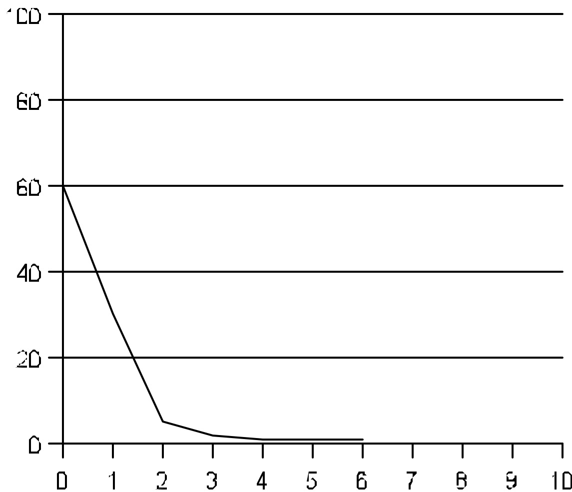
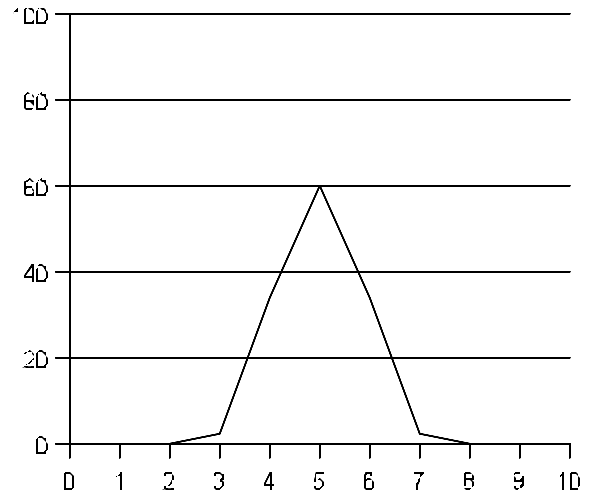


Figure 6
Normal Distribution Assumed by Statistical Tests



In contrast, most statistical tests assume data have a normal distribution (roughly illustrated in Figure 6), sometimes referred to as a bell curve, with the scores predictably and symmetrically distributed around a central mean. These tests, such as those based on comparison of means, are not appropriately applied to data with a dramatic skew. To accommodate for the skew, many researchers collapse subjects into "yes" and "no" categories for statistical analysis. This usually means "yes" (one or more incident reported) and "no" (none reported) within the specified time period (e.g., the previous year). You should not use a categorical test like the Chi^2 when one category has 95% of the sample and the other has 5%. So defining "exposure" broadly will even out the size of the categories closer to a 50/50 split.

The Problem(s) of Binary Classification

Is this a problem? Yes. This technique, representing the majority of studies, may be providing a distorted picture of the impact of inter-parental violence. It could *minimize* the impact on children such as Angela's and Heather's daughters – who conform to anybody's nominal definition of "exposed to violence" – and *over-inflate* the impact of the violence alone on young people such as Emily's children. Indeed, in large-scale longitudinal studies such as Fergusson & Horwood (1998), once key co-variates are controlled for, inter-parental violence appears to have little direct effect on children in general population studies. Yet, this finding makes little sense if your nominal definition of violence is what Angela's children endured.

The first problem with binary classification is that girls like Angela's who experienced horrific violence end up in a group called "exposed to inter-parental violence," along side children who experienced one or two incidents that might be called by Johnson (1995) "common couple violence," such as Emily's children. When youth who experienced chronic and severe violence (a tiny minority) are collapsed together with youth who experienced one or two incidents (virtually all of the exposed group), comparing them to reportedly non-exposed youth may under-estimate the impact of what Angela's girls experienced.

BOX 3: Emily's Children: Fletcher and Gwen

Emily and her two children Fletcher (age seven) and Gwen (age four), were interviewed for this study. Three months before the interview, Emily and her husband, Edward, separated. Emily and the children live in the family home, where she operates her own business. Emily and Edward fought verbally about one to three times per week. These intense arguments usually happened at night, lasted up to three hours and involved yelling and accusatory, degrading comments. Seven-year-old Fletcher says he heard all his parents' loud arguments. The precipitating event for the marital separation was a particularly intense argument about finances that became physical. Emily pretended to call their banker to get proof about Edward's credit card charges. Emily describes Edward ripping the phone out of her hand and pushing her against the wall. Emily fled to a relative's home down the street and called the police. Four-year-old Gwen witnessed this fight and remained with Edward when her mother sought refuge. When Emily returned with the police, Gwen was sitting in the corner shaking and repeating, *"No, Daddy don't do it."* This was the second time Edward had pushed Emily during an argument. Fletcher had observed the first incident (three months prior to the second). Emily and Edward are now in a child custody battle. Currently, Edward has weekly access visits with the children. Despite their respective presence during each of the violent incidents, Edward has told both the children that the incidents "did not happen by him."

Figure 3.1
Fletcher in his Bedroom Listening to His Parents Argue

This young boy gained a sense of control over the frequent and loud arguments he heard by listening from his room at night to catalogue the content of the fights, so he could discuss them the next day with his mother. He needed to be her witness for when his father said things that were not true or if his father later denied things he had said or done. Listening late into the night, Fletcher sometimes had trouble staying awake in school the next day.

Why? Efforts to measure child "outcomes" would show Emily's children as functioning quite well. Angela's children, on the other hand, are experiencing many problems logically related to their experiences at home. However, submerged in a group of other children who are functioning in the "normal range" on instruments commonly used to measure "impact" of violence exposure, their problems fade into the background.

The second danger is to over-estimate the impact of violence, in isolation of other factors, on children like Emily's. While their father's behaviour was highly inappropriate and in no way a good thing, the two incidents did not dominate family life year after year, impact every decision they made, or cause them to fear for their safety on a continuous basis. Indeed, the two incidents may eventually recede into the background of the panoply of factors influencing the development of young children, factors such as family climate, parenting styles, impact of divorce, relationships with peers, messages from the media, family deaths, school success, health, finances, the qualities of any continuing relationship with their father, and scores of others. Emily responded appropriately and perhaps a beneficial lesson was learned from her behaviour. Or perhaps it is the years of loud verbal conflict, so frequently overheard by Fletcher, that is more logically related to any problem he might have later in life.

A third problem is that Angela's girls, who reported only male violence, would be collapsed in many studies together with others who reported both. This might not be a problem if treated as two separate variables, but 40% of empirical studies group the two together and treat them as the same for purposes of analysis. Again, this might not conform to most people's nominal definition.

The fourth, and perhaps greatest, problem of binary classification is that, in many studies, Angela's girls would not even be put in the "exposed" category because the violence stopped for them more than one year ago or because the severity of the violence would be seen as a statistical outlier or as likely to be a fabrication. In other words, Emily's children would be classified as exposed to violence and Angela's

children would not. Again, a comparison of these two groups would seriously under-estimate the impact of violence, as most people nominally define it, on children.

In conclusion, binary classification in this field is prone to classification errors (see Table 5). Whether the error is a false negative or a false positive, the consequence is that individuals are put in the wrong group for analysis. Whether truly exposed youth are placed in the "not exposed" category, or when non-exposed are placed in the "exposed" category, a distorted picture results, perhaps minimizing the plight of children who experienced violence as nominally defined by most consumers of the research. What happened to Emily's children was substantively different from what happened to Angela's children. Putting them in the same group for analysis is like combining a few apples with many oranges, and comparing them to tangerines. In that context, the two groups are not so different and the unique character of the apples is lost.

Table 5
False Positive and False Negative Errors in Research on Children and Inter-parental Violence

False Negatives: nominally exposed children classified as non-exposed
* people exposed to violence outside the time period of interest (e.g., more than one year ago) * people questioned chose not to report violence * people questioned did not know about the abuse between their parents * people questioned were operating with a different definition of key concepts (e.g., "hit") * using psychometric test norms as a proxy measure of a non-exposed group, when in fact a portion of the normative group would have been exposed to inter-parental violence
False Positives: nominally non-exposed children classified as exposed
* operational definition of "violence" does not match nominal definition (e.g., name calling) * violence occurred prior to conception * people are mistaken in the responses or misunderstand the question * violence reported by mother but of which the child was unaware (although this is debatable)

Potential Solutions
One approach used by some researchers is to place people who report one or two minor incidents of violence into the non-exposed group. This creates one enormous group of non-exposed people and one tiny group of exposed people. This may be problematic for statistical tests but it reflects reality is a more accurate way. Another approach is to limit study only to young people like Angela's children (see e.g., Jouriles *et al.*, 2000). This is helpful in qualitative studies and when determining the characteristics of, say, shelter residents to inform intervention among this group. While shelter children are typically exposed to severe violence, the extent to which they represent all children exposed to severe violence has always been in doubt. For example, they may represent a lower socio-demographic group (e.g., Grasley *et al.*, 2000).

In 16% of empirical studies, ordinal ranking is used (e.g., none, low, medium or high severity or frequency). Another 16% of studies use an interval scale, usually derived from the Conflict Tactics Scale. The best

scale from a statistical point-of-view is a ratio-level measure of some dimension of severity, with a true zero-point. Such a measure does not exist and there are so many dimensions to the violence (e.g., severity, frequency, duration, recency, directionality, etc.) that it may not be feasible.

It may well be the case that the variable of inter-parental violence is too reductionistic and simplistic to explain short or long-term outcomes among Emily's children. At the same time, one variable seems woefully inadequate to capture the depth and scope of what Angela's children endured. Holden (2003) agrees that inter-parental violence is too complex a construct to be reduced to yes/no. He proposes a 10-category taxonomy involving direct (exposed prenatally, intervenes, victimized, participates, eye witness, overhears) and indirect exposure (observes the initial effects, experiences the aftermath, hears about it, and ostensibly observes it). Any one child may fall into several categories. Holden suggests relating variable patterns in outcome to these different dimensions of exposure, while attempting to control for the many moderating variables such as age and also the type of violence.

National Longitudinal Survey of Children and Youth

In Canada, the National Longitudinal Survey of Children and Youth is collecting some interesting information on many facets of children functioning. This large-scale prospective study of children is a monumental undertaking by Statistics Canada and one that will yield important information about the life trajectories of young people in this country.

At this point, however, these data cannot address the consequences of inter-parental violence for two reasons: it does not measure inter-parental violence, and it does not measure child maltreatment to use as a crucial co-variate in the analysis. Using the operational definition described earlier, capturing inter-adult household violence in general (including teenagers), 8.6% of children in a cohort representing 2 to 11 year olds were exposed to this violence by a caregiver's report (Onyskiw, 2002; see also Dauvergne & Johnson, 2001). However, there is no way to determine the identity of the adults. In addition, two thirds of the reported "violence" occurred "seldom." The responses to this question have been correlated with later levels of anxiety and aggression in young children (Moss, 2003). But any correlation cannot be attributed to woman abuse, or even inter-parental violence.

Also a drawback, although not unique to this survey, is that fact that information on child abuse is not collected. As was done in the Christchurch study in new Zealand, having the cohort reach the age of 18 affords an opportunity to ask for retroactive reports of variables such as child maltreatment. It is hoped that surveyors will follow the path of others conducting long-term longitudinal studies and seek retrospective reports of child abuse once the cohort reaches adulthood. The opportunity would also be there to capture the most rich and statistically useful data ever collected from a population sample about inter-parental violence. After reviewing some of the limitations of how data have been collected in previous studies, it is possible to make recommendations on how to the frame questions (see Box 4). Adding such question to the NLSCY would be a significant contribution to the field.

BOX 4:
10 Ways to Improve the Operational Definition of Child Exposure to Inter-parental Violence

1. use multiple informants or sources of information (child, mother, official records, siblings, etc.) and devise rules for reconciling contradictory accounts

2. avoid binary classification of exposed and non-exposed youth in favour of an ordinal or interval-level measure

3. measure the dimensions of severity of violence in addition to the frequency

4. measure violence used by both male and female parental figures and study them as two separate variables and also as same-sex or opposite-sex parent

5. measure recency of the last incident of violence because the effects may lessen or dissipate over time

6. measure inter-parental conflict as well as inter-parental violence and distinguish violence that occurs as inter-parental conflict from “patriarchal terrorism”

7. ask the nature of the “father’s” relationship to the child, how long he was in the home, and how many different “fathers” were violent

8. ask about age(s) of onset, duration of violence, and age(s) of desistence

9. measure and control for other adversities that are correlated with woman abuse, especially child maltreatment (including neglect) but also poverty, parental substance abuse, mental illness, and incarceration

10. consider the entire childhood, or childhood so far, not just part of it

Program Evaluation

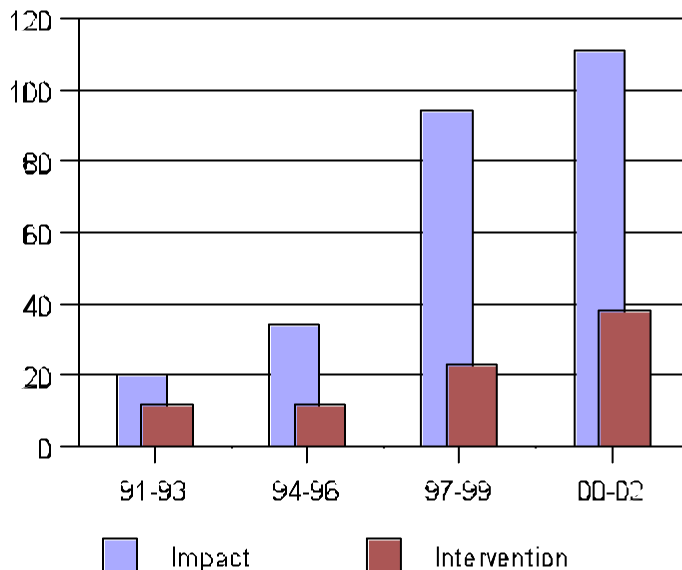
A final observation on the body of literature before moving on: relatively few of the 391 sources of information addressed intervention, as illustrated in Figure 7. Those that do include program descriptions, assessment techniques, evaluations, clinical guidance, practice standards, and training material, comprising 24% of the literature we reviewed. Most material, on the other hand, compares the characteristics of children exposed to violence (as defined) with other children (fully 60% of the empirical studies), correlates of inter-parental violence and various outcomes, and measures of incidence or prevalence. More than a quarter of the sources (27%) were reviews of the empirical literature.

Of particular concern is the scarcity of good program evaluations. There are eleven evaluations in the published literature, several addressing the same program. Three intervention models were evaluated for *efficacy* (see Graham-Bermann & Hughes [2003] for a summary) and no evaluations have addressed *effectiveness* (see Table 6). All three evaluations were conducted by the developers of the programs.

Table 6
The Three E's of Outcome Evaluation

EFFICACY	this intervention can work under rigorous conditions of implementation (e.g., program is supervised within the context of a well-funded research study, often overseen by the program's developers)
EFFECTIVENESS	this intervention can work when implemented in the "real world" with typical funding levels and independent of the program's developer
EFFICIENCY	this intervention achieved the same (or better) outcomes at less cost per unit of outcome when compared with other interventions

Figure 7
Sources of Information Documenting Impact of Inter-Parental Violence and Addressing Intervention, 1991 to 2002



It is typical in most fields that research questions evolve from exploratory, to descriptive, to correlational, to explanatory. At that point, we can and should develop interventions based on a theoretical understanding of cause and effect. This necessary and desirable evolution takes time. Indeed, if we jump ahead and design interventions based on correlations alone, we could get it wrong. What if the correlation between violence exposure and adverse outcomes turns out to be spurious (i.e., explained by something itself correlated with family violence)? What if inter-parental violence is a relevant target of intervention for some youth, like Angela's children, but not so important with others, like Emily's children? We could be wasting scare resources and letting down families because they have missed the opportunity to receive an intervention better suited to their needs:

> The professional literature on children of battered women offers a number of suggestions for intervention and includes descriptions of several specific intervention programs. With a few notable exceptions, however, systematic evaluation of the efficacy of these suggestions and programs has not been undertaken. At best, this state of affairs may contribute to an inefficient use of scarce resources; at worst, it may result in children and families receiving ineffective or perhaps even harmful services. Moreover, many of the existing intervention programs for children of battered women appear to identify all children of battered women as needing help on the basis of the behavior of the mother's batterer. This approach ignores what is known about children's differential response to stressors and suggests an inefficient use of resources by offering services to children who may not need or benefit from them (Jouriles, McDonald, Stephens, Norwood, Spiller & Ware, 1998: 337-8).

Evaluation of programs is the best way to determine if they are having the intended effect without unintentionally creating other problems, called iatrogenisis. Evaluation is a type of applied research, meaning there is no one formula for how to proceed. The term can encompass many different methodologies and research questions, each of which is valid at the appropriate stage of development of a program (see Table 7). Like program development itself, evaluation is less an event than a process that should evolve as the program develops or be matched to the stage of development of a program. The state of knowledge about inter-parental violence has passed through the "need" stage, because we know it is far too common and have ample evidence that inter-parental violence is at least a risk marker for other types of problems. We *need* to help. Interventions are commonly available now in Canada (EDUCON, 1998) and a small number of studies explore *process* of implementation and views of program participants. We also have a few *outcome* evaluations and even some that document in a tentative way the efficacy of some models, boding well for the *effectiveness* of some interventions.

The Program

With evaluation funding dollars being hard to come by, evaluation is only profitably conducted on programs which are:

- well-established with a client base of appropriate referrals in sufficient number
- able to be replicated under normal field conditions and resourcing levels
- designed with a theoretical linkage between program content and adjustment problems
- appropriate for the needs and the age group for which it is being delivered

The key priority here is to evaluate programs that are replicable and likely to be implemented, not programs that are super-resourced with extra project funding and high-levels of voluntary contributions by graduate students. All three programs which have been evaluated for efficacy were augmented by extra resources that would not likely be available to programs operating outside of a special research project. Finding *efficacy* in a super-resourced program does not indicate if the same intervention delivered under normal conditions would be *effective*. Evaluations should be focused on programs that can realistically be implemented in the field under typical levels of funding, training, and staff qualifications.

Table 7
Evolution of Questions and Methodologies in Program Evaluation

Purpose	Research Question	Methodologies	Result
NEED	Do we have a program gap in our community?	Needs analysis, stake-holder & community consultation	Decision to pursue or abandon program development
	What program do we deliver to fill that gap?	Literature review, consultation with others	Decision to adopt a specific program strategy
PROCESS	Can we implement that program here?	Observation of implementation and challenges faced	Conclusion that program is or is not feasible in this community
	Are we meeting the needs of the client group and stakeholders?	Consumer and stakeholder surveys or interviews	Feedback to modify the program (target group, referral stream, method, etc.)
OUTCOME	Do members of the client group make gains in the desired areas?	pre-and post testing or observation, follow-up	Data that documents gains in target areas
	Do members of the target group make more gains than they would have anyway without the program?	Experimental design with control group for comparison	Data that documents effectiveness of the program relative to a comparison
EFFICIENCY	Does the program make as many or more gains at less cost than other programs?	Experimental design with control group for comparison	Cost-efficiency analysis

Source: A. Cunningham (2002). *One Step Forward: Lessons Learned from a Randomized Study of Multisystemic Therapy in Canada.* London: Centre for Children and Families in the Justice System, London Family Court Clinic.

The Referrals

Also important in evaluations is that the people who receive the intervention are both appropriate candidates for the service and reflective of the population of clients who will typically receive the service in other settings not being evaluated. Also important for this purpose, they should:

- have a memory of violence in their homes
- be experiencing adjustment difficulties likely associated to violence in their homes
- not be experiencing adjustment difficulties unrelated to violence which should be responded to in another way
- not be currently experiencing violence or be at risk of maltreatment
- not be currently experiencing an acute trauma reaction to violence or maltreatment

Key priorities here are that the youth undergoing the intervention should need the intervention, not be better suited to a different intervention (e.g., one for child maltreatment, trauma, etc.), and be typical of youth who would receive the service under normal field conditions. Crucial, therefore, is that each participant be

assessed for appropriateness for the program. Assumed in this process, therefore, is a triage function where children who better suited to a different intervention are referred to another program.

It is also necessary to be able to study a large group of program participants. To achieve sufficient statistical power, at least 500 qualifying youth would be required for an effectiveness evaluation, probably pooled from multiple programs. Statistical power is an issue because the three efficacy evaluations found extremely small differences (or no difference in many variables) between treated and non-treated controls.

The Comparison

The first question to be answered in either an efficacy or effectiveness evaluation is this: *do participants fair better because of the program than they would have without it?* For example, in a randomized evaluation of the Kids*Club Program (Graham-Bermann, 1992), youth assigned to a wait-list control group improved significantly on internalizing symptoms, aggression and conduct problems, in similar measure to the treated group (Graham-Bermann, 2000).[3] This finding suggests that the average child referred to a child-witness-to-violence program might improve over time, at least on the variables measured in this study. This possibility must be accommodated in any effectiveness evaluation.

The second question is this: *do participants experience any downside to participation, especially those that might outweigh the benefits?* For example, for some children, a group intervention where they hear other children's stories and memories may trigger re-experiencing of traumatic events in "affect dosages" that are overwhelming. Might such an experience trigger maladaptive coping strategies such as avoidance, preventing the healthy resolution of trauma? Children with no memory of violence at home may leave the program with knowledge of horrific violence to which they would not have been exposed otherwise. Children who witnessed (or experienced) violence by a mother may be confused and stigmatized in groups addressing only male violence to women. Maltreated children may feel stigmatized in groups with children who were not maltreated or feel their own abuse is de-valued if all program content focuses on woman abuse. To accommodate for these possibilities, evaluators should measure variables such as trauma symptomatology, anxiety and fears, stigma, and self-blame.

The third question is this: *do participants fair better in this program than they would have in another program?* This question relates to efficiency, or devoting resources to programs which encourage the best outcomes for children. Is a violence-specific program more effective than a general therapeutic intervention not targeted at violence? Will a group intervention be as effective as individual therapy but at less cost? Children evidencing what clinical profile (e.g., learning disabilities, entrenched oppositional behaviour,

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[3] Referrals were randomly assigned to three treatment conditions: children’s group only (n=62), child and mother group (n=61), or a waiting list control, called the delayed treatment group because they entered group later (n=58). Testing was undertaken at intake, discharge, and again eight months later. Some attrition was reported, associated predominantly with the wait-list group. While all groups improved significantly in the aggregate, the absolute level of average improvement was greatest for the child/mother group and least strong in the wait-list group. With the lack of statistical significance, the possibility these differences occurred randomly cannot be dismissed. The average member of the treated groups improved on child understanding of family violence and in-group behaviour, but levels of anger increased.

attention deficit, severe depression) fair better in which type of intervention?

These three questions are all answered in relationship to a base of comparison, be that a non-treated group, a wait-list group, or a group receiving a different intervention. Each member of both groups will undergo the same intake assessment to determine appropriateness for the program and collect demographic and base-line data. Ultimately, random assignment to groups is the best way to answer questions about efficacy and effectiveness. Three programs have been subject to randomized evaluations and discussed in the published literature (Graham-Bermann, 2000; Jouriles *et al.*, 2001; Sullivan *et al.*, 2002).

The Implementation

While often forgotten in evaluation research, it is increasingly being recognized that it is essential to measure features of how the program was delivered. Satisfaction of participants is often measured and treatment "dosage" (e.g., percentage of program completed) is sometimes measured. But it is also important to measure issues such as:

- degree of fidelity to the program model
- program integrity
- suitability of program participants
- qualifications and competency of program staff

If evaluation results do not match expectations, deficiencies in program delivery should be investigated as one possible reason. Perhaps the program was forced to serve more clients than desirable, compromising service quality. Perhaps, to fill spots, clients unsuitable for the program were admitted. Funding restrictions/cut backs, staff turnover, below optimum levels of clinical supervision, any or all of these factors may affect evaluation results.

For example, it is widely believed that characteristics of program staff may have as much or greater influence than the program itself in influencing outcomes. Simply put, skilled therapists will create positive change using most any intervention, while a poor therapist might see no treatment gains in clients even when using the best intervention known. Evaluators should collect data to be able to investigate the therapist effect on outcomes, among other features of implementation.

This supposition was tested in a study in Washington State when evaluation results did not match expectations. There, an ambitious evaluation program guided by the State legislature is seeking to identify the model programs in a number of publicly funded areas, such as juvenile justice (Washington State Institute for Public Policy, 2004). The first step was a review of the literature (Washington State Institute for Public Policy, 2001), but the process did not stop there. Based on published evaluations (often conducted by the program's developers), several programs were selected for testing and implemented in jurisdictions across the state, within the context of a randomized evaluation. Client outcomes, including cost-benefit data, were measured to facilitate the selection of program to adopt state-wide. Results were

encouraging in some areas but the model programs did not perform nearly as well as they had in efficacy studies conducted by their developers. Differences between treated subjects and non-treated controls were only marginal at best. To explore potential reasons, the assessed "competency" of therapists was correlated with outcomes, which in this case was criminal recidivism. Among the conclusions were:

- there was wide variety in client outcomes among different therapists
- successful client outcomes were routinely achieved by some therapists
- unsuccessful client outcomes were routinely associated with some therapists
- assessed "competency" of the therapists was correlated with the client outcomes

In calculating cost-benefit data, programs delivered by "competent" therapists saved money, meaning that improved outcomes led to cost savings that outweighed the cost of delivering the program. Conversely, the same program delivered by "not competent" therapists led to a greater outlay of state funds in the long run, compared with usual practice in the jurisdiction. The evaluators concluded that the tested programs, when delivered in a "competent" way, were worthwhile but that without attention to quality assurance, use of these programs could increase the rate of unsuccessful outcomes.

It is also possible, as previously alluded to, that program implementation may be of such superlative quality that it is difficult to replicate under typical field conditions. In these cases, typical of well-funded efficacy evaluations, the generalizability of positive results must be extrapolated to other services with great caution. For example, Sullivan *et al.* (2002) evaluated the impact of an advocacy program for mothers on the adjustment of their children. This study confirms that intensive effort to assist women will pay off. However, the intervention as evaluated was far more intensive than most battered-women's programs could delivery with resources typically available in that sector.

Battered women receiving services (mostly shelter services) were randomly assigned to the normal services of the community or to the advocacy program. Those in the advocacy program received, in addition to the other services normally available in the community, one dedicated advocate for 16 weeks who worked only with her, had received "extensive" training, was supervised weekly and received peer support from colleagues. The advocate spent on average nine hours per week working with or on behalf of the family, roughly equivalent to a full-time caseload of four families. Children received more than five hours on average of weekly contact with the advocate and was also "taken" to a 10-week support and education program operated with project funding and staffed by five people who served only 80 children.

The Outcomes

The final ingredient of a good effectiveness evaluation is the selection of outcome measures well-suited to the topic and addressing the questions outlined above within the confines of available resources. Specifically, the selection of measures should be guided by these principles. They ideally would:

- address both projected benefits and the potential for unintended negative outcomes
- measure behaviour in addition to knowledge, attitude or symptoms

- be logically related to program content and the intensity of the program
- be logically and theoretically related to violence exposure
- be assessed by someone independent from program providers or program designers
- be non-reactive in that a desire to please program providers will not be an influence
- be appropriate for the age of the child participants
- be appropriate for use with people of varying literacy levels and proficiency with English

On a practical level, outcomes should be measured at intake and again at program discharge, along with performance indicators such as percentage of program attended (i.e., dosage) and perhaps a "test" to measure percentage of program content learned compared with base-line knowledge at intake. Attempts to follow-up with participants after several months, to measure the durability of changes, is a desirable goal but worthwhile attempting only with sufficient funding to ensure a reasonable prospect of retrieving this information. Measuring consumer satisfaction, while a necessary component of program design, delivery and refinement, does not constitute a true program evaluation. Neither does administering psychological testing at intake and discharge unless there is a control group to indicate natural changes expected in an untreated group.

