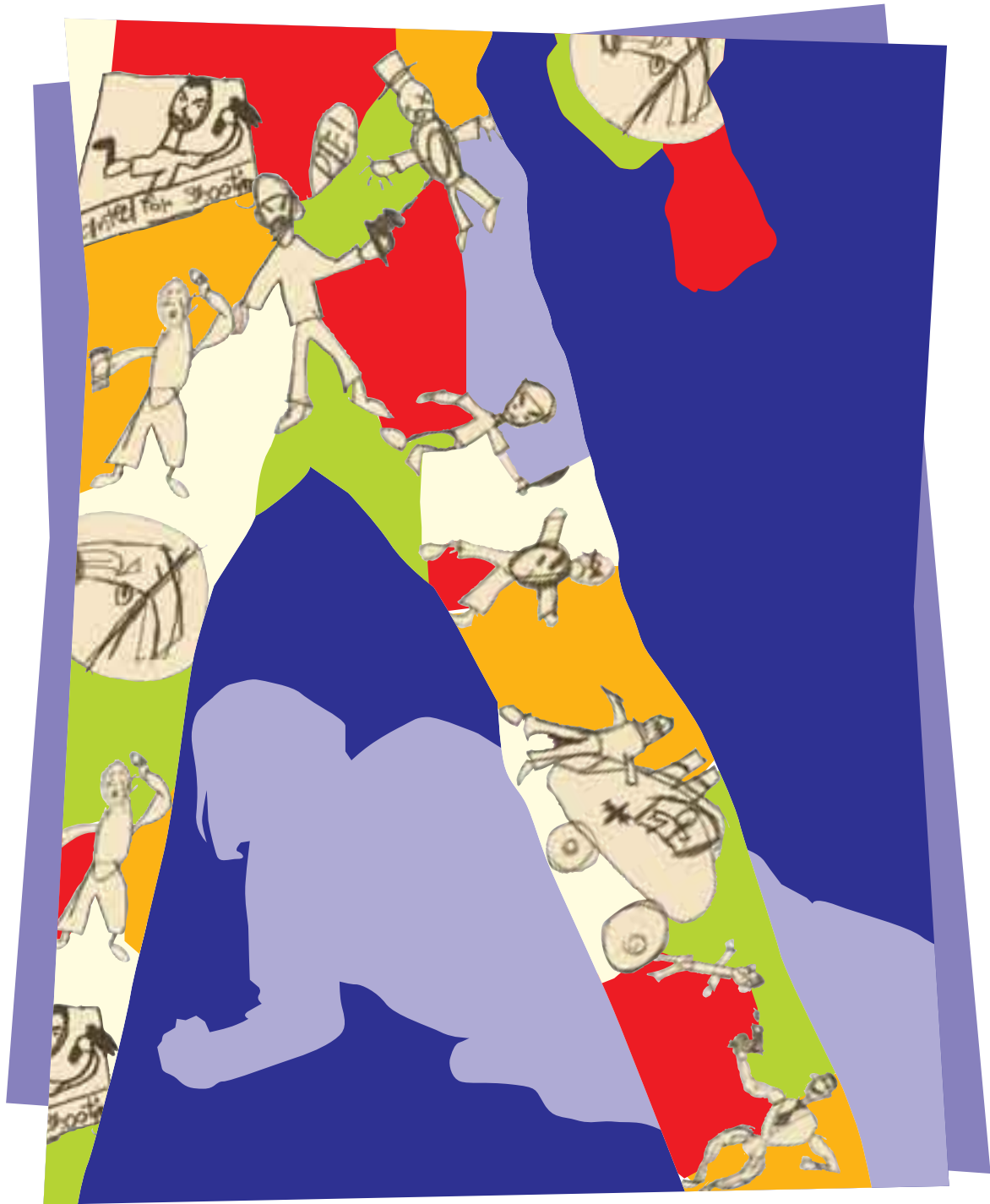


Children's Exposure To Domestic Violence

A GUIDE TO RESEARCH AND RESOURCES



Author:

Alicia Summers, M.S.
Permanency Planning for Children Department
National Council of Juvenile and Family Court Judges

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National Council of Juvenile and Family Court Judges

Permanency Planning for Children Department

Sophie Gatowski, Ph.D.
Assistant Director

Candice Maze, J.D.
NCJFCJ Consultant

Paula Campbell, M.A.
Communications Specialist

Family Violence Department

Jill Comcowich, J.D., Program Manager
Custody & Visitation

Rob Valente, J.D., Assistant Director

Shannon R. Gaskins, J.D.
Associate Attorney

Jennifer White, J.D., Associate Attorney

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Kristen Kracke, M.S.W.
Safe Start & SANCA Initiative Coordinator
Child Protection Division

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Permanency Planning for Children Department

Christine Bailey, M.A., J.D., Director

Shirley Dobbin, Ph.D.
Assistant Director

Joshua Padilla, M.A.
Research Assistant

Julie Wise, J.D., Senior Model Court Liaison

Kim Taitano, L.C.S.W., Manager
Training and Technical Assistance

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The National Council of Juvenile and Family Court Judge's (NCJFCJ) Permanency Planning for Children Department (PPCD), in collaboration with the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Safe Start Demonstration Project, has engaged judges and court personnel to better understand and respond to the multi-layered issues faced by children exposed to domestic violence. Building on nearly two decades of work in this field by the NCJFCJ's Family Violence Department, the PPCD has compiled a guide to research and resources for judges and others in an effort to inform strategies and practices that will promote positive outcomes for children exposed to domestic violence and their families.

This publication, *Children's Exposure to Domestic Violence: A Guide to Research and Resources* is designed to help judges and practitioners identify and understand the key issues surrounding children's exposure to domestic violence. Part I of this *Guide* addresses the impact on children who are exposed to domestic violence. A broad cross-section of research is presented about the psychological, behavioral, cognitive, and physical effects on children who directly or indirectly are exposed to domestic violence. The short-term (immediate) consequences of exposure to domestic violence, long-term consequences, the impact across the life span, and indirect effects of domestic violence are reviewed. Part I also takes a close look at the research and issues related to co-occurring child maltreatment and domestic violence, as well as the prevalence of substance abuse in these families.

Part II of the *Guide* provides an overview of legal issues affecting children exposed to domestic violence. State child witness laws and child abuse laws relating to domestic violence are reviewed along with relevant case law. The critical area of custody and visitation is addressed in this section as well.

Part III discusses various system responses to children exposed to domestic violence. This section examines programs from the legal/court system, child protection arena, domestic violence community, law enforcement, as well as collaborative efforts to respond to the needs of children exposed to domestic violence.

Part IV of the *Guide* provides additional resources for those interested in learning more about the myriad issues relating to children exposed to violence. This section contains information about national organizations working on issues related to the overlap of domestic violence and child maltreatment, links to informational websites, and recommendations for additional reading and research materials.



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Introduction

■ Introduction

Every year thousands of women are victimized at the hand of an intimate partner, making domestic violence one of the major crimes against women in the United States (Bureau of Justice Statistics (BJS), 2005). Research on intimate partner violence indicates that:

- Intimate violence is primarily a crime against women (BJS, 2003);
- Women aged 16-24 have the highest rates of intimate partner violence (BJS, 2003);
- Intimate partner violence made up 20% of all nonfatal violent crime experienced by women in 2001 (BJS, 2003);
- 7.7% of women report being raped by an intimate partner sometime in their lives (BJS, 2003);
- 22.1% of women report being physically assaulted by current or former intimate partners (Mathews, 2004);
- Similar rates of domestic violence occur across Hispanic, White, Black, and American Indian populations (BJS, 2000); and
- Asian American incidence of domestic violence is reported at about a fourth the rates of other ethnicities (BJS, 2002), but this may be because of cultural barriers which prohibit Asian American women from speaking out against domestic violence (National Association for Women's Health (NAWH), 2002).

Despite the high rates of violence against women and the recent attention to the physical and emotional consequences of this abuse, until recently relatively little attention had been given to the unseen victims—the children. More than half the female victims of domestic violence live in a household with children under the age of 12 (United States Department of Justice—*Violence by Intimates*, 1998). In fact, it is estimated that between 2.3 and 10 million children witness domestic violence each year in the United States (Rossman, Hughes, & Rosenberg, 2000). Because children exposed to domestic violence may not necessarily be direct victims of abuse, they may be overlooked by helping professionals and, therefore, their potential problems related to witnessing the abuse go unnoticed. Ignoring the consequences of exposure to violence on children can negatively impact their cognitive development as well as their emotional and physical health (Edleson, 1999). Complicating these risks and negative impacts is the fact that these children are at higher risk for child maltreatment, with estimates indicating that as many as 70% of children exposed to domestic violence are also victims of child maltreatment (Fantuzzo & Mohr, 1999).

Many studies have identified the potential negative impact of exposure to domestic violence. However, research in this area is still new. Research shows that some children do not demonstrate negative effects when exposed to domestic violence. Several factors might come into play for children who show great resiliency in the face of exposure to violence (Edleson, 1999). As such, each child's response to domestic violence must be carefully evaluated for harmful consequences before the court and appropriate agencies intervene to determine the best possible intervention (Greenbook, 1999). Ignoring the issues of domestic violence can lead courts or child protective services to inappropriately remove the child from their battered mother, which only succeeds in increasing the negative impact of exposure to violence and effectively revictimizing the mother (Dalton, Droz, & Wong, 2004).

It is also important to understand the indirect effects of exposure to domestic violence. Even if not directly present when the violence occurs, children may be impacted in an indirect way. Fathers who are batterers are often authoritarian, neglectful and verbally abusive in their child-rearing and also expose their child to the risk of physical or emotional injury (Bancroft, 2002). Domestic violence can also have negative consequences for the mother, influencing her parenting style, emotional availability and her possible substance use (Holden & Ritchie, 1991; Morewitz, 2004). As such, the children may suffer as a result of the violence even if they are not present during the incident, but instead hear it, or see or feel its aftermath (Edleson, 1999). Attention must be given to the children exposed to domestic violence considering the many and varying ways that children might be affected. Consider the following:

- In a study of 41 families, 85% of children were physically present in the household while their mothers were being abused in some way and 71% saw their mother being physically assaulted (McGee, 2000).
- According to the National Coalition Against Domestic Violence (NCADV, 2000), more than 20% of pregnant women experience domestic violence during pregnancy.
- Between 45-70% of children who are exposed to domestic violence are also victims of physical abuse (Fantuzzo & Mohr, 1999).
- Specific assessments measuring depression and anxiety in children of battered women found that 16% met the clinical criteria for depression and 23% were in the clinical range for anxiety (Jouriles et al., 2000).
- “A child exposed to the father abusing the mother is at the strongest risk for transmitting violent behavior from one generation to the next” (Report of the American Psychological Association Presidential Task Force on Violence and the Family, APA, 1996).

Children exposed to domestic violence may be impacted in a variety of ways. Exposure may increase negative externalizing behavior (Kernic et al., 2003), increase risk of aggressive behavior (McGee, 2000), cause anxiety and depression (Tang, 1997), or perpetuate the cycle of violence by increasing the probability that the child will grow up to be a perpetrator or victim of domestic violence (Lichter & McClosky, 2004). With so many children exposed to domestic violence and with potentially dire consequences resulting, it is important for courts, practitioners and advocates to better understand how children are affected by such exposure and how that impact might be altered by protective factors, such as supportive relationships with a caregiver (Dalton, Droz, & Wong, 2004). Information contained within this *Guide* offers readers a thorough review of the issue of children exposed to domestic violence by providing a multifaceted discussion that can be used by readers to gain a better understanding, to examine additional resources for more information, to identify appropriate system responses (both by child protective services and the courts), and to find examples of innovative programs. It is hoped that readers find this *Guide* helpful in informing policy development and establishing practices that positively affect the lives of children within the court system who have been exposed to domestic violence, improving outcomes for them and their families.

Overview OF THE GUIDE

Research in the areas of child abuse and neglect and domestic violence have long existed as separate entities. The field of child abuse and neglect has focused primarily on the negative impact of abuse and neglect on children and the resulting legal and policy implementations that are the foundation of Child Protective Services (CPS). Domestic violence research, on the other hand, has focused primarily on the deleterious effects of domestic violence on the adult victim—primarily the female—which lay the foundation for the work of domestic violence advocates. Traditionally, these two systems—CPS and domestic violence advocacy—have been at odds with each other, primarily because of their differing focus. The primary goal of CPS is the safety and best interest of the child, while one of the main goals for domestic violence advocates is the safety and best interest of the adult victim. This approach is oversimplified and fails to address an important population—children who have been exposed to domestic violence.

For more than a decade, researchers, policy makers, and the court have been interested in understanding issues related to the exposure of children to domestic violence. While the needs of the adult victim are often identifiable when she (or he) experiences violence, the impact on the children is either overlooked or inadequately assessed. Until recently, children who were not physically battered by the offender were not considered to have been traumatized victims of violence. However, research in this field has countered this widely accepted theory. Now, more and more research is focused specifically on the consequences suffered by children who have witnessed domestic violence. Overall, findings indicate exposure to domestic violence may be as detrimental to children as directly experiencing the violence themselves (Kitzmann, Gaylord, Holt, & Kenny, 2003).

Complicating the findings of these studies is the fact that domestic violence has varying psychosocial and legal definitions. What constitutes domestic violence? Is it only physical abuse? What about psychological abuse or verbal abuse? Can domestic violence only occur between a married couple? What if there is violence between a couple that is divorced? What does it mean to say that a child has been “exposed” to domestic violence? Does that mean the child was present when the violence occurred or rather that he/she was aware that violence was taking place? To have a meaningful discussion about addressing the needs of children exposed to domestic violence, a working definition of this phenomenon must be reached.

In addition to the multiple definitions of “exposure” and “domestic violence,” there is a lack of clear consensus about how best to respond procedurally and practically to help children who have been exposed to domestic violence. Some state statutes clearly state that “exposure to domestic violence” is considered child abuse. Other states’ child abuse laws contain no mention of domestic violence. Similarly, there is no standard response by child protection agencies to children exposed to domestic violence. While recommendations for “best practices” do exist, each state, and sometimes each local child protection services agency, varies widely in dealing with domestic violence and children.

The issue of children’s exposure to domestic violence may be present in dependency, domestic violence, and family court cases. Because of the variance in state law and child protection responses to children exposed to violence, judges are also challenged to find the best approach to addressing this issue in court.

The National Council of Juvenile and Family Court Judge's (NCJFCJ) Permanency Planning for Children Department (PPCD), in collaboration with the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Safe Start Demonstration Project, has engaged judges and court personnel to better understand the multi-layered issues faced by children exposed to domestic violence. Building on nearly two decades of work in this field by the NCJFCJ's Family Violence Department, the PPCD has compiled a guide to research and resources for judges and others in an effort to inform strategies and practices that will promote positive outcomes for children exposed to domestic violence and their families.

This publication, *Children's Exposure to Domestic Violence: A Guide to Research and Resources (Guide)* is designed to help judges and practitioners identify and understand the key issues surrounding children's exposure to domestic violence. Part I of this *Guide* addresses the impact on children who are exposed to domestic violence. A broad cross-section of research is presented about the psychological, behavioral, cognitive, and physical effects on children who directly or indirectly are exposed to domestic violence. The short-term (immediate) consequences of exposure to domestic violence, long-term consequences, the impact across the life span, and indirect effects of domestic violence are reviewed. Part I also takes a close look at the research and issues related to co-occurring child maltreatment and domestic violence, as well as the prevalence of substance abuse in these families.

Part II of the *Guide* provides an overview of legal issues affecting children exposed to domestic violence. State child witness laws and child abuse laws relating to domestic violence are reviewed along with relevant case law. The critical area of custody and visitation is addressed in this section as well, providing research and policy implications.

Part III discusses various system responses to children exposed to domestic violence. This section examines programs from the legal/court system, child protection arena, domestic violence community, law enforcement, as well as collaborative efforts to respond to the needs of children exposed to domestic violence.

Part IV of the *Guide* provides additional resources for those interested in learning more about the myriad issues relating to children exposed to violence. This section contains information about national organizations working on issues related to the overlap of domestic violence and child maltreatment, links to informational websites, and recommendations for additional reading and research materials.

PART I

Impact of Domestic
Violence on
Children

■ Impact OF DOMESTIC VIOLENCE ON CHILDREN

Defining The Issue

A major concern when examining the issues of children's exposure to domestic violence is the definition of domestic violence. The research literature contains varying terminology and multiple definitions for "domestic violence" and for what constitutes "exposure" to domestic violence. Some of the terms referring to domestic violence in the literature include:

domestic violence
woman battering
marital violence
marital discord

inter-parental violence
family violence
wife abuse
parental conflict

intimate partner violence
spousal abuse
marital conflict
parental aggression

Typically, the meaning of each term is defined generally by the author of the research, complicating efforts to compare and contrast research findings.¹ For example, in one research article, parental conflict may refer to an argument, whereas in another parental conflict may be verbal or physical aggression towards a partner.

In the research, the terms *violence*, *abuse*, and *aggression* may be used interchangeably while some researchers distinguish between them. Some of the terms are gender specific (*wife abuse* or *woman battering*); however, not all domestic violence is perpetrated by males on females. Not all victims of domestic violence are married, thus the term *spousal abuse* would exclude ex-spouses, same-sex partners, unmarried couples who live together, dating violence and teen dating violence. Similarly, the word *domestic* may be too general. *Domestic* implies "within the household" which could include violence between parents, parent-child violence or sibling violence and excludes violence outside of the immediate household (e.g. dating violence). Many recent researchers prefer the term *intimate partner violence* because it includes both current and former marital partners as well as separated marital partners, current and former cohabiters, current or former same-sex partners, and it is a gender neutral term (Barnett, Perrin & Perrin, 2005). However, *intimate partner violence* may be too narrow in scope because this term for the problem overlooks the child as a victim.

One definitional aspect that is generally agreed upon is that domestic violence constitutes a form of abuse. This could include many types of abuse—emotional, financial, psychological, physical, and sexual. Hester, Pearson, and Harwin (2000) define domestic violence as "any violent or abusive behavior (whether physical, sexual, psychological, emotional, verbal, financial, etc.) which is used by one person to control and dominate another with whom they have or have had a relationship."

There are also varying notions of what constitutes a child *witnessing* domestic violence. Does the child need to be physically present (in the house) during an episode of domestic violence? Is hearing or seeing an episode of domestic violence sufficient to have "witnessed" the violence? What if a child is only exposed to the aftermath of domestic violence (e.g. seeing bruises on his or her mother or seeing a disrupted house)?

¹ Although other definitions vary, this guide uses "domestic violence" solely to avoid making battering about a relationship. Instead domestic violence is about a person using battering behavior to coerce and control the victim.

Because of the varying legal and research definitions of what constitutes witnessing, many researchers no longer use the term “witnessing” domestic violence, preferring to use the more general term “exposed” to domestic violence. The literature contains both definitions, although the term *exposed* offers a more general definition and encompasses those instances when the child does not actually see the violence incident. Most research considers it exposure if there is domestic violence occurring in the household (Rossman, Hughes, & Rosenberg, 2000). This is because researchers may consider children exposed to violence when they are forced to live in an environment of fear and threat created by the domestic violence (Dalton, Drozd, & Wong, 2004).