What should be measured as an outcome? A variety of psychometric tests such as the *Child Behavior Checklist* are usually employed for this task but no instrument is precisely suitable to the purpose. These tests measure symptoms such as anxiety, depression or conduct problems. However, it is (arguably) the cognitive distortions about violence and any non-adaptive coping strategies that set the stage for later problems including perhaps an elevated propensity to use violence or to accept violence as a normal feature of relationships. If these distortions and coping strategies are in fact the mechanisms logically linked to later problems, a successful intervention would address these two factors in ways appropriate for the age of the child. Under this model, areas to be assessed might include:

- attribution for the violence they experienced, especially self-blame and guilt
- internalized coping (numbing, tuning out, substance use, etc.)
- externalized coping (anger, aggression, etc.)
- perception of the world as a dangerous place
- perception of the home as a dangerous place
- confidence in caregiver (usually a mother) to keep child and siblings safe

The remainder of this report presents a framework for understanding how children of different ages are affected by inter-parental violence, as background to inform understanding, assessment, intervention, and ultimately the evaluation of the effectiveness of our interventions.

Conceptual Framework: Seek to Understand

In the final analysis, the ability of research to inform practice may be limited by the essential ways in which the two enterprises differ (see Table 8). For example, quantitative research uses "group" as the level of analysis. Highlighting the average will always leave others in the dark, obscuring the features and people who do not cluster together at the mean. Qualitative research, on the other hand, more closely parallels the goals of intervention but is far less prevalent, or valued.

Table 8
Differences Between Goals of Quantitative Research and Goals of Intervention

	RESEARCH	INTERVENTION
Level of Analysis	group	individual
Definition of "Violence"	researcher decides	clients defines
Data	average / correlation / odds ratios	individual information
Purpose	descriptive, explanatory	transformative, solution focused
Focus	a few variables	all variables impacting client's life
Time Period	cross-sectional, retrospective, sometimes prospective	life span, life trajectory
Agenda	publish, seek funding	provide effective service
Audience	peers, reviewers, readers	not applicable

We suggest here instead eight principles to act as a framework for understanding the impact of inter-parental violence on children and young people:

- use only the "best evidence" available in the literature
- adopt a child's eye view
- overlay a developmental framework
- acknowledge the wide spectrum of violent experiences, including violence against children
- conduct a gender analysis where applicable
- look for and consider the role of co-occurring adversities
- remember the ecological context in which the family lived and lives
- attend to ways our words and interventions can be counterproductive

These principles can apply equally to assessment and intervention as well as research. The integrating theme of our approach is this: first, seek to understand.

Best Evidence

The term "evidence-based practice" is bandied about frequently these days. While a commendable concept, the integrity of the resulting "practice" depends heavily on the quality of the underlying "evidence" (Gorman, 2002). While practitioners are increasingly looking to the research literature for direction, will they find "evidence" to improve their services? Or might they find "evidence" that sends them in the wrong direction? Some problems have already been noted, most importantly the lack of correspondence between operational definitions typically chosen by researchers and the characteristics of children receiving services for violence exposure. The paucity of evaluations is also a problem, as is a tendency to see a simple cause-and-effect relationship between violence exposure and later problems, without considering the role of important co-variates (e.g., child maltreatment).

A literature search, of material published between 1991 and fall 2003, turned up 391 sources (see Box 5). Undertaking a comprehensive review of this material, it seems eminently clear that practice should be grounded in the *best* evidence, not *all* the evidence.

To organize the information, we first adopted an approached espoused by the Campbell Collaboration or C2 (www.campbellcollaboration.org), an international consortium of people who believe interventions and public policy should be shaped only with the best empirical evidence. Their tag line is: *what helps? what harms? based on what evidence?* C2 prepares and disseminates up-to-date systematic reviews of intervention studies in the social welfare, education and criminal justice arenas, using a process honed in the health sciences by the Cochrane Collaboration (www.cochrane.org). Potentially thousands of studies are reviewed and all but a handful eliminated, to use only those of acceptable quality. Most research, it seems, is not sufficiently rigorous to inform practice. Studies with poor methodologies could provide wrong conclusions, and may even be used to design and promote practice that is harmful, or iatrogenic.

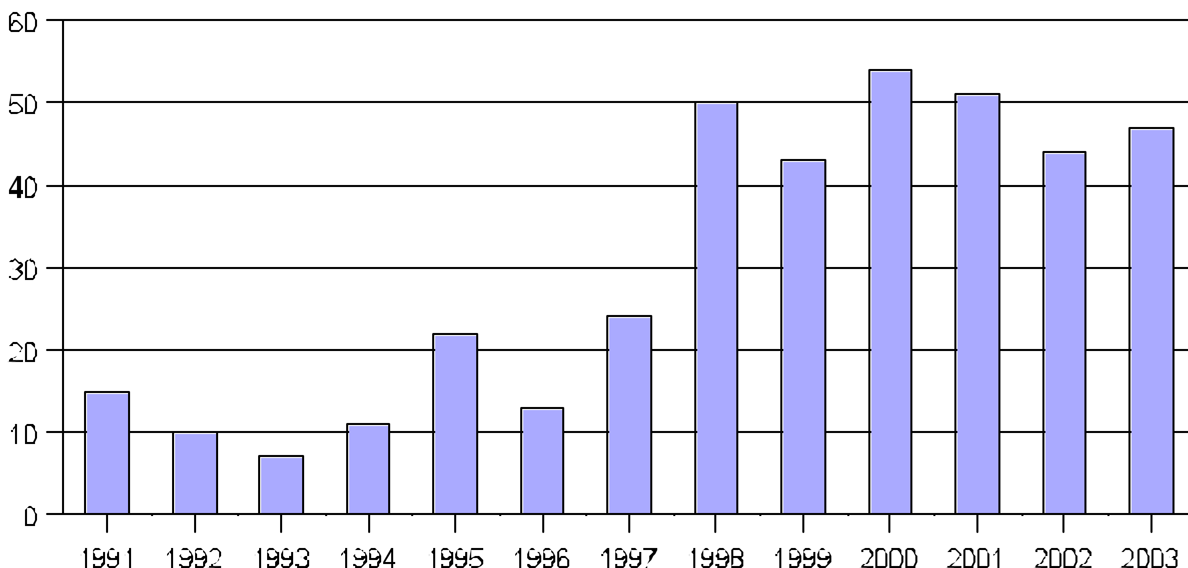
It was quickly apparent that the field of children and inter-parental violence – still relatively new compared with better established areas of inquiry such as child maltreatment – is not ready for a Campbell review. The paucity of effectiveness evaluations is the key reason. Sorting through the material, it was also apparent that the quality of empirical work has risen in recent years. There are now several large, general population data sets and prospective techniques are more evident. The use of statistical significance as an arbiter of difference is declining in favour of more meaningful measures such as odd ratios. As listed above, changes to the operational definitions of the topic would advance our understanding. At this, point, however, consumers of research would be wise to examine operational definitions very carefully before using the results of research to inform policy or practice. Some examples of the strengths and weakness of studies are outlined in Appendix A, using some of the best quantitative studies available.

BOX 5: The Search for Sources

The research used here was drawn from 391 sources of material published between 1991 and the fall of 2003. A list is available at www.lfcc.on.ca/CEFV_bib.html.

Material was located using electronic searches of data bases (psychINFO, Current Contents, Medline) and the Internet, hand searches of *Violence & Abuse Abstracts* and *Criminal Justice Abstracts* and our own library, and by reviewing reference lists of articles collected. Most are journal articles (73%), half were published in 2000 or later (see Figure 5.1), and 220 (56%) were descriptions of empirical studies. The vast majority reflects the output of academics, especially psychologists. Most of the material we could find – searching from Canada in the English language – was from North America, with 72% from the U.S. and 15% from Canada. Also represented are Australia (5%), the United Kingdom (3%), Israel (2%), and one or two sources each from Italy, New Zealand, Sweden, Denmark, Hong Kong, Philippines, St. Lucia, and South Africa. Obviously, non-North American material is under-represented here and 2003 is incomplete because we stopped collecting articles in the fall to start the analysis.

Figure 5.1
Year of Publication of 391 Sources



Inclusionary/Exclusionary Criteria
The key criterion was that the source had to address children and inter-parental violence, either an empirical study (56%), literature review (24%), description of a program or intervention technique (7%), clinical guidance on assessment etc. (4%), evaluation of an intervention (3%), training or curricula documents (2%), or methodological direction specifically on the topic (1%). We found one bibliography, seven books and six edited books which generally provided wide-ranging overviews. Excluded were discussions of legal issues or the appropriateness of child welfare involvement. Unpublished sources were not excluded but were discovered on an *ad hoc* basis and would be under-represented.

Most analyses reported here pertain to the 220 empirical studies. Empirical studies were included if they described the characteristics, prevalence or incidence of child exposure to inter-parental violence, or if exposure (before age 18) was investigated as a possible correlate, mediator or moderator of outcomes in children, adolescents, or adults. Studies were excluded if they combined inter-parental violence with other types of violence (e.g. community, sibling), child maltreatment, or non-physical marital conflict in a way that could not be separated for analysis. For example, data from the Longitudinal Study on Children and Youth (e.g., Moss, 2003) were excluded because inter-parental violence was combined with violence between other adult and adolescent family members. Studies of child witnesses of parental murder were excluded.

Most empirical studies examined the connection between inter-parental violence and a negative outcome for the child (71%), looked at the overlap of inter-parental violence and child maltreatment (7%), qualitatively studied children's experiences (5%), documented the prevalence/incidence of inter-parental violence among families with children (4%), did research to inform intervention such as developing or testing an assessment instrument (4%), or (as the primary focus) looked at how boys and girls are affected differently (2%). In addition to these 220 sources, there were 11 evaluations of interventions.

Place of Publication
Among the 391 sources were book chapters (9%), books and edited books (6%), research reports (5%), government publications (2%), program manuals or books (2%), or training material/curricula (2%). However, the majority (73%) were published in journals. Many (37%) were published in speciality violence journals such as the *Journal of Family Violence* (31 articles), the *Journal of Interpersonal Violence* (34), and *Violence & Victims* (13). Seven percent came from child maltreatment journals. Also represented were journals devoted to psychology (21%), family studies (9%), psychiatry (7%), medicine (7%), social work (5%), nursing (2%), and a few from addictions, play therapy, criminal justice, sociology, victimology, education, and women's studies.

Disciplines of Authors and Teams
Disciplines of first authors were varied, but most often was psychology (47%), social work (20%), medicine/psychiatry (9%), public health (7%), nursing (4%), and sociology (3%). Less commonly represented among first authors were family studies, women's studies, criminal justice, and law. Almost a quarter of the sources were authored by multi-disciplinary teams. The relative prevalence of psychology among the first authors has increased over the period under study, from 39% in 1991-93 to 51% in 2000-02

A Child's-eye View

We are certainly not the first people to ask children about memories of violence at home. Several excellent studies will be cited later. Others, such as the *Listen Louder* study of the Scottish Women's Aid, will be released soon. Yet, only 20% of the empirical studies asked children for information, and most of these used the Conflict Tactics Scale to do so. Only 15 studies of 220 sought a child's perspective as anything more than the answers on a survey form. This is truly a shame because children's narratives convey such rich information. The most powerful evidence of the impact of violence is the voices of children. We learn much from their words when we let them tell their stories before we ask our own questions. If we listen with an open ear, they give us the signposts for exploration and intervention.

> *Do you want to know how I feel about it? It gets me all confused and muddled up. When it happens, I feel as if things are growing in my head, outwards, and pressing on my head. Do you want me to give you an example? I'll tell you what, I'll tell you a*

good example, but you have to have lots of paper to write on when you write it down. There was a big argument one day. My dad didn't want his [dinner]. He bought me an ice cream. He pushed her three times. Someone came running out. He kept kicking her. Mum was crying and crying. And then I got mad – I'm not a nasty person really I'm not, but I just got mad. Then he kicked his car. Then he got in it and then he got out again, and he came for me so I ran away. Later, I played with my sister on the computer. My mum was being looked after by our neighbour. Then we saw the police and I went to my auntie's. Have you understood it? It just gets me so muddled up. I'm frightened I'll be like it when I grow up. I know what she is going through and I want to help her. I get worried for her (eight-year old boy, cited in Mullender *et al.*, 2002: 95-96).

This young boy tells us this incident is not an isolated event. He provides an "example" and implies he could relay many more. His perception is that violence begins with argument and can escalate quickly. The first issue that must be explored is his risk for physical abuse or injury. He understands how his mother feels, what she is going through. Is his understanding based upon personal experience?

The early latency boy, consistent with his age, is a concrete thinker and focuses on small details like how his mother was pushed three times. Expect at this age an increased identification with the same-sex parent, which for most features of family life is a good thing. In this boy, it causes confusion because he sees his father's anger as bad and yet recognizes anger within himself. He takes efforts to reassure himself, and probably the interviewer, that he is not nasty like his father. He also may feel responsible for the incident in an ego-centric way. He got an ice cream (a good thing) and his mother was beaten. Even if he feels no guilt, might he be conflicted that he got a treat while Mom got hurt?

This relatively short story is taking up a disproportionate amount of emotional space. The incident is huge and requires "lots of paper." It is clearly imprinted. While he says he is muddled, his description is clear and contains specific details. We also see a somatic reaction in how his head is under pressure. There is excessive worry about his beloved mother and her safety. All these features suggest traumatic symptoms should be explored. The dominant emotional reaction, however, is confusion. In the aftermath, his routine is disrupted and we get no sense of where his father is or how events unfolded.

Several points of intervention suggest themselves with this youngster: assess for physical abuse; assess potential traumatic stress reactions such as sleep disturbances; and, explore his feelings about his own anger and how he might be expressing it in non-adaptive ways, now and in the future.

Each Child has a Unique Vantage Point on Shared Experiences

For this study, we sensitively and supportively asked children to remember the violence in their homes. As in all our work, we apply rigorous ethical protections (Cunningham, 2003) to safeguard the interests of children and families. Young people typically welcome the opportunity to discuss their perspectives. Many times, no one has ever asked before.

It is important that each child is seen separately, giving them permission to say what they need to, without fear of hurting or shocking each other. In this way, it is strikingly obvious how each sibling can have dramatically different memories, reactions and vantage points on shared experiences. One family with whom we spoke illustrates this point. Box 6 is a brief overview of their stories and the eldest, Ivy, also wrote her own story, printed later in the document (Box 20). These girls and their mother Heather clearly experienced severe violence on the extreme end of a continuum. Hugh, the assaultive husband/father, was repeatedly incarcerated for barroom assaults and drug offences. This family was often moved to shelters outside the region to protect them from this dangerous man. Over the years, the children experienced many separations and reconciliations with him.

Prior to speaking with children, we asked mothers to choose a salient incident each child might identify as the "worst" thing that happened. Heather believed her daughters would remember vividly and be most affected by her partner's last violent attack against her. The violence was severe, involving a weapon and the need for several police officers to escort them to a shelter. All three girls were at home, it occurred at a new home during a party, it was recent (two years ago), and it was the trigger for the last and permanent marital separation. It was also the last contact the girls ever had with Hugh. A second salient incident was Hugh pushing Heather out of a moving vehicle.

More often than not, children chose to speak about different incidents, as occurred here. The memory of each girl was drawn to different events. Sometimes the context, or aspects that seem trivial to an adult, defines how an event is remembered. A child's perceptions of attribution, blame, and consequences, while perhaps distorted and even erroneous, are powerful and even adaptive. *First seek to understand.*

BOX 6: Heather's daughters Ivy, Jade and Kate

Heather and her daughters survived eight years of violence inflicted by the husband she loved, Hugh. He came into their lives when Ivy was ten and Jade was three. Shortly after, Heather gave birth to Kate, a biological daughter to Hugh. For eight tumultuous and terrifying years, Hugh's violence, substance abuse, and anti-social life style defined family life. They moved frequently, sometimes suddenly, changing schools, terminating friendships, and repeatedly losing clothes, books and toys. Some moves occurred when the family fled to shelters. Others followed marital separations or reconciliations. Hugh maltreated all three children but his step-daughters experienced the majority of the physical and severe emotional abuse. Hugh also sexually abused Ivy. She left at 15, returning home periodically for short stays until age 19, when her parents permanently separated. Jade was 11 and Kate was seven when a brutal attack on Heather necessitated what would be their final shelter stay. Two years later, when Heather and the girls spoke with us, they were living in a transitional residence for survivors of woman abuse.

Ivy (now age 21)

When asked about living with violence against her mother, one incident stood out in Ivy's mind. When she was 14, Hugh beat up her mother and then drove Ivy to a motel room. While Ivy did not expand on the term "beat up my mother," she recalled vividly what she was watching on TV before she fell asleep. When she woke up, her stepfather was touching her sexually. She pretended to be asleep. He continued to touch her until he fell asleep. She had been sexually abused by him on three previous occasions. During the interview, related memories crowded in on this significant incident. She was forced to dance in front of Hugh's friends while he made embarrassing comments about her body. She felt ashamed and wanted to escape. These incidents

stand out for Ivy because of their profound impact on her as a young teen and now as a young adult. She credits her sexual victimization for self-propelling her out of the home at age 15. This survival decision forged a chain of painful experiences --- school drop-out, substance abuse, and victimization by dating partners. She is haunted by the memory of looking out at her stepfather and mother from the witness box. At that moment, she chose not to testify about Hugh's sexual abuse believing he would make good on a threat to prevent her from ever seeing her sisters again. Perhaps, most difficult, is the anger she still feels towards her mother who did not support Ivy's disclosure of sexual abuse.

Ivy attributes Hugh’s violence to a need to feel strong by having others fear him. Her role as protector of her younger sisters is still evident as she struggles with relinquishing this role to her mother. Back at school, she is not confident she will be successful after years of being put down and ridiculed by Hugh. The impact of her personal victimization is playing out in efforts to establish trust in intimate relationships.

Jade (now age 13)

Jade, a quiet and keen observer, is credited by her mother and sisters as able to anticipate Hugh’s violence. She mentally recorded and catalogued each incident of violence. One stands out for her. She was seven. The family was eating dinner when Hugh suddenly angered: *"He started hitting Mom for no reason. He was yelling and pushed her into the wall. She was crying. He broke her nose. I ran up stairs."* The salience of this memory for Jade appears to be rooted in her developmental stage and how it differed from other incidents. Jade was at a stage where children process events by focusing on the reason for the behaviour and whether it was fair. To this day, she focuses on the fact that for "no reason" Hugh erupted and assaulted Heather with such force he broker her nose. This incident appeared to differ from others in that it did not escalate from a verbal fight between her parents. Jade's ability to anticipate Hugh's aggression was a coping strategy which helped gave her a sense of control so she could modify her own behaviour (e.g., be absolutely quiet; leave the room; go to Ivy). This incident violated her childhood sense of fairness and defied explanation in a way that other incidents had not. Perhaps most importantly, the unpredictable nature of that incident increased Jade's sense of vulnerability at home. Jade is glad to have no contact with Hugh: *"I like it this way. [I only miss him] if it's Father's Day and stuff like that."* She attributes his violence to an abusive upbringing and alcohol/ drug usage. She is described as being withdrawn, acknowledges feeling very sad at times, experiences panic attacks if home alone, and frequently writes about dying. She excels academically.

Kate (now age 9)

Kate grew up with violence against her mother, her sisters, and occasionally herself. Within this climate of hostility and fear, she heard the message that she was special (being Hugh’s “real” child), that her father loved her more than anyone else, and that he would not treat her as he did the others. To this day, she holds secrets from the others about terrible things her father told her.

Two incidents are salient for her. One situation is devoid of context and is relayed as if she is simply describing an image in her mind. The image is of her mom being tied to a chair and of Hugh pulling her hair. The second incident is described in greater detail and she spontaneously offered to draw a picture as she talked (see figure 6.2.) She was about five and everyone was at her paternal grandmother's house. Her parents were fighting and Hugh had been drinking.

> *He took a knife and pulled my mom's hair and smashed my mom's head on a fence. There was blood on the fence. It was a white picket fence. Hugh said Mom couldn't tell Grandma. It was her white fence. A male neighbour came over and told Dad to stop. He started fighting with the man. The end of the man's finger came off on the fence. Blood was all over the fence.*

Kate's recollection reflects her age at the time. She recalls very few details about the verbal fighting or the

context for the images. Her memories seem to consist largely of a series of graphic photos that likely have stayed with her because of the intense emotion they aroused and their exceptionality in terms of her experiences. She does not appear emotionally affected by these images when describing them.

Unlike many young children, Kate does not appear to feel guilty or responsible for the fighting. She confidently attributes her father's anger to drinking, drugs and anger problems. She greatly benefited from the protection of her older sister. When her father got angry, she had to go to her room or go watch TV.
Kate struggles with her sisters' animosity toward Hugh. She is restless and disruptive when they talk about his abusive behaviour. Like her sisters, Kate hated the violence. In contrast to her sisters, however, she cares about and misses Hugh:

> *I liked my other life. I miss my Dad and other family so much I cry. Lots of times I wish we could go back. I dream Dad will kidnap me in the night and take me back to [paternal] Grandma's house. Jade and Ivy are not her real granddaughters so I'm the only one who can go up stairs. It'll be my house someday.*

It is difficult for Kate to express feelings about her father to others in the family.

Figure 6.2:
Kate's Picture of her Mother's Attack at the Fence

Each Child has a Different Family Role vis-à-vis the Violence

In our families, we can adopt or be given "roles" we willingly or unconsciously play while interacting with others in the family. Examples of family roles are: the mediator of disputes, the "baby" of the family, the prized child who can do no wrong, the responsible one on whom everyone relies, or the "black sheep" who does not fit in and is expected to disappoint the others. A role may be *imposed* on the child or it may be *assumed* by the child, and children can play more than one role.

Roles that develop or are assigned in families characterized by woman abuse reflect the unique ways each person adapts and copes with the secret, confusing, and dangerous situation in which they live. Each child in the same family may play a different "role" during violent incidents. They may referee, try to rescue their mother, try to deflect the abuse onto themselves, try to distract the abuser, shepherd younger siblings away from the danger, or seek outside help (e.g., calling 9-1-1). Between violent incidents, children may also play roles, some of which are summarized by Baker and Cunningham (2004: 31):

Caretaker Acts as a parent to younger siblings and mother. May oversee routines and household responsibilities (e.g., meals, putting young siblings to bed), help to keep siblings safe during a violent incident and comfort them afterwards (e.g., reassuring siblings, getting tea for mother).

Mother's Confidant The child who is privy to mother's feelings, concerns, and plans. After witnessing abusive incidents, his or her recollections may serve as a "reality check" for mother, if abuser later minimizes or lies about events.

Abuser's Confidant The child who is treated better by abuser and most likely to be told his justifications for abuse against mother. May be asked to report back on mother's behaviour and be rewarded for doing so with, for example, privileges or absence of harsh treatment.

Abuser's Assistant The child who is co-opted or forced to assist in abuse of mother (e.g., made to say demeaning things or to physically hit mother).

Perfect Child The child who tries to prevent violence by actively addressing issues (wrongly) perceived as triggers, in this case by excelling in school and never arguing, rebelling, misbehaving, or seeking help with problems.

Referee The child who mediates and tries to keep the peace.

Scapegoat The child identified as the cause of family problems, blamed for tension between parents or whose behaviour is used to justify violence. May have special needs or be a step-child to abuser.

Examining family roles also helps us understand how different children in the same family can have

dramatically different understandings of what happened in their homes.

Because examining family roles helps us understand how a child interprets and copes with violence, this information can assist in defining intervention strategies. Children often assume roles as strategies to help them cope with the home situation, and that strategy may not be turned off overnight once the abuser is gone. Roles assigned by the abuser can lead to guilt, grief and other hurtful emotions, especially after he is gone. It is a framework for understanding how tension can occur between siblings or in the mother-child relationship

Assessing the role of each child can be helpful when families continue to struggle with conflict or abuse even after the abusive partner has left the home. For example, children who adopt pseudo-adult roles such as the "caretaker" may have difficulty adjusting when expected to assume the role of child once again. The "abuser's assistant" may take up the role of abuser. The "scapegoat" child's isolation within the family may be intensified by feelings of responsibility for the marital break-up. The "perfect child" may be impatient with and blaming towards siblings who misbehaved or otherwise "triggered" abuse by the abuser.

A Developmental Framework for Understanding

"Development" refers to the process of *physical maturation* and *learning* as individuals change and grow through stages: pre-natal, infancy, toddlerhood, preschool, middle childhood (the school years), adolescence, young adulthood, middle age and old age. Development is a continual and cumulative process. Experiences at each stage, and how an individual adapts, copes and integrates those experiences, form the foundation for how later experiences will be understood, reacted to and coped with. As young people mature, they physically grow bigger – the most obvious sign of development – but also evolve cognitively, socially, and emotionally. A key assumption here is that inter-parental violence has differential impact at different ages, as contemplated in Table 9 from Carlson (2000).

In samples of children known to live with violence, young children are disproportionately represented. In one study of police-reported incidents, the age breakdown of children in the home was: 47% ages 0 to 5, 35% ages 6 to 11, and 17% ages 12 to 17 (Gjelsvik *et al.*, 2003; see also Fantuzzo *et al.*, 1997). Cross-sectional numbers such as these, presented in another way in Table 10, suggest that exposure to abuse declines as children get older. We do not know, however, if this is a sequential process of attrition where the majority of children are exposed only as babies and pre-schoolers, with an increasingly smaller group exposed as time passes. Many other patterns are possible. The research literature does not as yet shed light on this situation. Among empirical studies, adults are the most common category of subjects, asked to reflect on some or all of the childhoods (see Figure 8). Rarely if ever (we found no such study), is age of onset or duration of exposure incorporated into analysis. Blumenthal *et al.* (1998) did, however, find that college students who reported physical aggression between their parents stated that the violence was worst at an average of age 11.9, with a range of 1 to 20 years of age.

Table 9
Effects of Witnessing Partner Violence by Developmental Level

	Infants/Toddlers	Preschoolers	School Age	Adolescent
Behavioral	Being fussy	Aggression, behaviour problems	Aggression, conduct problems, disobedience	Dating violence, delinquency, running away
Emotional		Fear and anxiety, sadness, worry about mother, post-traumatic stress disorder, negative affect	Fear and anxiety, depression, low self-esteem, guilt, shame, post-traumatic stress disorder	Depression, suicidality, post-traumatic stress disorder
Physical	Distress, problems sleeping, eating	Highly active, demanding, whiny, clinging, regression		Substance abuse
Cognitive	Inability to understand	Limited under-standing, self-blame	More understanding than young children, self-blame, academic problems, pro-violent attitudes	Pro-violent attitudes
Social		Trouble interacting with peers and adults, ambivalent relation-ship with caregiver	Fewer and lower quality peer relationships	Violent dating relationships

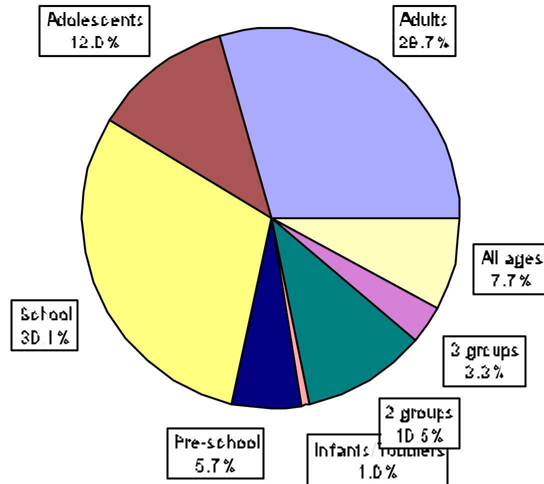
Source: Carlson (2000) Children Exposed to Intimate Partner Violence: Research Findings and Implications for Intervention. *Trauma, Violence & Abuse*, 1(4): 321-342 at 326.