Reviewing The Research

Domestic violence is primarily a crime against women, affecting thousands of women each year, according to the Bureau of Justice statistics (2005). Consequently, studies examining the effects of domestic violence primarily focus on women. Two decades of research demonstrate the overlap of domestic violence and child maltreatment (Greenbook, 1999). Although incidence estimates vary greatly, some research indicates that between 2.3 and 10 million children are exposed to domestic violence each year in the United States (Rossman, Hughes, & Rosenberg, 2000). Because of the high incidence rates, researchers recently have begun to examine the effects of such exposure on children.

Studies over the last 20 years have found varying results, due in part to definitional differences. As discussed, there is a lack of consensus about the definition of “exposure” to domestic violence or “witnessing” of domestic violence. Many researchers have defined “exposure” as living in the same household in which domestic violence occurs (Rossman et. al., 2000). Another definitional problem relates to the term domestic violence itself. While varying definitions of domestic violence exist, almost all include sexual, psychological, physical, emotional, or financial abuse (Hester, Pearson, & Harwin, 2000). Studies of the effects of domestic violence on children may include any or all of this definition or the more general term domestic violence without further specification. Terminology in studies of children’s exposure to domestic violence has varied from violence, to abuse, to milder forms of conflict or discord. Despite these differences in terminology, domestic violence (abuse, conflict or discord) may include verbal, psychological or physical aggression against a partner. Interpretations of the research literature must be read with caution due to the methodological differences (such as varying definitions, samples, and comparison groups).

Key Points

- Children react to exposure to domestic violence in various ways.
- Not all children are *adversely* affected by exposure to domestic violence.
- Some show resilience (see pages 29 – 32).
- The most widely researched area is behavior—both internalizing & externalizing.
- Children’s exposure to domestic violence has been associated with:
 - Aggression
 - Anxiety/Depression
 - Post-traumatic Stress Disorder
 - Pro-violent attitudes
 - Physical injury
 - Long term adjustment problems
- Research indicates a high overlap between exposure to domestic violence and child abuse and neglect.
- Domestic violence may also indirectly impact children by impacting maternal mental illness, substance abuse, and parenting styles of both.

Research in the last 10 years has uncovered multiple effects of witnessing domestic violence on children ranging in severity from little or no effect due to internal and external resilience² factors to severe psychological harm (Carlson, 2000; Stiles, 2002; Kolbo, Blakely, & Engleman, 1996; Edleson, 1999; Fantuzzo & Mohr, 1999). This research focused on several areas. Edleson focused primarily on effects on children, grouped into (1) behavioral and emotional functioning, (2) cognitive functioning and attitudes, and (3) associated (long-term) problems (e.g., adulthood problems with depression, PTSD, relationships). Kolbo et al. expanded the categories to include behavioral, emotional, social, cognitive, and physical effects. Stiles looked at age span differences and resilience, prevention, screening and identification issues. Carlson also looked at multiple categories of effects as well as prevention, mediating factors and intervention strategies.

The impact of domestic violence is multi-layered. Effects might be direct or indirect and one must consider prevention, intervention, and mediating factors. The literature review presented herein focuses primarily on the *direct* and *indirect* effects of children's exposure to domestic violence. The emerging and hopeful area of children's resilience in the face of environmental risks and ability to overcome risks is also addressed.

A broad cross-section of the research reviewed demonstrates that children may experience multiple and differing symptoms as a result of witnessing domestic violence. Results across studies indicate that children may display any combination of problems as a result of witnessing domestic violence, or may not exhibit any problems and show great resilience in spite of witnessing domestic violence. Studies of children who do exhibit problematic outcomes can be placed in categories of (1) behavioral, (2) social, (3) emotional/psychological, (4) cognitive/attitudinal, (5) physical, and (6) long-term effects. The research literature also provides significant information concerning (7) symptomology across the lifespan and (8) indirect effects of exposure to domestic violence. The majority of research has focused on internalizing and externalizing behavior; however, studies in all the areas listed above have found significant differences between witnesses and non-witnesses. Research which has found evidence contradicting the negative effects of domestic violence is also present in the literature recognizing that not all children are adversely affected by domestic violence. Currently, more studies are examining the environmental and physical factors which support children's resilience in spite of their exposure to domestic violence.

The Child Behavior Checklist (CBCL)

Many of the studies found in the literature review utilize the Child Behavior Checklist (CBCL), originally created by Thomas Achenbach (1983) and updated subsequently to re-establish norms (1991). The CBCL is designed to be an assessment tool for children aged 4-18. In order to provide normative³ data for comparison, the checklist was given to a sample of children aged 4-18 across the country that was representative of the socioeconomic status, race, and ethnicity of the population. Parents of the children from the sample were asked if the child had been to see a mental health professional in the last year or had any mental health concerns in the last year. Scores from children whose parents acknowledged mental health involvement were omitted from the sample so that the sample contained only "healthy" children. The scores of all these children were averaged for certain age groups to provide normative data for comparison with other children's scores. When taking the CBCL currently, children who score high enough above the

² Resilience is defined as successfully prevailing over adversity. A more in-depth discussion of resilience can be found on pages 29 - 32.

³ Normative data are data from the general population used for comparison. The researchers take a certain age group from the population meant to be representative of the entire population and establish a set of norms for reference. Thus individuals who score higher than the "norm" are considered to have behavior that is significantly different than the general population.

Research Articles Review Method

Articles examining the direct effects of domestic violence on children were located via a comprehensive search of multiple databases including psychInfo, psychArticles, Lexis-Nexis, Social Work abstracts, InfoTrac, and Academic Search Primer. Internet searches for domestic violence resources were also utilized to find organizational research projects and specific program evaluations. Reference lists of found articles provided additional sources to search for studies. Search words included *children, exposure, violence, domestic violence, intimate partner violence, family violence, inter-parental violence, wife battering, spousal abuse, and marital conflict*. Searches were further refined using terms such as *children* and *violence* and *exposure* or *children* and *domestic violence*, as well as individual word searches for all of the varying ways domestic violence and its impacts have been defined. Articles that examined the indirect effects of children's exposure to violence were found in studies reporting effects for both parents and children. A second search was conducted in the same databases to find articles concerning the effects of domestic violence on women that overlapped with the effects on children. In addition to the terms searched above, new word searches included *parenting, women, substance abuse, and mental health*. **The focus of the literature review was to find relevant articles with strong methodology in peer-reviewed journals.** All articles included came from peer reviewed journals or published books that included research studies. Studies were selected for inclusion in this review based on the relevance of information to the direct or indirect effects of exposure to domestic violence on children. Methodology varied among the selected articles. Most researchers compared children exposed to domestic violence to control or comparison groups. Articles were primarily selected based on comparison to a control group or normative data. However, articles were also included in the literature review if they provided incidence-based statistical information on behavioral outcomes of children exposed to domestic violence. Additionally, books which provided qualitative in-depth discussion of children exposed to domestic violence were included as they had information not previously studied or often overlooked. Sixty-six articles and three books were selected for inclusion for the current review. Articles encompassed studies conducted from 1986 to 2005 with a focus on the last ten years (1995-2005).

Following the initial literature review, the document was reviewed by individuals experienced in the area of domestic violence for gaps in the literature. Additional research articles were incorporated based on recommendations from this review. Some articles included lacked methodological rigor but provided valuable narrative insight or additional research in key areas of children exposed to domestic violence, used primarily for applied purposes.

average for the general population are considered close to or in the clinical range,⁴ indicating that their behavior may be problematic and of interest to mental health professionals.

The CBCL consists of competency scales, syndrome scales, internalizing (anxious, withdrawn) and externalizing (aggressive, delinquent) scales, and a total problem scale. Competence scales are geared to measure whether children are adapting successfully or if they are having problems. The social competence scale is one of particular interest to researchers studying the effects of domestic violence on children. The scales measure children's adaptive behavior in social settings, relationships with friends and membership in organizations. Children who score outside of the average for the normative data may have some social problems (i.e., isolation, trouble relating to peers) that need to be addressed.

Other measures commonly used in the literature on children exposed to domestic violence are the internalizing and externalizing behavior scales. Internalizing behavior consists of withdrawn, anxious, and depressed behaviors; whereas, externalizing behavior scales measure delinquent and aggressive behaviors (Achenbach, 1991). Results can be used as a primary tool in the assessment process for mental illness by comparing clinically significant scores criteria of disorders in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV); however, the CBCL is not used to make diagnosis, merely to begin the process. Achenbach (1991) recommends using the CBCL and following it up with additional assessments in order to determine child psychopathology (i.e., clinical diagnosis of psychological problems such as conduct disorder, depression, etc). Scores in the clinical range suggest more serious behavior problems and results of the CBCL can be useful to examine social and behavioral problems of children.

Behavioral Outcomes

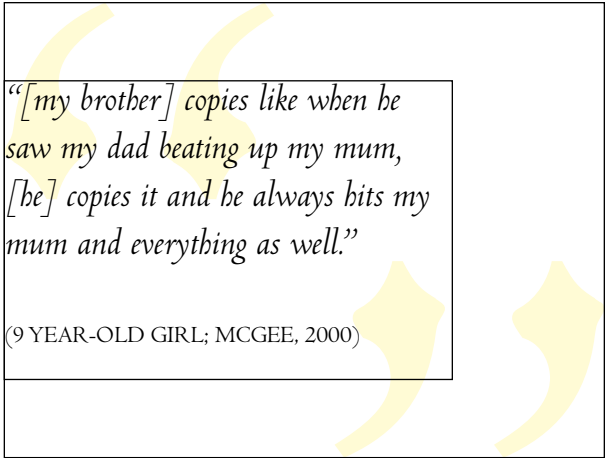
Children's behavioral problems for the purpose of this literature review were defined as physical/verbal aggression, conduct problems, and scores on the externalizing behavior scale of the CBCL. Overall, the research examined indicates a negative impact on many children's behavior (i.e., exposure to domestic violence has negative behavioral repercussions on the children studied).

Aggression

One of the most widely studied behavioral problems in the research on children exposed to domestic violence is aggression. Significant correlations have been observed between aggression and physical and psychological violence indicating that as violence increases so does aggression in children (Litrownik, Newton, & Hunter, 2003). Research on aggressive responses found that when children witnessed marital conflict with negative tactics (i.e. physical aggression, threat, withdrawal), the children were more likely to engage in immediate aggressive behaviors (Cummings, Goeke-Morey, & Papp, 2004). A child's responses to marital conflict in the home increased the chances of the child scoring in the clinical range of externalizing behavior on the CBCL. Another study of conflict resolution tactics found that there were significant differences in overt aggression between witnesses versus non-witnesses of domestic violence across gender with witnesses showing more signs of overt aggression than non-witnesses (Ballif-Spanvill, Clayton, & Hendrix, 2003). Similar results were reported by McGee (2000) who found that inter-parental conflict heightens bullying behaviors in children.

⁴ Often psychological problems are noted to be in the "clinical range" on certain measures. "Clinical range" indicates that the individual has symptoms that would be of concern to a mental health professional, such as meeting criteria for a diagnosis of mental illness and significant problems that may interfere with daily functioning.

Carlson (1990) also found that adolescent males who witnessed marital violence had higher frequency of hitting their parents and running away than those who had not witnessed marital violence. A study of proactive and reactive aggression⁵ found that a history of family violence correlated with both proactive and reactive aggression (Connor, Steingard, Cunningham, Anderson, & Melloni, 2004). Holden and Ritchie's (1991) research found higher levels of aggression among children who witnessed marital discord as well as higher levels of behavior problems in general. A meta-analysis of the literature also found overall significant effect sizes for witnesses of domestic violence and displays of aggression (Kitzmann, Gaylord, & Holt, 2003). In general, the literature indicates that aggression is associated with exposure to domestic violence.



“[my brother] copies like when he saw my dad beating up my mum, [he] copies it and he always hits my mum and everything as well.”

(9 YEAR-OLD GIRL; MCGEE, 2000)

Externalizing Behavior

Sternberg et al. (1993) were among the first to study multiple effects of witnessing domestic violence on children. They found that children who had witnessed domestic violence were more likely to engage in externalizing behaviors than a control group of children who had not witnessed domestic violence. Cummings, Pepler, & Moore (1999) also found significant differences in externalizing behavior and total behavioral problems on the CBCL between children who had witnessed violence compared to a control group, with 27.9% of girls and 9.6% of boys in the clinical range for externalizing behaviors. Consistent with these findings, Kernic et al. (2003) found that children exposed to domestic violence were more likely to score in the clinical range, or close to it, on the externalizing scale and on the total behavioral problems scale of the CBCL when compared to the normative data. Grych et al. (2000) found 30% of children living in a shelter who had witnessed domestic violence developed internalizing and externalizing problems and 21% exhibited externalizing only problems. These results are supported by similar studies which also found increased externalizing behaviors (often clinically significant) or significant correlations of externalizing behavior for children who had witnessed domestic violence (Jouriles, Spiller, Stephens, McDonald, & Swank, 2000; Jouriles, Norwood, McDonald, Vincent & Mahoney, 1996; Martin & Clements, 2002; Rogers & Helmbeck, 1997; Skopp, McDonald, Manke, & Jouriles, 2005; Wolfe, Jaffe, Wilson, & Zak, 1985).

Another study found that children had higher scores on the externalizing scale when exposed to both verbal and physical aggression (between parents, including step-parents, or romantic partners) compared to a control group who had not witnessed such violence (Fantuzzo et al., 1991). Those who had witnessed physical violence had scores in the clinical range (e.g., high enough to be of concern to mental health professionals) compared to those who only witnessed verbal aggression. Wolf, Crooks, Lee, McIntrye-Smith and Jaffe (2003) conducted a meta-analysis to examine the overall effects of domestic violence on children. Forty of the 41 studies they analyzed found significant relationships between exposure to domestic violence and emotional and behavioral problems which accounted for a small overall effect of domestic violence on children, indicating that research has found that domestic violence can have negative effects on children, especially associated with an increase in externalizing behavior, although not all children experience these behavior problems.

⁵ Proactive aggression is considered instrumental aggression, done without anger or provocation. Reactive aggression is more affective, and involves angry outbursts, usually in response to provocation or threats.

Males

who witnessed domestic violence hit their parents and ran away more often than non-witnesses.

- Overall, research indicates exposure to domestic violence is related to increased aggression in children.
- In multiple studies, 20-30% of children exposed to domestic violence exhibited externalizing behavior problems.
- Exposure to domestic violence can lead to increases in behavioral problems such as aggression/anger towards mother, truancy, running away, and bed-wetting.

violence compared to those who had not. Grych et al. (2000) found that 31% of children in their study who lived in a shelter and had witnessed domestic violence exhibited no internalizing or externalizing behaviors (the same percentage as children who experienced both internalizing and externalizing behaviors). Ballif-Spanvill et al. (2003) also found a significant difference for females who had witnessed domestic violence. Females were more likely than males who had witnessed domestic violence or a control group of non-witnesses to find peaceful resolutions to hypothetical conflicts. These results may suggest a potential age effect or no effect of domestic violence in the first case or a potentially ameliorating effect for gender in the latter study.

Social Outcomes

Research in the area of social problems related to children's exposure to domestic violence is not as prolific as studies examining behavior. Research that has examined social consequences has utilized the Child Behavior Checklist's category of social competence in their assessment. Research indicates that child witnesses of domestic violence score lower on measures of social competency than control groups (Jaffe, Wolfe, Wilson, & Zak, 1986; Stiles, 2002; Mathias, Mertin, & Murray, 1995; Fantuzzo et. al, 1991).

Other research has suggested specific social problems that children who witness domestic violence may encounter. In a study of children who had witnessed domestic violence, Hester et al. (2000) found that children exhibited problems of social isolation, difficulties in trusting others and poor social skills. In a review of the research literature, social competence problems associated with children's exposure to domestic violence included deficits in school performance, deficits in interests and activities, deficits in school behavior and deficits in relationships with others (Rhea, Chafey, Dohner, & Terragno, 1996).

Conduct Problems⁶

Conduct problems have also been studied. A three year longitudinal study of preschool age children at ages two, three and one half, and five years found that 52% of the children had witnessed some form of physical aggression between parents (Ingoldsby, Shaw, Owens & Winslow, 1999). Parents of these children reported significantly higher levels of behavior problems for their children than the average child in that age range (Ingoldsby et al.). Becker and McCloskey (2002) looked at conduct problems and found a significant effect of parental violence and delinquent offenses for females but not for males. Hester, Pearson, and Harwin (2000) reported multiple effects of domestic violence. Behavioral problems included aggression/anger towards mother, truancy, running away, and bed-wetting.

No Effects or Positive Effects

Contradicting these results, English, Marshall and Stewart (2003) found no significant differences among young children (under age six) on the CBCL who had been exposed to domestic

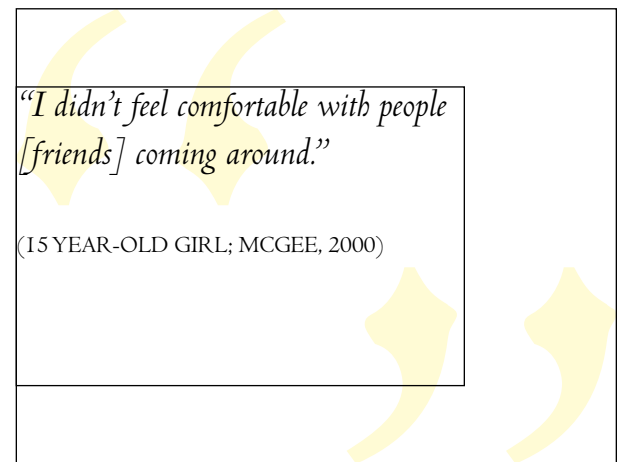
Not all children are
adversely affected by exposure to domestic violence.

- One study found that 31% of children exhibited no negative internalizing or externalizing behaviors.

⁶ Conduct problems include any behavior problem such as aggression, running away, disobeying authority figures or breaking the law.

No difference or positive outcomes

Other studies have found no difference between child witnesses of domestic violence and a comparison group on the measure of perceived social competency (Christopoulos et al., 1987). Hester et al., (2000) found that although poor social skills were a possible problem, some children who had been exposed to domestic violence exhibited highly developed social skills instead, indicating that negative and positive outcomes both occurred. Kolbo et al.'s (1996) literature review found more than a third of the studies addressing social functioning did not find significant differences between child witnesses and a control group.



Emotional/Psychological Outcomes

Another widely studied area in research examining the effects of domestic violence on children is the area of emotional or psychological functioning. This would include any psychological disorders associated with childhood exposure to domestic violence as well as self-report or maternal reports of intense negative emotions experienced by children.

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a disorder that might develop when an individual witnesses or experiences a traumatic event which evokes intense feelings of fear, horror or helplessness. In order to be diagnosed as having PTSD, individuals must meet the following DSM-IV criteria listed on the next page.

PTSD has been one of the biggest areas of interest in the literature on the effects of domestic violence on children. Multiple studies have indicated high rates of PTSD in female victims of domestic violence. Two recent studies found approximately 52% of women who had experienced domestic violence suffered from PTSD (Taft, Murphy, King, Dedeyn, & Musser 2005; Sharhabani-Arzy, Amir, Kotler, & Liran, 2003). Studies of children and PTSD are more variable.

Several studies have found that children who are exposed to domestic violence experience PTSD (Muller & Lombardi, 2001; Rossman, 1998). Rossman (1998) studied trauma symptoms in children exposed to domestic violence and found that exposed groups (both in the community and in shelters⁷) had significantly higher scores on PTSD measures than non-exposed children. Other studies support the finding of higher rates of PTSD among children who witness domestic violence (Pelcovitz, Kaplan, DeRosa, Mandel, & Salzinger, 2000; Rossman & Ho, 2000; Ward, Flisher, Zissis, Muller, & Lombard, 2001).

⁷Community groups consist of children living within the community who have witnessed or are currently witnessing domestic violence. Shelter groups consist of children who have witnessed domestic violence and are currently residing at a battered women's shelter with their mother.

Diagnostic

criteria for 309.8I Post-traumatic Stress Disorder (APA, 2004)

A. The person has been exposed to a traumatic event in which both of the following were present:

- 1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others;
- 2) the person's response involved intense fear, helplessness, or horror. **Note:** In children, this may be expressed instead by disorganized or agitated behavior.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

- 1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
- 2) recurrent distressing dreams of the event. **Note:** In children, there may be frightening dreams without recognizable content.
- 3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). **Note:** In young children, trauma-specific reenactment may occur.
- 4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- 5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- 1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
- 2) efforts to avoid activities, places, or people that arouse recollections of the trauma
- 3) inability to recall an important aspect of the trauma
- 4) markedly diminished interest or participation in significant activities
- 5) feeling of detachment or estrangement from others
- 6) restricted range of affect (e.g., unable to have loving feelings)
- 7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- 1) difficulty falling or staying asleep
- 2) irritability or outbursts of anger
- 3) difficulty concentrating
- 4) hypervigilance
- 5) exaggerated startle response

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one (1) month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Chemtob and Carlson (2004) examined children who had witnessed domestic violence and found that 40% met the criteria for PTSD. A study focusing on PTSD symptoms found that 13% of children who had witnessed domestic violence met the full diagnostic criteria for PTSD. Many of the children studied exhibited at least one symptom with 52% experiencing intrusive thoughts or nightmares, 19% showing traumatic avoidance, and 42% experiencing sleep problems, irritability or difficulty concentrating (Graham-Bermann & Levendosky, 1998). McCloskey & Walker (2000) found similar results in their study of children, finding that 19% of child witnesses met the full diagnostic criteria for PTSD. Although not using specific measures of PTSD, Lehmann and Ellison (2001) also found symptoms in child witnesses of domestic violence that are consistent with a diagnosis of PTSD. In fact, most children in their study (98%) exhibited some form of “re-experiencing the event” (i.e., nightmares, flashbacks), 52% had “avoidance symptoms” (i.e., avoided talking or thinking about the trauma) and 74% experienced “arousal symptoms” (i.e., trouble sleeping, irritability, concentration problems).

Type, severity, and frequency of violence; shelter residence; gender; age; culture; relationship with caretaker and batterer; and co-occurrence of child maltreatment all could account for the variability of data. Additionally, the type of measure used to assess PTSD may affect results. Researchers examined PTSD symptoms using two different assessment tools,⁸ it was discovered that results varied widely, with between 3% and 24% of children meeting the full diagnostic criteria for PTSD, 85-92% re-experiencing the event, 39-91% experiencing increased arousal, and 3-47% experiencing avoidance symptoms (Levendosky, Huth-Bocks, & Semel, 2002).

Diamond and Muller’s (2004) study of children’s exposure to domestic violence and PTSD examined physical versus psychological parental conflict. Their results indicated that for males, PTSD symptoms were related to both physical and psychological abuse. However, for females, PTSD symptoms were only significantly different from non-witnesses for measures of psychological abuse directed at the mother. Overall, studies indicate that PTSD is a major concern for children who witness domestic violence. Despite the variability within the research noted earlier, all results indicate that the incidence of PTSD is higher among children who have witnessed domestic violence. However, PTSD is not the only psychological concern among children who witness domestic violence. Children who witness domestic violence may experience anxiety, depression or other psychological problems.

Anxiety/Depression/Other Psychological Disorders

Anxiety and depression are both measures on the internalizing behavior scale of the Child Behavior Checklist that have been found to be related to witnessing domestic violence. While most studies report differences on the internalization scale (see next section), a few specifically address anxiety and depression.

Adolescent witnesses of domestic violence were interviewed, and for males, higher levels of depression and suicidal thoughts were found as compared to non-witnesses (Carlson, 1990). Hester et al. (2000)

Post-Traumatic Stress Disorder

- Several studies have found that children exposed to domestic violence experience PTSD.
- Many children exposed to violence exhibit at least one symptom of PTSD.
- One study found that 52% of children experience intrusive thoughts or nightmares following exposure to domestic violence.

⁸ One assessment measure was designed based on the symptom list in the DSM-IV (APA), the other was the measure from the Child’s Behavior Checklist. Both were utilized to try to get a more accurate measure of PTSD.

"I'd be really miserable. I used to have these pains—people said they were stress or something. I stopped breathing...I used to get really upset and cry alot."

(13 YEAR-OLD GIRL; MULLENDER ET AL., 2002)

also reported symptoms of tension, sadness, depression, and self-harm among child witnesses, regardless of gender. Symptoms of eating problems and sleeping problems have also been found in child witnesses (Devoe & Smith, 2002). Additionally, specific measures of depression and anxiety administered to children of battered women found that 16% met the clinical criteria for depression and 23% were in the clinical range on measures of anxiety (Jouriles et. al, 2000). Further research has found that children who witnessed domestic violence reported more symptoms of depression than non-witnesses (Sternberg et al., 1993). Correlational

research supports these findings that child depression and anxiety are related to witnessing abuse of the mother (Tang, 1997; Ward et. al, 2001). Moreover, Pelcovitz's et al. research (2000) found that violence within the home was a predictor of anxiety and depression, as well as increased risk for substance abuse.

Interviews of mothers from a battered women's shelter found several significant differences between their children and a comparison sample of children in the community, including significant differences with respect to obsessive-compulsive disorder, conduct disorder, and separation anxiety (McCloskey, Figueredo, & Koss, 1995). Specifically, children in the shelter group were more likely to have obsessive-compulsive disorder, conduct disorder, and separation anxiety.

Internalizing Behaviors

In addition to specific studies on psychological disorders, many studies have examined the relationship between witnessing domestic violence and overall internalizing behaviors anxiety, depression, and withdrawal as measured by the CBCL. Several studies comparing children who witness domestic violence to non-witness control groups have found significant differences on internalizing behavior, with witnesses exhibiting more internalizing behaviors than non-witnesses (Christopoulos et. al, 1987; Jaffe et. al, 1986; Fantuzzo et. al, 1991; Cummings et. al, 1999; Diamond & Muller, 2004; Kernic et. al, 2003; Moore & Pepler, 1998; Kitzman et. al, 2003). Other studies, looking only at witnesses of domestic violence with no comparison group, found that 18% to 53% of children who witnessed domestic violence exhibited internalizing behaviors (Grych et. al, 2000; Skopp et, al, 2004; Jouriles et. al, 2000).

Results of a study of children residing in a shelter who had witnessed physical violence found that internalizing behavior was in the clinical range (Fantuzzi et. al, 1991). Gender differences were observed in one study which found that 42.6% of girls had clinical levels of internalizing behavior compared to 9.6% of boys (Cummings et. al, 1999).

Negative Emotions

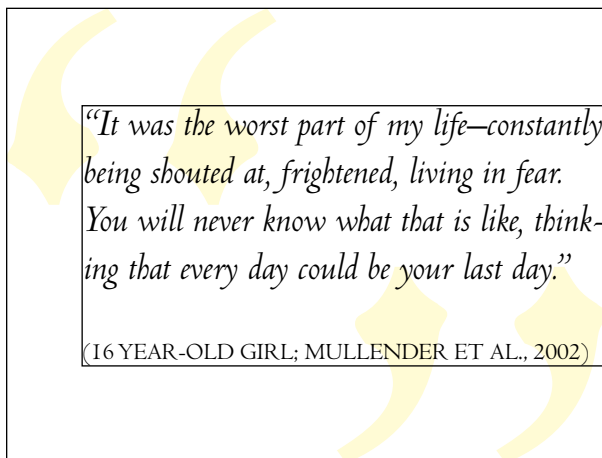
Several studies have looked specifically at the emotional responses of children exposed to domestic violence. Hester et al. (2000) report effects of witnessing domestic violence including feelings of guilt, fear, insecurity, self-blame, emotional confusion toward parents, withdrawal, and low self-esteem. Qualitative studies⁹ have found that children report feeling fear for themselves and their mothers (Ericksen & Henderson, 1992) as well as significantly more worry about their mother and siblings, than did a comparison group of non-witnesses (Graham-Bermann, 1996). In Kitzman's et al. (2003) meta-analysis of the effects of witnessing domestic violence on children, exposure was significantly correlated with negative affect. A study linking negative emotions resulting from exposure to domestic violence to psychological problems found that for boys, perceived threat led to increases in anxiety and for girls, self-blame was associated with depression (Kerig, 1998).

Anxiety Depression

- Children who witness domestic violence experience anxiety and depression at higher rates than non-witnesses.
- In one study, 18% to 53% of children exhibit internalizing behavior following exposure to domestic violence, often in the clinical range.

Cognitive/Attitudinal Outcomes

Studies of cognitive/attitudinal outcomes resulting from exposure to domestic violence have also been varied. A comparison of intellectual functioning in children who witnessed domestic violence found



that these children had lower scores on verbal ability than the non-witnesses control group (Huth-Bocks, Levendosky, & Semel, 2001). No significant differences were found in visual-spatial abilities. A twin study¹⁰ in the United Kingdom comparing identical and fraternal twins also examined intellectual functioning of children who witnessed domestic violence in terms of IQ scores. Results indicated that as levels of domestic violence increased so did differences in IQs. High levels of domestic violence had the largest difference in scores, indicating that domestic violence may be a factor in impacting cognitive functioning since the genetics of twins were the same (Koenon, Moffitt, & Caspi, 2003).

Mathias et al. (1995) also found that of the children who witnessed domestic violence, 43% had reading levels at least one year below their actual age group.

Contradicting these results, a comparison of children who had witnessed domestic violence and a community sample of non-witnessing children found no significant differences in IQ scores (Christopoulos et al., 1987). Mathias et al. (1995) also found no difference in academic abilities between witnesses and non-witnesses. Thus, not all research indicates cognitive impairment in children due to exposure of domestic violence.

⁹ Qualitative studies involve more in-depth information and less analysis and methodological control than studies using quasi-experimental or experimental designs. For example, a qualitative study might ask open-ended questions of children compared to surveys with fixed response categories.

¹⁰ Twin studies are used to compare genetic or inherited influences to potential environmental influences. Since identical twins have the same genetic makeup, any differences are attributed as coming from the environment.

Looking at perception of threat in witnesses versus non-witnesses, researchers found that witnesses perceived more threat in hypothetical ambiguous parental situations than non-witnesses, indicating that even when threat was not apparent it was perceived (Coyne, Barrett, & Duffy, 2000).

A major concern about the effects of domestic violence on children is the development of a cycle of aggression or acceptance (e.g., children may grow up to be batterers or may be abused by their partner in adulthood). One way this is studied is by examining attitudes toward violence¹¹. A study that looked at childhood effects of domestic violence in adolescents found that both female and male adolescents, who were exposed to domestic violence as children, were more likely to justify the use of violence in their current dating relationships (Lichter & McCloskey, 2004). Additionally, boys and girls may differ in what they learn from being exposed to domestic violence. Boys who have been exposed to domestic violence are more likely to approve of violence than are girls who have been exposed to domestic violence (Edleson, 1999c). Hester et al. (2000) also noted that children who have witnessed domestic violence may display anger towards their mother. This may result because children, as a means of self-protection, identify with the batterer, as the mother may appear not to be able to protect them, and thus express anger at the mother for the lack of protection (Dalton, Drozd, & Wong, 2004).

“[I] failed all my exams, I put it down to him, what happened at home.”
(17 YEAR-OLD GIRL; MCGEE, 2000)

A study of incarcerated boys who had witnessed serious family violence found that exposure was associated with having attitudes that supported aggression (Spaccarelli, Coatsworth & Bowden, 1995). Carlson’s (2000) literature review of research on children exposed to domestic violence also found studies that indicated that witnessing domestic violence was associated with pro-violent attitudes, such as approving the use of violence in order to resolve disagreements. Attitudes, like other behavior problems, are also influenced by multiple factors, including resiliency, which means that not all children exposed to domestic violence will adopt a pro-violent attitude.

Co-occurrence of Domestic Violence and Child Abuse

“I’ve seen him hit all the members of the family at least once.”
(17 YEAR-OLD GIRL; MULLENDER ET AL., 2002)

Exposure to domestic violence itself may not cause physical injury to the child, yet statistically it increases the probability that the child will become a victim of child abuse (English et. al., 2003). Several studies have indicated that there is an overlap between child abuse and witnessing domestic violence.

According to the Judicial Council of California’s Center for Families, Children and Courts (CFCC), child exposure to domestic violence is estimated to have a 40% co-occurrence with some form of child maltreatment. Fantuzzo and Mohr’s (1999) literature

¹¹ Attitude measures are used because they demonstrate how the individual thinks (some attitudes are consistent across the lifespan, depending on the attitude’s strength). If individuals have attitudes that are pro-violence, it may be assumed that they will use violence because they see it as a viable option to deal with problems. In contrast, those individuals with a strong attitude against violence may be more inclined to find a peaceful resolution to conflicts.

review looking at prevalence of domestic violence found that between 45 to 70% of children who were exposed to domestic violence were also victims of physical abuse. Edleson (1999b) found similar results with an overlap between child abuse/maltreatment and exposure to domestic violence ranging from 30-60%. Other researchers have found that estimates of co-occurrence varied depending on the definition of child abuse (Holden, 2003). For example, defining domestic violence as only physical aggression toward a spouse would result in fewer incidences of domestic violence, whereas, domestic violence defined as verbal or physical aggression or threats, would result in more incidence and thus more overlap. Studies that have focused on child abuse victims and documented domestic violence present in the home, have also found a high co-occurrence between child abuse and witnessing domestic violence (Diamond & Muller, 2004; Beeman, Hagemesiter & Edleson, 2001). With varying definitions of domestic violence and exposure, studies that measure overlap have some limitations, which may account for the large variability (Edleson, 1999b).

It is unclear if the abuse comes from the perpetrator or victim of domestic violence in most cases. However, the CFCC found that battered mothers may be more likely than non-battered mothers to use some form of aggression against their children (2003). Further research has also suggested that the majority of child abuse is committed by females; however, it is males who commit the most severe forms of child abuse (Edleson, 1995). Few studies have specifically identified which parent is more likely to abuse the child or if it is both parents. However, the majority of the research indicates that there is a high co-occurrence between exposure to domestic violence and suffering child maltreatment (Fantuzzi & Mohr, 1999; Edleson, 1999b; Holden, 1998; Diamond & Muller, 2004; & Beeman et al., 2001). Potential reasons may include that the batterer injures the child in an attempt to punish the other parent, that the child tries to intervene in the domestic violence incident and gets injured, or that the stressful situation causes the victimized parent to lash out at the child (Hester et al., 2000).

Physical Outcomes

In addition to psychological consequences, children can become involved in domestic violence situations that can be detrimental to their physical well-being.

Health Problems

Becoming a victim is not the only way that children may physically suffer as a result of exposure to domestic violence. Lower family health scores have been found in families where domestic violence occurs compared to no domestic violence (English et al., 2003). As noted earlier, domestic violence can affect emotions in terms of guilt and self-blame. El-Sheikh & Harger (2001) found that high levels of self-blame were negatively associated with health, indicating that higher self-blame meant more health concerns in children.¹²

¹² Health problems were measured by the Cornell Medical Index's (CMI) scale of Total Health Problems. The CMI is used to analyze a variety of health concerns and has been shown to be predictive of future health status and chronic illness. The study did not use specific health measures, only the total health problem measure.

Estimates

of co-occurrence of exposure to domestic violence and child abuse range from 30% to 70%.

Long-Term outcomes related to exposure to domestic violence include:

- Repeating the cycle of violence (either as batterer or victim)
- Increased risk for adolescent pregnancy
- Mental health problems in adulthood

Long-Term Outcomes

Long-term consequences of exposure to domestic violence have been studied by examining the effects on adolescents and adults who witnessed domestic violence when they were children. Research has found several links between certain behaviors and a history of witnessing domestic violence. One of the biggest concerns is repeating the cycle of violence.

Repeating the Cycle of Violence

Many studies have looked at effects of witnessing domestic violence on children in terms of aggression or aggressive attitudes. Fewer have examined the long-term results. A longitudinal study followed children over 20 years to examine predictors of partner violence. Exposure to parental violence as a child was the strongest predictor of domestic violence in adulthood (Ehrensaft & Cohen, 2003). Lichter and McCloskey (2004) also found that 30% of adolescents who had experienced family violence as a child engaged in some form of dating violence (either victim or perpetrator). Maker, Kimmelmeier, and Peterson

(1998) also found that individuals who had witnessed severe parental violence in childhood were more likely to experience partner violence and violent behavior in adulthood compared to moderate or no parental violence.

Additional Long-Term Effects

Multiple adverse childhood experiences and their consequences were examined and researchers found that for individuals who had witnessed family violence, it increased their probability of adolescent pregnancy by 60% (Hillis et al., 2004). A retrospective study¹³ of college students found that exposure to domestic violence as a child was related to self-reported depression, PTSD symptoms and low self-esteem among women and PTSD symptoms among men (Silvern, Karyl, Waelde, & Hodges, 1995). Another retrospective study found that childhood witnessing of domestic violence was correlated with psychopathology (i.e., depression, anxiety, sleep problems) in both males and females (Diamond & Muller, 2004). An article summarizing the findings of childhood exposure to domestic violence's long-term effects found that childhood exposure was related to PTSD symptoms, depression and anxiety, as well as lower self-esteem (Von Steen, 1997). Supporting these results, another study found significant differences between witnesses and non-witnesses on measures of depression in adulthood with witnesses having higher rates of depression than non-witnesses (Maker et. al, 1998).

"I'm practicing beating up my mom, but I'm not big enough yet!"

(4 YEAR-OLD BOY; NORMAN, 2000)

¹³ Retrospective studies involving talking to research subjects about events that happened to them in the past. Researchers then use those descriptions to gain insight into current behavior or situations.

Effects of Exposure to Domestic Violence across the Lifespan¹⁴

Data from three of the comprehensive literature reviews examined herein explored the effects of exposure across the lifespan with differences separated by age group. The following table summarizes the results of these studies (Rhea et. al, 1996; Stiles, 2002; Carlson, 2000):

	Infants	Preschool Age	School Age	Adolescents
Behavioral	<ul style="list-style-type: none"> • Being fussy • Decreased responsiveness • Trouble sleeping • Trouble eating 	<ul style="list-style-type: none"> • Aggression • Behavior problems • Regressive behavior • Yelling, irritability • Trouble sleeping 	<ul style="list-style-type: none"> • Aggression • Conduct problems • Disobedience • Regressive behavior 	<ul style="list-style-type: none"> • Dating violence • Delinquency • Running away • Truancy • Early sexual activity
Social		<ul style="list-style-type: none"> • Trouble interacting with peers • Stranger anxiety 	<ul style="list-style-type: none"> • Fewer and low quality peer relations 	<ul style="list-style-type: none"> • Dating violence (victim or perpetrator) • Increased risk for teen pregnancy
Emotional/ Psychological	<ul style="list-style-type: none"> • Attachment needs not met 	<ul style="list-style-type: none"> • Fear/anxiety, sadness, worry • PTSD • Negative affect • Feeling unsafe • Separation anxiety 	<ul style="list-style-type: none"> • Somatic complaints • Fear and anxiety, depression, low self-esteem, shame • PTSD • Limited emotional response 	<ul style="list-style-type: none"> • Substance abuse • Depression • Suicidal ideation • PTSD • Feeling rage, shame • Unresponsiveness
Cognitive	<ul style="list-style-type: none"> • Inability to understand 	<ul style="list-style-type: none"> • Self-blame 	<ul style="list-style-type: none"> • Self-blame • Distracted, inattentive • Academic Problems • Pro-violent attitude 	<ul style="list-style-type: none"> • Short attention span • Pro-violent attitude • Defensive

¹⁴ For a more in-depth discussion on how exposure to domestic violence can impact children across developmental stages, see the *Technical Assistance Brief* accompanying the *Checklist for Children and Youth Exposed to Violence*, NCJFCJ, (2006).