Table 10
Age of Women and Children in Police-Reported Incidents of Domestic Violence in Rhode Island

Victim Age	Ages 0-5	Ages 6-11	Ages 12-17
18-24 (n=462)	87%	10%	2%
25-29 (n=545)	59%	37%	4%
30-34 (n=547)	34%	45%	21%
35-39 (n=452)	27%	42%	31%
40+ (n=319)	24%	42%	34%

Source: Gjelsvik, Verhoek-Oftedahl & Pearlman (2003: 72).

Figure 8
Age Groups of Subjects in 220 Empirical Studies on Inter-parental Violence



Models of Differential Impact

Four of the five developmental models presented later are being used in training of professional groups such as early childhood educators (Baker, Jaffe & Moore, 2001; Baker, Jaffe, Ashbourne & Carter, 2002a), police (Baker, Jaffe, Berkowitz & Berkman, 2002), teachers (Baker, Jaffe, Ashbourne & Carter, 2002b), and youth justice workers (Baker & Jaffe, 2003). These resources were written and produced with the financial assistance of the David and Lucile Packard Foundation and the Ontario Women's Directorate. The models resonate with front-line workers and can serve as road maps for designing developmentally appropriate intervention strategies. Interventions designed from a developmental perspective are thought to be especially helpful in "re-framing" the thoughts, attitudes, emotions and behaviours often observed as concomitant with family violence and implicated as triggers of later problems in functioning.

The models identify key aspects of development and how they may be affected by violence. Assumptions behind our framework are that:

- coping styles will vary with age
- exposure to more than one adversity elevates concern
- exposure to adversities over several developmental stages will be more detrimental because negative effects may accumulate
- intervention is most effective when developmentally targeted and delivered when the child is still in the developmental stage when the adversity occurred

- some types of trauma experienced in early life (e.g., child sexual abuse) may re-emerge as issues in later stages (e.g., when first dating)
- unhelpful coping strategies not restructured promptly may be more resistant to intervention efforts in later years

Key in our model is the concept of "coping." When faced with a difficult situation, children cope by coming to some understanding about what is happening and dealing with a flood of emotions. Their strategies can involve feelings (emotional), thoughts (cognitive), or actions (behavioural). Goldblatt (2003: 532-3) defines coping strategies as "those perceptions, interactions, and behaviors that the youths define as modes of dealing or struggling with their exposure and understanding of interparental violence." Some coping strategies are generally seen as *adaptive* (seek peers or supportive adults for talking about feelings, focus on activities such as sports or school, journalling, etc.) and some as *non-adaptive* (e.g., emotional numbing, dissociation, self-injury, substance use, self-blame, having a baby to escape the family, or prematurely taking on the role of emotional caregiver for a parent or siblings).

In our opinion, even objectively maladaptive coping strategies can be seen as adaptive from the child's point of view, because it helps them navigate a painful period. The potential for problems lies in the possibility that these coping strategies, if solidified and generalized to other circumstances, can support antisocial attitudes and behaviour (e.g., lack of empathy for others, addictions) or constitute emotional barriers to normal development. Substance use, for example, can help a child cope during a difficult time but is not a healthy response to stress in general. If used habitually over time, problems in general functioning are likely.

Once the family is safe, gradually extinguishing strategies with negative effects and replacing them with healthier strategies may be the key to helping children who have lived with family adversities such as violence. Implications for intervention will be derived from this framework for each stage of development, pertaining to the age of the child when intervention is being sought. Also important, however, is the age or ages when the child experienced the inter-parental violence. In describing their own book on high-conflict divorce, Johnston & Roseby (1997: 74) made this suggestion to the reader:

> The following chapters are arranged in developmental sequence and are best understood as a hierarchical treatment of issues that will become layered within the child as he or she grows. For example, if the child is being seen for the first time at age 9, it will not be enough to read the school age chapter. Rather, it will be important for anyone who wants to understand that 9-year-old to read the chapters that address the stage of life when that child was first exposed to parental conflict or violence. If the child was 2 at the marital separation (or was exposed to high levels of conflict or violence in the marriage at that time), it will also be important to read the chapters that discuss the developmental risks for toddlers and pre-schoolers.

Coping Strategies in Homes with Violence

Violence in the home is one type of family adversity with which young people must "cope." As previously

noted, coping strategies can help a child get through a time of stress or crisis, and therefore are helpful at the time. Some strategies, however, may be unhelpful in the long run, such as emotional numbing, self-injury or substance use. If used as a general response to stress, these strategies may create problems. The longer a costly strategy is used, or the more effective it is in shielding a youth from overwhelming emotions and hurt, the harder it may be to extinguish.

Baker and Cunningham (2004: 42-43) list "survival" strategies commonly observed in children and teenagers who live with violence and maltreatment.

Mental Blocking or Disconnecting Emotionally

- numbing emotions or blocking thoughts
- tuning out the noise or chaos, learning not to hear it, being oblivious
- concentrating hard to believe they are somewhere else
- drinking alcohol or using drugs

Making it Better Through Fantasy

- planning revenge on abuser, fantasizing about killing him
- fantasizing about a happier life, living with a different family
- fantasizing about life after a divorce or after the abuser leaves
- fantasizing about abuser being "hit by a bus"
- hoping to be rescued, by super heroes or police or "Prince Charming"

Physical Avoidance

- going into another room, leaving the house during a violent episode
- finding excuses to avoid going home
- running away from home

Looking for Love (and Acceptance) in all the Wrong Places

- falling in with bad friends
- having sex for the intimacy and closeness
- trying to have a baby as a teenager or getting pregnant to have someone to love them

Taking Charge Through Caretaking

- protecting brothers and sisters from danger
- nurturing siblings like a surrogate parent or taking the "parent" role with siblings
- nurturing and taking care of his or her mother

Reaching out for Help

- telling a teacher, neighbour, or friend's mother
- calling the police
- talking to siblings, friends, or supportive adults

Crying out for Help

- suicidal gestures
- self-injury
- lashing out in anger / being aggressive with others / getting into fights

Re-Directing Emotions into Positive Activities

- sports, running, fitness
- writing, journalling, drawing, poetry, acting, being creative
- excelling academically

Trying to Predict, Explain, Prevent or Control the Behaviour of an Abuser

- thinking "Mommy has been bad" or "I have been bad" or "Daddy is under stress at work"
- thinking "I can stop the violence by changing my behaviour" or "I can predict the violence"
- trying to be the perfect child
- lying to cover up bad things (e.g., a bad grade) to avoid criticism, abuse or family stress

It is important to remember that young children cannot use coping strategies and need adults to buffer them from the harmful consequences of family adversities such as violence.

It's All Bad: The Gestalt of Family Violence

If the operation definition included violence from more than one year ago, Heather's girls would be categorized as "exposed to inter-parental violence." As illustrated in Figure 9, this approach may over-simplify a considerably more complex reality. They had different relationships to the abuser and were exposed to violence at different stages in their lives. They were maltreated themselves, one sexually. The vestiges of emotional abuse clearly linger in the form of low self-esteem and feelings of being worthless and unlovable.

A clear distinction among these types of abuse, or their unique and combined impact, is not always made in research. As already discussed, 44% of empirical studies focus solely on male-to-female violence while 38% collapse bi-directional aggression together and treat them as the same thing. Moreover, 42% do not consider child maltreatment and 15% collapse physical and emotional abuse together.

Children can experience all or some of these types of abuse and therefore must at some level be affected by all of them, in measure to their severity and frequency and in different ways at different ages. School-age children, for example, taught in school that hitting is wrong, will see a bad Mommy hitting Daddy where an adolescent might understand the concept of self-defence. Younger children cannot correctly label intent, attribution and other contextual variables and shades of gray that differentiate male-to-female violence from the reverse. Because children may experience all types of violence, we consider all types of violence, and the associated implications for intervention at different ages.

Figure 9

Types of Abuse Experienced by Ivy, Jade and Kate Across Developmental Stages

Pre-natal	Infant/Toddler			Pre-school			School-aged							Adolescence							
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Ivy (step-daughter)																					
												Violence Against Mother									
												Physical Abuse									
												Emotional Abuse					Intermittent E. Ab.				
													Sexual Abuse								
																Dating Violence					
Jade (step-daughter)																					
				Violence Against Mother																	
				Physical Abuse																	
				Emotional Abuse																	
Kate (biological child)																					
Violence Against Mother																					
	Intermittent Physical Abuse																				
	Intermittent Emotional Abuse																				

Gender Analysis

Are boys and girls affected in different ways or degrees by living with woman abuse? The literature reveals inconsistent findings, but this could well be an artifact of how the topic has been studied. Some research collapses children across developmental stages (see Figure 8 above) and then examines correlations based on male vs. female. Conversely, some research examines children of one developmental stage but does not use a gender analysis. We hypothesize that there will be gender differences in older children, especially adolescents, while differences will not be so apparent in the younger children such as pre-schoolers. Another variable rarely considered is the different impact of violence perpetrated by a same-sex or opposite-sex parent. The impact, again, may well vary over developmental stages as increased same-sex identification grows and lessens.

The Adversity Package

Rossman (2000: 45) used the term "adversity package" to describe the multiple stressors which cluster together in the lives of most young people who are experiencing or have experienced inter-parental violence: poverty, child maltreatment, parental substance abuse, to name a few. This package both elevates risk for negative outcomes and potentially obscures the exact relationship between inter-parental violence and those negative outcomes. These co-occurring adversities may shape children's perceptions of the violence specifically and of their own lives in general. Drawing upon qualitative studies and the more sophisticated of the quantitative studies, specifically those that consider the interaction of a wider range of variables (see Appendix A), we learn four key things about this group of young people: children who experience inter-parental violence 1) may experience corollary stressors associated with family violence; 2) may experience other forms of maltreatment, especially if the violence is severe; 3) will have elevated rates of parallel family adversities such as poverty and parental substance use; and, 4) will be affected in direct measure to the number of adversities in their lives.

Corollary Stressors of Inter-parental Violence

While rarely the focus of research, several factors corollary to family violence can be stressors from the child's point of view, although seen by the system as a necessary evil towards a greater good. Fleeing or separating from the abuser can uproot children, sometimes repeatedly, with household moves, changing schools, losing friends, and sometimes leaving cherished possessions behind. Those who stay in shelters must navigate these changes, struggling with loss and transition, while living in unfamiliar surroundings, in close quarters with others experiencing the same thing. Their mothers are exhausted and stressed. The attention of child protection authorities, in extreme cases taking the form of apprehension and foster care, will not be welcomed by all children. Legal fees, especially for protracted family court battles, can siphon a mother's financial resources away from the household coffers. And some children, like little Kate above, will grieve over the loss of a beloved father.

Abuse Overlap

As already illustrated by the case of Heather's girls, the overlap among different types of abuse can be significant. The Adverse Childhood Experiences Study (see Appendix A), provides good data on this point. For example, among adult women who reported having a "battered mother" while growing up (see Appendix A for operational definition), 39% also reported emotional neglect, 27% physical neglect, 38% emotional abuse, 59% physical abuse, and 43% sexual abuse. The same figures for men were 32% (emotional neglect), 29% (physical neglect), 25% (emotional abuse), 61% (physical abuse) and 28% (sexual abuse). As the frequency of reported abuse of mother increased, so did the prevalence level of each of the other abuses (Dube *et al.*, 2002).

Child maltreatment is most common in families where adult violence is frequent. Using the National Family Violence Survey, isolating mothers and fathers who self-reported over 50 acts of physical violence against a partner over the previous year, virtually all the fathers and 30% of the mothers acknowledged physical abuse against a child (Ross, 1996). A major English study by the National Society for the Protection of Children included as the first of six recommendations that "professionals working with families where domestic violence is found should always treat any children present as at risk of maltreatment even if there is no evidence of violence having been directed at them." The overlap went the other way as well: eight out of ten abused youth in their general-population study reported inter-parental violence (Cawson, 2002).

Indeed, the overlap of types of violence is so great that our conclusions about the effects of inter-parental violence may be distorted:

> The overlap of childhood violence presents considerable challenges to researchers (as well as clinicians). When the sexual abuse researcher evaluates sexually abused children, and the physical abuse researcher studies physically abused children, and the school violence researcher investigates victims of school crime, and the gang violence researcher examines child victims of gang violence, and the dating violence researcher assesses adolescents assaulted in dating relationships, *and the domestic violence researcher studies children who have witnessed domestic violence*, and the street crime researcher evaluates child victims of street crime, and the community violence research examines children who have witnessed violence in the community, for the most part, they are all studying many of the same children. ... Outcomes apparently associated with one type of violence exposure might well be the result of another, perhaps unmeasured, type of violence; the cumulative results of exposure to multiple types of violence; and a complex interaction of violence types and episodes (Saunders, 2003: 362, italics added).

The overlap with direct child maltreatment is sometimes called a "double whammy" (Hughes *et al.*, 1989), a phrase implying that child maltreatment and exposure to violence are equal in effect, like a one-two-punch. As Higgins and McCabe (2003: 108) observe after a thorough review, however, "data clearly point to the more detrimental effect of experiencing violence than witnessing it." Lipshitz *et al.* (1999) as an incidental finding to their main purpose noted that adolescent psychiatric in-patients had experienced a high rate of multiple traumas but witnessing family violence was least likely to be rated as the most stressful

among them. Sexual abuse was by far the most stressful event (rated as such by 62% of youth who had experienced it) followed by physical abuse at 42%. Only 5.8% of youth who witnessed inter-parental violence rated it as the most stressful event in their lives.

Inter-correlated Co-occurring Adversities

Another salient point is this: families characterized by family violence, especially chronic and severe violence, are usually challenged by other adversities at the same time. Put another way, it is extremely rare that inter-parental violence would be the only stressor experienced in families where violence occurs, has occurred or will occur, especially when the violence is severe. For example, an Australian survey of 5,000 randomly selected 12 to 20 year olds asked if they were aware of physical violence between parents and other carers in their homes (e.g., step parents) and also if a carer "gets drunk a lot" or "hits the children for reasons other than bad behaviour." Among the youth who indicated that a carer got drunk a lot, about half of those youth also reported inter-parental violence. The same was true for youth who reported that a carer hit the children (see Table 11).

In the ACE study (Dube *et al.*, 2002), among female respondents who described a "battered mother," 65% described substance abuse in a parent, 42% reported parental mental illness, and 13% said a household member had been incarcerated. The figures for males were 58% (parental substance abuse), 31% (parental mental illness) and 12% (household member incarcerated). In the Christchurch study, inter-parentally abusive families (emotional and physical abuse) had high rates of child maltreatment, social and economic disadvantage, and family problems including parental drug use and alcohol abuse. The Christchurch study demonstrates the high rates of co-occurring adversities and how controlling for these adversities – such as poverty and parental alcoholism – explains much of the bivariate correlation between inter-parental abuse and negative outcomes in children.

Dose-response Relationship

The third important factor is that the impact of multiple adversities may well be additive. In other words, the more adversities and different types of violence in your life, the higher the probability (or level) of negative outcomes, including compromised health (Dube, Felitti, Dong, Giles & Anda, 2003) and mental health (Edwards, Holden, Felitti & Anda, 2003). Also, as the frequency of inter-parental violence goes up, so does the likelihood of other family adversities and poor outcomes (Fergusson & Horwood, 1998).

Ecological Context

Violence, a family's efforts to be safe, and our efforts to help them, all occur in an ecological context: a backdrop of community, culture, and circumstances unique to each family at this time (see Figure 10). The family described in Box 7 illustrates the role of cultural context and the contingencies of adapting to life in Canada. Canadian responses to family violence can be as foreign to some women as the language. For other families, the context is a village in an agricultural area, Aboriginal reserve, remote community in the far north, or housing project in a major urban area. Communities have varying resources, responses to family violence, local policies and programs. All of these factors and more affect child outcome.

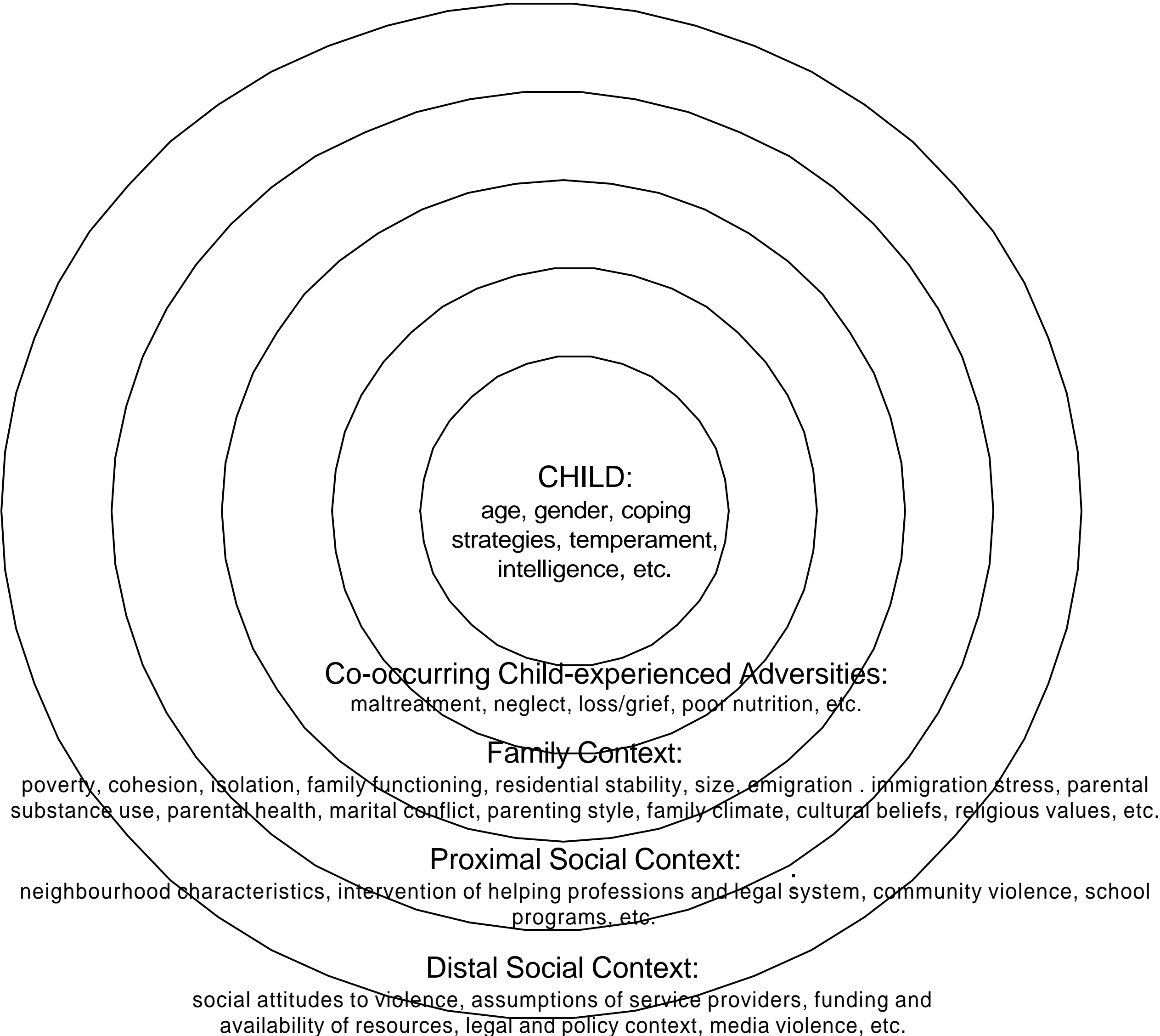
Table 11

Reporting of Two Family Adversities Among Young People Aware of Physical Inter-parental Violence in Australia (n=5,000)

	Reporting Male to Female Violence	Reporting Female to Male Violence
Awareness Among Total Sample	23.4%	22.1%
Households where male carer:		
"Gets drunk a lot"	55.0%	49.6%
Hits children other than for bad behaviour	53.3%	43.0%
Households where female carer:		
"Gets drunk a lot"	56.4%	55.6%
Hits children other than for bad behaviour	50.4%	50.4%

Source: D. Indermaur (2001). *Trends and Issues No. 195: Young Australians and Domestic Violence.* Canberra: Australian Institute of Criminology at p. 3.

Figure 10
Ecological Model of Factors Affecting Child Outcomes after Family Violence



BOX 7: Lateefa and her Children

Lateefa came to Canada from the Middle East in the early 1990s, with her husband Lahab and seven children. Four years later, she left the marriage because of his extreme violence towards both her and the children. The abuse first came to light when the Children's Aid Society was alerted by a neighbour. That call set into play a series of events that ultimately led to the police assisting the family to move into a shelter. Lateefa and the children now live in a small townhouse, where she shared her story through an interpreter. Four of her children spoke with us and their memories are described at various places throughout this report.

Lateefa's marriage to Lahab was arranged by their families. She was of an ethnic minority group devalued by the dominant culture, of which her husband was a member. She had no rights in or outside the home in the small village where they lived early in the marriage. She was treated largely as a servant by Lahab's family and had little contact with her own family.

Once in Canada, the violence that started in their country continued. Lateefa was unfamiliar with the laws, social institutions, and main stream customs. She did not speak English and, until the children acquired the language at school, her husband was the sole conduit to any contacts outside the home. She was dependent on him to translate and interpret all interactions she had with others. She did not associate with expatriates from her country, not seeing them as a source of support because of her minority status and historical animosities that continued in Canada. Her husband's efforts to isolate Lateefa and the children were made easier and more absolute by the cultural and linguistic barriers she experienced. In the face of these barriers, and knowing nothing of Canadian culture, she chose to minimize the abuse to her children and to survive her own on-going victimization.

Lateefa's survival strategies were shaped by concern for the children, the physical danger inherent in the violence, the role of wives in her culture, and by the barriers to accessing informal and formal supports. She tried to keep the children quiet and away from Lahab. She physically intervened to deflect physical abuse directed at the children onto her. She went to great lengths to calm and please her husband hoping he would be less violent. As an adolescent, her eldest son increased his efforts to protect her, which only increased the physical abuse directed at him. The older children tried to buffer and protect the younger ones.

Lateefa did not link Lahab's behaviour to emigration and immigration stress: "he was abusive to me and the kids back home and here, always." The older children describe their father's rationalizations for violence in Canada as being the same as those he used back home (e.g., house not clean enough; meals not good enough; children not cared for well enough). All could identify situations, however, when abuse followed a child's behaviour which was acceptable in the Canadian context but forbidden in their culture and faith. For example, he severely beat a teenage daughter for talking with the boy next door. The neighbour called the Children's Aid Society. Lateefa did not disclose abuse, sure he would hurt them worse after the CAS left, and because *"I didn't know someone could care so much about what happened to a mom or kids so I didn't want to tell them."* The children appear to assume more responsibility and guilt for the violence when it seemed to be triggered by their cultural transgressions.

In the last year of the marriage, the eldest daughter was placed in a foster home for nine months and Lahab was incarcerated one month for assaulting her. He was violent four more times after that. When at the shelter, Lateefa says, *"I told them about the abuse."*

First do no Harm

Figure 1 above lists a plethora of variables logically connected to child outcome in homes characterized by family violence. To the model in Figure 1 we could add another set of factors influencing outcome: efforts to intervene. Without a shred of doubt, the intention is to be helpful, but intervention may not always be welcomed, nor even necessary.

Risk Assessment and the Ecological Fallacy

The popularity of risk assessment models may be distorting our collective sense of when to intervene and why. It is inappropriate to use information derived from *groups* to make decisions or predictions about *individuals*. Inevitably, over-predict results in a large portion of cases. It is a statistical fact that not everyone can be average. Assuming that inter-parental violence, in isolation of any specific reason for concern, justifies a child protection response is an example of over-prediction and a misuse of research data. It draws attention to the *potential* (the risk) and away from the evidence-based reality of how the child is functioning (while ironically being called evidence-based decision-making). More about that later.

Quinn (Box 8) is a mother with financial challenges trying to build a better future for her children. While child protection authorities had no concerns about Quinn's parenting and no concerns about the children, they applied to the court to have her children declared in need of protection for reason of woman abuse. Quinn feels penalized for the behaviour of an ex-partner with demands she viewed as unnecessary. To the contrary, she believes any negative consequences should be reserved for the person who committed the assault, not the person who was assaulted. Terri (Box 9) also feels penalized for the behaviour of a former partner and believes women who chose a bad partner are forever seen as having bad judgment.

Box 8: Quinn and her Children Rose and Sam

Quinn is a single mother of two children, nine-year old Rose and two-year old Sam. She is close to completing her GED certificate and attends a cooperative educational program in which she works five days a week on placement. Prospects for a full-time job are good. Her children are cheerful and well behaved. We did not speak with Rose because she had neither seen nor experienced any violence. Sam, present during the assault, was too young to interview.

Quinn was assaulted by her ex-partner Quincy on one occasion at his residence while there to discuss a routine matter related to their joint custody agreement for Sam. Quinn immediately called the police and cooperated with the subsequent prosecution. The attending police officer notified the Children's Aid Society, because Sam had been exposed to domestic violence. Child protection officials sought a court order, requiring Quinn to attend counselling for woman abuse. They did not oppose Quincy's continued joint custody of Sam because he lived with his mother. Quinn secured a legally aided lawyer to oppose the court order. She did not believe her children were in need of protection from her, had no time to attend counselling except evenings (which would require a babysitter for the children), and felt that woman abuse counselling was not needed because she had no history of being an abused woman. Because Rose had not witnessed any violence, she worried about the consequences of forcing her to attend a group for children who had witnessed violence. Might that not be very upsetting and confusing for her? Moreover, attending court was jeopardizing her educational program, with its strict attendance requirements.

BOX 9: Terri and her children, Umberto and Victor

Terri is the mother of two boys, 9-year old Umberto and 12-year-old Victor. She works full time and owns her own home. We met Terri four years after the boys had been apprehended by child protection authorities because of exposure to woman abuse. We did not interview the boys because they are still in the custody of their father, Tom.

Terri was separated from Tom when she began to date Tristan. They never lived together. At first, Tristan was kind and attentive but he started to be verbally abusive and, on one occasion, he assaulted Terri. Her boys told Tom during an access visit and he notified child protection officials. Terri promised the agency she would end the relationship, and she did. But Tristan was keen on a reconciliation and he repeatedly contacted her. Tom learned of his telephone calls and surprise visits and made another report to child protection. They apprehended the boys and placed them in Tom's custody, saying Terri could not protect the boys from Tristan.

In the ensuing four years, Terri has unsuccessfully sought to re-gain custody of the boys. Concern over Terri's parenting has never been raised as an issue and the boys have never seen Tristan since the night of the assault. Terri believes that her poor choice in a past relationship is being held against her on a continuing basis. She will never be free of suspicion that she makes bad choices and may one day do so again. Tristan has continued to stalk her and break into her home. He was recently incarcerated for a series of violent offences against Terri. The boys have not been unaffected by the inter-parental conflict and involvement of child welfare. One is experiencing somatic symptoms and one has become completely estranged from Terri.