Indirect Effects

The majority of studies have looked at direct effects of exposure to domestic violence on children. This focus overlooks a key aspect of effects of exposure to domestic violence—indirect effects. In domestic violence cases, the batterer may severely abuse the domestic violence victim, causing an array of physical and psychological problems. Indirect effects include the problems impacted by the batterer's abuse, including mental health concerns and substance abuse which may affect the mother and which may potentially adversely affect the child(ren).

Pregnancy

According to the National Coalition against Domestic Violence (NCADV), up to 20% of women who are pregnant experience violence during pregnancy (Parson, Goodwin, & Peterson, 2000). Women who are abused during pregnancy are more likely to delay in getting prenatal care or may be prevented by their batterers from seeking prenatal care. Research also indicates that women who are victims of domestic violence are at higher risk for depression, substance abuse, and difficult pregnancies (Amaro, Fried, Cabral, & Zuckerman, 1990). Morewitz (2004) examined the research on the effects of domestic violence on mothers and children. Results indicate that there is a relationship between domestic violence during pregnancy and negative pregnancy outcomes such as hemorrhaging, perinatal death, and low birth weight of the child—all of which can be physically damaging (if not fatal) to the child. Further research has supported this notion with findings that women who are abused during pregnancy are at higher risk for perinatal death, pre-term delivery, and having babies with low birth weights (Cocker, Sanderson, & Dong, 2004). Additionally, homicide is the second leading cause of death for pregnant women in the United States (Chang, Berg, Herndon, & Saltzman, 2005). However, it must also be noted that some researchers have found the link between domestic violence and pregnancy outcomes inconclusive, at best (Gazmararian et al., 2000).

Mother's Mental Health

Domestic violence is also associated with an increased risk of developing a wide range of psychiatric problems or exacerbating existing psychiatric issues for mothers (Warshaw & Barnes, 2003). Research indicates that women who have histories of domestic violence score higher on depression and traumatic symptoms measures (Maker et al., 1998). Likewise, a study of women diagnosed with depression found that 61% of the women had histories of domestic violence (Dienemann et al., 2000). A review of literature on mothers with mental illness found several significant results for maternal depression outcomes (Oysermann, Mowbray, Meares, & Ferminger, 2000). Among infants, maternal depression was associated with children's developmental delays, trouble in attachment, and language difficulties as well as mothers having less interaction with children. At the preschool age and school age, maternal depression was related to insecure and avoidant attachment with children, and mothers who were more likely to express negative affect such as criticism and guilt-inducing behavior. For adolescents, the review indicated that depressed mothers were less positive and more critical with their children (Oysermann et al., 2000).

Indirect Effects

- Increased risk for violence during pregnancy
- Maternal mental health concerns—depression, PTSD which impact mother/child relationship
- Substance abuse by mother, influencing parenting style and parent/child relationship
- Parenting style of batterer is often rigid and emotionally detached
- Parenting style of victim can be negatively impacted as well

Substance Abuse

According to Morewitz (2004) victims of physical abuse are more likely to use multiple drugs compared to those who were not abused. Multiple research studies are cited supporting the finding that abused mothers often resort to substance abuse as a means of coping (Morewitz). Research on the effects of parental substance use on children is abundant. One such study indicated multiple negative outcomes for children exposed to alcohol use (Richter & Richter, 2001). Alcohol use was associated with poor cognitive skills in children, risk for mental retardation, and learning disabilities. In another study, individuals with a substance abuse problem were 2.7 times more likely to report abusive behavior toward their children and 4.2 times more likely to report neglectful behavior toward their children (Kelleher, Chaffin, Hollenberg, & Fischer, 1994). Thus, research indicates that parental substance abuse can cause physical and cognitive damage to children as well as increase their probability of suffering child abuse or neglect (Richter & Richter, 2001; Kelleher et al., 1994).

Furthermore, research also indicates that parental use of alcohol and drugs is related to an increased risk of sexual and physical abuse (Walsh, MacMillan, & Jamieson, 2003). The risks for physical or sexual abuse were nearly two-fold when both parents use some sort of substance, either alcohol or drugs (Walsh et al.). Since battered parents are more likely to use substances, this research suggests that victims of domestic violence are at risk for both substance abuse and for abusing their children, further increasing the risks to the child.

Parenting Styles

Parenting styles of both the victim and the batterer may be affected by domestic violence in the home. The Judicial Council for California's Center for Families, Children and Courts (CFCC, 2003) indicates that batterers are "more controlling and authoritarian,¹⁵ less consistent and more likely to manipulate [their] children" compared to non-violent parents (p. 5). The report also indicates that battered mothers are more likely to use aggression against children when they (the mothers) are not safe. A study of battered women and their children also found that domestic violence was a predictor of parenting style—those with lower psychological functioning¹⁶ exhibited poorer parenting skills (Levendosky & Graham-Bermann, 2001). These results confirm an earlier study which indicated that victims of domestic violence are more likely to use inconsistent parenting styles and experience higher maternal stress than non-victims (Holden & Ritchie, 1991).

As stated earlier, domestic violence might impact maternal mental illness. Research has discovered that the mental health of the mother, can also impact parenting abilities (Appleyard & Osofosky, 2003). For example, "when parents live in a state of constant fear and helplessness, their children often lack a sense of basic trust and security" (Appleyard & Osofsky). The lack of security and trust can hinder the child's emotional development. Additionally, the research has shown that maternal depression, anxiety, and post-traumatic stress disorder can negatively impact parenting. These children experience more negative effect and depression, often lack parental communication (because the parent

"I didn't have the same patience with the children when he was there, because I think I was frightened he was going to lose his temper. I was much more calm when he wasn't there."

(MULLENDER, 2002)

¹⁵ Authoritarian parents are highly demanding and lacking in emotional responsiveness.

¹⁶ Lower psychological functioning was indicated by scores on the Beck Depression Inventory, Post traumatic Stress Scale for Family Violence, and the Brief Symptom Inventory which addresses psychological symptoms such as anxiety, insomnia, etc. Lower psychological functioning means that individual scores were higher on these measures (indicating psychological problems) as compared to the general population.

is withdrawn), and are frequently faced with situations in which their parent is not sensitive to their needs as she is in a state of distress herself (Appleyard & Osofsky). Thus, parenting style may also be impacted by mental illness, as a result of domestic violence.

Domestic violence has been shown to affect maternal mental illness, substance abuse, and parenting styles. Research indicates that domestic violence increases the probability of maternal depression and substance abuse and can also affect both maternal and paternal parenting styles. Thus, domestic violence may affect children in ways other than directly through exposure. It is also important to note that once the victim of domestic violence is safe from the batterer, parenting styles, substance abuse, and psychiatric problems may change as the victim is no longer subjected to abuse.

Resilience

Despite the growing body of literature indicating the negative consequences of children exposed to domestic violence, there is also evidence that not all children are impacted the same way. Studies of children exposed to domestic violence have found that while some children have severe difficulties as a result of the exposure, others exhibit little or no distress (Hughes & Luke, 1998). Such findings have led to an increased interest in understanding children's resilience when exposed to domestic violence. Resilience can be defined as "successfully prevailing over adversity" (Richman & Fraser, 2001, p. 1). Thus, children's resilience is often studied hand in hand with children's risks to learn more about how children successfully adapt when faced with high risk situations¹⁷ such as exposure to violence. Children's capacity for resilience plays a significant role in their ability to overcome adversity as demonstrated developmentally, psychologically and socially (Howard, Dryden, & Johnson, 1999). Resilience is not generally considered to be a function of specific individual traits, but a combination of individual traits and environmental resources that emerge when the child is faced with high risk situations (Richman & Fraser, 2001).

By addressing resilience, researchers are able to look at factors that may work to protect children, despite the risks involved with exposure. This knowledge can help to enhance prevention and intervention programs by helping determine what keeps children from being negatively impacted by exposure to violence. Although few studies have looked at resilience in children exposed to domestic violence specifically, application of the resilience literature to this field of study is relevant (Hughes, Graham-Berman, & Gruber, 2001). Research has discovered that both individual factors (Rossman, Hughes, & Rosenberg, 2000) and external factors such as family, education and social components (Alvord & Grados, 2005; Howard et al., 1999; Iwaniec, Larkin, & Higgins, 2006; Masten & Coatsworth, 1998) are associated with increased resiliency in children.

Individual Factors

There are several individual factors which have been linked to resiliency in children in at-risk situations (Iwaniec et al., 2006; Fraser, 2004). Howard's et al. (1999) review of the literature on childhood resilience found several internal factors that lead to better outcomes including problem-solving skills, autonomy, social competence, and a sense of purpose and future (1999). Autonomy is considered, in this line of research, to include self-esteem and self-efficacy. 'Sense of purpose' and 'future' in the literature has varying definitions, but is generally understood as aspiration and a sense of usefulness or helpfulness, such as demonstrating responsibility in tasks (Howard et al., 1999). Additionally, review of the literature found the most predominantly reported predictors of resilience are intellectual functioning and a strong relationship with the non-abusing parent or other caring adults (Masten & Coatsworth, 1998).

¹⁷ High risk situations include any situations which increase the potential for negative outcomes of children.

A more recent review categorized protective factors that lead to resilient outcomes in children in a different manner, including the above characteristics (i.e., intellectual functioning, autonomy) but adding new characteristics based on the recent literature (Alvord & Grados, 2005). For example, proactive orientation is considered to function as a protective factor that resilient children possess, and includes such things as self-efficacy, initiative, optimistic thinking, and internal motivation (Alvord & Grados, 2005). Another individual factor identified is that of self-regulation or self-control. Children who can self-regulate are better adept at calming themselves, eliciting positive responses from others, and engaging in healthier social relationships (Alvord & Grados, 2005).

Other individual factors have also been identified. For example, individuals who make external attributions for their situations do better than those who blame themselves (Wolfe, 1987). Thus, individuals who do not blame themselves tend to be more resilient than those who do. Also, easy temperaments have been shown to be associated with stress-resistance and thus more resilient children (Friedman & Chase-Lansdale, 2002). The research literature has also indicated that age may play a role in determining resiliency of children, with older children being more resilient than their younger counterparts; however, there is also debate in the literature that younger children may show more internalizing behaviors and thus not be acknowledged as showing problems, making it difficult to determine if age truly is a factor (Rossman et al., 2000). Despite the many internal characteristics tied to resiliency, most researchers would argue that it is not just the individual traits, but the dynamics of internal, combined with external factors, that lead to resilient outcomes (Fraser, 2004).

Family Influence

In addition to internal factors, resilience research has found that parental (caregiver) influence is an important predictor of resilience in children (Alvord & Grados, 2005; Howard et al., 1999; Iwaniec et al., 2006; Masten & Coatsworth, 1998). There have been several relationships found between resilience in children and parental behavior, one of which is that of parenting style. An authoritative parenting style¹⁸, where parents are warm, creates a structured environment and have expectations for their children, has been associated with resilient children (Masten & Coatsworth). Similarly, proactive parenting styles consisting of warm, loving parents who set limits and boundaries for their children is also related to resilience (Alvord & Grados, 2005). Howard et al. (1999) have found that resilience in children is related to parents who are consistent, spend time with their child, take an interest in their child, and have rules and structure in the home.

Parenting style is not the only predictor of resiliency in children. Research has also devoted attention to the nature of the parent-child relationship. Secure parental attachment or having a close relationship to a non-abusing parent or caregiver is related to resiliency (Alvord & Grados, 2005; Iwaniec et al., 2006; Masten & Coatsworth, 1998). Outside of the parental relationship, connection to an extended family network has also been shown to predict resilience in children (Howard et al., 1999; Masten & Coatsworth). That is, children who have connections to an extended family network are generally more resilient than children who do not.

¹⁸ Authoritative parenting style is different from the authoritarian parenting style mentioned earlier. Unlike authoritative, authoritarian parents are highly demanding and directive, but lack emotional responsiveness.

Research that has specifically focused on the strengths and coping skills of the family has found that there are several important factors to resilient families who are not experiencing domestic violence (McCubbin & McCubbin, 1998). The critical strengths and coping skills of resilient families include balanced interrelationships that can resolve conflict without violence; celebrations of special occasions; communication; healthy family members; ways to spend free time; acceptance of different personality traits; a support network of friends, relatives, and in-laws; routines such as family meals or chores; and family traditions. However, research also indicates that this may differ among different ethnic groups, depending on the value or importance of each aspect. As such, it is important to recognize some of the strengths of families in order to identify potential problem areas (i.e., lacking support network, unhealthy communication patterns) and ways to increase resilience in family situations where violence is involved.

Education

Children's education may also impact their resilience. Within the school environment, there are many opportunities for children to have positive experiences, not only academically, but also socially, or with other achievement in music or sports, as well as an opportunity to develop good peer relations (Alvord & Grados, 2005; Howard et al., 1999; Masten & Coatsworth, 1998). Students who become engaged in academics are often more resilient than students who do not engage in academics (Alvord & Grados, 2005). At school, children have the opportunity to engage in extra-curricular activities which can build a sense of achievement and strong peer relations as well as create an opportunity for students to be part of a social group (Alvord & Grados, 2005; Masten & Coatsworth, 1999). Participation in structured activities outside of school is related to positive academic outcomes (Jordan & Nettles, 2000). Teachers and other school personnel can be a positive influence on the children's lives. Teachers are important as positive role models, especially when the teacher takes a personal interest in the student (Howard et al., 1999). Teachers and all school personnel can foster resilience through connections with the children, providing a positive social relationship for the child that enhances his/her social network (Alvord & Grados, 2005). Participation in extracurricular activities, academics, and school groups, or other ways children express their unique talents and abilities needs to be encouraged to help foster resilience in children exposed to domestic violence.

Community

Peer relationships are also important outside of school. Resilience has been related to strong peer relationships (social competence) in multiple settings, such as peers in the community or connections to prosocial adults and organizations (Masten & Coatsworth, 1998). This could include connections to adult mentors (Rak & Patterson, 1996), organizations like Girl Scouts or Boy Scouts, or even positive relationships with neighbors. In fact, research has demonstrated that any kind of positive, supportive relationship outside of the family is helpful in fostering resilience (Alvord & Grados, 2005; Iwaniec et al., 2006). These relationships might provide support that the child may not be getting from the family.

Additional factors within the community that may be related to resilience are community safety (i.e., low crime), recreational facilities, and access to health care (Alvord & Grados, 2005; Iwaniec et al., 2006). Resiliency is increased in communities in which there is safety, access to health care, access to social services and recreational facilities that might provide opportunities for children to develop positive prosocial relationships with adult mentors or peers.

Cultural Considerations

When examining resilience in children, it is important to understand how culture might play a role. Information from the Bureau of Justice Statistics (2002) reports similar rates of domestic violence across Hispanic, White, Black, and American Indian populations. Asian American incidence of domestic violence is reported at about a fourth the rates of other ethnicities (BJS, 2002). However, an in-depth survey of Asian American women found the rate of intimate partner violence to be much higher than the Bureau of Justice Statistic's report (NAWH, 2002). This could be because of cultural barriers which prohibit Asian American women from speaking out against domestic violence (NAWH, 2002). Despite the fact that domestic violence occurs in similar rates across cultures within the United States, minorities may not seek services at the same rates as white victims because of cultural and language barriers as well as prior experiences of racism (Burman & Chantler, 2005). Minorities may also not seek services because they are unaware of available services (NAWH, 2002) or because they are only aware of child protection services and they fear that reporting may lead to the removal of their children (Gewirtz & Edleson, 2004). The lack of services may reduce some of the external resilience factors that could lead to positive outcomes in children.

Another concern is that minorities often experience higher poverty levels than whites (Arrington & Wilson, 2000). Poverty, along with exposure to domestic violence, is considered a risk factor for children, which can lead to negative outcomes (Rutter, 1985). One review found several studies in which increasing the number of risks also increased negative outcomes for children (Gewirtz & Edleson, 2004). That is children that were exposed to two risks, (such as poverty and exposure to violence), were more likely to have negative outcomes than those exposed to only one risk. Minorities also encounter additional stressors such as experiencing racism, prejudice and discrimination (Arrington & Wilson, 2000). Thus, minority children may experience more risk factors and stressors than their white counterparts, increasing the probability of negative outcomes and the need for external factors to increase resilience.

Minorities who live in poverty also face additional risks because victims and their children need both physical and material safety, and individuals living in poverty may feel trapped in a relationship because of financial hardship (Gewirtz & Edleson, 2004). Quality care (by a loving caretaker) and age-appropriate opportunities outside of the family can help low-income children to succeed in school, and provide them with a safe haven where they can thrive, thus increasing opportunity for resilience in these children (Gewirtz & Edleson). In order to help minority victims and their children, researchers suggest hiring staff that speak various languages, are sensitive to their spiritual and cultural background (Gewirtz & Edleson), and provide educational materials in other languages which outline available services (NAWH, 2002).

Implications for Practice

Many factors contribute to a child's resiliency. Many adults can create opportunities for children to enhance their resilience by promoting positive relationships through parental or extended family, school support, or organizations may be a good way to help children overcome adversity. Also focusing on the children's internal strengths may foster resilience. However, many researchers would argue that support across families, school and community is the most important aspect for developing resilience, instead of focusing primarily on one external aspect. In other words, the strengths of the individual are interactive with other support systems and strengths (McCubbin & McCubbin, 1988; Howard et al., 1999). Thus, it would be important to try to increase positive outcomes by addressing multiple dimensions (school, community, family) that might impact the child.

Resilience is not a fixed trait. Children can be more or less resilient across time. Therefore, one should not assume that just because a child exhibits resilience in the face of current environmental risks he or she will always be resilient in the future or that children who may not appear resilient in a current situation may not become resilient later (Howard et al., 1999). As such, attention must be given to prevention of environmental risks to better ensure positive outcomes for children. It is also important to understand that minority children encounter additional risks (such as poverty) and stressors (such as discrimination) which may increase the probability of negative outcomes. Understanding cultural barriers to seeking services can help to provide individuals with more opportunities and help aim at increasing external resilience factors.