Developmental Appropriateness

Another way in which me must be careful is to avoid projecting adult solutions on to children. In our interventions with children, we make certain assumptions that, depending upon the age of the child, may not be developmentally appropriate. For example, we as adults believe it is better to talk about traumatic incidents, some even attributing a therapeutic benefit to sharing your story. Adults also believe that it is beneficial to hear other people talk about their experiences, as would typically occur in a group intervention. We also may believe that violence against a mother is the most salient issue for children living with violence so it must be the focus of interventions. Adults also believe it is beneficial for children to see abuse as a learned behaviour. While these may all be valid and important long-term goals, efforts premised on such assumption may impact children in different ways than intended, depending on developmental stage and natural coping strategies of the individual child.

Increasingly, research suggests that interventions that respect and strengthen natural coping responses are most helpful (may be a quote from trauma literature, especially around group debriefing). For example, some children in some age groups will make sense of parental violence by attributing this hurtful behaviour to external factors: substance abuse, "weirdness" or "sickness," an adverse experience from childhood (e.g., physical abuse), or current stressors or adversities (e.g., financial worries). The alternative is to believe that the parent is intentionally trying to be cruel and hurtful. Attributions that decrease a child's sense that an abusive parent is being hurtful on purpose may help children manage the confusion and

ambivalence resulting from seeing one parent hurt the other.

Accordingly, letting them attribute the violence to something outside the abuser's "control" may help children to incorporate and navigate a relationship with some who is hurtful at times but who also is significant, needed and loved. For some children this may increase their capacity to empathize with mothers while continuing a relationship with fathers. When children can link the abuse to an adverse factor impinging on the abuser (e.g., alcohol, stress, illness), this may decrease their sense of guilt or responsibility for their own victimization or that of their mother. Finally, the message that violence is learned is a complicated one that requires the cognitive capacity to separate people from behaviour. In young children, who have not yet attained this sophistication, messages about violence as learned may be heard as "Daddy is bad." Even when embedded with a well-intended effort not to vilify fathers, the message may not be processed by young children in the way we count on. These and other implications for intervention will be spelled out according to developmental stage.

BOX 109: Lateefa's daughter Malika, now age 15

Malika is the third oldest of seven children and she lived with almost daily violence until age 12. As one of the older children, she felt responsible for younger siblings but at the same time relied enormously on an older sister for protection and support. The violence in this family came to light when a neighbour called child protective services after the eldest girl was beaten for speaking with a neighbour boy, an innocent occurrence by Canadian standards but one which contravened the code of behaviour for girls in the family's culture.

Malika feels let down by the social service system. Her depression and post traumatic stress are severe, yet go unrecognized and untreated. She did, however, attend a psycho-educational group for children exposed to violence against their mothers:

> *I couldn't talk about things in front of people. I was shy. I was so filled with sadness and anger. Listening to others talk about hitting made me really sad. I didn't want more sad [sadness], I was filled right up. I hated them saying they know [knew] how I felt. The movie they showed looked fake and made me feel that they didn't really know or understand at all.*

This depressed and traumatized child who felt an overwhelming sense of guilt for not helping her sister felt even worse in the discussion of safety plans: *"I felt like it was my fault 'cause I didn't call the police and we [oldest children and mother] didn't keep the little ones safe."* In addition, the focus of the group was on violence against mothers. For her, the most salient and distressing feature of the violence in her home was the direct victimization of her sister, her younger siblings, and herself, combined with the on-going threat of permanently losing her sister, her mother, or her own life.

Finally, the abuse against her older sister eventually resulted in apprehension by the Children's Aid Society and the placement in a foster home for nine months. This oldest daughter was Malika's primary source of safety and support. The loss, fear and hopelessness she experienced when this nurturing figure was removed from the home was too difficult for Malika to even put into words three years after the fact. Her advice for helpers through her tears was simply: *"Tell them never to take just one kid."*

Pre-natal Stage

The 38 weeks of gestation are thought to be the most important in a child's development. Mothers-to-be, and the developing fetus, fair best under conditions of good nutrition, healthy environment, and low stress. Conversely, various factors are thought to adversely affect fetal development, such as maternal stress, poor nutrition, alcohol or drug use, smoking, pollutants and certain chemicals. Measurable outcomes associated with such factors include low birth weight, pre-mature birth, birth defects, fetal alcohol syndrome/effect, neurological damage, miscarriage and pari-natal death. Abused and pregnant women, especially adolescents, are a vulnerable group who should be identified and surrounded with support services to ensure safety and minimize the risk factors highly correlated with woman abuse during pregnancy.

Violence During Pregnancy

The "best evidence" of abuse during pregnancy comes from surveys of the general population of pregnant women that measure the range of factors linked to pari-natal outcomes. Canadian estimates of the prevalence of physical abuse during pregnancy range from 1.2% (Janssen *et al.*, 2003) to 5.7% (Muhajarine & D'Arcy, 1999) to 6.6% (Stewart & Cecutti, 1993) of pregnant women in the general population. Generalizing findings from other countries, higher rates are expected in certain sub-sets of the population, especially adolescents (e.g., Harrykisson, Rickert & Wiemann, 2002) and women in substance-abuse treatment.

Anecdotally, some abused women report a "break" in the violence during pregnancy. However, pregnant women are as likely as other women to be the victims of domestic violence (Fisher, Yassour-Borochowitz & Neter, 2003). Men who abuse pregnant women may use more severe violence than abusive men who abstain from violence when their partners are pregnant. Violence in pregnancy has been identified as a risk marker for later femicide (McFarlane *et al.*, 2002).

It is often reported anecdotally that physical violence in a relationship can start during a pregnancy. This observation has not been verified in large-scale epidemiological surveys of pregnant women (e.g., Jasinski, 2001). In one American study, for example, less than 2% of new mothers said there had been abuse during the pregnancy but *not* in the year before pregnancy; and, the abuse stopped during pregnancy for 41% of women who had been abused in the year prior (Martin *et al.*, 2001).

Emotionally abusive and controlling behaviours associated with pregnancy can include refusal to use contraception, forced abortions, refusing sex on the grounds that her pregnant body is ugly, denial of paternity, and refusal of support during pregnancy (Martin & Younger-Lewis, 1997). Campbell *et al.* (1995) were told by some shelter residents that getting a woman pregnant was a control tactic to increase dependence on the man. Indeed, in a large multi-state, general-population study, women who reported

unwanted or mistimed pregnancies were 2.5 times more likely to also report abuse during the pregnancy (Goodwin *et al.*, 2000).

Correlation with Adverse Pari-natal Outcomes

Women who report physical violence during pregnancy evidence higher than expected rates of adverse outcomes for the fetus such as intrauterine growth restriction (birth weight at the 10th percentile or less), low birth weight, pre-term birth, and neo-natal or peri-natal death (Cavington *et al.*, 2001; Janssen *et al.*, 2003: Lipsky *et al.*, 2003; Murphy *et al.*, 2001). Homicide is the leading cause of death among pregnant women, especially young pregnant women, in some U.S. jurisdictions (e.g., Krulewitch *et al.*, 2001; McFarlane *et al.*, 2002), and most of these deaths occur at the hands of intimate partners.

Low birth weight, the outcome most commonly correlated with violence, is an important variable because it accounts for most neo-natal mortality and infant morbidity (Murphy *et al.*, 2001). Clearly making a link between violence exposure and negative outcomes such as low birth weight is difficult, however, because pregnant women reporting physical abuse tend to be higher in other risk factors. In a Vancouver study, women who reported abuse during pregnancy tended to be younger, Aboriginal, be in the lowest income bracket, alcohol dependent, substance dependent, and smokers, more likely to report prior miscarriages and abortions, and were more likely to be living on their own (Janssen *et al.*, 2003). Similar findings are common in other jurisdictions (e.g., Goodwin *et al.*, 2000). Other corelates found in the literature include low educational achievement, reliance on public assistance, delay of onset of pre-natal care, and sexually transmitted diseases.

However, few studies of abuse and pari-natal outcomes take these other variables into account. At least one study that did control for co-occurring risk factors suggests that these other variables may explain a great deal or most of the variance in pari-natal outcomes among abused women (Webster, Chandler & Battistutta, 1996). Clearly, more research would be needed to assess the link, should there be a need to do so. Perhaps, however, it can simply be assumed that stress and abuse are undesirable experiences for expectant mothers.

How might physical abuse affect a developing fetus? Both direct and indirect mechanisms may apply (Murphy *et al.*, 2001). *Direct* mechanisms involve physical trauma to the abdomen, possibly triggering pre-mature labour, rupture of the membranes (i.e., "water breaking"), placental abruption, or rupture of the uterus. There is also a hypothetical link between an abusive environment – yelling, fear arousal, maternal stress – and *in utero* neuro-developmental trauma (Perry, 1997). Economic abuse can compromise nutrition and there is some evidence to indicate that abused women delay on-set of pre-natal medical visits (Dietz *et al.*, 1997) and are generally more ambivalent about their pregnancies, perhaps compromising their self-care.

Indirect mechanisms are typically risk factors correlated with abuse among pregnant women. As Campbell (2001) notes, abuse can interact with other co-occurring economic and health risk factors to negatively affect maternal and child health, including STDs, HIV, urinary tract infections, substance abuse,

depression, smoking, and low weight gain, perhaps because of pressure from male partners. The causal pathways here are more complex and mediated by a variety of factors. Campbell (2001: 1578) observes that "abuse may be but one of a cluster of difficult circumstances affecting birth weight that are associated with a life of poverty." Self-medication with alcohol or drugs may be a coping mechanism that compromises the developing fetus.

Hypothetical Impact on Development

Synthesizing the above, it is possible to hypothesize that a wide range of direct and indirect factors may work to compromise the health of abused pregnant women and their developing babies (see Table 12). Not all factors are directly related to violence. Some are correlates of woman abuse (e.g., youth) and some are associated with coping mechanisms (e.g., alcohol use).

The connection remains "hypothetical" at this point, because there is no research verifying the long-term, or even short-term, impact of abuse during pregnancy on babies, let alone older children. Such a study would adopt a prospective approach with a general population sample, measuring abuse well (as a continuous variable), controlling for co-related risk factors that may also compromise infant development, and addressing the role of both continuing woman abuse after birth and direct child maltreatment. However, one has to consider why such information would be required and to what use it would be put. It seems prudent, whatever the state of the "evidence," to assist pregnant women to be safe.

Table 12
Potential Impact of Exposure to Domestic Violence on the Developing Fetus

KEY ASPECTS OF DEVELOPMENT		POTENTIAL IMPACT
good nutrition, low stress, pre-natal care	⇨	control of finances and/or poverty compromises mother's nutrition, access to vitamins; entry to pre-natal care may be delayed; elevated risk of low birth weight
physical safety / absence of injury/trauma	⇨	physical trauma to abdomen may trigger miscarriage, increased risk of pari-natal death; possible neuro-developmental trauma
formation of neurological pathways	⇨	neuro-development jeopardized through intra-uterine exposure to substances used as coping strategies

Implications for Intervention

No unequivocal causal link has been established between abuse and adverse outcomes for fetuses (except when abdominal injury triggers miscarriage, etc.) but research is not needed to prove that abuse is not a healthy environment for women and developing babies. Moreover, abused and pregnant women represent a group that requires much support. At the very least, violence in pregnancy is a risk marker for a variety of factors that may work together to compromise maternal and infant health. Because most pregnant women come into contact with the health-care system, pregnancy is a unique window of opportunity when abused women are highly visible to health practitioners. As Murphy *et al.* (2001) note, adverse outcomes associated with abuse during pregnancy are all preventable by modifying the risk factors. This would involve most obviously efforts to secure the safety of expectant mothers, but also assistance with basic needs and challenges they face as young or otherwise vulnerable new mothers.

Screening in Health-care Settings

At this moment in Canada, there is a vigorous debate over screening for woman abuse in health care settings, especially over whether it should be universal or indicator-based (e.g., when bruises are observed). Universal screening for violence among all women by health professionals was advocated by the Task Force on the Health Effects of Woman Abuse (2000). In terms of pregnancy, some suggest screening at multiple points during the pre-natal and post-partum cycle to increase accuracy of identification by reduce false negatives (Anderson, Marshak & Hebbeler, 2002). However, citing the lack of empirical evaluations of screening in particular and interventions for abused women in general (Wathen & MacMillan, 2003a), the Canadian Task Force on Preventive Health Care recently advised against routine questioning of pregnant women for abuse (Wathen & MacMillan, 2003b). Chief among the rationales was that disclosure could increase risk to the woman of further assaults. This would appear to be a potential problem that could be averted with appropriate training and development of liaison protocols between health professionals and women's advocates.

Eliminate Abuse

Women experiencing abuse, whether pregnant or not, benefit from access to advocates to help with safety planning and decision making. Our response as a community may or may not involve the criminal justice system and the laying of charges. Access to men's treatment programs may be helpful.

Ameliorate Inter-Correlated Adversities

Once abused women are identified from among pregnant patients, a range of inter-correlated risk factors, such as depression and substance use, could be explored. While these variables are highly inter-correlated with abuse during pregnancy, each woman must be individually assessed to determine her unique needs.

Home Visitation Programs

While more commonly associated with infants and toddlers, the home visitation programs most commonly promoted to reduce maltreatment among high-risk infants begin during the pre-natal stage (Olds, Hill & Rumsey, 1998). Visits will average once or twice per week. This early start is helpful in promoting

maternal heath and is aimed at reducing neurological impairment that may compromise a child's behavioural and emotional development. Visitors assist pregnant women improve their diets and decrease smoking and use of alcohol and other substances.

Professional Training

Another helpful approach is to educate professional groups likely to come in contact with pregnant women. These groups include health care providers, staff at well-baby centres and public health units, midwives, and police officers who attend "domestic disturbance" calls where they may encounter pregnant women.

Infants and Toddlers

From birth to age two, babies grow and change rapidly, soaking in information from their world through all five senses. During this critical period of development, they form secure attachments, become more active explorers of their world through play, and learn about social interaction and relationships from what they hear and observe in families. Important for developing babies are frequent bodily contact, prompt meeting of needs for food and changing, adequate sleep, and lots of face-to-face interaction. They are completely dependent on caretakers and need good nutrition, reliable access to health care (e.g., vaccinations, monitoring of development), stability through routines, and high-quality nurturing. At this age, they form a secure emotional bond with a caregiver, who may or may not be a biological parent.

Violence in the Post-partum Period

When violence occurs during pregnancy, it may continue after the birth (Stewart, 1994) or it may resume after a "break" during pregnancy. In a large sample of women abused before, during and/or after pregnancy, only 1% reported post-partum abuse when there had not been abuse before the baby was born (Martin *et al.*, 2001). Post-partum abuse was almost always experienced by women who had been abused before (but not necessarily during) the pregnancy.

Among a large group of adolescent mothers in Texas, 78% reporting violence at three months said they had not been abused while pregnant (Harrykisson, Rickert & Wiemann, 2002). However, most (75%) of those reporting violence during pregnancy said it continued post-partum. Overall, 21% of this sample reported physical abuse at three months post-partum and 41% reported violence at some point over the first 24 months of their babies' lives, highlighting the vulnerability of these young mothers. While the rate of violence decreased over time, the severity of violence increased for those young women who continued to experience violence over the next two years.

Violence in pregnancy is being explored as a risk marker for later femicide (McFarlane *et al.*, 2002). Even without a history of violence, the time after giving birth may be a risky period for new mothers. In a state-

wide study in Georgia, homicide accounted for 50% of deaths by injury among post-partum women, twice the rate expected for women who had not recently given birth (Dietz *et al.*, 1998). Among mothers aged 15 to 19, rates of homicide were 2.6 times higher compared with other female teenagers. The majority of, but not all, perpetrators were intimate partners or acquaintances.

Child Maltreatment

Given their physical vulnerability and the stress that can attend the arrival of newborns, many services are ideally available to support young families, especially those considered "at-risk" because of youth, poverty or other factors that may compromise parenting. For example, among teenage mothers, a high proportion have experienced physical abuse as children (e.g., Adams & East, 1999) suggesting that the bond with their family of origin may well be strained to the point where support is not helpful, forthcoming nor welcomed.

Key among the concerns about infant maltreatment is that serious and permanent injury can follow shaking, poor nutrition, or delays in timely access to health care. Child abuse fatalities are most common among infants. While each family has to be seen as a unique entity, the well-documented overlap of inter-parental violence and child maltreatment means that the known presence of one suggests an assessment for the presence of the other would be prudent.

In an Oregon study of 2,544 first-time mothers designated as high risk and enrolled in a home-visiting program, 16% of families acknowledged male-to-female violence, female-to-male violence or both had occurred in the first six months of the baby's life. The families were followed over the next 4.5 years after which the child-protection files were reviewed. In 1%, physical child abuse had been confirmed and neglect was confirmed in 1.4%. Among the families with both inter-parental violence and physical abuse to the baby – about half of the 25 physical abuse cases – the domestic violence had preceded the maltreatment in 92% of cases.

Hypothetical Impact of Violence

As alluded to in Figure 8 above, virtually none of the available literature on inter-parental violence addresses infants and toddlers. They cannot be interviewed or express opinions but there is a great deal of speculation on how violence affects them. Carlson (2000) suggests that infants and toddlers may be fussy and distressed, as evidenced by problems eating and sleeping. Sudermann and Jaffe (1999) suggest graver consequences that include failure to thrive and developmental delays. It has also been posited that violence of all types can cause neuro-developmental adaptations in the central nervous system that raise the likelihood of violent behaviour when the baby grows up (Perry, 1997). It is frequently observed that babes-in-arms can easily be injured during physical altercations. Baker and Cunningham (2004: 50) and Baker *et al.* (2002a) propose that babies and toddlers may be distressed or scared at loud noises such as yelling, may be upset at not getting needs met promptly, may be scared to explore and play, and may sense the tension and stress being experienced by their mothers (see Table 13)

Table 13
Potential Impact of Exposure to Domestic Violence on Infants and Toddlers

KEY ASPECTS OF DEVELOPMENT		POTENTIAL IMPACT
Take in information from the world around them through their senses	⇨	loud noises, vivid visual images associated with violence can be distressing
Form secure attachments	⇨	parents may not be able to consistently respond to infant's needs which may negatively affect the parent-child bond
Become more active explorers of their world through play	⇨	fear and instability may inhibit exploration and play; imitation in play may be related to witnessed aggression
Learn about social interaction and relationships from what they hear and observe in their families	⇨	learn about aggression in observed interactions

Source: Baker, L.L., P.G. Jaffe, L. Ashbourne & J. Carter (2002a). *Children Exposed to Domestic Violence: An Early Childhood Educator's Handbook to Increase Understanding and Improve Community Responses.* London, ON: Centre for Children & Families in the Justice System, London Family Court Clinic.

Babies and toddlers are totally dependent upon others for care and their lives are organized around the primary attachment relationship to a caregiver, usually a mother. Through interactions with the primary caregiver they learn to settle themselves emotionally and ultimately, in later stages, to self-regulate their emotions and behaviour. In other words, experiences in infancy set the stage for babies to develop into socially competent and adaptive pre-schoolers.

Environmental factors that may compromise this normal trajectory include poverty, poor health and nutrition, reduced opportunities to form secure attachments, exposure to chaos and violence, and high levels of family stress. All these factors might be found in households characterized by inter-parental violence. An abused mother may not be able to consistently respond to baby's needs. Zeanah *et al.* (1999) suggest that rates of disorganized or insecure attachment will be higher in mother-infant dyads who have lived with violence. A baby who cannot count on a caregiver to meet her needs and comfort her in times of distress may try and cope on her own, which is developmentally beyond her capacity. Such babies may appear chronically anxious, withdrawn or depressed. They may be inhibited in their normal exploration and play and could imitate aggression in inappropriate contexts such as playing with pets and peers.

Unaddressed risk factors of infancy may accumulate with the effects of risk factors in the pre-school years (e.g., attention problems, impulsiveness, aggression, delayed social development) to compromise school

readiness. Of course, the frequency and intensity of such problems will vary by many factors innate to the child (e.g., temperament), but gender differences will probably be minimal at this stage.

Implications for Intervention

Babies primarily need safe environments and emotionally accessible and responsive caregivers. As with children of all ages, babies will benefit when we assist their mothers with any presenting issues such as addictions and help them extricate themselves from abusive partners. Eliminating any violence and maltreatment is the single best intervention, but other strategies suggested for babies and toddlers include home visiting, parent support programs and high-quality early childhood education (Hawley, 2000). Indeed, Davies (1991) argues that we would be remiss to attend only to the mothers and "forget" to assess infants and toddlers for the effects of trauma.

Eliminate Abuse

As with all age groups, eliminating violence and maltreatment is the most important strategy to help babies and toddlers. Mothers benefit from access to advocates to help with safety planning and decision making. Our response as a community may or may not involve the criminal justice system and the laying of charges. Access to men's treatment programs may be helpful.

Ameliorate Family Adversities

Also crucial will be efforts to ameliorate family adversities, including help with finding safe and stable housing, income assistance, and brokerage for appropriate counselling services.

Support the Caregiver to Support the Child

The key intervention for this age group will be to support the caregiver, usually a mother, to meet the child's needs for nurturance, safety, and re-assurance. When mothers are expressing the need for assistance with parenting, referral to a parenting group or moms-and-tots program may be helpful. Toddlers can be a handful at the best of times. Breaking the isolation of new mothers is always an important strategy. Well baby clinics and other community-based organizations are increasingly appearing in shopping malls and other locations of easy accessibility. Baker and Cunningham (2004: 51) summarize their advice to mothers of babies who have lived with woman abuse:

- spend time in face-to-face interactions, lots of baby talk and giggles: they love to see your face and hear your voice
- hold them and hug them and tell them you love them
- take a parenting course or read some parenting books, especially if you feel unsure of yourself or this is your first child
- find other new mothers to spend time with, like at a moms-and-tots group
- find people you trust to babysit so you can go shopping, take a walk or see a movie
- consider using a high-quality child care centre even if you are not working
- if you have a home visitor from public health, ask her for suggestions

- if you feel too overwhelmed to take care of him, find someone immediately to babysit, to give you a break
- NEVER SHAKE A BABY. Shaking causes permanent brain damage and even death
- take care of yourself: they need you

Davies (1991) believes therapy can be beneficial for toddlers and mothers, when the youngster is displaying emotional and behavioural symptoms clearly reactive to specific observed incidents. Toddlers interpret experiences in a concrete and egocentric way and may even project themselves (or a fictional character) into the memory as a participant or victim. Davies (1991) rejects the notion of modelling of aggression and focuses instead on how inter-parental violence impairs a toddler's attachment to a mother. In his view, it is key to help the mother understand that aggressive play is not a symptom of the father's violence. It is a reaction to the trauma and expression of a fear that my mother, who was unable to protect herself, will be unable to protect me. Too young to verbalize fears about a re-occurrence in which they will be hurt, they express feelings of vulnerability as symbolic play that can include re-creating aspects of the incident including yelling and fighting with others.

Davies (1991) posits that therapists can assist toddlers as young as 15 months to gain a sense of mastery over the trauma, by drawing on the strength of the mother-child attachment. In his view, therapy must involve the child and parent conjointly, and be aimed at improving the quality of transactions between mother and baby/toddler to foster a securer attachment as a context for continuing development. He suggests collaborative "baby watching" by parent and therapist to uncover a mother's projections onto the baby (e.g., "he is acting just like his father") as well as an opportunity for seeing the infant's actual attributes and needs.

Home Visiting Programs

Home visiting programs such as that described by Olds, Hill and Rumsey (1998) have proliferated, buoyed by research suggesting rates of maltreatment and other negative outcomes can be dramatically reduced. The Centre for the Study and Prevention of Violence identified pre-natal and early-childhood home visitation as one of it ten model programs for violence prevention (Olds *et al.*, 1998).

These programs are universally available in some areas and targeted as mothers assessed as "high risk" in others. The premise is that the trajectory toward negative behaviours must be interrupted early, particularly by the elimination of child maltreatment and the provision of parenting assistance. Some suggest that group meetings for parents can enhance the effect of home visitation programs (Constantino *et al.*, 2001). Visits usually continue for two years after birth, but McGuigan and Pratt (2001), who found high rates of child maltreatment among domestically violent families with infants, suggest that services should continue until the child is five-years old.

Child-care Placement

Placement in a high-quality child care setting will help with socialization and age-appropriate expression of emotions. It will also provide respite for mothers and raise the visibility of babies and toddlers to

community professionals who can monitor their development.

Professional Training

Another helpful approach is to educate professional groups likely to come in contact with mothers of infants and toddlers. These groups include health care providers, staff at well-baby centres and public health units, home visitors, and police officers who attend "domestic disturbance" calls where they might encounter these little ones. Abused women take their infants to well-baby care as frequently as do non-abused women (Martin *et al.*, 2001), providing a window of visibility where screening for family violence could be undertaken. Some examples of training packages are already available (Baker, Jaffe & Moore, 2001; Baker, Jaffe, Berkowitz & Berkman, 2002).

Visitation Programs

Depending upon the degree of risk to children, access arrangements with fathers can range from no contact, to therapeutic supervision, supervision in neutral settings by neutral individuals, supervision by family members at home, or no supervision at all. Supervised visitation programs are available in many urban areas of Canada, to facilitate contact between young children and a parent where the safety of the child may be in question. Visitation programs can facilitate a safe transfer from one parent to the other for visits, provide surveillance during the visit, and monitor aspects of the contact for third-parties such as child welfare agencies of family courts. Indeed, the use of such a program may be mandated by a family court or child protection agency.

Fathering Programs

While often forgotten, and difficult to find in some areas, programs for men can introduce fathers to the basic concepts of effective parenting for children of various ages. "Caring Dads, offered through the Changing Ways men's treatment program here in London, is one example of an intervention that is targeted as these high-risk fathers. While these programs are promising and highly necessary, program completion must never be viewed as sufficient evidence, in and of itself, that an abusive father is ready to parent or have unsupervised contact with children, especially babies and toddlers who have no or limited capacity to disclose abuse.

Preschoolers

> *I was closing my eyes really tight. I was trying to plug my ears. I didn't want to see the fight ... he was gonna kick in the window. He was yelling at her, 'You little bitch, give me back my television.' I was thinking they'd just stop fighting ... they'd notice I was there ... I felt so scared they might hit me.* (five-year old boy describing incident from when he was three-years old, cited in Johnston & Roseby, 1997 : 84.)

> *My daddy came over. He fought my mama. My mama fell down and her mouth got*

> *bloody. My daddy fell down. His mouth got bloody. I fell down and my mouth got bloody* (three-year-old boy, cited in Davies, 1991: 517).

Children from three to five years of age exhibit increased individuation and physical independence (e.g., will take pride in dressing themselves) but think in concrete, egocentric and even magical ways. Important at this age is the learning of appropriate ways to express emotions to others, especially peers, and emotional self-regulation. They will also develop an understanding of gender roles from messages relayed by family and other sources such as the media. As DeVoe & Smith (2002) note, the effects of inter-parental violence are magnified for these young children, who are completely dependent on parents for all aspects of their care. Sandwiched between the infant home-visiting programs and elementary school, they may be less visible in the community.

Hypothetical Impact

As listed in Table 14, pre-schoolers living with violence may express emotions in ways considered inappropriate for their age, may incorrectly take responsibility for causing the violence, may develop distorted ideas about gender roles, and be behind or regress in development towards independence. Pre-schoolers are rapidly learning and consolidating skills essential for success in school. Those entering grade one ill-equipped to learn alongside others in this highly regulated environment may quickly fall behind. Daily life in high conflict and fear may compromise school readiness.