Summary

There are hundreds of studies examining the impact of domestic violence. However, more research needs to be done. While there is extensive research on direct effects in terms of internalizing and externalizing behavior of children; other areas of research are lacking in both numbers and specificity. A critical concern with the research in this area is the inability to agree upon a standard definition for abuse,

Important

- **It is also important to understand that children who are exposed to violence are each unique and despite the fact that many may display negative consequences or great resiliency, each must be assessed carefully and individually to determine the exact consequences of exposure.**

domestic violence, and what constitutes child exposure to, or witnessing of, violence. Even so, a key lesson from the research is that across all studies, there was not one problem that occurred in 100% of the children. There were always children who remained asymptomatic—indicating that not all children are affected in the same way by exposure to domestic violence. Information focusing on children who exhibit no problems may be valuable as it could provide a better understanding of children's resiliency, the ability of battered parents to create healthy environments for their children, or external supports that work as coping mechanisms. Such information can also provide professionals working with children to help them cope with wit-

nessing domestic violence and to reduce associated symptoms.

A significant limitation of the research literature is the fact that not all studies have utilized a comparison group. Many look only at the children who have been exposed to domestic violence or provide correlational results.¹⁹ More research using control groups would provide more accurate information as to the effects of domestic violence and greater generalizability. Also, more studies looking at indirect effects would contribute to the growing literature base. Further research examining indirect effects would allow for more concrete conclusions and thus better planning for services and treatment for both victims and children. Only by examining each child individually can service providers implement appropriate preventions and interventions to best help the child.

Research examining children and domestic violence needs to continue in order to provide a better understanding about the needs of children and parents who are victims of domestic violence. Understanding the variety and severity of possible outcomes of exposure to domestic violence has critically important implications for prevention and intervention, as well as for service provision and treatment.

¹⁹A comparison group or control group that has been observed under ordinary conditions and used to compare to the group in the experimental condition (in this case, the shelter or domestic violence group). Conducting research using control groups is often difficult when studying social issues because access to groups such as children exposed to violence may be difficult. There are also ethical concerns with conducting research on vulnerable populations such as children. However, use of control groups is desired as it would allow for better generalizations of the findings from the studies to larger populations.

Co-Occurring Domestic Violence and Child Maltreatment

Research indicates that between 45 to 70% of children who are exposed to domestic violence are also victims of physical abuse (Fantuzzo & Mohr, 1999). This creates an overlapping problem for both domestic violence advocates and child protective services caseworkers and a situation which requires a unique response. According to the “Child Abuse and Neglect User Manual Series on Child Protection in Families Experiencing Domestic Violence” (2003), families which are experiencing both child abuse and domestic violence have multiple and complex needs that must be addressed. The user manual recommends the following principles to serve as a foundation for child protection workers when dealing with families exposed to domestic violence (Bragg, 2003):

- As the safety of the child is often linked with the safety of the adult victim, it is important to help the domestic violence victim secure protection, as this will also enhance the well-being of the child.
- Even if the children are not physically or sexually abused, the perpetrators of domestic violence may emotionally or psychologically harm their children. It is important to identify and assess domestic violence at all stages of the Child Protective Services (CPS) process to reduce the risk to children. It is also important to understand all potential effects of domestic violence on children, not just the physical aspects.
- If it is appropriate, CPS should make every effort to keep the child with the non-offending parent. Incorporation of supportive and empowering interventions that promote victim and child safety into child protective practices should be utilized.
- In substantiated domestic violence cases, the perpetrator must be held responsible and receive interventions addressing abusive behavior. CPS should collaborate with domestic violence programs in order to create a system to ensure victim safety and provide support for the non-offending parent.

American Bar Association Checklist for Child Protection Cases Involving Domestic Violence

The American Bar Association (ABA) created a judicial checklist to help in cases where there is child protection involvement in cases in which there is also domestic violence. The checklist addresses definitions of domestic violence, types of abuse, a lethality assessment and questions to ask about domestic violence in child protection cases. The checklist follows:

DOMESTIC VIOLENCE DEFINED

Domestic violence is a pattern of behavior that includes the use or threat of violence and intimidation for the purpose of gaining power and control over another person. Violence is characterized by physical abuse, sexual abuse, emotional abuse, verbal abuse, economic abuse, isolation and control tactics.ⁱ The term “domestic violence” or “intimate partner violence” does not typically include child abuse, child-to-parent violence, or sibling violence, which are considered forms of “family violence.”ⁱⁱ

5 CHARACTERISTICS:

- ✓ Domestic violence is learned behavior.
- ✓ Domestic violence typically involves repetitive behavior encompassing different types of abuse.
- ✓ The batterer—not substance abuse, the victim or the relationship—causes domestic violence.
- ✓ Danger to the victim and children is likely to increase at the time of separation.
- ✓ The victim’s behavior is often a way of ensuring survival.ⁱⁱⁱ

EXAMPLES OF ABUSIVE BEHAVIOR ^{iv}

- **COERCION:** threatening to leave, to commit suicide, to report the victimized parent to child welfare.
- **USING CHILDREN:** using visitation to harass, threatening to take the children away.
- **INTIMIDATION:** smashing things, destroying property, abusing pets, displaying weapons.
- **EMOTIONAL:** insults, humiliation, name calling, making the victim think she is crazy.
- **ISOLATION:** controlling and monitoring daily activities, limiting or denying access to friends and family.
- **ECONOMIC:** preventing the partner from working or keeping their job, not allowing access to the family income.
- **PHYSICAL/SEXUAL VIOLENCE:** hitting, slapping, punching, kicking, biting and/or sexual assault, and rape.

LETHALITY ASSESSMENT ^v

Factors to consider:

- ✓ Domestic violence perpetrator's access to the victim and to children
- ✓ Pattern of perpetrator's abuse
 - ❑ Frequency/severity of the abuse in current, concurrent, past relationships
 - ❑ Use and presence of weapons
 - ❑ Threats to kill
 - ❑ Hostage taking, stalking
 - ❑ Past criminal record
- ✓ Perpetrator's state of mind
 - ❑ Obsession with the victim, including extreme jealousy, stalking and controlling behavior
 - ❑ Ignoring negative consequences of his/her violence, including violation of protective orders
 - ❑ Depression/acts of desperation
- ✓ Individual factors that reduce behavioral controls of either (victim or perpetrator)
 - ❑ Substance abuse
 - ❑ Certain behavior-altering medications
 - ❑ Psychosis or other major mental illness
 - ❑ Brain damage
- ✓ Suicidality of the victim, children or perpetrator
- ✓ Adult victim's use of physical force
- ✓ Children's demonstration of violence
- ✓ Situational factors
 - ❑ Separation violence: attempting to end or leave the relationship
 - ❑ Presence of other stresses
- ✓ Past failures of the system to respond appropriate

QUESTIONS TO ASK ABOUT DOMESTIC VIOLENCE IN CHILD PROTECTION CASES^{vi}**SYSTEM RESPONSE**

- Did the petitioner in the child protection proceedings allege, in petitions or pleadings, any domestic violence behavior(s) causing harm to a child?
- Has juvenile court jurisdiction been established on the sole basis that the children have witnessed domestic violence?
- Has the safety of the adult victim been considered during the process of intervening with the children?
- Have culturally competent and gender specific services for adult and child victims as well as batterers been provided by the system?

COURT PROCEEDINGS

- Have separate attorneys been appointed for each parent in dependency cases involving domestic violence?
- Are court hearings being held separately for the batterer and the victim-parent?

VISITATION ISSUES

- Have safeguards been put in place to ensure that visitations, supervised visits and exchange locations will be safe for the child and for the victim-parent?
- Are the visitation orders specific in terms of time, place and duration of the visits?
- Are the visitation orders enforceable? Will law enforcement officers be able to enforce the order based on the language in the order?
- Does the visitation arrangement encourage the child's relationship with the victim if she is not able to retain custody?

INTERVENTIONS FOR THE CHILD

- Have children exposed to domestic violence been enrolled in age-appropriate individual and/or group therapy specially designed to address their experiences with domestic violence?
- Have children been assisted in developing their own safety plan in conjunction with the victim-parent and/or another trusted adult?^{vii} [NOTE: Safety planning with the child by the victim parent should not be interpreted as an alienation tactic.]

SUPPORTING THE VICTIM PARENT

- Has the safety of the adult victim been considered when crafting protection for the children?
- Is the victim-parent receiving appropriate supportive services such as therapy and victim support groups, if indicated appropriate? [NOTE: Generally, couples counseling should not be ordered when domestic violence has occurred.]
- Have efforts been made to link the victim-parent with a domestic violence victim's advocate and to encourage input of advocates in the development of case plans?^{viii}
- Has the victim-parent requested assistance in seeking an injunction and has she been provided this assistance? [NOTE: A victim should not be required to seek an injunction for protection (or order for protection) unless she determines this is in her best interest.]

BATTERER ACCOUNTABILITY

- Have attempts been made to remove the batterer before removing a child from a victim-parent?
- Has the batterer been required to attend a certified batterers intervention program or a similar quality service, and has his attendance and progress been closely tracked? Has the intervention program had contact with the victim and children to assure safety?
- Have child welfare and social service agencies coordinated to ensure that separate service plans are developed for the perpetrator and the victim of domestic violence?
- Have efforts been made to ensure the victim-parent is not held responsible for the batterer's abusive behaviors?

- i National Coalition Against Domestic Violence Website located at <http://www.ncadv.org/>
- ii NCJFCJ, *Effective Intervention in Domestic Violence & Maltreatment Cases: Guidelines for Policy and Practice* (1999).
- iii Family Violence Prevention Fund (FVPF) Website located at <http://endabuse.org>
- iv Excerpted from the Power and Control wheel of Domestic Abuse Intervention Project, Duluth, Minnesota.
- v FVPF Guidelines, *supra* note 3.
- vi NCJFCJ Guidelines, *supra* note 2.
- vii For assistance with safety planning with children, see "Keeping Families Safe: A Family Violence Handbook" published by the Family Violence Court Technical Assistance Project in the 11th Judicial Circuit of Florida with funding from The State Justice Institute. The booklet is available at www.miamidcip.org and can be downloaded and adapted to any jurisdiction. All reproductions must credit the original authors.
- viii Visit www.miamidcip.org for an overview of the Dependency Court Intervention Program for Family Violence. This program provides systematic outreach, screening and victim advocacy services to battered mothers in Miami's juvenile dependency court.

Juvenile Courts, Child Protection Services, Domestic Violence Agencies, and Community-Based Services

The NCJFCJ's Family Violence Department offers recommendations for juvenile courts, child protection services, and domestic violence agencies concerning the overlap of child maltreatment and domestic violence in their publication *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice* (also called the Greenbook).²⁰ Some of the recommendations found in the Greenbook include the following:

- Juvenile courts, child protection services, and domestic violence agencies should design interventions that will create safety, enhance well-being, and provide stability for children and families;
- As a way to ensure stability and permanency for children affected by child maltreatment and domestic violence, child protection services and juvenile courts should try to keep children in the care of their non-offending parent(s), whenever possible; making adult victims safer and preventing batterers' assaults are two key ways to remove risk and create permanency for children;
- Child protection services and domestic violence agencies should design a differential response to meet the needs of a diverse range of families experiencing the co-occurrence of domestic violence and child maltreatment;
- Juvenile courts, child protection services, and domestic violence agencies should provide leadership in bringing communities together to collaborate for the safety, well-being, and stability of children and families experiencing domestic violence and child maltreatment;

"The overarching goal [of collaboration] is increased safety for battered partners and their children. In order to do this, a greater understanding of each agency about the other needs to be achieved."

(GREENBOOK DOMESTIC VIOLENCE SPECIALIST, 2006)

²⁰ The *Greenbook* is aimed at helping child protection services, community domestic violence agencies, and the courts work together to create better outcomes for families who are experiencing domestic violence. More information, and the above publication can be found online at <http://www.thegreenbook.info>.

- Child protection services should develop screening and assessment procedures, information systems, case monitoring protocols, and staff training to identify and respond to domestic violence and to promote family safety;
- Child protection services should avoid strategies that blame a non-abusive parent for the violence committed by the batterer;²¹ instead child protection services should work with the prosecutor's office and other key stakeholders to hold batterers accountable;
- Provide adequate training for everyone who will be involved with the victim, child or batterer; and
- Child protection services workers should assess thoroughly the possible harm to a child resulting from being maltreated or from witnessing domestic violence and should develop service plans to address this harm.

Other sources have also recommended that child protection services and domestic violence agencies form collaborations to better help both the adult victim and her children. Successful collaborations in this area must share a framework for the response to battered women and their children including the following principles (Spears, 2000):

- Safety of children is the priority;
- Child safety can be improved by helping the mother to become safe and supporting the mother's efforts to achieve safety; and
- Safety for the battered parents and their children can be supported by holding the batterer accountable for the domestic violence.

A national study of child protection services systems and reform efforts looked at eight local CPS agencies to observe implemented changes. Those who responded to a survey indicating the greatest amount of change were visited. The eight agencies identified for site visits were in Brooks County, Georgia; Butler County, Pennsylvania; Catawba County, North Carolina; Fairfax County, Virginia; La Crosse County, Wisconsin; Ventura County, California; Union County, Florida; and Utah County, Utah. Half of the sites worked with domestic violence programs. For example, in Catawba County, North Carolina, the Department of Social Services (DSS) developed a domestic violence protocol that requires the victim and perpetrator be treated as two separate cases and that petitions be filed on any perpetrator who does not make progress within six months. It is the view of DSS that domestic violence victims must be protected and provided with services while perpetrators are held responsible. In cases when domestic violence appears to be a risk factor for the child's safety, the child protection worker is required to develop a safety plan specific to the victim and the child, including referrals to "First Step," a local domestic violence agency and women's shelter for assessment and recommended treatment. If the parent does not cooperate either because they cannot or will not, or there is high risk to the child, or if the situation is not improved after six months, the Department could petition for custody of the child (McDonald & Associates, 2003).

"[Collaboration resulted in] a consistently used process for child protection to refer battered partners to the DV agency. Regular meetings between the DV liaison from the crisis center, DV agency director and supervisors of local child protection that were already in place have been expanded to include the local judge in order to further Greenbook practice around children exposed to DV and co-occurrence issues."

(GREENBOOK DOMESTIC VIOLENCE SPECIALIST, 2006)

²¹ The *Greenbook* recommendations also state that while care must be taken not to blame battered mothers for others' violent behavior, child protection agencies also must not minimize a mother's abusive or neglectful behavior; careful assessment and intervention should be used in these circumstances. (Greenbook, at 66).

Checklist for Children & Youth Exposed to Violence

The National Council of Juvenile and Family Court Judge's Permanency Planning for Children Department, in collaboration with the Safe Start Initiative, has developed a judicial reference tool for judges and practitioners in juvenile and family courts concerning children's exposure to violence. The *Technical Assistance Brief* accompanying the Checklist includes an overview of children and youth's exposure to both domestic violence and community violence, a brief discussion of its impact on children, a review of some promising community collaborations in this arena, a reference list, and the Checklist for Children and Youth Exposed to Violence (Checklist). This Checklist was developed with input from juvenile and family court judges and professionals who work in the area of children who have been exposed to violence. The Checklist was then piloted with a small group of judges who have extensive experience residing over child abuse and neglect cases. Judges who reviewed the Checklist indicated that it served as a helpful reminder to them to ask specific questions. The judges also reported that the Checklist was thorough, and its implementation could create expectations in the courtroom that this information is important and needs to be included in all reports to the court.

"Advocates usually adopt an adult victim-centered approach, and they charge that the child-centered approach of protective services results in social workers de-emphasizing the impact of domestic violence. CPS workers are often criticized for placing the burden of protecting the children on the mother. Advocates assert that battered women are blamed by CPS workers for being passive and not protecting their children."

(JONES, GROSS, & BECKER, 2002, P406)

The Checklist provides a number of questions for judges to reference that encompass the area of children exposed to violence, including risk factors, indicators of exposure and details about the exposure, legal system responses, therapeutic interventions, and specific questions for exposure to domestic violence.

Technical Assistance Brief

A Judicial Checklist for Children and Youth Exposed to Violence., NCJFCJ, (2006).

Points of Controversy

- *Re-victimizing the mother*

A major issue of controversy between child protection workers and domestic violence advocates is the perception of blaming the mother for failing to protect her children from the violence that the batterer inflicted upon her and the children. This also fails to hold the batterer accountable for his (or her) actions. Because children exposed to domestic violence may be significantly attached to the victim, removing the child could re-victimize both the child and the non-abusive parent (Greenbook, 1999).

In the case of *Nicholson v. Scopetta*, New York's Court of Appeals ruled that a mother's failure to protect her children from witnessing domestic violence did not constitute neglect, unless the Administration for Children's Services (ACS) can specify how the child has been harmed or is at risk. Implications from this are that it is unlawful to remove the child from the home based solely on the fact that the mother is the victim of abuse, thus indicating that children cannot be taken from the home because they were exposed to domestic violence (Schepard & Liebmann, 2005).

New York's decision has important implications beyond New York, even though each state has their own statutes. For example, under Utah's state law, exposing children to domestic violence is considered child abuse. During the 2004 calendar year, 20 children were removed from the home in Salt Lake City, solely because of witnessing domestic violence. The majority of these domestic violence removals were court ordered or were situations in which both parents had been taken into custody (personal communication with Dawn Hollingsworth, Division of Child and Family Services, Domestic Violence Program Administrator, Salt Lake City, Utah, 10/24/05).

The overlap of domestic violence and child maltreatment presents challenges to communities seeking to help families. On one hand, child protection workers, whose legal mandate is the safety of children, may believe that battered mothers are unable to protect their children and must take measures to ensure the safety of the children, including removing them from their mother's care. On the other hand, if removing the children from battered mothers is done without carefully assessing the risk of harm, such action can be seen as blaming the mother for exposing her children to domestic violence while failing to hold the perpetrator of such violence accountable. Efforts nationwide to encourage a coordinated response by child protection services and domestic violence service providers may offer the best approach to working with families experiencing both child maltreatment and domestic violence (Greenbook, 1999). Working together to ensure the safety of the mother also helps ensure the safety of the child while keeping the mother and child together when possible.

- *Does exposure to domestic violence mean neglect?*

Most state statutes currently provide communities with sufficient mechanisms to intervene to protect children at serious risk of harm from exposure to domestic violence, although they are at the discretion of child protective services and the courts (Greenbook, 1999). While definitions of failure to protect as a form of child maltreatment (neglect) are often times vague or broadly defined, most agree that neglect means a failure to provide for the basic needs of children. Most people would agree that children should be protected from harm. The Child Abuse Prevention and Treatment Act (CAPTA) provides only a minimum standard for neglect and allows states to define more specific criteria including such questions as whether domestic violence related failure to protect should be considered as a rule or as a definition. Should all parents who exposed their children to domestic violence be considered failing to protect their children, including batterers? How can service providers help parents understand how domestic violence impacts their children? Do all parents understand/know about the negative consequences of witnessing domestic violence? Do they even think that their children are witnessing the violence in the home (Kantor & Little, 2003)?

Additionally, child abuse laws also include definitions of emotional abuse. With the mounting research on the psychological effects of exposure to domestic violence,²² it is important to consider whether exposure to domestic violence constitutes emotional maltreatment of the child. Once again, definitions of emotional maltreatment vary by state and are often vague. Many definitions include behavior that is substantially impaired or different than the child's age group, yet there is no consensus as to what substantial means or how to apply this definition. It is important to note that some states include in their definitions things such as anxiety, depression, withdrawal and aggressive behavior, all of which have been supported by research as effects of exposure to domestic violence²³

²² See Literature Review page 91.