With language skills – receptive and expressive – still developing, these youngsters are hyper-attuned to non-verbal communication. A major stressor associated with inter-parental violence will be the noise: yelling, screaming, crying, objects breaking, doors slamming. Most preschoolers have a basic vocabulary for feelings (sad, mad, love, happy, etc.) and recognize behavioural expressions such as crying linked to these emotions. Observing a "fight," they can see that Mommy is angry and Daddy is angry. They may even link the emotions to precipitating events, although probably in a de-contextualized and distorted way. While they lack the cognitive skills to understand complex situations and motives, they feel for and resonate with the emotions of those close to them. For example, they are likely to be distressed if Mommy is noticeably upset.

Ego centrism will also be reflected in a pre-occupation with and fear for their own safety, often because of past experience of being assaulted or feeling threatened. McGee (2000: 70) found that the most common fear voiced by the children with whom she spoke was of being hurt or killed. Five-year old Padraig had seen his brother thrown against the wall and was pre-occupied with the idea that it could happen to him too. Five-year-old Gerrard spoke of nightmares:

> *Well one [nightmare] was that when I was asleep he [my father] got a knife and stabbed me* (cited in McGee, 2000: 71).

Van Dalen & Glasserman (1997: 1005) summarize a young child's worries about violence: "*Is it my fault? How can I stop it? When will it happen again? When will he hit me?*'

Table 14
Potential Impact of Exposure to Domestic Violence on Preschoolers

KEY ASPECTS OF DEVELOPMENT		POTENTIAL IMPACT
Learn how to express angry feelings and other emotions in appropriate ways	⇨	Learn unhealthy ways to express anger and aggression
Experiences and observations most salient in forming meaning in their world	⇨	Confused by conflicting messages (e.g., what I see vs. what I am told)
Outcome is more salient than the process	⇨	May be distressed by perceived unfairness (e.g., mother's defensive use of knife); father's arrest and/or trip to shelter
Think in egocentric ways	⇨	May attribute violence to something they did
Form ideas about gender roles based on social messages	⇨	Learn gender roles associated with violence and victimization
Increase physical independence (e.g., dressing self)	⇨	Instability may inhibit independence; may see regressive behaviours

Source: Adapted from L.L. Baker, P.G. Jaffe, L. Ashbourne & J. Carter (2002a). *Children Exposed to Domestic Violence: An Early Childhood Educator's Handbook to Increase Understanding and Improve Community Responses.* London, ON: Centre for Children & Families in the Justice System, London Family Court Clinic.

Expression of Emotion

Important at this age is learning to express emotions in appropriate ways. This is a key goal of pre-school and early childhood education programs because age-appropriate socialization is an essential feature of school readiness. Listening and watching arguments and fighting, these little ones may be flooded with unpleasant emotions for which they have limited coping skills, as discussed later. They experience powerful emotions of sadness, anger, fear, confusion, grief, and loneliness. With limited ability to verbalize these feelings, they may act out, cry, resist comforting, or become despondent. They may lash out with temper tantrums and aggression. Or they may be anxious and inconsolable.

When first exposed to pre-school settings, all children will experience some degree of adjustment. Sharing is a tricky concept for most pre-schoolers. However, little ones who live in chaos and conflict may have a more difficult adjustment. Their behaviour may be seen as disruptive and problematic, or peculiar and worrisome.

In a study of four-year-olds, pre-school teachers gave higher ratings of hyperactivity and conduct problems to children who lived with marital conflict and aggression (Martin & Clements, 2002). When children cope

with conflict by tuning out noise, staff may have difficulty getting their attention in the cacophony of a classroom or school yard. The seeds of a precipitous attention deficit disorder diagnosis may be sown at this early stage.

Some youngsters have a very different presentation. If sensitized to anger and conflict, routine sandbox tussles over toys can trigger anxiety, withdrawal, or extreme distress. Kerig *et al.* (2000) suggest that pre-schoolers living with domestic violence may evidence post-trauma symptoms that manifest in repetitive play, nightmares during nap time, sensitivity to loud noise, stranger anxiety, "spacing out," phobic behaviour, cognitive confusion, regressive behaviours, anxious attachment, sadness, helplessness, difficulty falling asleep, tantrums, or inattention to instructions.

Salience of Observation and Conflicting Messages
These concrete thinkers use their own experiences and observations to make sense of the world. Personal experience will have greater weight than what people tell them. Moreover, the ability to understand the perspective of others is extremely limited and they have a firm and concrete sense of right and wrong. All this means that pre-schoolers may be confused when adult messages conflict with their own observations. For example, they are scolded for hitting a playmate at pre-school, but *Daddy hits Mommy and never gets in trouble*. They may be told "Daddy loves you," but *Daddy hit me and made me cry*. Or, *Daddy had a temper tantrum and the police took him away, so that could happen to me too*, even though they are re-assured that children do not go to jail. "Daddy is bad and can't live here any more." *But Daddy is nice. He plays trains with me.*

Few children of this age can separate a person's behaviour from his worth. They compartmentalize events, unable to integrate them into a complicated understanding of people as having both good and bad characteristics. Recency is important. Daddy was bad when he made Mommy cry, but he brought flowers so now he is good. In this moment, fresh on the heels of a good experience of Daddy, a pre-schooler will be confused by negative comments made by others about him. For them, people who do nice things for them are nice people. Playing with me and buying toys are good things, and a father who does so is quickly forgiven for past transgressions. When a pre-schoolers says "Daddy is bad" or "Daddy needs to be in jail," suspect one of two things. The most recent experience with Daddy involved discernibly bad behaviour on his part. Or, the child is parroting comments from others he values and wants to please.

Focus on Outcome
Some fathers will be arrested in front of their children. Pre-schoolers will not usually perceive this action as desirable or helpful. At this age, they are focused on the outcome rather than the process or rationale that led to the outcome. They may blame the police for taking Daddy away. Or, they may blame Daddy for yelling at the police and needing a "time out," which is again difficult to reconcile with the good Daddy who does nice things for them. They may also blame Mommy if they see her as precipitating the incident that led to arrest. They make sense of the world through concrete thinking, rudimentary categorizations, and extensive generalizations. This age-appropriate way of processing information can lead to distortions such as "all police are bad," that can filter their interpretations of future experiences.

Separation, perhaps for the first time, from a father may be difficult and feel like a significant loss. As noted above, they can be confused by the contrast between their own reality ("I love Daddy and miss him") and the messages they are hearing about him ("we need to be afraid of Daddy, Daddy is sick, Daddy needs to go to jail"). Stover *et al.* (2003) point out that even children who have been afraid of a father may be angry with mothers for the separation. A rationale for his absence which might be quite logical to an adult may carry little weight with a pre-schooler. The outcome (Daddy is gone) which cannot easily be connected to the actual cause (Daddy was violent) may be linked instead to a trivial feature of the incident or preceding events. Their ideas may be gross distortions to an adult.

After a marital separation, most children of this age will yearn for some degree of continuing contact with fathers. Family courts rarely deny access completely. Some fathers will be in prison. A good proportion of violent fathers will suddenly or gradually withdraw contact. From a child's point of view, as Ornduff and Monahan (1999) found, a desire to reunify the family is common and the fantasy of re-unification will be strong. This group of little ones, with their concrete understanding of the world, may struggle to reconcile the portrayal of their father as bad when they have such grief over his absence. For example, a three-year-old shelter-resident girl quoted in Ornduff and Monahan (1999: 356) said: *I miss my daddy. He is bad. The cops took him.* A five-year-old boy said: *I miss my dad, but I think he is bad. It's not good that he hits my mom.*

These conflicted emotions will be more powerful in relation to men who are, or believed to be, biological fathers or who have been with the family for many years. When a man of recent arrival is the abuser, a different emotional reaction would be expected.

Ego-centricity and Self-Blame

Pre-schoolers who see parents "fight"may attribute the violence to something they themselves have done. The egocentric thinking of this developmental stage can result in unrelated events being linked together in their minds. For example, being scolded by Mommy for not picking up toys can be the reason for an argument that ensues later when Daddy gets home. Their style of information processing may lead to inaccurate understandings that increase worries and anxiety.

Gender Roles

At this age, being a boy or being a girl takes on salience for children as they look to adults to help them define what it means to be male or female. Messages about gender roles permeate our society – both in a child's daily life and also very powerfully in the media. Messages children might pick up from violence are often generalized and can include that men's needs are more important, men deserve to get what they want, or that men yell to get their way, the message four-year-old Gwen interpreted (Box 11).

The research literature yields divided opinion about differential impact on girls and boys. This may be because most studies collapse young people of different ages into one group for analysis. At this age, systematic differences between boys and girls will be less pronounced or non-existent, compared with the difference expected for older children. Individual differences in temperament and levels of conflict in the

family may have greater explanatory power. For example, in the Martin and Clements (2002) study, some children internalized the distress of inter-parental conflict, some externalized the distress, some inappropriately took responsibility for the conflict, but there was no difference by gender.

BOX 11: Emily's Daughter Gwen, age 4

Emily's daughter Gwen, as describe earlier, had lived with conflict and verbal abuse directed at her mother until three months before the interview when her parents separated. She saw one act of physical violence towards her mother, in relation to a telephone call that her mother was pretending to make to the family bank. During the play interview, Gwen chatted happily about her home, her dogs, and her aunt and uncle. She answered the following questions while playing.

Interviewer:	How come Daddy doesn't live at home anymore?
Gwen:	*He was so mad. He tried to rip the phone out of Mommy's ear.*
Interviewer:	How come?
Gwen:	*She was calling the policeman. Daddy didn't like [the] policeman.*
Interviewer:	What did the policeman do?
Gwen:	*He said, 'Get out her house' in a big voice.*
Interviewer:	He used a big voice?
Gwen:	*Daddies and policemen yell.*
Interviewer:	How come they yell?
Gwen:	*They're mad.*

This is a typical example of a pre-schooler focusing on outcome rather than the intent or purpose of a behaviour. She sees no difference in the policeman's yelling and Daddy's yelling. She just recalls they both yelled and they were both mad.

Delay or Regression in Development of Independence

Carrying on a trend from infancy/toddlerhood, pre-schoolers develop a sense of being a separate individual and revel in mastering an increasingly mature range of behaviours like big boys and girls. While this stage is characterized by increased physical independence, one might observe delays or even regressions in areas such as emotional expression, toilet training, clinginess, need for security objects, and needing help with tasks previously mastered. Somatized complaints may be expected, such as stomach aches and head aches. One young people with whom we spoke told us about the effect of yelling on her five-year-old sister: *"Every time [stepfather] yelled at Mom or us, she'd pee herself."*

It is important to note that many stressors besides violence may trigger these emotion-driven behaviours and symptoms. During high-conflict divorces, regressive behaviours are commonly observed in pre-schoolers before and/or after access visits with the non-custodial parent (Johnston & Roseby, 1997), for example. In addition, many features corollary to domestic violence may exacerbate delays or regression in development, including leaving the family home, losing contact with a pet, changing schools, separation from siblings, and absence of a parent from the home.

Coping Strategies

Ornduff and Monahan (1999) reviewed counselling files at a shelter to examine coping strategies in children of different developmental stages. Without problem-focused or action-oriented strategies for coping, distressed pre-schoolers rely on mental and behavioural disengagement. Three pre-schoolers in their sample made these comments:

3-year-old girl:	*I make up songs when daddy slaps mommy.*
4-year-old girl:	*[They] fight all the time, and I can't hear the TV. When they fight, I put my head in the pillow and my fingers in my ears.*
5-year-old girl:	*They fight every night, and I can't get good sleep. I hug my [7-year-old] sister when I get scared, when I think that daddy is going to kill mommy. He is mean and hits mommy every night. ... I know my sister will help me.*

(shelter-resident children cited in Ornduff & Monahan, 1999: 356)

Some youngsters use magical thinking to cope with distress, such as believing Superman will come and make Daddy stop fighting. One little girls told us about her imaginary friend: *I'm sad [when they fight]. My friend, Salmonnatuna, comes when I'm sad and we play*.

Of concern is the possibility that these coping strategies – which serve them well in this context -- will be generalized to other situations where they experience emotional arousal or distress. Seeking out an older sibling for comfort is a good strategy for a younger child, but the sibling thrust into the caretaker/protector role, itself a coping strategy, may experience that may have long-term consequences.

Implications for Intervention

Children of this age do not have many helpful coping skills in their repertoires. They cannot seek out peers for support, talk about their feelings, or instinctively sublimate anger through sports, for example. However, the adults in their world can create the conditions to help them. For this age group specifically, other strategies include: eliminate abuse; ameliorate family adversities; support the caregiver (usually a mother) to support the child; access high-quality child-care; train professional groups likely to encounter these youngsters; select from the range of visitation options for contact with fathers; and, refer to individualized mental health intervention, when needed, after a thorough assessment.

Eliminate Abuse

As with all age groups, reducing exposure to violence and maltreatment is the most important strategy to benefit pre-school children. Mothers benefit from access to advocates to help with safety planning and decision making. Our response as a community may or may not involve the criminal justice system and the laying of charges. Access to men's treatment programs may be helpful.

BOX 12: Lateefa's daughter Pari, now age 8

As a preschooler, Pari's father was physical violent to her mother, herself and her siblings almost daily, since before birth to the age of five. Pari, the youngest, was buffered from the most severe violence. Her recollections from age five until now suggest that her father's departure from the family was more salient for her than the fighting precipitating this monumental change. Her saddest memory was *"losing my Dad."* While she expressed love for her father and misses him, she is very clear that she wants to live with her mother: *"I worry [worried] that he [Dad] would take me away to live. I want to stay with my Mom."* When asked if she would like her father to move back home, Pari quickly and firmly replied: *"No."*

Pari remembers coping with the violence by blocking her ears, wishing she could get away, or turning to her brothers for help and protection. She worried her *"Mom would get hurt badly"* during the fighting. Like many young children, she registered the intense verbal conflict, her father's aggression, and her mother's defensive reactions as her parents *"fighting with each other."* She is not certain who was to blame for the fighting but thinks it was her dad. Young children do not cognitively understand intent underlying behaviour and focus on what is concretely observable. It is not surprising then, that the raised voices of both parents were registered while the difference between the primary aggressor's actions and the defensive aggression by her mother was not understood. The extent to which K understood the violence as mutual fighting is emphasized in her fear that both parents would be taken to jail because both were fighting and, most importantly, a concern about who would look after her:

Interviewer:	What did you think when Daddy hit Mommy?
Pari:	*My Mom and Dad would go to jail.*
Interviewer:	Who would look after you?
Pari:	*My brothers.*
Interviewer:	How would you feel if your brothers looked after you?
Pari:	*Not good. I'd cry.*

Figure 12.1
Pari's Drawing of Fighting at her House

Pari attributes her parents' fighting to disagreements over her and her siblings: *"Dad wanted to spank the kids and Mom didn't want him to spank us."* This interpretation is understandable given the ego-centricity of her developmental stage combined with the fact that her mother physically intervened to prevent her husband from physically abusing the children.

Pari's advice for mothers and fathers also reflects her perception that the problem was her parents fighting with each other. Her advice for violent men: *"Go to a room in the basement and calm down."* Her advice for abused women: *"Stop [fighting] and go upstairs to calm down, maybe for an hour or something."* She then spontaneously added, *"Then, when they are both calmed down, I want to tell both to say sorry."*

When asked to draw a picture about the fighting at her house, Pari drew a mother and a daughter fighting about a dress.

Ameliorate Family Adversities
Also crucial will be efforts to ameliorate family adversities, including help with finding safe and stable housing, income assistance, and brokerage for appropriate counselling services.

Support the Caregiver to Support the Child
The key intervention for this age group will be to support the caregiver, usually a mother, to meet the child's needs for nurturance, safety, and re-assurance. Children of this age resonate with the emotions expressed by those around them. They will be comforted by a calm demeanour and reassuring tone of voice. Carrying on from the previous developmental stage, children of this age benefit when caregivers help them develop emotional regulation and expression, model appropriate behaviour, set limits, and define and enforce age-appropriate consequences in a fair and consistent way (Hawley, 2000).

Routines are very important abd pre-schooler may adapt neither quickly nor willingly to changes in food, nap time, bathing, etc. which will be unavoidable during shelter stays or when refuge is sought with friends or relatives. It will be important to re-establish familiar routines quickly, a process facilitated by access to preferred foods and treasured toys, clothes, pillows, or videos. Separation from siblings will be difficult. Pre-schoolers will be anxious about pets and a sudden separation will be difficult. Ensure the child knows the pet is safe and well cared for. Increasingly, shelters across Canada are helping women make accommodation arrangements for pets so they are not left behind.

Mothering in a shelter has special contingencies. Women in shelters can be exhausted and overwhelmed and want someone else to take care of their children (Henderson *et al.*, 1997). While this is completely understandable and to be expected, through a pre-schooler's eyes this situation can feel like emotional abandonment at a time when their world has changed in dramatic and often sudden ways. Some group or self-study programs are designed for mothers in shelter settings (e.g., Crager & Anderson, 1997; Ericksen *et al.*, 1997; Henderson *et al.*, 1997; McDermott & Burck, 1990).

Baker and Cunningham (2004: 53) summarize advice that will be appropriate for most mothers of pre-schoolers who have left abusive relationships:

- re-establish (or establish) familiar routines as quickly as possible: this will be comforting
- tell them you love them and give them lots of hugs and attention
- help them believe that nothing which happened between adults was their fault
- take responsibility for the decision to leave (if you and partner have separated)
- don't rely on children for emotional support: seek out friends, family or professionals for that
- have clear rules and consequences so children know what you expect
- consider finding a high-quality child care program, to give you a break and help her prepare for school
- read a book with her designed for her age level
- teach "hands are not for hitting," hands are for tickling, drawing, making shadow puppets, etc.
- take care of yourself: your children need you

Huth-Bocks *et al.* (2001) provide a helpful list of therapeutic books for young children who have experienced violence or loss. A partial list is reproduced in Table 15.

Table 15
Therapeutic Books for Young Children who Experienced Violence or Loss

Author	Date	Title	Publisher
S. Bernstein	1991	A Family That Fights	Albert Whitman Publishers
L.K. Brown & M. Brown	1986	Dinosaurs Divorce: A Guide for Changing Families	Brown & Co.
D. Davis	1984	Something is Wrong at my House	Parenting Press
G. Spee	1996	Sad, Sad William	Gareth Stevens Publishing

Adapted from: Huth-Bocks, A., A. Schettini & V. Shebroe (2001). Group Play Therapy for Preschoolers Exposed to Domestic Violence. *Journal of Child & Adolescent Group Therapy*, 11(1): 19-34., at p. 27.

Child-care Placement

Placement in a high-quality child care setting will help with socialization and age-appropriate expression of emotions. It will also provide respite for mothers.

Professional Training

Another helpful approach is to train professional groups likely to come in contact with pre-schoolers, who by definition are not yet in contact with the elementary education system. These groups include early childhood educators and others who work and volunteer in child care settings, health professionals, public health staff such as home visitors, and police officers who attend "domestic disturbance" calls where children may be present. Some examples of training packages are already available (Baker, Jaffe & Moore, 2001; Baker, Jaffe, Berkowitz & Berkman, 2002).

Visitation Programs

Depending upon the degree of risk to the children, access arrangements with fathers can range from no contact, to therapeutic supervision, supervision in neutral settings by neutral individuals, supervision by family members at home, or no supervision at all. Supervised visitation programs are available in many urban areas of Canada, to facilitate contact between young children and a parent where the safety of the child may be in question. Visitation programs can facilitate a safe transfer from one parent to the other for visits, provide surveillance during the visit, and monitor aspects of the contact for third-parties such as child welfare agencies of family courts. Indeed, the use of such a program may be mandated by a family court or child protection agency.

Aris *et al.* (2002) undertook a comprehensive review of "child contact centres" in the United Kingdom,

including speaking with six five-year olds about their visitation experiences. The children overall were glad of an opportunity to see fathers but appreciated that visits occurred within the context of a contact centre. They focused on concrete things such as toys, snacks, noise, and the long bus ride to get there.

Fathering Programs

While often forgotten, and difficult to find in some areas, programs for men can introduce fathers to the basic concepts of effective parenting for children of various ages. "Caring Dads, offered through the Changing Ways men's treatment program here in London, is one example of an intervention that is targeted as these high-risk fathers. While these programs are promising and highly necessary, program completion must never be viewed as sufficient evidence, in and of itself, that an abusive father is ready to parent or have unsupervised contact with children.

One-on-one Therapy

The intervention of choice for this age is caregiver support, but a few pre-schoolers will exhibit troubling behaviour and emotional patterns suggesting they too should receive an individualized intervention. In many cases, a pre-existing condition has been exacerbated by the violence. Therapeutic play or trauma-focused therapy may be appropriate, one-on-one being the preferred modality. There are examples of group interventions designed specifically for this age (e.g., Merrymount, 1998; Huth-Bocks et al., 2001; Kot, Landreth & Giordano; 1998; Ragg & Webb, 1992; Van Dalen & Glasserman, 1997). However, a group approach should be used with pre-schoolers only with extreme caution by an experienced child therapist. In addition, it is important that the delivery and heuristic techniques are age appropriate, because young children may find some group content too didactic and conceptually-based (Tutty & Wagar, 1994).

BOX 13: Lateefa's son Omran, now age 9

Omran lived with his father's violence from birth until age six. He primarily blames alcohol for his father's violence, believes that "dads" should go to jail if they won't stop drinking and fighting, and does not appear to hold his mother responsible for any of the abuse directed at her or the children.

Omran has difficulty talking about his father's abusive behaviour. Like many preschoolers living with violence, his memories are of yelling and the traumatic consequences of abuse -- blood, bruises, the police coming, and his mother going to go to the hospital. He recalls feeling sad, scared and angry at his father when the violence was happening. He had lots of worries. His biggest worry was that his mother would get hurt or that she would be killed. His feelings of vulnerability and responsibility are evident in his worry about who would help him make sure his mother was okay if everyone else was asleep. He also worried about being separated from his mother: *"I worried Dad would take me away and Mom might not be able to find me."*

Omran recalls his mother trying to protect him by telling him to go away from his father (upstairs or outside) and by telling his dad to stop hurting Omran. He wishes he had helped his mother more and told his dad not to touch her and to be quiet (not yell).

Omran attributes his father's abusive behaviour to his being "mad," to alcohol, and to his parents fighting about the drinking. He did not indicate a feeling of responsibility for his father's violence, yet

when asked whether kids ever cause their father's violence, he quickly responded, *"If a dad hit him (kid) and he told his mom, then his mom would say, 'Why did you hit my son?' Then he'd (dad) fight with her (mom)."* Interestingly, earlier in the interview, Omran described how his mother told his father to stop if he was hurting Omran. Previously, Lateefa told the interviewer that she frequently intervened to deflect violence towards herself and away from the children.

Omran's advice to other children suggests a strategy of being as "invisible" as possible: "Don't talk. Don't get into trouble. Go back to bed or outside 'cause then your Mom doesn't have to worry about you." He also indicated that he would wish that his dad would stop drinking and that everyone would get along.

His advice for mother's being abused is that they "call the police right away." His advice to police is that "they put them (dads) in jail for a couple of days if they don't stop fighting." He also stressed that the police "should not do anything bad like fighting with dad." The distress of being exposed to his father abusing his mother appears to be magnified by also seeing what this preschooler recorded in memory as the police fighting with his father.

When asked to draw something that stands out in his memory about the fighting, he drew a picture of the police coming to his house.

Figure 13.1
Omran's Drawing of Police at his House

School-aged Children

> *Most people if they get drunk they like laugh and be funny and joke but he didn't. He would like beat Mummy up. And he keeps on smacking me and [my brother] round the head. Mummy tells him not to because she says, you'll give them brain damage, that can happen, and he kept on doing it. He didn't listen to Mummy* (Sabrina, age ten, quoted in McGee, 2000: 52)

> *What I heard was a lot of shouting and screaming and the shouting was mostly my dad because he did have, he's got quite a loud voice and my mum was screaming. And when she came downstairs next day and she had a big bruise and it really hurt and she had some scratches as well. And I kept on asking her if she was OK and she wasn't* (Regina, age nine, quoted in McGee, 2000: 66).

Elementary school children, ages six to 12, have an increased emotional awareness of themselves and others and are able to think in more complex ways about right and wrong, cause and effect. Academic and social success at school has a primary impact on their self-concept. Peers take on importance as children develop relationships with people outside their families. They will be forming friendships and starting to plan activities for themselves. Toward the end of elementary school, many will start thinking about how they are perceived by members of the opposite sex. They will increasingly identify with the same-sex parent and become keenly aware of differences between males and females in our society.

Hypothetical Impact of Violence

When children of this age live with violence, they develop a more sophisticated, less concrete, understanding of precursors, motives and consequences. With their emphasis on fairness, however, attributions for the violence may seem distorted to an adult. For them, consequences must match the behaviour. Police involvement, arrest and incarceration of a father may be seen as over-blown and unfair measures. As they start school, educators may become aware of poor self-regard and an inability to accept that they are worthy. Relationships with peers may be affected. With a growing identification with same-sex parents, one may see an alignment with the victim role for girls and the perpetrator role for boys. These factors are listed in Table 16.

Awareness of the Effects of Violence on Self and Others
With a blossoming appreciation of the perspectives and feelings of others, children of this age become aware of how abuse, as a pattern of behaviour, affects their mothers. In other words, the pre-schooler's attention to bruises and blood gives way to a broader appreciation of emotional upset, fear, and other less concrete or immediately obvious consequences. They can anticipate and worry about things, including a mother's safety, health and emotional well-being:

If everyone's asleep and Mom got hurt [assaulted] then no one would help me to make sure she's not hurt or anything (Lateefa's son Omran, now age nine).

I'm really worried about my Mom. He [step-father] could find us and he could kill her. I'm really scared about that. Also someone could just knock my Mom down on the street and she could die 'cause now she has so much wrong with her. I worry so much (Heather's daughter Jade, now age 13).

Mom is nice even though [she's] hurt and feeling down. She'd try to make a good situation out of it. Even when she was hurt, she'd care about us before she even thought of herself. She always thinks about us before herself. Makes me love her more and appreciate her more (Heather's daughter Kate, now age nine).

Table 16
Potential Impact of Exposure to Domestic Violence on School-aged Children

KEY ASPECTS OF DEVELOPMENT		POTENTIAL IMPACT
increased emotional awareness for self and others	⇨	more awareness of own reactions to violence at home; more aware of impact on others (e.g., mother's safety, father being charged)
increased complexity in thinking about right and wrong; emphasis on fairness and intent	⇨	possibly more susceptible to rationalizations heard to justify violence (e.g., alcohol as cause, victim deserves it) or may challenge rationalizations not viewed as fair or right; may assess "was the fight fair?"; can see discrepancies between actions and words and consider intent; justifications involving children may lead to self-blame or guilt
academic and social success at school has primary impact on self-concept	⇨	ability to learn may be decreased (e.g., distracted); may miss positive statements or selectively attend to negatives or evoke negative feedback
Increased influence from outside family (e.g., peers, school) and competition assumes new importance within peer group	⇨	Possibly more influenced by messages that confirm attitudes and behaviours associated with partner abuse; may use hostile aggression to compete; increased risk for bullying and/or being bullied
increased same sex identification	⇨	may learn gender roles associated with partner abuse (e.g., male perpetrators, female victims)

Source: Adapted from L.L. Baker, P.G. Jaffe & L. Ashbourne (2002b). *Children Exposed to Domestic Violence: A Teacher's Handbook to Increase Understanding and Improve Community Responses.* London, ON: Centre for Children & Families in the Justice System, London Family Court Clinic.

BOX 14: Emily's son Fletcher, age 7

As described earlier, Emily and Edward's marriage was plagued by frequent verbal conflict several times a week. Fletcher saw one incident of pushing and his younger sister Gwen saw another. Fletcher is a bright child who attended closely and mentally recorded the content of his parents' arguments:

> *He [Dad] was saying my mom wasn't paying the bills. Well then, the fighting starts bigger than I've ever heard. He threw bill stuff at my Mom. I was in the living room watching TV. My sister [Gwen, age four] didn't know too much. I think she turned up the TV really loud. But I heard everything and I looked in.*

Like most children, Fletcher did not like the yelling. It made him sad, scared, and *"creeped me out."* The intensity of fighting left him feeling like the fighting happened all the time. He worried about his mother getting hurt and also that he might be separated from her and left with his father: *"I worried she'd [Mom] go away from home and we'd be stuck with him."*

Consistent with his developmental stage, Fletcher processed the marital discord in terms of fairness. He repeatedly mentioned how the arguing *"wasn't fair fighting."* This troubled him. Not surprisingly, he assumed the role of silent referee in an effort to bring fairness to the fights.

> *I've heard more than a gazillion fights. I forced myself to stay up. I would be quiet and listen. I put my ear on the door. Lots of times the fighting would go on and on 'til three in the morning. I was so tired I could hardly keep awake in school. One time I fell asleep at my desk. I'm not good at school stuff. I'd try to listen to see if he [Dad] says something wrong 'cause sometimes my Mom asks questions about fights. He'd say to Mom, 'I didn't say that word.' But I heard him say that very word. I could tell Mom.*

Fletcher shared the play-backs with his mother the next day, after his father had gone. His refereeing helped give him a sense of control and made him feel like he was assisting his mother in some way. Understandably, his tiredness after these late nights made it difficult to concentrate in school. Unfortunately, he does not link the late night fighting with his challenges in school, but assumes at the age of seven that he is not a good student.

Another of Fletcher's coping strategies was to imagine his parents separating: "*I knew if I just put up with it they'd separate which would be fine 'cause the fighting would stop. I just thought about [them] separating."*

Fletcher described his father as *"mean."* His story serves as an important reminder that neither on-going nor severe physical abuse has to be present for a child to experience fear. He was afraid that his mother or he would be hurt. His fear seemed primarily related to his father's mean yelling and his direct experience with his father's anger:

> *He [Dad] hurt us when he was mad. Sometimes we [the two children] can't hide and he gets us. He slapped and threw me twice. My cast had just come off and he grabbed my just healed arm. Another time he threw me and my knee hit my face. But he can't lock us in a room. He can't. No locks 'cause my Mom took them off, but he would have.*

Rationalizations of Violence

At this age, children are susceptible to adopting rationalizations they hear to justify a father's behaviour, most commonly alcohol, stress, and perceived misbehaviour of children or the mother. Now able to assess cause and effect -- and with a child-like conception of right and wrong -- they try to understand the reasons for violence. They may form ideas about how to forestall its occurrence based on their assessment of the cause. For example, if their own behaviour is seen as a cause, maltreatment or abuse is their own fault.

> *I think it [violence towards mother and children] was 'cause Mom or us didn't listen better . . . 'cause we got into trouble or didn't behave - like the house was messy . . . 'cause he hadn't been sleeping and we were making too much noise* (Lateefa's son Nasir, now age 11).

Jade's stepfather was emotionally and physically abusive to her mother and the children several times a week. The blaming and attacking words accompanying the violence, as well as its predictability in relation to certain events, lead Jade to conclude she caused his violent behaviour on some occasions:

> *I think I caused him [step-father] to be violent if I made him mad. Like I wouldn't do anything on purpose but if I woke him up and he was sleeping he'd get really angry. Or, if I did something without asking or didn't do things the way he wanted them to be done.*

With this type of thinking, they will absorb much guilt and self-blame, especially when a mother is penalized for their misbehaviour by being herself assaulted. Younger children, with ego-centric thinking, will readily see themselves as the cause of family problems. But this stance observed among older children is atypical developmentally and may be reality-based (because one or both parents overtly blame the child) and/or indicate a worrisome cognitive distortion that may itself contribute to emotional problems (Jouriles *et al.*, 2000).

While starting to appreciate how violence against their mothers affects them, emotionally and practically, most are not ready to judge a beloved father harshly or see him as a flawed person. To be critical of a father is to be critical of themselves. As when younger, they may still be hurt when others say bad things about him. Rationalizations which internalize or externalize the blame (e.g., onto alcohol) can be a coping mechanism, protecting a child from seeing a father as a bad person.

For Lateefa's son Nasir (see Box 15), describing his father in a negative way would constitute a betrayal, a view not apparent among his older siblings. He continues to believe the violence was prompted by the victim's bad behaviour or could have been averted by the victim's good behaviour. His father did not intend to be mean, or his father is not a mean person, because violence was justified or understandable under the circumstances. Most children of this age will need to come to terms with a father's behaviour in a way that preserves their sense of him as a good person. Efforts to suggest otherwise should be undertaken with extreme caution and as part of a well thought-out treatment plan.

Emphasis on Fairness

For this age, fairness is key and they may try to make sense of violence, still often called "fighting," in terms of the fairness of the reason, the tactics, and the consequences. Eleven-year-old Nasir thought his father's violent behaviour was bad, but jail as a consequence was too extreme in his mind:

> *My saddest memory is the time the cops came and arrested my Dad and took him away to jail. Don't want him in jail -- jail is pretty bad. I was scared I'd never see my Dad again.*

Children such as Nasir may see the police and legal system as unfair or biassed for "picking on" their fathers. Left unaddressed, these attitudes can predispose them to adopt anti-social rationales for their own abusive behaviour in relationships or make them reluctant to involve the police for assistance. They may also be resistant to later efforts to cognitively re-frame their value system, so entrenched is their view that the justice system is capricious, biassed, and not deserving of respect.

Some will focus on the discrepancies between actions and words. For example, "my father can hit me and nothing bad happens but I'm scolded for hitting my little brother." Another example: "my father can hit me and nothing bad happens but if I hit a school mate, I am suspended. That is not fair." In this case, it is the action of school officials which will be seen as inappropriate, perhaps negating the lesson intended to be communicated by the suspension. Seven-year-old Fletcher described his parents' "fighting" as unfair because his father lied in his subsequent re-tellings of what happened and said things that were not true during the arguments.

> *I learned nothing's fair, he always gets to win. Even when I got a compliment, it was putting someone else down. Like, 'You're a lot smarter than your sister.' Then I'd try not to do well in school 'cause then my older sister would be angry at me. He'd buy [Mom] flowers. I was always mad at her for accepting stuff 'cause I don't think he meant it. I don't think she believed him either but she probably [was] just scared of him* (Heather's daughter Jade, now age 13).

Impact on Academic Performance

In school, accessibility for learning may be decreased if the children are tired, distracted, or have difficulty seeing school as a priority among the competing demands for their energy. In some cases, children worry about the safety or well-being of mothers, left home alone and vulnerable, and can find many excuses to miss school. Others see school as a respite and enrol in extra-curricular activities to avoid going home.

Emily's son Fletcher at seven-years-old told us how difficult it was to stay awake in school after nights of loud arguments between his parents (see Box 14). Like Fletcher, children may internalize a sense of themselves as poor students. For 13-year-old Cara, frequent school changes and absences were impeding her achievement at school which intensified negative feelings about herself derived initially from the names her step-father had always called her:

I wasn't doing too good in school. I guess, just always being sad wasn't helping. You always think about what's happening at home or what's going to happen after school. Maybe you don't want to go home. Sometimes I didn't want to go to school. I wanted to stay with my Mom in case something happened.

While Cara is excelling at school now, her fears (though not as intense), her anger, and her poor self esteem continue to affect her life. Jade also told us that moving had compromised her school success:

I wanted to go to school. It's not hard -- just that we moved so much and I had to go to lots of different schools.

Academic and social success at school has a large impact on self-concept for school-aged children. A more insidious impact on school performance can be seen in children whose very sense of self-worth is shaken by the home situation. Children exposed to conflict, a toxic family environment, and/or violence may not hear the positive, or selectively attend to the negative or evoke more negative feedback.

Peer Relationships

Although not as powerful a factor as with adolescents, children of this age will increasingly turn to influences outside the family (e.g., peers, school) as role models and as barometers of their own worth. Competition assumes new importance within the peer group and children want to have the best, the most, and be well thought of by others. Some of these children may use hostile aggression in their age-typical attempts to compete for attention and the regard of peers. Accordingly they may be at increased risk for bullying and/or being bullied. Eleven-year-old Nasir told us: *"I get in trouble at school for fighting."*

As with children who face other family adversities such as parental alcoholism or mental illness, they may come to see their families as different. Forming friendships and being accepted by peers is becoming important and most children will hide their "secret" from everyone. This attitude is a barrier to help seeking, either from adults such as caretakers or teachers, or from peers. Many turn only to siblings who are natural allies and sources of support. If others at school or in the neighbourhood learn of the violence, as when police cars arrive and march out the father in handcuffs, the self-imposed shame will be overwhelming and add to the feelings of sadness, vulnerability and confusion.

BOX 15: Lateefa's son Nasir, now age 11

Nasir lived with his father's violence from birth to age eight. Initially, he was hesitant to talk and expressed concern about his father, emphatically stating that he missed him – *"mostly everything about him."* Nasir worried that he would not see his father again if the interviewer were to learn more about what had happened in his family. After I explained that I needed information to help other children living with "fighting" (his family's word for abuse and violence), he became more forthcoming. He talked very little about his mother and her victimization. His memories suggest that he has blocked out a great deal of the violence and that he attributes the cause of his Dad's abusive behaviour to things that enable him to feel positively about his Dad.

Like most children, Nasir hated his father's yelling and abuse. He wanted the *"fighting to stop."* He makes sense of his father's violence through the same rationalizations he heard his dad express repeatedly. For example, he describes the incident leading to his father's arrest without mentioning his violent behaviour or his mother's injury. He focused on the people who woke his dad up. *"Everyone was outside, making too much noise. I think he hadn't been sleeping for over a day. He was upset. Someone went to the neighbour's house to call the police and they came."* When asked directly what causes his dad's "fighting," He replied, *"When others don't behave. If they listened better and didn't get into trouble he wouldn't be mad."* He views victims as being able to behave so they can avoid abuse. He views the violence against his mother, himself and his siblings as severe discipline that had to happen because of their behaviour.

Like his brother Omran, Nasir associates feelings of sadness with his father's violence; however, Nasir attributes his sadness to his father being arrested and going to jail. When asked about significant memories, all of his positive and negative recollections were related to his father. For example, his scariest memory was *"when my Mom and Dad got divorced and I thought I'd never see my Dad again."* His loving memory: *"My Dad went to house with us and we watched movies and ate pizza."* While the younger Omran feared being separated from his Mother, Nasir states that he would rather be with his dad.

When asked what happened to his mother during the fight where people woke up his father, Nasir became upset and said, "I just don't know." At this stage of his development, and being a boy, he strongly identifies with his father and misses him very much. He minimizes the dissonance and ambivalence he experiences in relation to his father by denying or suppressing the harm his mother suffered because of his father. Acknowledgement of his mother's victimization by his father, threatens the image of his father he needs and wants to hold on to. He reported using a version of this coping strategy while the fighting was going on: *"I'd just plug my ears and go to my room."* Interestingly, Nasir does not suppress that his father yelled, said mean things and hit him a lot. Yet, he said he did not know if his father did similar things to his brothers and sisters.

Nasir offered to *"draw a guy drunk beating up his kids. . . I could put a knife in his hand."* In the second picture, the child is saying "No Mom." He explained the child *"is saying "No Mom" 'cause if she is quiet and takes beating then there won't be a fight."* These drawings and Nasir's comments highlight how this young boy has made sense of the rationalizations his father gave for his behaviour and of his experience living with violence. He believes victims are responsible for stopping abuse, and in effect, for the violence. Without intervention, this bright youth is vulnerable for justifying his own use of interpersonal aggression in relationships.

Figure 15.1:
11-year-old Nasir's Drawing of "A Drunk Guy Beating up Kids"

Figure 14.2:
Nasir's Drawing of Hypothetical Mother, Father and Child

Gender Differences

At this age, gender differences in attributions, reactions and impact will start to be more evident in a way that was less apparent for pre-schoolers. Children who live with violence may be more influenced by messages that confirm attitudes and behaviours associated with intimate partner violence. For example, media images that make little impression on most children may serve to reinforce gender roles of victim/perpetrator already observed at home. Children who live with violence may develop roles within the family, such as model child, peace maker, protector of younger children, caretaker of mother, supporter of father, and such. Investigations into the sex differences of these roles could well find that boys tend to develop different roles than do girls. Certainly, it would be expected that boys of this age might start to align with the same-sex parent, identify with his rationalizations and defend his behaviour to others. Nasir cannot see his father as a bad person or his father's behaviour as willful meanness. Girls like Kate, quoted earlier, may come to admire a mother for her efforts in the face of adversities, perhaps identifying with their role as caretaker of children.

Coping Strategies

As noted earlier, coping strategies in children can be adaptive, or as adaptive but costly. It is a central premise here that even non-adaptive coping strategies will help a child navigate a difficult experience or pattern of experiences. It is therefore adaptive at that moment. However, non-adaptive coping that becomes generalized to other circumstances – or continue to be used after the violence stops – may not serve the child well in the long run. Interventions would wisely assess for and address non-adaptive coping strategies, ideally before they become entrenched, by assisting with their replacement with healthier solutions such as seeking out support. Mothers can be helped to identify problematic coping in their children and encourage healthier strategies (Baker & Cunningham, 2004).

Strategies of mental or emotional disengagement include concentrating hard on something else, listening to music on head phones, turning up the volume on the television, or positioning yourself in the house as far as possible from the violence. We agree with Ornduff and Monahan (1999) that denial (to self) is not likely to be used by many children as a coping strategy but of course children will deny the existence of family problems to people outside the family. You will also expect to find some children fantasizing about having a happier family, living in a nicer place, or having their parents separate as Fletcher had hoped for. One girl we spoke with left notes hidden in her bedroom hoping someone would find them and rescue her. McGee (2000: 106) spoke with school-aged children who found solace with their stuffed toys or pets:

> *Sometimes I talk to my teddies. [That helps] because they keep secrets because they cannot talk* (Kara, age 10).
>
> *But at least I had one person who cuddled me and that was my big dog that I used to love ... I'd say something [to my dog] like thank goodness that I've got someone who is going to care for me and not fight all the time* (Ray, age 10)

When families leave the home to flee violence suddenly, toys and pets can sadly be left behind. Ornduff and Monahan (1999: 358) found that shelter children can have fantasies of revenge once the abuser is gone:

6-year-old boy:	*"I'll punch him if I see him."*
8-year-old boy:	*"If he ever calls us, I would let the receiver dangle and let him wait forever."*
8-year-old boy:	*"I would like to kill him with a gun."*

Other children, once the father is gone, will fantasize about family reunification.

As they get older, children may try and take an active, problem-focussed role in preventing or intervening in violence. This could include verbal negotiation or physically coming between the parents. Some may also try and comfort an upset mother, lighten her load by being a model child, or take care of younger siblings to protect them, as discussed above under "family roles." In the later elementary grades, you might see some children starting to use alcohol or other substances to cope with anxiety and other difficult emotions.

BOX 16: Angela's daughter Cara, now age 13

Through three developmental stages (age one through 11), Cara lived with violence against her mother, herself and her sisters that was severe and frequent. Most salient for her is the psychological terror of everyday life: *"He threatened to kill me if I talked to police. He said, 'I'm going to make sure you never see your Mom again. I'm going to take you.' He always made it seem like he was going to hurt me or take me away."*

The violence of her step-father Amos left no doubt in Cara's mind that he could and would follow through on threats. Her quiet, reflective narrative repeatedly attested to her constant sate of fear: fear of being killed or separated from her mother, fear of being alone with Amos. Even when Amos was in jail or the family was in shelter, Cara was scared: "*You don't know if you're safe for sure 'cause he could always break out of jail and come for us."* These fears show how invincible Amos was in this little girl's mind but they were influenced by reality (e.g., he escaped from police custody; he came to a shelter; during one incident police voiced fears of what Amos might do and Cara overheard them). She views Amos as *"mean and awful"* with *"a really scary voice and a really mean voice"* when he yells. While these fears were dominant, her young life was filled with other serious worries about her mother and sisters' safety, where they would live next, missing school, and doing poorly in school.

In addition to fear, Cara described herself as being *"hurt, crying, sad, isolated, and growing up with a lot of anger inside."* Her self concept suffered as she started to believe the derogatory remarks of her step-father: *"He always called me names. You know - stupid, fat and stuff and made fun of me and my hair. I started to believe them [names]."*

Cara attributes Amos's abusive behaviour to something being wrong with him: *"He wasn't right. He's weird."* She thinks maybe he became "weird" because of what happened to him in his childhood. At the same time, when asked if she ever thought the violence was her fault she replied, *"Not really."* Her narrative suggests she knows at one level it is not her fault, but at an emotional

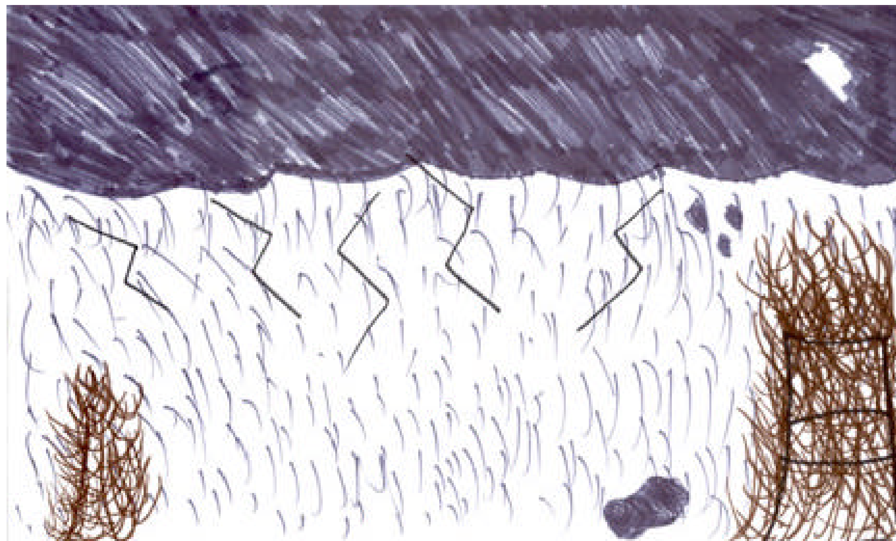
level she does feel responsible. This is not surprising given the developmental stages during which she lived with violence and the blaming messages Amos repeatedly made to her.

Cara has two wishes. She wishes that *"he [Amos] was never involved with us. That Mom never even met him."* Her wish for the future: *"He never gets involved with us never again."*

Cara is coping now by trying to put Amos out of her mind. When asked about her step-father, she replied, *"I don't have one."* She acknowledged that sometimes he sneaks back into her thoughts despite her best efforts. This is most likely to happen when she's sad or when she hears *"fighting between parents, especially when there's kids."* Cara's fear and anger were protectors that helped her to cope. Her fear prevented her from challenging Amos in ways that would have resulted in intensified abuse towards her. Her anger helped her to manage her fear and to prevent her from being overwhelmed or paralyzed by her feelings of vulnerability. She describes her anger leading to revenge fantasies which gave her relief from her fear and hope that someday the violence would stop: *"Sometimes I thought I wanted to kill him. I always wished he'd get hit by a bus. I got this idea after he was really hit by a vehicle."*

Her anger continues to help her cope. She feels powerful because she can keep her *"ball of anger"* inside and not take it out on others like Amos did. It is extremely important for Cara to know she is different from Amos. Others say he is abusive because of his childhood and this scares Amos that she too could be abusive to others. At the same time, her coping strategy is problematic. She cannot be angry because she might lose control: *"I know if I start I might not be able to stop 'cause I'd take out all my anger on one person."* It takes a great deal of effort to suppress the intense anger she is warehousing, as well as typical frustrations experienced by a young adolescent. She believes this anger will always stay with her because it has not decreased to date. Anger is scary to Cara. Other people's anger and her own anger are threatening. When asked to draw how Amos's violence made her feel, she drew a rainstorm because *"rainstorms are always very scary."*

Figure 16.1: Cara's Drawing of How the Violence Made her Feel



Implications for Intervention

For this age group, the need to support mothers remains important but direct intervention with the child will now be feasible in ways not possible, nor necessary, with most pre-schoolers.

Eliminate Abuse

As with all age groups, reducing exposure to violence and maltreatment is the most important strategy to benefit school-aged children. Mothers benefit from access to advocates to help with safety planning and decision making. Our response as a community may or may not involve the criminal justice system and the laying of charges. Access to men's treatment programs may be helpful.

Ameliorate Family Adversities

Also crucial will be efforts to ameliorate family adversities, including help with finding safe and stable housing, income assistance, and brokerage for appropriate counselling services.

Support the Caregiver to Support the Child

No less important at this age than for younger children, the key intervention will be to support the caregiver, usually a mother, to meet the child's needs for nurturance, safety, and re-assurance. Some mothers will express an interest in parenting assistance, especially if they observe worrisome behaviour in their children. Traditional parenting programs will be of benefit to formerly abused women, especially if augmented and informed by an understanding of the unique needs and contingencies of violence (Baker & Cunningham, 2004). Some group or self-study programs are designed for mothers in shelter settings (e.g., Crager & Anderson, 1997; Ericksen *et al.*, 1997; Henderson *et al.*, 1997; McDermott & Burck, 1990).

School Support

Success in school is a base for success in later life. Early school leaving, on the other hand, only contributes to the challenges to be faced as they young people negotiate their way into adulthood. As already noted, many families experiencing violence will also be challenged by a constellation of other factors. To the extent that family adversities impinge on school success, children who live with family adversities such as violence would benefit from extra support, and understanding, at school (Baker *et al.*, 2002b). Generally, they can benefit from the support typically available to students experiencing other family crises or learning difficulties.

The plight of these children may be invisible in the classroom, a status they share with children undergoing other family problems such as parental mental illness, parental addictions, or parental incarceration. Having to change residences will disrupt children who are well established in supportive school settings and peer networks. Even those who stay in the same school may experience adjustment difficulties that can manifest in a variety of ways including aggression, difficulty concentrating, multiple absences (e.g., CAS appointments), despondency, and even school avoidance. All these factors will be amplified greatly if the other students were to learn of the home situation such as a father's arrest.

Training for Professional Groups
In a related vein, another helpful approach is to train professional groups likely to come in contact with elementary school children These groups include health professionals, police officers who attend "domestic disturbance" calls where children may be present, and educators. Some examples of training packages are already available (Baker, Jaffe, Ashbourne & Carter, 2002b; Baker, Jaffe, Berkowitz & Berkman, 2002).

Visitation Programs
Depending upon the degree of risk to the children, access arrangements with fathers can range from no contact, to therapeutic supervision, supervision in neutral settings by neutral individuals, supervision by family members at home, or no supervision at all. Supervised visitation programs are available in many urban areas of Canada, to facilitate contact between young children and a parent where the safety of the child may be in question. Visitation programs can facilitate a safe transfer from one parent to the other for visits, provide surveillance during the visit, and monitor aspects of the contact for third-parties such as child welfare agencies of family courts. Indeed, the use of such a program may be mandated by a family court or child protection agency.

Fathering Programs
While often forgotten, and difficult to find in some areas, programs for men can introduce fathers to the basic concepts of effective parenting for children of various ages. "Caring Dads, offered through the Changing Ways men's treatment program here in London, is one example of an intervention that is targeted as these high-risk fathers. While these programs are promising and highly necessary, program completion must never be viewed as sufficient evidence, in and of itself, that an abusive father is ready to parent or have unsupervised contact with children.

Child-focussed Assessment and Intervention
Interventions for children of this age should respect their need for privacy and the need for many to see their father as a good person. Targets of intervention should include any cognitive distortions about the violence (e.g., self-blame, anger toward legal system), costly coping strategies no longer necessary because the violence has stopped, and healing any rift in the mother/child bond brought about by the violence. The PARKAS program (Bunston & Crean, 1999) for eight to 12-year olds is a psychotherapeutic group with concurrent children and mothers sessions with the same leaders in both. Criteria for eligibility uses a broad definition of violence in the family including various configurations of family violence including child maltreatment and abuse by extended family members.

Group interventions for children can be helpful for some, by confidentially breaking the isolation and introducing strategies for positive coping. However, entry into groups should be preceded by a thorough individual assessment. Some children will be exhibiting trauma symptoms and others will face multiple challenges and would benefit from individual therapy. Assessment and referral brokerage are discussed later in this document. Key in the process is to ensure the right child receives the right intervention, and at the right time.

Adolescents

Adolescence, or the teenage years, is widely known as a challenging stage for both parents and youth. It is an important phase of development when young people move rapidly from self-identifying as "child" toward but not quite reaching the phase of "young adulthood." Parents are called upon to adapt their parenting style and gradually change expectations as these young people experiment with adult-like activities from the safety of a solid home base. They need input and supervision but may not readily recognize or accept that reality. Key aspects of this developmental stage are:

- increased sense of self and autonomy from family
- dramatic physical and mood changes brought on by puberty
- increased peer group influence and desire for acceptance
- dating, rasing issues of sexuality, intimacy, relationship skills

Parents guide young people through these dramatic changes, providing a solid and reassuring presence against which to rebel and test boundaries in a safe way. Important aspects of this process are clear and age-appropriate rules and consequences, supervision and monitoring, and open communication.

Adolescents and Domestic Violence

As noted above, adolescents are under-represented in cross-sectional samples of youth known to be exposed to violence. In Rhode Island, adolescents (ages 12 to 17) were only 17% of the young people known by police to be in the home during domestically violent incidents (Gjelsvik *et al.*, 2003). In this study, homes with an adolescent witness were more likely to have a non-biological father who was responsible for the criminal incident that triggered police attention.

The fact that adolescents are under-represented in samples of exposed youth suggests either that their mothers managed to extricate themselves from the violent relationship, the children are no longer in the home, or that the violence was confined to their younger childhood. Some adolescents have been exposed their entire lives while others have been exposed to incidents only in recent years. Some will have experienced violence by more than one of their mothers' partners. All these factors have implications for intervention, but we know of no study that helps us understand these patterns.

Hypothetical Impact on Development

Goldblatt (2003) notes that adolescents living with violence differ from younger peers: they are more active outside the home, have a broader range of coping strategies, can view problems from multiple perspectives, are larger and stronger and so can intervene in physical altercations, may be more emotionally able to confront the abuser, are more aware of wider social values against violence, and have greater skills in expressing their opinions. This is also an important period of transition and teenagers living with violence may not experience the stability and guidance they need.

BOX 17: Lateefa's daughter Malika, now age 15

Malika is the second oldest daughter and the third oldest child in this family of seven children. She lived with violence from birth until age 12.

Unlike her younger siblings, Malika refers to her father's violence not as fighting but as "abuse." She evidenced none of the hesitancy seen in her younger brothers with respect to talking about her father's abusive behaviour. She detailed his violence against her mother and the children, especially the female children. She described the frequency of the violence as *"a lot – most days."* In contrast to Nasir, she has no positive memories of her father, glad he is no longer initiating contact with them. She continues to feel strong anger towards him, especially in relation to the abuse of her older sister, her youngest siblings, and her mother.

Recalling the time when her father lived at home, Malika described being scared, very angry, suicidal and wanting to run away. Her experience has soured her impression of marriage and family life: *"I don't think I ever want to get married or have kids."* While things were very bad in Canada, Malika explained that she was better off once they emigrated because in her home country she felt like a prisoner, unable to leave the house.