²³ For a more in depth discussion of the pros and cons of considering exposure to domestic violence as a form of child maltreatment, see Weithorn, L.A. (2001). Protecting children from exposure to domestic violence: The use and abuse of child maltreatment statutes. *Hastings Law Journal*, 53(1), 1-156.

In sum, with the varying child abuse and neglect laws which leave discretion to child protection services and the courts, exposure to domestic violence may or may not be considered a form of child maltreatment. It is also of concern whether child abuse and neglect statutes should be rewritten to include exposure to domestic violence. The NCJFCJ has taken the position that it is unnecessary, and perhaps even harmful, to rewrite child protection statutes or to enhance criminal penalties for committing domestic violence in the presence of the child (Greenbook, 1999). The belief is that current statutes are adequate and provide adequate means for child protection services to intervene when the domestic violence puts the child at risk. The NCJFCJ recommends working on collaborative policies and practices and allocating more resources to help domestic violence victims *and* their children. Thus, it is once again up to the discretion of child protection and the courts to make this decision.

- *When to report to CPS*

Another point of controversy is who reports to child protection services (CPS) and when to report to CPS. Mandatory reporting laws may differ by state, but all require health care professionals, mental health care providers, teachers and school personnel, social workers, day care providers and law enforcement to report suspected child abuse and neglect. However, because exposure to domestic violence may not be considered a form of child maltreatment, professionals may not feel the need to report to CPS. Even among law enforcement officers, there is a lack of consensus about when to report exposure to domestic violence to child protection services. In fact, the American Bar Association study of responses to domestic violence calls, found that officers report to child protective services 56% of the time (ABA, 2001). The problem is that there needs to be specific criteria for when to report a domestic violence incidence to child protection workers as each child and family is unique, and thus in need of different interventions.

States have dealt with the issue of when to report to child protection workers in differing ways. Some states have implemented programs in which CPS is called every time officers are called to domestic violence incidents in which a child is present (or known to reside in the house). The CPS worker would then make the assessment and determination of appropriate services (if any). Other states, such as Vermont, have implemented specific protocols for the appropriate response of law enforcement to domestic violence incidences when children are present. This includes procedures regarding how to determine if a child is present, how to determine if the child has been injured, how to talk with the child about the incident, when to provide the victim with information on resources available to the child and when to report to CPS. The protocol makes it clear that exposure to domestic violence itself does not constitute child abuse and thus the child abuse protocol must be observed when reporting.²⁴

In addition to law enforcement being unsure as to when to report to CPS, domestic violence advocates may also have concerns of when it is appropriate to report to CPS. As a basic rule for domestic violence advocates, a client's information is not shared with anyone outside of the agency unless permission is given to do so (Davies). When domestic violence advocates talk to their clients, it is often not clear cut cases of child abuse and neglect, even if there might be the potential for the child to be harmed in the home. As such, these laws provide guidance to the domestic violence advocate, but it is up to the advocate to make the final decision of reporting and thus his or her decision to determine if the child has been or is in danger of being abused or neglected (Davies).

²⁴ See Vermont's Model Protocol: Law Enforcement Response to Children at the Scene of a Domestic Violence Incident (2004) available online at http://data.ipharos.com/bwjp/documents/Vermont_protocol.pdf for more information.

Whether allowing CPS workers to make the assessment and determine if the child is in need of services, mandating specific protocols which determine whether CPS is needed, or reporting all incidents of domestic violence to CPS, states all vary on who is mandated to report and when. All states have reporting mandates in place for child abuse, but domestic violence incidents that do not physically harm the child are yet to be clearly delineated. For appropriate responses, states should determine specific procedures which would best benefit both the victim and the child, provide appropriate resources, and assess each family on an individual basis to determine when it is appropriate to involve child protection workers.

PART II

Legal Issues

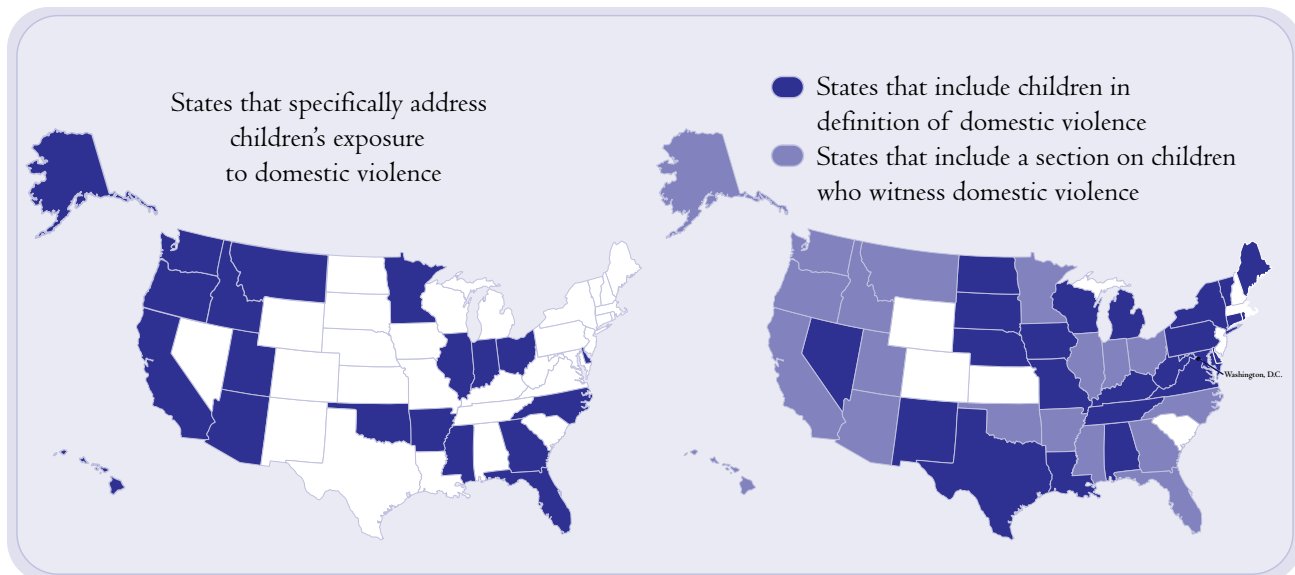
Affecting
Children
Exposed to
Domestic
Violence

Legal ISSUES AFFECTING CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Child Witness Laws

Highlights of State laws Concerning Children and Domestic Violence:²⁵

- Most states include the child somewhere in the definition of domestic violence
- Twenty states have adopted legislation that specifically includes children who witness domestic violence as those in need of protection
- Definitions of witnessing vary from physical presence to seeing or hearing the act
- Definitions of age range from under 16 to under 18
- Arizona, Hawaii, Ohio, Utah and Vermont include child abuse in their definition of domestic violence
- In many states, presence of a child denotes harsher penalties
- Illinois and Nevada require the perpetrator of domestic violence to pay for any counseling the child may need



²⁵ More information on state statutes and definitions of domestic violence and child witnesses is available on the National Clearinghouse on Child Abuse and Neglect website at www.childwelfare.gov.

States with Laws Concerning Child Witnesses of Domestic Violence²⁶

STATE DEFINITIONS

PENALTIES

<p>ALASKA § 12.55.125; 47.10.011 <i>Circumstances that Constitute Witnessing</i></p> <ul style="list-style-type: none"> Domestic Violence committed in the physical presence or hearing of a child under 16 years of age, living within the residence of the victim or perpetrator, or where the violence occurred Placing the child at substantial risk of mental injury as a result of exposure to acts of violence by one household member on another household member 	<p>§ 12.55.125 Commission of the crime of domestic violence in the presence of a child is considered an aggravating factor for sentencing</p>
<p>ARIZONA § 13-702 <i>Circumstance that Constitutes Witnessing</i></p> <ul style="list-style-type: none"> An offense committed in the presence of a child under any of the circumstances defined as domestic violence 	<p>§ 13-702 Considered an aggravating circumstance that may result in an increased sentence for a felony conviction</p>
<p>ARKANSAS § 5-4-702 <i>Circumstances that Constitute Witnessing</i> ‘In the presence of a child’ means:</p> <ul style="list-style-type: none"> In the physical presence Knowing or having reason to know that a child is present and may see or hear an act of domestic abuse 	<p>§ 5-4-702</p> <ul style="list-style-type: none"> May be subject to an enhanced sentence of an additional term of imprisonment of not less than 1 year and not greater than 10 years The enhanced portion is consecutive to any other sentence Person not eligible for parole on enhanced sentence
<p>CALIFORNIA § 1170.76 <i>Circumstance that Constitutes Witnessing</i></p> <ul style="list-style-type: none"> When an offense is committed by a member of the household of a minor, or by a marital or blood relative of the minor, and the offense occurred in the presence of, or was witnessed by, the minor 	<p>§ 1170.76 Such circumstances shall be considered an aggravation when imposing a sentence</p>

²⁶ <http://www.aspe.hhs.gov/hsp/CPS-status03/site-visits/index.htm>. *National Study of Child Protective Services Systems and Reform Efforts: Review of State CPS Policy* U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation and Administration for Children and Families, Administration on Children, Youth and Families Children’s Bureau, April 2003.

STATE DEFINITIONS

PENALTIES

<p>DELAWARE Tit. 11, § 1102 <i>Circumstance that Constitutes Witnessing</i></p> <ul style="list-style-type: none"> • A felony assault witnessed by a child less than 18 years of age who is a member of the person's or victim's family 	<p>Tit. 11, § 1102 Constitutes endangering the welfare of a child, a class A misdemeanor</p>
<p>FLORIDA § 921.0024 <i>Circumstance that Constitutes Witnessing</i> In the presence of a child who is under 16 years of age who is a family household member</p>	<p>§ 921.0024 The total sentence for the offense may be multiplied by a factor of 1.5</p>
<p>GEORGIA § 16-5-70 <i>Circumstances that Constitute Witnessing</i></p> <ul style="list-style-type: none"> • Intentionally allowing a child under age 18 to witness an act of family violence • Having knowledge that a child under age 18 is present and sees and hears the act of family violence 	<p>§ 16-5-70</p> <ul style="list-style-type: none"> • Constitutes an act of cruelty to children in the 3rd degree • First or second conviction punished as a misdemeanor • Third or subsequent conviction punished as a felony by a fine of not less than \$1,000 nor more than \$5,000, or imprisonment of not less than 1 year nor more than 3 years, or both
<p>HAWAII § 706-606.4 <i>Circumstances that Constitute Witnessing</i> 'In the presence of a minor':</p> <ul style="list-style-type: none"> • In the actual presence of a minor • Knowing that a child is present and may see or hear the offense 	<p>§ 706-606.4 Considered an aggravating factor when determining the sentence to be imposed</p>
<p>IDAHO § 18-918 <i>Circumstances that Constitute Witnessing</i> 'In the presence of a child':</p> <ul style="list-style-type: none"> • The physical presence of a child • Knowing that a child is present and may see or hear an act of domestic violence 	<p>§ 18-918 The maximum penalty for an offense shall be doubled when committed in the presence of a child</p>

STATE DEFINITIONS**PENALTIES**

<p>ILLINOIS Ch. 720, § 5/12-3.2 <i>Circumstances that Constitute Witnessing</i> ‘In the presence of a child’:</p> <ul style="list-style-type: none"> • Physical presence of a child • Knowing or having reason to know that a child is present and may see or hear an act of domestic battery 	<p>Ch. 720, § 5/12-3.2 Required to serve a mandatory minimum term of imprisonment of 10 days or 300 hours of community service or both</p> <p>Liable for the cost of any counseling required by the child at the discretion of the court</p>
<p>INDIANA § 31-14-14-5 <i>Circumstance that Constitutes Witnessing</i></p> <ul style="list-style-type: none"> • Acts of domestic violence that were witnessed or heard by a noncustodial parent’s child 	<p>§ 41-14-14-5 Creates a rebuttable presumption that the noncustodial parent’s visitation with the child must be supervised:</p> <ul style="list-style-type: none"> • For at least 1 year and not more than 2 years immediately following the act of domestic violence • Until the child becomes emancipated, whichever occurs first
<p>MINNESOTA § 626.5552 <i>Circumstances that Constitute Witnessing</i> A child is considered to have been exposed to domestic violence when:</p> <ul style="list-style-type: none"> • A parent engages in violent behavior that endangers the child’s physical or mental health • A parent engages in repeated domestic assault • The child has witnessed repeated incidents of domestic violence • A parent engages in chronic and severe use of alcohol or a controlled substance 	<p>§ 626.5552 None specified in statute</p>
<p>MISSISSIPPI § 97-3-7 <i>Circumstance that Constitutes Witnessing</i></p> <ul style="list-style-type: none"> • In the physical presence or hearing of a child under 16 years of age who was living in the residence of the victim or the perpetrator, or where the offense occurred 	<p>§ 97-3-7 Considered an aggravating factor when determining the sentence to be imposed</p>
<p>MONTANA § 45-5-206 <i>Circumstance that Constitutes Witnessing</i></p> <ul style="list-style-type: none"> • Committed within the vision or hearing of a minor 	<p>§ 45-5-206 The judge shall consider the presence of the minor as a factor at the time of sentencing</p>

STATE DEFINITIONS

PENALTIES

<p>NORTH CAROLINA § 14-33(d) <i>Circumstance that Constitutes Witnessing</i></p> <ul style="list-style-type: none"> • 'In the presence of a minor' means that the minor was in a position to have observed the assault 	<p>§ 14-33(d) A person who, in the course of an assault, inflicts serious injury on someone with whom the person has a personal relationship, and in the presence of a minor:</p> <ul style="list-style-type: none"> • Shall be placed on supervised probation in addition to any other punishment • On a second or subsequent violation, shall be sentenced to an active punishment of no less than 30 days in addition to any other punishment
<p>OHIO § 2929.01 <i>Circumstances that Constitute Witnessing</i></p> <p>'Committed in the vicinity of a child' means being within 30 feet of or within the same residential unit as a child under 18 years of age:</p> <ul style="list-style-type: none"> • Regardless of whether the offender knows the age of the child, or whether the child is within 30 feet or within the same residential unit • Regardless of whether the child actually views the commission of the offense 	<p>§ 2929.12; 2929.17</p> <ul style="list-style-type: none"> • Constitutes a factor that a court may consider at its discretion when imposing a sentence for a felony • May have a nonresidential sanction (such as house arrest) in addition to any mandatory term of incarceration • Requires that the offender obtain counseling
<p>OKLAHOMA Tit. 21§ 644 <i>Circumstance that Constitutes Witnessing</i></p> <p>'In the presence of a child':</p> <ul style="list-style-type: none"> • In the physical presence of a child • Having knowledge that a child is present and may see or hear an act of domestic violence 	<p>Tit. 21§ 644</p> <ul style="list-style-type: none"> • First conviction: Sentence of imprisonment of not less than 6 months • Second and subsequent convictions: Sentence of imprisonment of not less than 1 year
<p>OREGON § 163.60 <i>Circumstances that Constitute Witnessing</i></p> <ul style="list-style-type: none"> • Committed in the immediate presence of, or witnessed by, the person's or victim's minor child or stepchild, or minor child residing in the household • An assault seen or directly perceived in any manner 	<p>§ 163.60 Upgrades the offense from a Class A misdemeanor to a Class C felony</p>

STATE DEFINITIONS

PENALTIES

<p>UTAH § 76-5-109.1 <i>Circumstances that Constitute Witnessing</i> ‘In the presence of a child’:</p> <ul style="list-style-type: none"> • In the physical presence of a child • Having knowledge that a child is present and may see or hear an act of domestic violence 	<p>§ 76-5-109.1</p> <ul style="list-style-type: none"> • A person is guilty of child abuse if that person commits an act of domestic violence in the presence of a child • A charge under this section is separate and distinct and in addition to any other charges that may be filed
<p>WASHINGTON § 9.94A.535 <i>Circumstance that Constitutes Witnessing</i></p> <ul style="list-style-type: none"> • An offense occurring within sight or sound of the victim’s or offender’s minor children under the age of 18 years 	<p>§ 9.94A.535 Considered an aggravating circumstance when determining the sentence to be imposed</p>

Child Abuse Laws Related to Domestic Violence

Five states²⁷ use the term child abuse in their definition of domestic violence. Under the Child Abuse Prevention and Treatment Act (CAPTA), child abuse is defined as:

“Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm.”

From this definition of child abuse, many have taken the position that witnessing domestic violence constitutes a “failure to act which presents imminent risk of serious harm,” thus considering exposure to domestic violence to be a form of neglect or emotional maltreatment.

Although each state has laws regarding what constitutes child abuse and neglect, all laws must comply with the federal statutes in the Child Abuse Prevention and Treatment Act (CAPTA) of 1974. States have varying definitions for what constitutes maltreatment although each state includes the four major categories of maltreatment (i.e., neglect, physical abuse, emotional abuse, and sexual abuse) in their definitions.²⁸

For cases of exposure to domestic violence, most jurisdictions do not have clear mandates regarding how to respond (Echline & Marshall, 1995). The problem is that many of the definitions of exposure to violence and child abuse and neglect are vague or open to interpretation. Four states specifically mention person to person (exposure to) violence in their definitions of child abuse, two in physical abuse and one is considered emotional abuse and one is a subcomponent of the child abuse law.

²⁷ Arizona(§,13-3601), Hawaii(§,586-1), Ohio(§,3113.31), Utah(§,77-36-1), & Vermont(Tit. 15 §,1101).

²⁸ Georgia and Washington do not have emotional maltreatment in their definitions of child abuse.

State Laws Which Encompass Exposure to Violence

<p>FLORIDA</p>	<p>PHYSICAL ABUSE § 39.01 <i>Abuse</i> means any willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. <i>Harm</i> to a child's health or welfare can occur when any person inflicts or allows to be inflicted upon the child physical, mental, or emotional injury, and can include:</p> <ul style="list-style-type: none"> • Engaging in violent behavior that demonstrates a wanton disregard for the presence of a child and could reasonably result in serious injury to the child
<p>MASSACHUSETTS</p>	<p>PHYSICAL ABUSE Ch. 119, § 51A <i>Abuse</i> means the occurrence of one or more of the following acts between a parent and the other parent or between a parent and the child:</p> <ul style="list-style-type: none"> • Attempting to cause or causing bodily injury • Placing another in reasonable fear of imminent bodily injury
<p>MONTANA</p>	<p>EMOTIONAL ABUSE § 41-3-102 <ul style="list-style-type: none"> • <i>Psychological abuse or neglect</i> means severe maltreatment through acts or omissions that are injurious to the child's emotional, intellectual, or psychological capacity to function, including acts of violence against another person residing in the child's home. </p>
<p>UTAH</p>	<p>CHILD ABUSE § 76-5-109.1 Commission of domestic violence in the presence of a child.</p>

However, several states have definitions of neglect, emotional abuse and physical abuse which are vague enough to allow them to be considered in a domestic violence case when trying to determine if the child has been maltreated. As the decision to consider exposure to domestic violence is based on the discretion of child protection services and the courts, it is important to determine areas in which they might consider exposure to domestic violence a form of child maltreatment.

For example, research cited in the literature review section of this *Guide* (see page 93), suggests that children may experience different types of psychological problems including depression, anxiety, aggression, social withdrawal and fear when exposed to domestic violence. Impaired psychological functioning as a result of exposure to domestic violence might be considered a form of emotional maltreatment. Focusing directly on child abuse and maltreatment statutes, there are several cases in which the courts would consider exposure to domestic violence a form of child maltreatment. These would include statutes which address failure to protect, psychological harm, or risk of physical harm. Nearly all states include statutes that would fall into one or all of these categories. However, researchers have not always found considering exposure to domestic violence a form of child maltreatment to be indicated.