Malika spontaneously volunteered that the worse incident was when her father beat her older sister with a hose in the basement. Malika cried softly as she explained that her sister said "Hi" to a neighbour boy and that this was against the rules. *"He [father] took her to the basement where most beatings occurred. We were all there. We had to stand and watch and couldn't do anything. He left her there for a day and would hit us if we tried to go down."* Malika described feeling intense anger at her dad during this incident. She said the worst thing is watching and feeling enraged yet powerless to do anything. She expressed intense guilt and self loathing about not doing something to help her sister. She explained that it was the hardest when her sister was beaten, *"way worse than when he hit me."* The sadness and distress she expressed in sharing this traumatic memory was profound. She experiences intrusive imagery and thoughts about this incident every night as she tries to fall asleep.

Presently, Malika holds her father responsible for the victimization of everyone. She attributes his violent behaviour to his upbringing. She explained that parents in her father's homeland *"can hit kids and that he [father] is full of anger from what happened to him [as a child and youth]."* She also linked her father's aggression to his fear *"certain things would happen like people gossiping about the family"* if it appeared to outsiders that the children were not well behaved. While placing the responsibility for the abuse with her father, Malika believes *"everyone thought it was their [own] fault every time."* She explained that *"he always said it was our fault and he had to teach us lessons."* His justifications for violence always focussed on the behaviour of others; e.g., *"house messy, talking to boys, spilling something, showing leg, food not right."* She explained that the girls in the family *"always got it worse and that the boys had it better."*

Malika worried that he would act on his threats to send her mother back to their homeland and have her killed. She also worried that her mother might die because he would *"hit her so hard."* Other serious worries were that her father would kill her older sister or herself because he felt they had broken a rule related to contact with boys. The worries about her and her sister's safety were intensified by his repeated verbal threats to kill them and the severe beating of her sister for the minor infraction of saying "hi" to the boy next door.

Malika described a range of survival strategies during violent incidents. Sometimes she didn't "move or make a sound" to avoid being "hit worse." Other times she was able to get away from her father and go upstairs where she tried not to think about the violence happening downstairs. Often, she tried to get her younger siblings away from the violence and potential harm. In the last incident resulting in her father's arrest, Malika, for the first time, joined her older siblings in verbally and physically intervening to protect her mother: *"We got on him and tried to pull him off her while my brother went to a neighbour's [home] to call the police."* Malika's increased age and maturity combined with her father's escalating violence caused her to intervene directly.

A significant coping strategy for Malika was turning to her older sister for support. She says, *"I could really talk to her. She is a very caring person. She would go and talk to the little ones if they'd been hit."* She also engaged frequently in escape fantasies of running away or killing herself. She did not act on either fantasy because in reality she did not know where she could run to and worried that her mother would be *"even more hurt and sad"* if F killed herself. While she never acted on her fantasies, she described obtaining temporary relief by just thinking that she could avoid enduring abuse against herself or others. Another form of coping involved rescue fantasies. The only time Malika smiled during the interview was when she recalled how as a little girl, *"I hoped Superman would come and put my dad in jail."* As she got older, her rescue fantasies turned to wishing the police would rescue them when they came to investigate noise complaints made by the neighbours. She poignantly described her hopefulness as she listened to the police from upstairs in her bed, followed by overwhelming sadness and hopelessness when the police left without taking her father with them. Finally, she described hoping for change; i.e., *"hoping he [father] would stop being abusive."* She explained how this hope ended about grade five or perhaps earlier when she realized it was never going to happen.

Malika expressed love towards her mother for wanting and trying to protect her children from their father. She also stated that despite her mother's intentions, she was not able to protect them. She wishes her mother had been able to *"stand up for herself and call police the first time"* her father was abusive. All of Malika's advice for abused women and violent men centered on children. This signifies the salience of child abuse for her. Her advice to women: *"You need to protect your children. Get them away from the violent person."* Her advice to abusive men: "*They're just children and they feel angry and hurt when you hit them."* Her advice for children living with violence: *"Don't blame yourself for what happens. Think of good not bad."*

With her father out of the home, Malika's biggest worry is *"that we [she and her siblings] would grow up to be like him."* She clarified that this can happen to both girls and boys and that they *"need help to not have this happen."* What she did not explain was that her older brother is now abusive to his mother and some siblings. Likely, her belief about the cause of her father's violence (anger from childhood abuse by his parents), her brother's recent abusive behaviour, and her own intense anger towards her father, all contribute to fears that she or her siblings may turn out like their father.

Her advice to police officers stems from her own experience: *"When noises or something brings them [police], then they should talk with the rest of the family and ask more questions."* Her memory is that the police came three times on different occasions to speak to her father about complaints of noise. On each occasion the noise was related to violence against her mother and/or the children. Her sad perception is that they never asked to see her mom nor asked to speak with any of the children. *"I guess they just thought he was a loud drunk."*

These factors, believed to characterize the experiences of adolescents who live with violence, can make the transition to adulthood a particularly difficult period to navigate:

- pre-maturely adopt care-taking roles (for mother and siblings)
- pre-mature independence/emancipation from family
- intervening in physical fights
- diversions and interruption of normal trajectory to young adulthood
- peer relationship problems: isolation, avoidance, risk taking
- use of costly coping strategies such as substance abuse
- difficulty establishing healthy relationships
- cognitive distortions
- all-or-nothing interpretations
- pro-violence attitudes
- gender-role stereotypes

These factors are spelled out in Table 17.

Coping Strategies

Young people of this age can have use a wider spectrum of the coping strategies listed earlier, concomitant with their increased independence from the home, physical size and opportunities to interact with others outside the home. Some will still engage in emotional disengagement such as thought blocking and numbing, strategies which may be augmented through alcohol or substance use. The caretaker role, of younger siblings and sometimes a mother, can give some teenagers a sense of control, as with Ivy

> *I tried to protect my little sisters. I would try to keep them with me. I would bring them into by bed when the abuse was happening. Other times I'd try to get them out of the house. I used to get angry 'cause I had so much responsibility. Once I actually hit my sister and then I felt so, so bad. I wanted to think it was ok 'cause I got it [hit] but I knew it wasn't [okay]. But I'd let them sleep with me and take them places to keep them safe. I feel like I've already had my kids and been a Mom. I'm not sure I want to do it again.*

Table 17
Potential Impact of Exposure to Domestic Violence on Adolescents

KEY ASPECTS OF DEVELOPMENT		POTENTIAL IMPACT
Increased sense of self and autonomy from family	⇨	accelerated responsibility and autonomy, positioning youth in care-taking roles and/or premature independence; family skills for respectful communication and negotiation may be poorly developed, so transition to adolescence may be more difficult and result in such challenges as increased parent-child conflict, early home leaving, school drop-out
Physical changes brought on by puberty	⇨	may try to physically stop violence; may use increased size to impose will with physical intimidation or aggression
Increased peer group influence and desire for acceptance	⇨	possibly more embarrassed by family resulting in shame, secrecy, insecurity; may be susceptible to high risk behaviours to impress peers (e.g., theft, drugs); may try to escape by increasing time away from home; may engage in maladaptive defensive (e.g., drug) and offensive (e.g., aggression towards batterer) strategies to avoid or cope with violence and its stigma
Self worth more strongly linked to view of physical attractiveness	⇨	view of self may be distorted by batterer's degradation of mother and/or the co-occurrence of child maltreatment; may experience eating disorder and use of image management activities (e.g., body piercing, tattoos)
Dating raises issues of sexuality, intimacy, relationship skills	⇨	may have difficulty establishing healthy relationships; may fear being abused or being abusive in intimate relationships, especially when conflict arises; may avoid intimacy or may prematurely seek intimacy and child bearing as means of escape and creating own support system
Increased capacity for abstract reasoning and broader world view	⇨	"all or nothing" interpretations of experiences may be learned and compete with greater capacity to see "shades of grey" (e.g., everyone is a victim or a perpetrator); this style of processing information may be intensified by experiences of child maltreatment; may be predisposed towards attitudes and values associated with violence and/or victimization
Increased influence by media	⇨	possibly more influenced by negative media messages re: violent behaviour, gender role stereotypes

Ultimately, adolescents who see no hope of improvements in their lives can leave home, as Dana did:

> *I learned to save my money and say to her [Mom] let's go . . . I'd always be outside – just didn't want to be home, didn't want to see. I tried to get the CAS to take me and my sisters away. Finally, I just took off – I was 14 or 15. Mom says I was messed up and now I'm doing okay [because I am back home], but I was getting away from a mess. I left school – never went back. I became a Mom.*

Youth who leave home early may be poorly equipped to negotiate the pseudo-adult lives they create. They may careen from one risk-filled situation to another and spend time with people who exploit them or otherwise take advantage of them, as Ivy did:

> *I ran away from home. I hung out with friends . . . dropped out of school . . . spent lots of time with boyfriends. I drank everyday, did drugs and had lots of sex partners. I tried to take my life on many occasions. I wanted to escape my life. I got a criminal record . . . I went to holding cells 'cause of a boyfriend – he'd just leave me and [the] cops would come and I'd be with stuff [drugs]. I didn't want to be at home -- but I felt like I couldn't be alone. I still get really lonely.*

Ivy clearly links her choice of abusive partners to her feelings of worthlessness:

> *My step-father told me I was stupid so often that I believed I couldn't make it in the real world. He made me sit on the floor in [the] bedroom writing times tables for five or six hours while he repeatedly said, 'you're a fucking idiot.' He'd always comment about my breasts and make me dance in front of his friends. I hated it but never said no 'cause I was so scared. I got implants but it didn't help, now I hate my stomach. To this day I have to change my clothes three to five times before I go out 'cause I feel so bad about myself. My boyfriend for two years [now] always says I'm beautiful but it goes in one ear and out the other 'cause of all those years.*

Anger was another common theme in our discussions with teenagers and those who lived with violence as teens. Understandably, anger could be directed toward the abuser, as Dana voiced in Box 18. Fantasies of revenge may become overpowering thoughts.

Anger could also be directed at mothers, for failing to protect the children, inability to leave the abuser, decisions to return to the abuser after a separation, and in some cases what is perceived as a choice not to believe a child's disclosure about sexual abuse. Ivy, who loves her mother very much, struggles to re-gain the role of "child" after being the caregiver for so many years:

> *When I get angry I say things to Mom I shouldn't. I wouldn't talk to her 'cause I didn't want to hurt her. But when I'm angry it just comes out. She's trying to be a good Mom but I don't think she's doing the right thing. It's like there's two Moms now and sometimes we don't agree.*

Box 18: Angela's daughter Dana, now age 23

Dana is the eldest of three girls in this family, earlier described in Box 1. She was 11 when her step-father Amos first joined the family. While her adolescence was characterized by severe violence, her childhood until the age of 11 had been happy. Today, at age 23, she is the mother of three children, two of whom live with her mother Angela and Dana's younger sisters. These two families live steps away from each other and are in frequent contact throughout the day.

Dana's most salient memory was of an incident that occurred when she was eleven, the year her stepfather came into her life. She described coming home to the following incident: *"My mom said, 'Don't go in there.' She (mother) was calling the police. I walked into the living room and he [Amos] had a sword against baby Beth's neck. I remember it. I can describe it in detail but now it's just like it was TV or something."* This memory continues to stand out in her mind because it marked the beginning of violence in her family, violence had not been part of her life up until that time: *"Nothing like that had been part of our family before."* It is also one of the memories that Dana can allow herself to experience without being overwhelmed by emotions. She continues to be affected by Amos's power and threat to the family: *"I had to leave so many times 'cause of him…I called the police so many times…he even came to the shelter…I'm just surprised he's out of jail now."*

Looking back, Dana recalls feeling intense anger and hatred towards Amos. She describes many effects of his abusive behaviour that continue to reverberate in her life. Most striking is an all consuming anger and hatred for Amos:

> *It [anger and hatred] is there all the time. I think of him all the time. All the time! All the time until the day he dies and then I'd have to see his death certificate [to believe he is dead]. It's like an obsession - to kill him like a fly on the wall and he'd just be gone. I know that's horrible but he's a really horrible, horrible person. If not dead, he should be in jail and isolated like we were and someone should go and beat him and beat him over and over again so he knows what it feels like.*

Another ongoing effect is the avoidance of inter-personal closeness: *"I don't trust too many guys. We moved so many times…I haven't kept friends. Now I avoid friends and then I don't have to see mothers hitting kids and boyfriends hitting girlfriends. I hate people now – not really – just don't want to get involved."*

Dana has adopted a permissive style of parenting to ensure she never acts in the abusive way Amos did: *"My daughter, who is five-and-a-half, gets away with everything. I won't discipline her 'cause of what he did. I don't want to be mean. I've seen so much of it. I don't want to do it - even a little bit."*

Dana originally used three main coping strategies: avoiding home, intervening or planning to intervene to end the violence (including fantasies of revenge), and securing help from external authorities. She described trying to always play outside and trying to be away from home. As she got older, she spent more and more time out of the home while always staying very connected. She is proud that she verbally challenged Amos. She recalls threatening him with a knife to make him stop hurting her mother and trying to run him over with the car. She also called the police on many occasions:

> *I called the police all the time. He'd be arrested, in jail, or there'd be a restraining order and it'd happen all over again, and again and again. I thought they [police] were all screwed up. He assaulted my mom in front of them and got away with it. I guess 'cause she was really angry by then too. I thought he's invincible so I have to do it myself. They [police] wouldn't. I wanted to get my friends and dress in black and kill him so he couldn't hurt my mom. I'd just keep thinking about this. I even talked to one friend about it back then. He just thought I was crazy.*

The Children's Aid Society became involved because Dana was not attending school. She describes working hard to get her siblings out of the home because she believed the violence was not going to end. This has caused tension between Dana and her mother.

As Dana's coping strategies did not lead to the desired results and she continued to be distressed by what was happening in her home, she increasingly began to cope by blocking out the "horrible, horrible things" that were happening in her home:

> *Nintendo was perfect for blocking out. I'd get Beth and we'd play Nintendo first thing every morning. I tried to block out as much as I could. I blocked out everything. That way I could just be happy. I'm sort of a professional at blocking it out. Only problem is I sometimes block out stuff I need to remember. Like I'll block out calling my welfare worker, walking the dog, taking out the garbage… People say 'your memory is gone' but it's not, it's just I block so much out. If you asked about my childhood, I'd tell you about Canada's Wonderland. Yeah, I can just remember the good times, like – I had a phone. So, it's like I have two lives.*

Dana's description illustrates how a strategy that effectively helps a child cope with violence can become entrenched and generalized in ways that create other problems (e.g., blocking out important appointments). She worries that all the memories she has blocked would come back and be overwhelming if she ever were to see Amos again: *"I feel if I saw him all the memories would come back and I'd go into overdrive and whooh – I wouldn't be able to stop."* Dana's family reported that she cannot leave her immediate home area without one of them to accompany her.

It is likely that Dana has managed severe post-traumatic stress reactions by working hard to avoid re-experiencing traumatic events. Her all consuming, intense anger also helps her to avoid re-experiencing traumatic material. While imposing severe limits on Dana's functioning, her blocking and avoidance strategy has enabled her to go through the daily routines of parenting her young children. She is likely to experience a crisis if events occur that leads to a sudden re-experiencing that overwhelms her.

Dana worries about and cares very much for her sisters and her mother. At the same time, she struggles with strong feelings of ambivalence towards her mother for her inability to protect B and her sisters. She also feels ambivalence towards her youngest sister because of her stepfather's favouritism of Beth and her mother's attempt to preserve a "fake" image of Amos for Beth's benefit. Dana wants her Mother and Beth to share in her intense anger towards Amos, feeling this is the only guarantee that he will never find his way back into their lives.

Implications for Intervention

As teenagers increasingly gain autonomy from their families, they may become the direct focus of intervention, independent of parents.

Eliminate Abuse
As with all age groups, reducing exposure to violence and maltreatment is the most important strategy to benefit adolescents. Mothers benefit from access to advocates to help with safety planning and decision making. Our response as a community may or may not involve the criminal justice system and the laying of charges. Access to men's treatment programs may be helpful. Some teenagers may benefit from assistance with establishment of alternate residences, ideally places where they will have adult supervision and monitoring such as with relatives, a (responsible) family of school mates, or group homes for youth.

Ameliorate Family Adversities
Also crucial will be efforts to ameliorate family adversities, including help with finding safe and stable housing, income assistance, and brokerage for appropriate counselling services.

Support the Caregiver to Support the Child
While teenagers are quickly emancipating from parental care, caregivers continue to benefit from support to understand how best to assist their teens. Indeed, the teenage years may be the most challenging for some parents as children push and pull against adult authority, test limits and express pent-up anger. Youth who have lived with violence may display a worrisome pattern of risk-taking behaviour and their costly coping strategies may bring them into conflict with the law. Or they may display troubling patterns of internalized coping such as social withdrawal, avoidance of intimacy, or pursuit of pregnancy and parenthood.

Mothers can be assisted to identify worrisome coping in their teens and helped to facilitate healthier coping (Bake & Cunningham, 2004). Some mothers will express an interest in parenting assistance, especially if they recognize troubling behaviour in a child. Some group or self-study programs are designed for mothers in shelter settings (e.g., Crager & Anderson, 1997; Ericksen *et al.*, 1997; Henderson *et al.*, 1997; McDermott & Burck, 1990). However, traditional parenting programs will also be of benefit to formerly abused women, especially if informed by an understanding of the unique needs and contingencies of family violence (Baker & Cunningham, 2004).

School Support
Success in school is a base for success in later life. Early school leaving, on the other hand, only contributes to the challenges to be faced as they young people negotiate their way into adulthood. As already noted, many families experiencing violence will also be challenged by a constellation of other factors. To the extent that family adversities impinge on school success, children who live with family adversities such as violence would benefit from extra support, and understanding, at school (Baker *et al.*, 2002b). Generally, they can benefit from the support typically available to students experiencing other family crises or learning difficulties.

Training for Professional Groups
In a related vein, another helpful approach is to train professional groups likely to encounter teenagers in their work. These groups include health professionals, those who work in the youth justice field, child protection staff, police officers who attend "domestic disturbance" calls where children may be present or involved, and educators. They may meet teenagers who are:

- living with violence against a mother, and/or
- in an abusive relationship (victim or perpetrator), and/or
- experiencing abuse within the family (from a sibling or parent), and/or
- abusing other family members (siblings or parents)

Some examples of training packages are already available (Baker, Jaffe, Ashbourne & Carter, 2002b; Baker, Jaffe, Berkowitz & Berkman, 2002; Baker & Jaffe, 2003).

Youth-focussed Assessment and Intervention
Group interventions are most amenable to this age group (Glodich & Allen, 1998). Teens can take information on hypothetical cases or the experiences of others and draw parallels to their own world in ways that younger children cannot. Many are able to use appropriate assertiveness to guide the focus toward issues of relevance for their lives, also in ways that young children cannot. Teenagers will exhibit a wider range of emotions that can include relief (if they are out of the home or the abuser is gone), anger, worry about the future, concern for a mother, and confusion about how to find and adopt a different role in the family. While these feelings may manifest in behaviour challenges to a mother, they are normal reactions by teens in these circumstances. The content of therapeutic groups should focus at least in part on coping strategies and cognitive distortions such as self-blame.

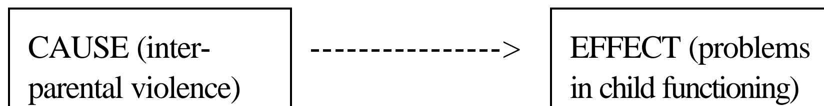
Another approach that may be helpful for this age group is joint mother/teen interventions. Teenager can harbour tremendous anger at a mother, even one they love dearly. They need to be able to trust a mother to protect them, make good choices for them, and take parenting and other adult responsibilities off their shoulders. Mothers can learn to identify coping strategies of their teenagers and encourage healthy ones (Baker and Cunningham, 2004).

As with all ages, however, a thorough intake assessment is recommended, one that uncovers not only the type of violence in the home (duration, intensity, etc.) and current risk for violence but also assesses other family adversities and the nature of any "problems" which are of concern to the family and to the youth. It is important to identify factors that counter-indicate a group-based intervention. These include active trauma symptoms, severe depression, on-going violence in the home, and crisis issues such as suicidality. As with other age groups, an intervention focussed on woman abuse would only be helpful if the youth has a memory of violence and is displaying problems logically linked to violence exposure. Gathering this information, an assessor may concluded that violence-specific groups are not the right intervention at the right time for this youth.

Peer Support
Opportunities for teenagers to interact with others who share the same story could well be the mode of intervention preferred by most young people of this age. They are very peer-oriented and also need to present the image to others that they are just like everybody else. The confidentiality of any intervention, while desirable among younger children, becomes crucial for this age. An Australia initiative called *Bursting The Bubble* (www.burstingthebubble.com) uses the Internet to reach out to teenagers to help them define their experiences at home as abuse. Material on the site provides steps for "working it out," answers frequently asked questions, gives guidance to help a friend, provides a template for formulating a personalized safety action plan, and lists the legal and practical contingencies of leaving home as a teenager. Chat rooms and other forms of electronic and anonymous communication would also be welcomed by some teens as a way to work through thoughts and feelings.

Overall Implications for Intervention

Our original intention in conducting the literature review was to cull information to inform intervention. We found instead a series of limitations in this still-nascent literature, as noted above. Generally, the research literature has focussed almost exclusively on describing the "problem" and has not moved forward to address intervention. For example, we do not know which if any intervention strategies are effective, have no impact, or trigger more harm than good. Moreover, a disturbing proportion of studies examines inter-parental violence in isolation of other childhood and family adversities, directly suggesting or alluding to a cause and effect relationship between inter-parental violence and child functioning:



Using this framework, the logical focus of intervention is the violence. Many have also assumed that the logical target of intervention – the "identified" client – is the child. Some may even make these unwise assumptions:

- all children are negatively affected by inter-parental violence
- all children are affected in the same way
- inter-parental violence can be the sole focus of interventions

Discarding studies adopting this approach, in favour of studies examining the interaction of many variables, a startling conclusion emerged. Child exposure to inter-parental violence seemed to have a small and almost negligible association with short and long-term outcomes. In other words, the simple two-variable relationship described in the cause/effect model might show a modest difference between "exposed" and "non-exposed" youth, but add in child maltreatment and other important variables and the relationship

seemed to evaporate.

We struggled with this conclusion because it did not match our sense of reality. That's when we went back and looked very carefully at the definition of "exposure to inter-parental violence." Our *re*-review of the literature suggests these points of relevance for intervention:

- the majority of children in North America grow up with no inter-parental violence in their homes
- among children who live or have lived with inter-parental violence, there are two separate groups
- one group lives with sporadic and bi-directional violence within the context of marital conflict and verbal abuse
- a much smaller group experiences family dynamics as contemplated in the Power & Control Wheel which permeate their lives daily
- in the aggregate, the latter group differs from the former (and from other children) in that they experience a package of adversities besides violence
- the "adversity package" characterizing this group will almost certainly include direct child maltreatment and likely includes family challenges such as poverty, instability, substance use, mental illness and involvement with the criminal justice system
- however, each child is unique and it is unwise to make assumptions with a thorough assessment that explores the child's life in a holistic way

We used several case studies to illustrate the difference between the two groups: Angela's children and Emily's children. While this may seem like an esoteric exercise of semantics, a number of questions are raised by using these two families are exemplars. When research obscures differences between Angela's children and Emily's children, do we inadvertently encourage the use of one-size-fits all solutions? Will programs designed for one group be appropriate for the other? Do we overestimate the likely impact of violence alone on children like Emily's? Are we over-simplifying the likely impact of violence alone on children like Angela's?

We have proposed instead a more complex conception of the links between violence exposure and later problems, one that was illustrated in Figure 1 at the outset of this document. We assume that impact on children will vary a great deal, even among children in the same family. It can be helpful to understand roles in the family, during violent incidents, between incidents, and after the abuser is gone. Intervention should be preceded by a through assessment that considers, among other things, co-existing family adversities and the unique way each child developed to cope with violence and the other adversities. Three inter-related courses of action are suggested to minimize the negative impact in the immediate and longer term: eliminate

abuse, ameliorate family challenges/adversities, and engage in holistic assessment and developmentally appropriate intervention with children, when needed and appropriate. In Table 18, strategies for five developmental stages are summarized.

Eliminate Abuse

Important for young people of all ages, our priority must be to ensure that the child will not be exposed in the future to abuse. This can involve interventions to protect women from intimate violence and child protective services or counselling to reduce the risk of child maltreatment and neglect. One cannot undo the past, but effectively working to eliminate violence from now on will be a positive step towards a better future. Emphasis should be placed on maintaining as much stability in a child's life as possible, most notably by removing the abuser from the home rather than the mother and children. These efforts ideally occur within a collaborative community response where woman abuse advocates, criminal justice professionals, child protection officials, and men's treatment programs work together.

Ameliorate Other Adversities and Family Challenges

It is a consistent finding in the better evidence available that woman abuse is highly correlated with other childhood adversities and family challenges such as poverty, parental alcoholism and parental mental illness. Every family is unique so these aggregate findings should never be automatically applied to a specific case. However, the evidence is strong enough that each family should be assessed from a holistic perspective that looks for the spectrum of factors that may impinge upon healthy development. The ACE instrument described in Appendix A provides one example of this approach. Specifically, families may require assistance with housing, income support, woman-centred advocacy, legal advice, counselling, etc.

Moreover, families in transition may experience the stress of re-location, an acrimonious or dangerous separation, custody or access disputes, decline in standard of living and, especially in the eyes of younger children, the emotionally wrenching consequences of separation from a parent. Effective assistance to families, which will ultimately aid children, would include assistance with finding and establishing a new household (if required), income assistance (if required), access to health care, and referral to appropriate counselling or support resources. A Michigan program for mothers suggests helping them will have indirect benefits for children (Sullivan, 2000; Sullivan & Bybee, 1999; Sullivan *et al.*, 2002).[4]

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[4] An evaluation focused on children between seven and 11 with a mother who had experienced intimate partner physical violence in the prior four months. Qualifying families were randomly assigned to the intervention (n=40) or to a group that continued with services otherwise available in the community (n=40). The intervention involved six to eight hours per week of contact with a trained paraprofessional over 16 weeks helping mothers generate, mobilize and access community resources and advocate for children. The children attended a 10-week support and education group with an average of five hours of contact per week. They also had student mentors. Results show small improvements in some but not all indicators of child functioning. Participants had high levels of satisfaction with the intervention.