Some of the concerns of considering exposure to domestic violence as a form of child maltreatment are that child protection workers may not be adequately trained to screen for domestic violence, child welfare agencies may lack the necessary resources to provide services or interventions to families experiencing domestic violence, few states have specific exposure to violence laws making child abuse laws open to interpretation, and there is concern that battered women will be held responsible for the violence, consequently revictimizing the mother. As such, there is much disagreement in the field over whether exposure to domestic violence constitutes a form of child maltreatment. Both sides of the controversy make valid points as to why exposure to domestic violence should or should not be considered a form of maltreatment.

Proponents of including exposure to domestic violence in child maltreatment statutes believe the benefits to include (Weithorn, 2001):

- Enhanced ability to identify children exposed to domestic violence by bringing them to the attention of authorities through expanded reporting obligations;
- Better opportunities to protect children from continued exposure;
- Consistent handling of domestic violence cases across agencies involved if the statute guides child protection workers, judges and other agencies in a coordinated and consistent approach to these cases; and
- An opportunity to send the message to everyone involved that exposure to domestic violence is harmful to children and should be dealt with punitively.

On the other hand, opponents believe that expanding the juvenile court jurisdiction to include exposure to domestic violence in child maltreatment statutes can actually be detrimental to the goals of helping children. Arguments against inclusion include (Weithorn, 2001):

- Concern that battered women will not seek services from professionals because of their fear of losing custody of their children if they admit their children witnessed violence;
- Concern that typically CPS involvement in cases of children exposed to domestic violence has not served the best interest of the children of the battered victim, most strongly represented by fear of removal as a result of CPS involvement;
- Concern that such intervention has been ineffective, discriminatory, and destructive, which endangers both the child(ren) and the victim of domestic violence and may inappropriately remove children from the battered parent's care;
- Bringing to the attention of the child welfare system *all* the cases in which children may have been exposed to domestic violence might flood an already overly burdened system, creating collapse; and
- Concern that not all children are adversely affected by exposure to domestic violence and as such court intervention may not be necessary.

When including exposure to domestic violence within the child abuse and neglect statutes, states have encountered some varying results. In Minnesota, for example, a statutory change went into effect on July 1, 1999 which essentially defined exposure to domestic violence as a form of neglect (§626.556(2)(c)(8); Edleson as cited in Weithorn, 2001, pp. 104-107). This change almost immediately overwhelmed child protective services, consuming massive resources in assessing thousands of new cases. During this time, the state's reports of child maltreatment increased 100% (Edleson as cited in Weithorn). Because funding had not been increased to go along with the statutory change, there was not enough funding to adequately implement the statute. The statute was repealed less than a year later.

Opponents of including children's exposure to domestic violence as a form of child maltreatment found support for several of their arguments in the Minnesota case. Women who were seeking help were being reported to child protective services for child maltreatment which could deter women from seeking assistance for domestic violence in the future. Additionally, the women in battered women's shelters were already seeking help, bringing attention to their needs and the needs of their children for safety. Thus, the children that the statutory change was supposed to be helping were already being helped. Additionally, opponents' concern that inclusion statutes such as Minnesota's would cripple an overburdened system was supported. With a 100% increase in child protection cases and a projected 500% increase if the statute was fully implemented, it is apparent that additional funds and additional child protection workers would be needed to avoid overburdening the system. Including all cases of exposure to domestic violence as a form of child maltreatment in this particular statute was unsuccessful in achieving its desired goals of helping to marshal the court and child protection systems' resources to help address children with this concern (Weithorn, 2001).

However, other states have successfully implemented statutes which address exposure to domestic violence. In 1998, Alaska provisionally incorporated exposure to domestic violence into its child maltreatment statutes (§ 47.10.011(8)(B)). If the child was exposed to domestic violence, which placed the child at risk of mental injury and met certain other criteria, then the child would qualify under the jurisdiction of the juvenile courts (Weithorn, 2001). The Alaska statutes also addressed reporting laws so that domestic violence advocates were not required to report exposure to violence if they believed the child was safe and no longer at risk for mental injury (Weithorn, 2001). The Alaska statutes address many of the arguments against including exposure to domestic violence. The provisional inclusion, for example, should not deter women from seeking assistance as it is not mandatory that they be reported to child protective services. Additionally, these changes should not overburden CPS workers because they do not include all cases of exposure to domestic violence, only those in which there is a substantial risk of mental injury.²⁹ When applied conservatively, this statute has been met with much success as it brings attention to children who have been exposed to domestic violence, would require CPS workers to develop a standardized way of addressing this issue, and sends the message that exposure to domestic violence may be harmful to children.

In sum, states have tried different methods to address exposure to domestic violence in their child maltreatment statutes. Some have been successful while others have not. There are valid arguments both for and against statutory inclusion of exposure to domestic violence as a form of child maltreatment. It is important to consider all of the implications, both positive and negative, that may result from this inclusion.³⁰ Even if the statute is changed, implementation will require changes on the part of police officers, domestic violence advocates, and CPS workers. Any change in statutes has the potential to affect all the agencies involved as well as victims of domestic violence and their children in a positive or negative manner.³¹ For this reason, many researchers have determined that it is best to leave the discretion of considering children exposed to domestic violence as abused children to child protection services and the courts, as many have training and assessment procedures in place to make these decisions. Instead, they focus on allocating more resources and creating collaborative policies and practices aimed at helping both the

²⁹ Mental injury means a serious injury to the child as evidenced by an observable and substantial impairment in the child's ability to function in a developmentally appropriate manner and the existence of that impairment is supported by the opinion of a qualified expert (§47.17.290).

³⁰ For additional information, see Jaffe, P.G., Crooks, C.V., & Wolfe, D. A. (2003). Legal and policy responses to children exposed to domestic violence: The need to evaluate intended and unintended consequences. *Clinical Child and Family Psychology Review*, 6(3), 205-213.

³¹ For more in depth discussion of child maltreatment statutes related to exposure to domestic violence see Weithorn, L. A. (2001). Protecting children from exposure to domestic violence: The use and abuse of child maltreatment statutes. *Hastings Law Journal*, 53(1), 1-156.

child and the victim of domestic violence.³² It is also important to consider the application of such laws in practice. Even if a statute defines exposure to domestic violence as child maltreatment when there is evidence of mental injury, the decision still needs to be determined what constitutes mental injury. In practice, it is up to the judge to make the final decision, and terms such as ‘mental injury’ or ‘threat of physical harm’ which lack definition and evidentiary proof only complicate this decision.

Relevant Case Law³³

In re Nicholson, 181 F.Supp.2d 182, (E.D.N.Y. Jan. 3, 2002) (NO. CV 00-2229) opinion supplemented by *Nicholson v. Williams*, 203 F.Supp.2d 153 (E.D.N.Y. Mar. 18, 2002); question certified by *Nicholson v. Scoppetta*, 344 F.3d 154 (2nd Cir (N.Y.) Sep 16, 2003) (NO. 02-7079); certified question accepted by *Nicholson v. Scoppetta*, 807 N.E.2d 283 (N.Y. Nov 25, 2003) (NO. USCOA 2, 171); certified question answered by *Nicholson v. Scoppetta*, 820 N.E.2d 840 (N.Y. Oct 26, 2004) (NO. 113, 2).

In this landmark case, the New York Administration for Children Services’ (ACS) practice of removing children from battered mothers for the sole reason that they are victims of domestic violence was found to be unconstitutional. In 2004, in settling the class action lawsuit *Nicholson v. Scoppetta*, ACS agreed that it will follow the law in child welfare cases involving domestic violence as set forth in *Nicholson*, namely that ACS will not remove children from battered mothers without a court order solely because the mother is a victim of domestic violence and will not claim that victims of domestic violence are neglectful, unless ACS can specify how the child has been harmed or is at risk of harm as a result of failure to use services. While this case is specific to New York law, it is the first class action lawsuit in the country to challenge a state agency’s policy of treating children’s exposure to domestic violence, without more, as a form of neglect warranting removal. This case will provide guidance and instruction for states across the country experiencing similar issues.

Custody of Vaughn, 664 N.E.2d 434 (Mass. May 07, 1996).

In May, 1996, the Massachusetts Supreme Judicial Court decided *Custody of Vaughn*, which requires judges to make detailed and comprehensive findings of fact on the issues of domestic violence and its effect upon the child as well as upon the abusive parent’s parenting ability (at 599). In response to *Vaughn*, in 1997, the Massachusetts legislature passed a law (M.G.L. ch.208 § 31A), which created a rebuttable presumption against an award of sole or shared custody to an abusive parent when a probate court finds that a pattern or serious incident of abuse occurred.

³² For more information on recommendations from NCJFCJ see Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice (Greenbook, 1999).

³³ This review is not meant to be exhaustive, but serves to illustrate some examples of relevant case law.

Twenty-two states and Washington, D.C. have enacted rebuttable presumptions concerning domestic violence and child custody:

STATE	DOMESTIC VIOLENCE AND REBUTTABLE PRESUMPTION STATUTE
Alabama	§ 30-3-131, § 30-3-133
Arizona	§ 25-403 (N)
Arkansas	§9-15-215, § 9-13-101
California	§ 3044, § 3011, § 3020
Delaware	Tit. 13 §705A
Florida	§ 61.13
Hawaii	§ 571-46
Idaho	§ 32-171B
Iowa	§ 598.41
Louisiana	§ 9:364
Massachusetts	Chs. 208 §31A, 38, 209C§10
Minnesota	§ 518.17
Mississippi	§ 93-5-24
Missouri	§ 455.050
Nevada	§125C.230, § 125C.220, §125.480
North Dakota	§ 14-09-06.2
Oklahoma	Tit. 43 § 112.2, Tit. 10 §21.1
Oregon	§ 107.137
South Dakota	§ 25-4-45.5, § 54-4-45.6
Tennessee	§36-6-101
Texas	§ 153.004, § 153.131
Washington, D.C.	§ 16-914
Wisconsin	§ 767.24

Custody & Visitation Decisions

As domestic violence is often underreported, it is difficult to assess the extent to which custody and visitation cases involve domestic violence. Assessing whether domestic violence has occurred is challenging. Often high conflict divorces and custody disputes may appear similar to those of domestic violence cases, but this is not the case. It is important to distinguish between high conflict cases and cases where abuse has occurred. In the case of domestic violence, the physical safety of the battered parent and child(ren) after separation is paramount; this is not necessarily the case when the parents' relationship demonstrates high conflict (Dalton, Carbon & Olesen, 2003). One consideration that may distinguish between the two is that parents in high conflict cases are equally likely to be very vocal about the other parent's deficits in parenting; whereas, in abuse cases the perpetrator is likely to deny or minimize the abuse and the victim might be afraid to mention the abuse or concerns about the abuser's parenting style (Dalton et al., 2003). Motivation for parents to fight over custody also varies between high conflict and abusive relationships.³⁴

³⁴ For more information on high conflict divorce and violence see Dalton, C., Carbon, S., & Olesen, N. (2003). High conflict divorce, violence, and abuse: Implications for custody and visitation decisions. *Juvenile and Family Court Journal*, 11-33.

If domestic violence is a consideration, it is also important to consider the risk to the child after the parents have separated. In cases of domestic violence, the risk following separation often increases, making the risk to children post-separation as great or greater than when the couple resided together; batterers may escalate their violence as a means of trying to coerce the other parent into reconciliation or as a means of retaliation for their perceived abandonment (Saunders, 1998). This may also be due to the fact that while the couple resides together, the mother is able to better protect the children. Bancroft and Silverman (2004) identify potential risks to children exposed to domestic violence, both physically, and psychologically and propose a model of assessment of post-separation risk to children from the batterers. Risks to the child include:

- Exposure to threats or acts of violence towards the mother;
- Undermining mother-child relationships;
- Physical or sexual abuse of the child by the batterer;
- Children of the batterer as a role model;
- Rigid, authoritarian parenting;
- Neglectful or irresponsible parenting;
- Psychological abuse and manipulation;
- Abduction; and
- Exposure to violence in the batterer's new relationship.

A child's healing after exposure to domestic violence needs to include a sense of safety, structure, limits, and predictability, a strong bond to the non-battering parent, not feeling responsible for the care of adults, a strong bond with siblings, and appropriate contact with the battering parent in a manner that protects the physical and emotional safety of the child (Bancroft & Silverman, 2004). Batterers can interfere with the child meeting these needs in multiple ways. In order to assess risk to children from batterers, it is important to gather information, including information about the batterer's history and attitudes, from various sources, and then apply the information gathered to evaluate the following information (Bancroft & Silverman):

- Level of physical danger to mother;
- History of physical abuse towards the children;
- History of sexual abuse or boundary violations towards the children;
- Level of psychological cruelty to the mother or the children;
- Level of coercive or manipulative control exercised during the relationship;
- Level of entitlement and self-centeredness;
- History of using the children as weapons, and of undermining the mother's parenting;
- History of placing children at physical or emotional risk while abusing their mother;
- History of neglectful or severely under-involved parenting;
- Refusal to accept the end of the relationship, or to accept the mother's decision to begin a new relationship;
- Level of risk to abduct the children;
- Substance abuse history; and
- Mental health history.

It is also important to recognize that custody in domestic violence cases is a complex issue that cannot be dealt with as other custody decisions. In domestic violence cases, abusers may use the children to try to control the victims (Bancroft & Silverman, 2004). If separated, custody decisions in favor of the perpetrator of domestic violence could provide opportunity for him (or her) to resume the cycle of abuse. For the safety and well-being of the child and the victim, it is generally recommended that children not

be placed in sole or joint custody with a perpetrator of domestic violence (Saunders, 1998). Careful considerations must be made, as even visitation may provide the perpetrator with access to the victim, which could renew the abuse. The risk of renewing abuse to the victim is exacerbated by the fact that leaving an abusive relationship is associated with increased risk of homicide by the perpetrator of domestic violence (Campbell et al., 2003).

PART III

System Responses
to Children
Exposed to
Domestic
Violence

■ System RESPONSES TO CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Legal System³⁵

Domestic Violence Courts

Domestic violence courts are, as their name suggests, courts specifically addressing civil (i.e., civil protection orders or injunctions for protection, family court issues) and/or misdemeanor criminal issues (i.e., violations of protection orders) related to domestic violence. Domestic violence courts are based on the concept of therapeutic jurisprudence.³⁶ Domestic violence courts can be civil, criminal or integrated.³⁷ The National Center for State Courts (NCSC) has identified 26 states and the District of Columbia that have domestic violence courts or specialized programs that are characteristic of the domestic violence court, although the list is not exhaustive.³⁸

Major features of domestic violence courts include assignment of cases to a specialized calendar, screening for related cases (to look for overlap with other courts involving cases with the same people), intake units and case processing (in order to provide appropriate services for victims), service provisions (for defendants, victims and children exposed to domestic violence), and monitoring (to ensure perpetrators go to mandatory counseling or any required classes—that they are complying with court orders).

³⁵ This section is not meant to be exhaustive, but provides some examples of the legal system's response to children who have been exposed to domestic violence.

³⁶ Therapeutic jurisprudence is "the study of the use of the law to achieve therapeutic outcomes" (Wexler, 1990, p.4). Courts that utilize concepts of therapeutic jurisprudence feature things such as one-on-one contact between litigants and judges, behavioral contracting, public education, and ethic of care. Domestic violence courts are just one of many types of "problem-solving courts" which focus on the underlying behaviors of the individuals. Problem-solving courts generally have one judge with one type of case to achieve specialization in one area and so that the same judge will be with case from start to finish. This will help to ensure that the judge is familiar with all aspects and developments in the case of the client as they develop. This will also ensure that the judge can monitor progress or lack thereof in each case and make recommendations accordingly.

³⁷ Integrated domestic violence courts handle criminal domestic violence charges as well as family issues such as custody, visitation, and civil protection orders.

³⁸ For more information, visit the National Center for State Courts website at www.ncsconline.org.

*Example:***BROOKLYN, NY DOMESTIC VIOLENCE COURT**

The Brooklyn Felony Domestic Violence Court, which opened in June 1996, adjudicates all indicted domestic violence felonies in the borough of Brooklyn. A dedicated court team—judge, attorneys, victim advocates and a resource coordinator—ensures that defendants are carefully monitored, victims have access to comprehensive services and the judge has the information needed to make quick and effective decisions.

HOW IT WORKS

The Court achieves the following goals:

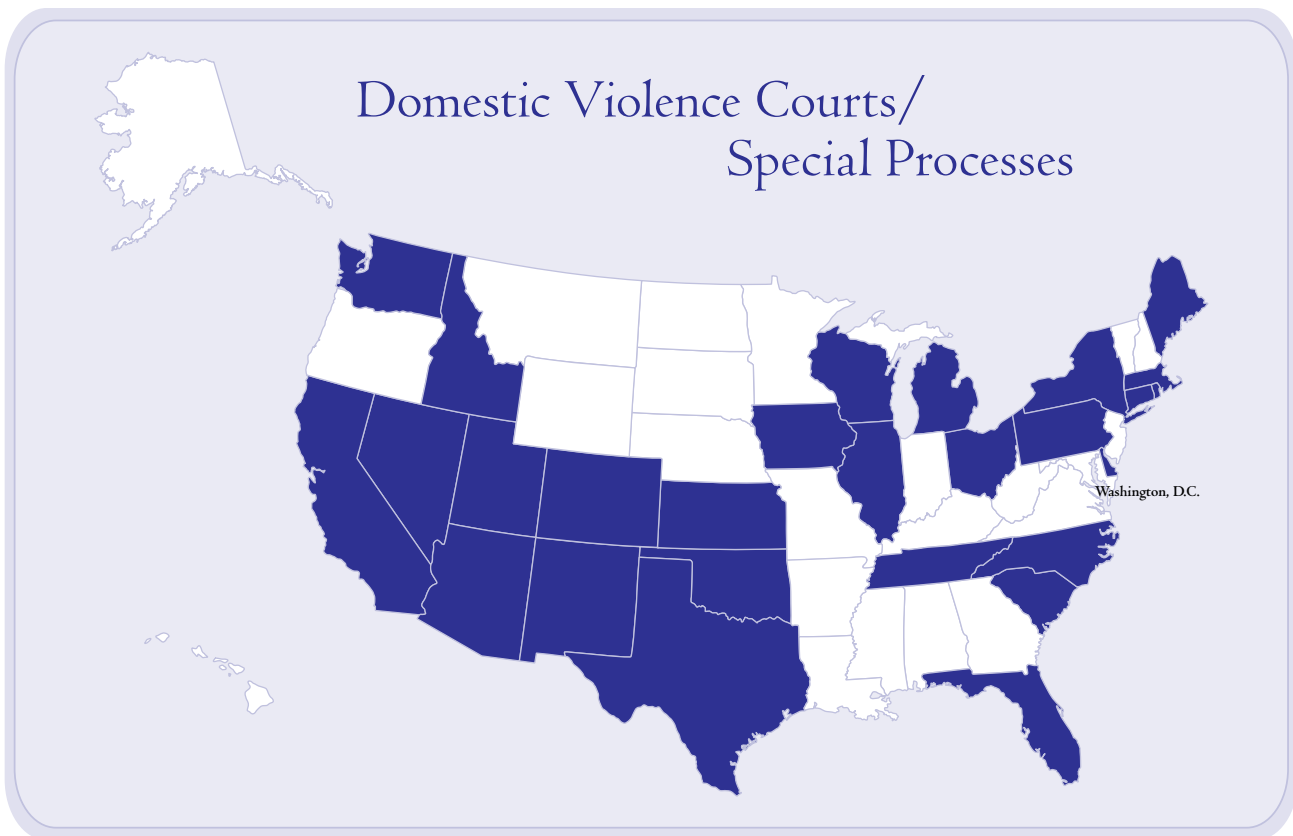
- *Immediacy:* The response to domestic violence is immediate, certain and consistent. It includes traditional punishment—incarceration and probation—as well as mandated participation in batterers’ intervention programs and strict enforcement of orders of protection.
- *Safety:* The Court enhances victim safety by assigning to each case a victim advocate who links complainants to social services (including shelter) and provides them with up-to-date information about case status.
- *Accountability:* Intense scrutiny of defendants’ compliance with Court orders and frequent Court appearances ensures a swift response to violations.
- *Consistency:* Defendants are more accountable for their actions because a single judge knows the full history of each case and shares information with the Department of Probation, batterers’ intervention programs and others to promote a coordinated response.
- *Coordination:* The Court increases information-sharing and coordination among criminal justice and community-based social service agencies through the presence of a permanently assigned judge and resource coordinator.
- *Technology:* Customized technology helps the judge make more informed decisions. For example, the judge can access compliance information provided directly by the Court’s off-site partners.