Table 18
Implications for Intervention for Five Developmental Stages

Pre-natal	* screen for woman abuse and related adversities/stresses in health care settings * eliminate abuse through advocacy with expectant mother and treatment for expectant father * assist with housing, income support, counselling as required * home visitation programs * training for professional groups (e.g., health care, midwives)
Infants & Toddlers	* eliminate exposure to violence and maltreatment * assist with housing, income support, counselling as required * caregiver support * home visitation * high-quality child-care placement * training for professionals (e.g., ECE, health care, home visitors) * home visitation programs * fathering programs
Pre-schoolers	* eliminate exposure to violence and maltreatment * assist with housing, income support, counselling as required * caregiver support * high-quality child-care placement * training for professional groups (e.g., ECE, health care) * visitation programs * fathering programs * one-on-one therapy (e.g., therapeutic play) if suggested by symptoms
School-aged	* eliminate exposure to violence and maltreatment * assist with housing, income support, counselling as required * caregiver support * support at school informed by a knowledge of family adversities * training for professional groups (e.g., teachers, guidance counsellors) * visitation programs * fathering programs * child-focussed assessment and intervention (ideally with mothers)
Adolescent	* eliminate exposure to violence and maltreatment * ameliorate family adversities * caregiver support * support at school informed by a knowledge of family adversities * training for professional groups (e.g., police, youth justice workers) * youth-focussed assessment and intervention * create opportunities for peer support (e.g., chat rooms)

Encourage "Effective Parenting"

Another important component of effective intervention would be to identify and assist with any struggles women are voicing as mothers. Indeed, women may seek parenting guidance in the period after leaving an abusive relationship, perhaps out of concern over the challenging behaviour of a child or children. Once an abusive partner is out of the home, Baker and Cunningham (2004) believe that helping mothers is the best way to help children, specifically, supporting them to:

- identify and address unhelpful coping strategies
- develop family rules that address respect, safety, privacy, etc.
- use age-appropriate and effective discipline
- seek assistance if they are using corporal punishment
- regain the trust and heal the affective bond between herself and her children
- take care of themselves and reach out for assistance of they need more support

Baker and Cunningham (2004) also suggest that children who have lived with violence benefit when caregivers are supported and encouraged to use effective parenting techniques. They suggest that the everyday essentials of parenting children who have lived with violence are:

- role model desired behaviour and attitudes
- provide clear expectations of family rules
- praise good behaviour frequently
- correct any misbehaviour without putting down the child or comparing her to another child
- provide an explanation and context for requests
- discipline children as part of a strategy to encourage good behaviour, not as an emotional reaction
- be clear on the "givens" (e.g., bedtime at eight) but provide some choices (e.g., what story should we read?)
- have reasonable, age-appropriate expectations of children
- maintain boundaries around adult matters and not expect children to be confidantes or emotional support
- spend time with children so they do not get your attention only when they misbehave

While sensible rules for all families, they may be especially important for children who have lived with violence (see Box 19).

Project SUPPORT is an example of a parenting support program using effective treatment principles from another area – in this case conduct disorder – and applying them to the unique contingencies of families that have experienced violence (see Ezell, McDonald & Jouriles, 2000). Program admission is determined by an assessment of the child's manifest problem behaviour rather than an assessment of the characteristics of the violence. An efficacy evaluation (Jouriles, McDonald, Spiller, Norwood, Swank, Stephens, Ware and Buzy 2001; Ezell, McDonald & Jouriles, 2000; and Jouriles, McDonald, Stephens, Norwood, Spiller &

Ware, 1998) yielded encouraging but not overwhelming results.[5]

Holistic Intervention with the Child

The third approach is to define an intervention strategy best suited to the individual child at this point in his or her life. The spectrum of differential impact expected in a population of children would be that violence exposure:

- had no discernible effect;
- exacerbated typical behavioural challenges associated with that age;
- created reactive adjustment difficulties;
- exacerbated existing adjustment difficulties and/or other conditions; or;
- created new problems, perhaps manifested in costly coping strategies.

Underlying conditions, such as speech disorders, autism, and learning disorders, may be exacerbated by inter-parental violence and child maltreatment. Other issues and symptoms – nightmares, anxiety, etc. depending upon the age of the child – may be reactive to specific events they saw or experienced, or to the general climate of fear and uncertainty in the home. Moreover, the mother-child bond may have been compromised and need healing.

These questions can guide decision making about intervention:

1. does the child display emotional and/or behavioural difficulties that can be linked to violence?

2. if yes, determine whether child's interpretation, concerns and adjustment indicate the need for:

    - a violence-specific intervention (e.g., psycho-educational group)
    - other intervention (e.g., treatment for depression, child sexual abuse, conduct disorder, substance abuse, anger expression)
    - both
    - neither

3. what would be the most profitable sequencing of interventions, considering also the interventions suggested for other family members?

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[5] The evaluation used 36 families leaving a women's shelter for independent living with a child, age 4 to 9, who was exhibiting clinical levels of aggressive or oppositional behaviour. There were 26 boys and 10 girls, half of whom were randomly assigned to the treatment. The most promising finding was a reduction in mother report of externalizing behaviour problems as measure by the *Child Behavior Checklist.* Both groups evidenced slow and steady reductions over the follow-up period, even though children in the comparison group were getting no treatment. This was a highly-resourced program that is not likely to be replicated under typical funding levels in most communities.

BOX 19: Reasons Basic Parenting Principles are Important for Children who Have Lived with Violence

1. Role modelling	Abusive men are self-centred and constitute poor role models. Children may learn that power and control tactics are effective in getting needs met without consequence. He may model pro-criminal or anti-police attitudes, substance use, racism, anti-woman attitudes, selfishness, lying or victim blaming.
2. Clear expectations	Children may be caught between the mother's rules and the father's rules, or be confused because the rules vary with his mood.
3. Praise good behaviour	Children may have been emotionally abused and called names, corrected at every turn, insulted and never encouraged or praised. They may develop an inordinate fear of failure that prevents them from trying new things.
4. Focus on behaviour	Children may have been told that they are stupid when they really have learning disabilities, for example. Self-esteem will be compromised rather than good behaviour encouraged.
5. Explaining requests	Rigid authoritarian parents issue orders and expect immediate compliance.
6. Avoid emotional reactions and yelling	Children who live with anger, yelling and conflict may cope by tuning out the noise, distracting themselves with fantasy or emotional numbing, or learn to yell themselves. Discipline based on emotion may be capricious and unfair. Rather than teaching a constructive lesson, the children learn that "might makes right." This type of discipline is also inconsistent so children see they will usually get away with the bad behaviour.
7. Givens and choices	Children may have never been asked for their preferences or opinions about anything.
8. Reasonable expectations	Children may have been expected to be quiet, clean, and a host of other things they just cannot live up to. They may always feel inadequate.
9. Boundaries around adult matters	Boundaries in homes with violence may be poor and children will hear or be told about intimate and private matters about their mother. They may have heard or seen sexual assaults.
10. Spending time with the children	Children may be socially isolated from peers, especially if the family had to move. A mother may be exhausted by coping with daily life and not have enough energy left for the children. Abusive fathers often ignore the children or make his attention contingent upon unreasonable requests (e.g., when you come and live with me, you can get your Christmas presents). Children may even doubt their mother's love or feel unworthy of love and attention, or not want to put pressure on mother by asking for attention.

Source: L.L. Baker & A.J. Cunningham (2004). *Helping Children Thrive: Supporting Woman Abuse Survivors as Mothers.* London ON: Centre for Children and Families in the Justice System.

The range of intervention intensity to consider for children according to differential needs are:

- no intervention required (or not currently);
- support to mother to help her support the child;
- violence-specific intervention for child; or,
- concern of symptom-specific intervention for child, delivered with understanding of context and potential role of violence exposure.

The goal is to select the most appropriate intervention, given age and presenting issues. For some children, it may well be the case that no intervention is the most prudent intervention, or the best course of action at this point in time. As McGee (2000: 219) notes: “children who are not ready for any form of counselling may regard the obligation to attend a weekly counselling session as an added burden at a time when are already struggling to cope, whereas they may feel more able to participate in the service some time later.”

Whatever choice is made, the most promising approaches would be those that make safety the priority, are child centred, are responsive to the child’s familial context, and recognize and enhance informal supports. Child-centred approaches would start by joining the child where he or she is at currently, be gender and developmental sensitive, and recognize and build on natural or innate coping. Family therapy and interventions based on the principles of cognitive-behavioural therapy (e.g., re-framing) could well be the most promising approaches for intervention. Teaching helpful coping strategies (e..g., relaxation, controlled breathing, thought interruption/replacement, and self-affirming statements) will help children learn to manage the intense emotions that were initially were triggered by violence but now may be impairing functioningin other circumstances.

Assessment: First Seek to Understand

As with any assessment of children, the process is most successful when the assessor takes the time to build rapport, chooses a child-friendly setting, clearly establishes the purpose of the meeting, adopts an approach and interview style matched to the child’s age and style of interaction, and explores and used the child’s language for important concepts. The goal is are to:

- seek to understand each child as an individual rather than assume impact based upon descriptions of the violence

- seek to understand the violence in all its forms, including direct maltreatment and mother-to-father “violence”

- seek to understand the specific coping strategies used by the child, then and now, especially those which are not longer helpful and which may lead to, or be manifesting in, problems

- seek to understand the child and family in all its facets – both strengths and struggles – not just as an entity that has experienced inter-parental violence

- seek to understand how this child is, or is not, evidencing "problems" in the home, community and school

- seek to understand the family role played by the child, during violence incidents, between incidents, and after the abuser was gone

Use file data or discussions with a child's mother (where age appropriate) to get a picture of past violence: the characteristics of violence listed in Figure 1 (type, duration, frequency, severity, recency, etc.) as well as relationship of the child to the abuser, patterns such as escalation, the child's role in any incidents, visible injuries they may have seen, and how the "victim" resolved the situation. In other words, do not use the child as the family historian. However, once rapport has been established, asking children for their memories (e.g., perhaps asking about the worst thing that ever happened in the family), will yield much helpful information if you note cognitive distortions (e.g., "It was my fault"), emotional and behavioural responses, and fears/worries both then and today.

At this assessment phase, these principles are suggested:

- it is inappropriate statistically to make decisions or predictions about individuals based on inferences learned about groups (e.g., research samples)
- inter-parental violence has a unique impact on each child, even siblings with shared experiences
- "problem" behaviour in children is multi-determined so assess for other adversities besides violence
- most children who experienced inter-parental violence will have seen bi-directional violence so ask about both
- if risk for on-going violence and maltreatment has ceased, inter-parental violence could well be one of several issues to address, but not necessarily the only one
- some children will not need a violence-specific intervention or some will not need it now
- treatment can be counter-productive under some circumstances so only refer to a program that is appropriate and needed

If a violence-specific group is being contemplated, or is the only intervention locally available, look especially for factors that may counter-indicate this option:

- traumatized child
- depressed child
- poor fit with group composition
- lack of memory of violence in the home

A child may be a poor fit with the composition of a group if he or she is the only child who was sexually abused, the only child whose mother instigated violence, a child living in a culture where norms are at odds with group assumptions, o if their level of exposure was markedly different from the others. For example, to reprise the examples of Angela's and Emily's children, Emily's children could well be traumatized to hear

the experiences of the others if they had experiences like those of Angela's children. Conversely, Angela's children could be stigmatized, shocked and saddened to realize how severe their experiences had been relative to children like Emily's, who were deemed by professionals as needing counselling for violence.

Beware the Ecological Fallacy

At this phase, we seek to understand. Making assumptions about a child based on interpretations from research would be to commit the ecological fallacy. The ecological fallacy occurs when we use information derived from *groups* to make decisions or predictions about *individuals*. Analysing the characteristics of groups can be helpful at a policy or agency management level, to predict case volume or allocate resources. Quantitative research, as described in Table 8 above, also focuses on the characteristics of groups. Intervention, however, is always focussed on making decisions, and sometimes predictions, about individuals.

Increasingly, risk assessment models are being used not only to set policy but to make decisions about individuals. These model, however, are derived from studies of groups. To use them to make predictions about individuals will inevitably result in over-prediction of problems among the group as a whole. At the individual level, you can expect a high rate of false positive errors. It is impossible for everyone to be average. It is especially worrisome when correlations are the base of risk predictions. Some people mistakenly see correlations as predictions and indeed have been led to believe by some researchers that this is so. However, even "statistically significant" correlations can and often are very close to zero and the value of one variable (e.g., violence) explains little variance in the value of the other variable such as psychological test score (see Cunningham, 2002). Correlations can be spurious, rather than causal.

Jouriles *et al.* (2000: 233) observe that, even in samples of shelter-resident children, some children seem to be coping fine while some are struggling. Indeed, they continue, psychological testing of samples of children exposed to violence show that many or most of them are what psychologists call "in the 'normal' range of behavioural and emotional functioning." Of course, some of this could be explained by the problems of binary classification as discussed earlier. It is also possible that psychometric instruments do not effectively measure the ways children are affected by violence. Measuring emotional and behavioural problems merely capture some symptoms that may be correlated with violence exposure (among many, many other variables) instead of the factors causally linked to later problems.

Indeed, merely knowing that there has been violence contributes little to under standing how a specific child is functioning. In every study we reviewed, while the focus of the write-up is the average, the data show wide variation in how children and previously-exposed adults are fairing (as measured). Indeed, in the families described here, siblings who experienced violence in the same home at the hands of the same man could have dramatically difference experiences. Each child will have a unique constellation of issues that are independent of the characteristics of the violence. Focussing on the *potential* (the risk) may draw attention away from the evidence-based reality. Cognitive distortions and coping strategies will vary across children so you would expect variation in child adjustment, in a way that is independent of the characteristics of the violence.

One Size Fits All?

Being conscious of the ecological fallacy, decisions about intervention should never be made solely based on the presence of inter-parental violence. In other words, it would be unwise to assume that each and every child who has lived with inter-parental violence must receive an intervention designed for children who have been exposed to inter-parental violence. Such programs, now quite common in many parts of Canada, were designed initially in great measure because of a belief that traditional interventions were not sensitive to family violence and might confuse symptoms of violence exposure with mental health problems such as ADHD or conduct disorder. Today, however, we could make the same mistake in reverse, if we assume that all children exposed to violence need one of these specialized interventions. Also of concern is that the effectiveness of these interventions has yet to be determined, as noted earlier.

In the absence of effectiveness evaluations, or evaluations that explore unanticipated negative consequences of group interventions, we should be especially judicious about using groups for young people who are not evidencing problems. Moreover, a child exhibiting trauma symptoms may not be a good candidate for a group and perhaps should be treated individually. And a child who has no memory of violence may be confused by their presence in a group for children who witnessed violence. Could they be exposed instead to horrific stories from other youths? First do no harm.

"A Bad Past Doesn't Mean a Bad Future"

Perhaps the most insidious manifestation of the ecological fallacy is when children make predictions about their own futures, based on a belief that they will inevitably follow in an abusive parent's footsteps. If "he" learned to be violent when he was growing up, doesn't that mean that I will do it to my own children too? So, we close with Ivy's story in her own words. Now, at the age of 21 she can reflect back on a tragic childhood but also look forward to a better life. As she says: "A bad past doesn't mean a bad future."

BOX 20: Ivy's Story in her Own Words

I am "Ivy." I'm 21 years old. I'm back in school and doing well. For the first time, I'm in a nonviolent relationship with a boyfriend who treats me with respect. I'm living with my mother and sisters. We are safe in our own home. I feel pretty good about myself – I have a future.

However, I was not always like this. I'm going to tell you a little bit about my past. It was a terrible past. But, today I can tell you that a bad past doesn't mean a bad future. I'd also like to share some of my ideas on how people can help make positive futures for kids like myself, who had bad things happen to them.

My stepfather joined our family when I was ten. He was a good provider. We had a nice house, cars, great trips, and lots of other things. What more could children want? How about living without fear? You see my stepfather was violent and abusive. He hurt my mom and me over and over again. He was abusive to his children and his family. He hurt me physically, sexually and emotionally. The abuse happened all the time.

As the eldest child, I tried to protect my little sisters. I would try to keep them with me. I would bring them into my bed when the abuse was happening. Other times I'd try to get them out of the house. The police came many times. We went to shelters and hotels many times. But we always returned. We moved many times. We lost our friends, our schools, and our keepsakes many times. We lived with fear.

As a teenager, I tried to escape my life in many ways. My stepfather told me I was stupid so often that I

believed I couldn't make it in the real world. Because of the abuse, I rarely went to school. I dropped out. It was hard to pay attention in school given what was happening at home. I started to do drugs. I ran away from home. I tried to take my life on many occasions. I had no respect for the law. The law had not kept me safe. It could not keep my stepfather locked up. I had boyfriends who were abusive. These guys broke laws and I too broke the law. I gave my heart to an abusive boyfriend who thought love meant putting me in the hospital.

My stepfather was charged with sexually abusing me. I was so sacred when I looked out at him in the court room. He told me I'd never see my sisters again if I took the stand. My mom was silent and standing behind him. I felt alone. The risk was too great. I became silent. The charges against him were dropped.

I do not want to make you sad but these negative times are in my past. We moved out for good about two years ago. The abuse ended.

But my past still causes problem. I have a hard time believing I'm lovable. I often try on five outfits before I feel okay to leave the house. I won't be alone with older men – even if they seem really nice. I can't allow anyone to touch my throat. I'm not sure I want to have children. I have a really hard time trusting others. I get flashbacks that scare me and bring back my past.

Even though I still have a long way to go, I am proud of where I'm at now. I want to help other kids like myself. I want you to know that you must not give up on kids like me. It may take time to figure us out, but we can make it. We are worth it. And we need your help! Don't give up.

What can you do to help kids like me? Here are some of my ideas.

When you meet a mom who is being abused, make it your business to find out if the children are being abused too. When you meet a child who is being abused, take the time to find out if there is anything else going on.

Find ways to end the abuse. The longer kids live with abuse the harder it is to leave and to heal.

Kids won't tell about abuse because they may still have to see or live with the abuser. It is not safe for them to tell. They know they will get it twice as bad as they did before.

Know that an abusive parent can be really nice to you but be evil to their family. Don't read a book by its cover.

If you are going to put one child in a foster home, make sure you take all the children away from the abuser. Just because one child is saved doesn't mean others won't be hurt. Help has to make things better not worse.

If you think a child might be being abused or living with violence, please make surprise visits to that home. Make lots and lots of surprise visits. Make them as often as you can. Trust me, this is the only way to see what's really happening in that home. Please know that fear often makes moms and kids say everything is okay. This does not mean everything is fine.

I think men who abuse should get longer sentences.

Finally, kids need you. Take the time to get to know us -- even when we're difficult to befriend. Don't just think we're bad kids even though we may be acting bad. We can heal. But we may keep making wrong choices as we deal with the abuse. If you take the time to help us, we'll know someone cares and we'll get back on track.

I am happy to be a good role model for my sisters. I'm going to graduate and I'm going to work. My past was terrible, but I'm taking control of my life, of my future. Remember, a bad past doesn't mean a bad future!

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APPENDIX A

The Christchurch Health and Development Study

A birth cohort of 1,265 people born in 1977 in Christchurch, New Zealand, has been followed for over two decades, with data collected at birth, four months, one year, every year thereafter until 16, and again at 18 and 21. Researchers track a variety of outcomes including criminal behaviour, substance abuse, child bearing, school completion, and mental health (see generally Fergusson & Horwood, 2001).

At 18 years of age, members of the cohort were asked to retrospectively reported on what is called "interparental violence" using eight items from the Conflict Tactics Scale (Fergusson & Horwood, 1998). A subset of 1,025 was used, or 92.3% of the cohort still alive and living in New Zealand at that point. Nearly 40% reported at least one abusive act by at least one parent – mostly (true of 35%) calling the partner names or using criticism. Rates of physical violence or threats of physical violence were much lower, especially true of kicking, choking, strangling or threatening with a weapon (see Table A1). The frequencies of acts reported for mothers and fathers were "generally quite similar."

Table A1
Reported Rates (%) of Interparental Violence (Ever) During Childhood

Violent Behaviour	**Father Perpetrator**	**Mother Perpetrator**
Threaten to hit or throw something at partner	11.3	9.9
Push, grab or shove partner	10.1	6.0
Slap, hit or punch partner	6.8	6.2
Throw, hit or smash something	11.6	7.9
Kick partner	1.8	2.5
Choke or strangle partner	1.2	0.3
Threaten partner with knife, gun or other weapon	1.8	1.1
Call partner names, criticise partner	35.3	35.5
At least one of the above	39.0	38.1

Operational Definition

Respondents were asked to report the frequency (never, occasionally, frequently) that their mothers or their fathers "initiated" each of the eight behaviours listed in Table A.1, during their childhoods. The researchers summed the scores to form a scale with a range of 0 to 16. The distribution of scores was highly skewed because 60% reported no incidents had occurred in their childhoods and acts of severe violence were relatively rare. As is evident in Table A.1, almost all "violence" reported was of a verbal nature and captured in only one of the eight items. Such a skew is always found in population studies of this topic. While many authors dichotomize respondents into two groups (yes/no), these authors attempted to create an ordinal ranking. The respondents were organized into four groups: a score of 0 (none) to 3

(high), depending upon their percentile score. For example, a score of 0 was given to 625 respondents, those whose percentile score fell between 0 and 60. The "3" was given to the 53 people with a percentile score of 96 to 100. This last group constituted 5% of the sample. This number was used as the operational indicator of the extent of interparental "violence."

Key Findings

With a wealth of information collected about these young people and their families over many years, a variety of co-variates were available to be added to the statistical analysis, specifically socio-economic background factors, six measures of family functioning (e.g., number of changes of parents, parental criminality, parental history of alcoholism), child sexual abuse, and parental use of physical punishment. Beginning with bi-variate analysis, and dividing the sample into the four groups (0 to 3), higher rates of problems were found among the 3s than the 0s, for both father-initiated "violence" and mother-initiated "violence," in a dose-response relationship However, the same pattern was true for the social, family, parental and related characteristics. Higher rates of the other "problems" were observed in the 3s than the 0s. In other words, the extent of reported interparental "violence" was highly associated to other family characteristics regarded as undesirable. They found

> clear and consistent relationships between the extent of interparental violence and family, social and contextual features. In general, families having high levels of interparental violence were characterized by high levels of a range of other adverse factors including social and economic disadvantage, parental divorce/separation, parental adjustment problems, multiple childhood disadvantages, childhood sexual and physical abuse. It is clear from these comparisons that interparental violence was frequently embedded in a family context that was characterized by social disadvantage, family dysfunction, and child abuse.

They next turned to multi-variate analysis to see if it these other factors explained a greater degree of the variance in the three categories of outcomes they measured, related to mental health, substance abuse and criminal behaviour. Indeed, adding the available co-variates to the analysis eliminated the association between interparental violence and most of the ten outcome variables.
For father-initiated violence, the relationship held only for conduct disorder, anxiety disorder and repeat property offending. The other seven associations were no longer "significant." For mother-initiated violence, only alcohol abuse/dependence was "significant." Applying a technique to correct for errors of interpretation associated with using multiple significance tests, all the associations feel below the significance level.

They concluded that much of the elevated rates of poor outcomes found in bi-variate analysis on young people reporting inter-parental violence may be explained by social and contextual factors which are correlated with inter-parental violence. At the aggregate level, inter-parental violence is a risk marker for a variety of other family adversities.

Strengths

The key strengths of this study are the size and representativeness of the sample, the richness of data collected as both independent and dependent variables, the fact that data were collected prospectively and measured using a variety of sources (child, parents, teachers, and official records), the relatively low rate of attrition and the fact most attrition is traced to out-migration from the country, the large number of co-variates available for analysis, and use of 10 outcome measures. While the variable of inter-parental violence was highly skewed, as expected, the researchers used an ordinal-level categorization rather than a binary one and they analysed the variable as a categorical variable and not a continuous variable, thereby using the appropriate statistical tests. Also, they asked about both mother-to-father and father-to-mother initiated behaviours and, most importantly, analysed the two separately. They looked for differences between males and females (and found none).

Weaknesses

For our purposes here, the weakness of this study is the operational definition of inter-parental "violence." The vast majority of the behaviours called violence is captured by a question that asks about "calling partner names or criticising partner." This might be found in many relationships which would not nominally be characterized as "violent." It also adds an element of unreliability to the data, because wide variability in the interpretation of words such as "criticise" is likely. These two questions remain: are the people exposed to the name-calling and interparental criticism different in any way from those exposed to physical violence, and are their outcomes different? Fortunately, these questions could be answered in future analysis.

In a lesser concern, while there is a gender analysis, the age of the young person at the time of exposure was not controlled for. This may serve to obscure any difference between males and females who were exposed in developmental levels where one might expect more or less variability by gender. Finally, they rely on statistical significance as the arbiter of importance, which was not in the end a problem because the finding failed to reach significance.

Conclusions

1. prevalence rates for exposure to physical inter-parental violence in the general population is lower than some people might surmise, which is good for children (but problematic for researchers doing statistical analysis)

2. 18-year olds recalling their childhoods report very similar rates of father-initiated "violence" as mother-initiated "violence"

3. inter-parental "violence" as measured is highly correlated with other family adversities and challenges

4. it is these other adversities and challenges that statistically at least seem to explain most variability in their 10 mental health, substance abuse and criminality outcomes (at the aggregate level)

5. therefore exposure to inter-parental violence is a risk-marker for other problems in the family (and vice versa)

6. both inter-parental “violence” and the other family problems were related to outcomes in a dose-response pattern

7. the lives of young people who can retroactively report mother-initiated “violence” in their childhoods may take different directions than young people who retroactively report father-initiated “violence”

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Adverse Childhood Experiences (ACE) Study

The Adverse Childhood Experience Study emanating from the Kaiser Permanente HMO in San Diego uses a sample of over 17,000 HMO members who provided a history of adverse events experienced in childhood and adolescence (up to age 18). The ten adverse experiences were five types of child abuse (physical, sexual, emotional abuse, emotional neglect, and physical neglect), household substance abuse, mental illness in household, parental separation or divorce, or incarcerated household member, and having a "battered mother." A variety of outcomes related to health and general functioning was measured at the outset and over time as the sample is tracked prospectively.

Operational Definition

Witnessing of "intimate partner violence" was measured by these questions from the Conflict Tactics Scale and response categories of never, once or twice, sometimes, often, or very often:

> *Sometimes physical blows occur between parents. While you were growing up in your first 18 years of life, how often did you father (or stepfather) or mother's boyfriend do any of these things to your mother (or stepmother)?*

1 push, grab, slap, or throw something at her
2 kick, bite, hit her with a first, or hit her with something hard
3 repeatedly hit her over at least a few minutes, or
4 threaten her with a knife or gun, or use a knife or gun to hurt her?

A response of sometimes, often or very often to either of the first or second question or any response other than "never" to the third or fourth question defined a respondent as having a battered mother. Using this definition, 14% of women and 11% of men said they had a battered mother. However, for most of the analyses discussed here, they used the answer to the first question only, to which 79% of respondents had answered "never" and 10% had said "once or twice." The reason for this decision is not clear.

Key Findings

Adults who reported having a battered mother as defined above had higher levels – two to six times higher – of the other eight adversities: (Dube *et al.*, 2002). Moreover, there was a graded relationship between dosage of exposure and increased prevalence of each of the other adversities. For example, as the frequency of witnessing the abuse of your mother increased, so did the prevalence level of child abuse (Dube *et al.*, 2002).

Strengths

Sophisticated multivariate analyses are possible with this large data set of 17,337, they measured many of the variables of the "adversity package" and analysed them separately and used odds ratios instead of tests of statistical significance.

Weaknesses

HMO members may not reflect the general American population and the sample is not a complete saturation of members. A 70% response rate (30% declined participation) suggests the possibility of a response bias. While they asked about frequency of the violence, other important dimensions were not addressed including duration, age of child at onset and desistence, and emotional closeness to the abuser. Several other family adversities are not measured such as poverty and mother-to-father violence.

Conclusions

Young people who can report physical violence against their mothers will likely be able to report many of the other adversities. The impact of adversities is cumulative and higher "dosage" of each adversity is associated with elevated likelihood of the poor outcomes they measured.

References

Results of this study have been reported in many places, among them:

Dong, M., R.F. Anda, S.R. Dube, W.H. Giles & V.J. Felitti (2003). The Relationship of Exposure to Childhood Sexual Abuse to Other Forms of Abuse, Neglect, and Household Dysfunction During Childhood. *Child Abuse & Neglect*, 27: 625-639.

Dube, S.R., R.F. Anda, V.J. Felitti, V.J. Edwards & D.F. Williamson (2002). Exposure to Abuse, Neglect, and Household Dysfunction Among Adults who Witnessed Intimate Partner Violence as Children: Implications for Health and Social Services. *Violence & Victims,* 17(1): 3-17.