RESULTS

The Brooklyn Felony Domestic Violence Court has expanded to include two full-time judges in the Kings County (Brooklyn, NY) Supreme Court building. The probation violation rate for defendants sentenced in 2000 was half the typical rate for this population. Victim advocates assigned to the Court have made contact with virtually all victims, offering referral services, counseling and safety planning. And the Court has achieved an average dismissal rate of 6.1 percent over its first four years. The Court has served as a model for several other domestic violence courts in New York, including courts in the Bronx, Queens and Westchester Counties and the city of Buffalo. The Court is being independently evaluated by the Urban Institute.

PARTNERS

The project’s partners include the Brooklyn District Attorney’s Office, Safe Horizon, Alternatives to Violence, the New York City Department of Probation, the New York State Division of Parole, and the New York City Police Department.



States with Domestic Violence Courts or Specialized Processes

California

Santa Clara County was among the first to have a Juvenile Domestic and Family Violence Court. Specifically, the Court is a specialized problem-solving court which focuses on the way abusive minors act and ways to support the victim. The Court addresses domestic violence at an early stage, hoping to break the cycle of violence. Professionals involved in the Court receive specialized training. It is a collaborative effort between the Court, District Attorney, Public Defender, Juvenile Probation Department, and Victim Services to address prevention and intervention in domestic violence cases at an early age. Special programs and services provided are aimed at stopping domestic violence before it starts. Services include programs to teach juvenile offenders how to stop violence, help support victims, and find support groups that can advise juveniles how to find emotional, medical and financial support. More information is available at the Court website: <http://www.scservice.org/juvdel/specialized.htm#dvfv>.

Idaho

Ada County's Family Violence Court is a collaborative effort by prosecutors, public defenders, private practice attorneys, criminal and family law magistrates, judges, probation, community agencies, domestic violence advocates, court services, and the Department of Health and Welfare to ensure safety both for the victim and his/her children by coordinating information and services. The Family Violence Court allows for multiple cases and issues to be heard before a single judge, allowing for a reduced number of hearings. More information is available at: <http://www.idaholegalaid.org/Home/PublicWeb/DomVi/FamVioCourt>.

New York

New York has several courts dedicated to domestic violence issues, including Integrated Domestic Violence Courts and Youthful Offender Domestic Violence Courts. The Integrated Domestic Violence Courts operate around the concept of one family-one judge and address the unique and complex nature of cases involving domestic violence. This approach eliminates the need for victims to repeatedly appear before different judges in similar cases which may cause further trauma to the adult and child victim as well as consume a great deal of their time and energy. The Youthful Offender Domestic Violence Courts exclusively deal with misdemeanor cases among teenagers aged 16-19. The goal is to address the needs of teen victims and abusers and to provide services to teen batterers in hopes of preventing future domestic violence. More information is available at: www.courtinnovation.org.

Ohio

The Family Violence Court in Akron, Ohio represents a collaborative team approach comprised of the prosecutors, battered women's shelter, police department, victim assistance, court and the Oriana House (a private, non-profit agency that assists chemically-dependent individuals and helps offenders reintegrate into society). Offenders in this program are required to complete a 26-week violence cessation program, case management, one year of probation and other treatments as needed. More information is available at: http://courts.ci.akron.oh.us/programs/family_violence.htm.

Creating a Domestic Violence Court: Guidelines and Best Practices, a publication by the Family Violence Prevention Fund, offers guidelines for establishing a domestic violence court and evaluations of some current domestic violence courts. The publication provides an excellent description of key values and components of a domestic violence court as well as a plan for action. The document is available online at: http://endabuse.org/programs/healthcare/files/FinalCourt_Guidelines.pdf.

For more information on domestic violence courts, the National Center for State Courts has a resource guide on domestic violence available online at: <http://www.ncsconline.org/WC/Education/FamVioDVCourtsGuide.htm>.

Child Protection³⁹

Innovative Programs Developed by Child Welfare Agencies (CPS)

The National Survey of Child and Adolescent Well-Being's State Child Welfare Agency Survey Report (2001), highlights some innovative collaborative CPS programs in the United States. Of the states and agencies who participated in this survey, nine states⁴⁰ have collaborations between child protection services, domestic violence advocacy agencies, and other service providers to deal with families affected by child maltreatment and domestic violence. The formal collaboration between agencies is to provide enhanced services to clients dealing with complex issues in cases with co-occurrence of child maltreatment and domestic violence. Other states⁴¹ are developing new protocols for use by CPS and domestic violence advocates to assist with investigations when working with victims of domestic violence. Five states⁴² have child protective service agencies that employ a Domestic Violence Specialist, liaison or cross-train CPS and domestic violence workers who bridge the gap between child welfare staff and do-

³⁹ This section is not meant to be exhaustive, but provides some examples of CPS responses to children exposed to domestic violence.

⁴⁰ Iowa, Nebraska, New Hampshire, New Jersey, New York, Ohio, Vermont, Oregon, Wisconsin.

⁴¹ Maine, North Carolina, Oregon.

⁴² Maine, New York, Vermont, Ohio, Oregon.

mestic violence advocates. These specialists can provide assistance on several levels including assessing cases, providing consultation, accompanying child welfare workers on home visits, linking families with resources, and working with battered women and agencies that work with battered women. Additionally, New Jersey has a specific CPS agency that contracts with domestic violence providers to examine service provisions, funding efforts, the impact of services on families and possible expansion of services. In Delaware, child welfare agencies work directly with the courts, they have access to the court's database that provides the family's history of violence, while still working to maintain confidentiality of both children and the victims of domestic violence to ensure victim safety. As the Greenbook (1999) notes, it is important to balance the need for information with the need to keep battered women safe.

One innovative CPS program identified in the literature is the AWAKE program. The AWAKE program, located at the Children's Hospital in Boston, is a strength-based (i.e., focusing on the family's strengths and helping to empower family members) family-centered program. They offer counseling, support groups, and advocacy to battered women with whose children have been adjudicated abused or neglected. The program promotes safety for mothers and their children. At a 16-month follow-up, 85% of mothers said they were free from violence and only one family had a child who was placed in foster care (Spears, 2000).

A second innovative program is present in Massachusetts. The Massachusetts Department of Social Services has an integrated model that has brought domestic violence expertise to traditional child protective services through a statewide program that links domestic violence specialists with child protection workers. The specialists provide consultation, direct advocacy, and link to community resources for battered women and their children (Spears, 2000).

Finally, Michigan's Families First Domestic Violence Collaboration Project is a cross-system collaboration between shelter programs and family preservation programs that is offered in 11 communities across the state. The program is designed to help keep mothers and their children safe and together. The program provides models for cross-training that integrate principles from family-centered practice, child protection, and domestic violence (Spears, 2000).

Law Enforcement⁴³

Historically, men were legally permitted to use physical force against their wives and children. Police officers often did not intervene because domestic violence was seen as a private family matter. Male batterers were often not punished and law enforcement and courts minimized the danger domestic violence posed. With the work of the domestic violence advocacy organizations and the passage of the Violence Against Women Act, society has begun to understand the dangers of domestic violence both to battered women and their children. For example, law enforcement's response is improving and many police officers are participating in specialized domestic violence training. The Office for Victims of Crime of the U. S. Department of Justice began, and continues to provide funding to state police training academies in order to help with the response to family violence.⁴⁴

In response to growing awareness of the impacts of domestic violence, some police departments have created specialized domestic violence units. These units respond to domestic violence calls and investigate charges, make referrals for victims to appropriate services and provide information about protection orders and battered women's shelters, and arrest the batterers. Often the specialized domestic violence

⁴³ This list is not exhaustive, it is merely meant to provide some examples of law enforcement responses to children exposed to domestic violence.

⁴⁴ For more funding information, visit the OJJDP website at <http://www.ojjdp.ncjrs.org/funding/otherfederalfunding.html>.

units are linked with specialized units in the prosecutor's office, battered women's shelters, and victim and batterer programs in order to provide a multidisciplinary approach with the most effective help for battered women (see Domestic Violence Enhanced Response Team (DVERT) and the American Bar Association's reports of specialized programs; Roberts & Kurst-Swanger, 2002).

American Bar Association (ABA) and Association of Governments

Study of Police Response

Often in the line of police work on domestic violence, the focus is on apprehending the perpetrator and evidence collection. This overlooks the victims, including children who may be present during the violent incident and during police intervention. The ABA and the Association of Governments surveyed multiple police departments to identify innovative approaches for law enforcement response when children are exposed to domestic violence.⁴⁵ The study further evaluated five innovative programs that consisted of partnerships between police and community and how each respond to domestic violence. A summary of findings for each of the five sites is presented.

Results of the multi-departmental surveys indicated that:

- 72% had a policy for checking to see if children were exposed to domestic violence.
- 62% would investigate to determine if children were exposed to domestic violence each time they responded to a domestic violence call.
- 24% did not have a law or policy requiring officers to report if children were exposed to domestic violence.
- 56% of officers call child protective services when they learn that children have been exposed to domestic violence.
- 39% of officers follow-up to see if families followed through with suggested referral.
- 85% of departments did not receive any special funding to respond to children exposed to domestic violence.

Results of the five site evaluations are outlined below with specific information for each site. Additionally, four other programs that were surveyed and found to have innovative responses to children exposed to domestic violence are briefly summarized.

Lakeland, Florida

In response to the high rates of domestic violence in the county, the Lakeland Chief of Police implemented a Domestic Abuse Response Team (DART) in 1990. The DART handles most of the domestic violence calls, and a supervisor is always on duty. The DART officers receive an extra 40-80 hours of training in the area of domestic violence. Responding officers are required to call the DART advocate any time a child is exposed to domestic violence unless the victims refuse services. Advocates can either ride along with the officer or be available by phone to talk with the victim about safety planning and available services for both the victim and children. The advocate will also follow-up with the victim the day after the incident. They try to make sure that the victim is aware of local services, often contacting the services directly for the victim at her request.

Officers are required to contact the Department of Children and Families whenever they feel a child is endangered, abused or neglected. There is no mandate for when it is appropriate to report a child exposed to violence—some consider when the child witnessed violence to be the appropriate reporting trigger, while others believe the reporting trigger should be when the child is present in the home. An

⁴⁵ For more information on response to domestic violence see Battered Women's Justice Project at www.BWJP.org.

investigator evaluates the incident for potential risks to the battered mother and children, and explains the type of services available for the family.

The DART also contacts the child's school, (with permission from the parent), in order to advise school officials about the incident. The goal is to involve the school in order to better help the child. The school counselor will seek out a child the day after the incident and talk with them about what happened the night before. They will also set-up individual or group counseling sessions, which are culturally and developmentally appropriate, as needed by the child. Group counseling is available on the topics of divorce, self-esteem, anger control and grief. Individual sessions can be aimed at helping the child to understand that violence is not a solution, and to learn constructive ways to communicate feelings. Additional programs outside the school address things such as constructive conflict resolution and aggressive behavior problems.

Salisbury, Massachusetts

In 1996, with funding from the Community Oriented Policing Office, the Salisbury Police Department and the Women's Crisis Center in Newburyport formed the Rapid Response Team. Now fully supported by the Women's Crisis Center and the town of Salisbury, the team provides crisis intervention and referrals to services for both domestic violence victims and their children. Children who are exposed to domestic violence are referred to the Children of Violence Empowerment (COVE) Project.

Officers responding to domestic violence calls are trained to look for signs of children in the home. Arrests are made with sensitivity to the child's presence. Responding officers will ask victims if they would like to talk with an advocate. If victims decline, the officers provide the victim with information about services, a pamphlet about the effects of domestic violence on children and information on the Children of Violence Empowerment Project. If victims wish to talk with an advocate, the officer contacts the Rapid Response Team and an advocate will meet with victims at the police department. The advocate will work directly with victims on safety planning and then address the needs of the children by asking about the children's exposure to violence, behavior, school performance, and social skills. The advocate will then inform the victims about the COVE project.

An advocate at the Women's Crisis Center contacts all victims the next day. The advocate informs battered mothers and their children about services. The Center runs the COVE project, which is modeled after Boston's Child Witness to Violence Project, providing services to children who have witnessed or been victims of violence. COVE's services include play therapy, art therapy, sand therapy, individual counseling, healthy anger groups, sibling support groups, and teen support groups for females.

Hartford, Connecticut

The Violence Intervention Project (VIP) began in Hartford, Connecticut in 1995 as a response to the large number of drive-by shootings that were witnessed by children and was modified to include children who witness domestic and street violence. Approximately 80% of the Project's caseload involves children who witness domestic violence. The Hartford Police Department works in collaboration with the Hartford Mayor's office, the Village for Families and Children, St. Francis Hospital, the Institute for Living, Catholic Family Charities, and other community agencies in order to better serve the children. The VIP response draws on the strengths of the collaboration and responds as a team instead of individual agencies.

Officers receive 16 hours of training specifically directed at the VIP program. Responding officers are supposed to call a counselor any time a child is exposed to violence, with the permission of the non-abusing parent. If a counselor is not called, the officer may provide a pamphlet with information about

the VIP program to the parent. The pamphlet describes behaviors that children who have been exposed to violence may exhibit and has contact information for the VIP program.

When the VIP is called, counselors usually respond within 20 minutes, arriving at the home to meet with the victim and children. The counselor's immediate goal is to calm the child and work on safety planning with the battered parent. The counselor talks to the parent about available services and then, with the permission of the parent, speaks to the child. Following this crisis intervention, the VIP counselor may conduct up to five follow-up visits. Counselors also offer services available through the above-mentioned agencies in terms of individual, group and peer counseling for the children. This counseling is available on a sliding scale fee, but if the family cannot pay, the VIP pays for up to six months of counseling. One of the agencies involved with this program also offers an after-school program for children designed to minimize the amount of violence witnessed.

Chula Vista, California

In 1997, South Bay Community Services, in collaboration with Chula Vista Police Department implemented the Family Violence Response Team (FVRT). Responding officers determine if a child was present during the domestic violence incident and then notify the FVRT caseworker, who then arrives on the scene. The officer remains if the perpetrator was not arrested to ensure the safety of the caseworker. Responding officers are required to call every time a child is present. Ongoing training is provided to officers every six months.

The FVRT has a caseworker on call 24 hours day to respond to officer's calls. They usually respond to the scene within 20 minutes for crisis intervention. While at the scene, the caseworker focuses on the negative impact of children's exposure to domestic violence by talking with the children about the current and previous incidents of domestic violence. Caseworkers allow children to express their feelings concerning violence, validate their feelings and explain how to call 911 for assistance. Depending on the age of the child, the caseworker may engage in play therapy or direct counseling techniques. After addressing the needs of the children the needs of the victim are addressed. The caseworker identifies available services, helps the victim with safety planning, and explains the cycle of domestic violence. If the perpetrator is present, the caseworker will also talk with him or her and offer batterer treatment services as well as explain the negative impact that violence has on children.

Follow-up services are designed to successfully move the victim from crisis intervention into services. The FVRT generally contacts the victim the following day, but definitely within the next week. Services are offered through the South Bay Community Services and include support groups for the victim, parent education classes, children's groups, a mentoring program for parents, and access to shelter, food and bus tokens if needed. The children's groups may focus on past domestic violence, emotions, safety planning, anger management and problem-solving skills.

Because the San Diego County Domestic Violence Council considers exposure to domestic violence as a form of child abuse and cross-reporting is mandated, child protection services must be notified every time that children are exposed to domestic violence. Child protection workers may evaluate the report filed by FVRT and determine no further action is needed. If it is determined that follow-up is necessary, a caseworker will visit the home, interview the non-abusing parent and children, and offer resources to all family members. If the case is recurring, CPS has the option to file a petition for emotional abuse.⁴⁶

⁴⁶ The ABA report is not specific regarding whom CPS might file a petition for emotional abuse against.

Cuyahoga County, Ohio

The collaborative effort of the Rainbow Babies and Children's Hospital, Department of Child and Family Services, Mental Health Board, and Cuyahoga County Justice Affairs Department resulted in the Children Who Witness Violence (CWWV) program in 1999. This program relies on collaboration between police departments and crisis intervention services (Mental Health Services). The police make referrals to Mental Health Services, which in turn provides immediate crisis intervention, then refers the family for follow-up services as needed.

Police departments receive training on the effects of witnessing domestic violence on children ranging from 40 minutes to three hours, with the three-hour training being the most intensive. Each department's response differs, but all require that the responding officer talk to the parent about the negative effects of domestic violence on children and offer the parent services for both them and their child. Officers distribute pamphlets which talk about services available for children. If the parent is interested in services for the child, the officer immediately calls Mental Health Services.

Mental Health Services respond to the crisis calls by coming to the scene to talk with the victim and child. They provide an on-site response to help deal with the stress of a traumatic event. Specialists, trained to work with crisis situations with children exposed to domestic violence, are on-call 24 hours a day and generally arrive at the scene within 30 minutes. Often two specialists respond to the scene to enable one to talk with the victim while the other speaks with the child(ren). Safety is always the priority. The specialists may work with the children in the form of play, art or sand therapy and also observe the interaction between the non-abused parent and the child(ren). Children are also assessed for trauma symptoms and behavior problems. During second and third visits, additional assessments are made and the safety plan is reviewed. After the third visit, contingent on family need, a specialist will make a referral for on-going services at an available community service provider. Generally the specialist will accompany the family to their first appointment. The major concern is a lack of ongoing services for children exposed to domestic violence in the community. There is also In-Home Trauma Models in which the worker goes into the home to work with children. This approach is useful when the family chooses not to go or does not have the means to get to the referred service provider.

ABA recommendations based on surveys of police departments and five-site evaluation:

- **Recommendation 1:** Communities should recognize that children exposed to domestic violence frequently suffer short and long-term effects which require special services.
- **Recommendation 2:** Law enforcement should play a pivotal gatekeeper function in referring children exposed to domestic violence to services.
- **Recommendation 3:** Proactive responses to children exposed to domestic violence require substantial commitment from the community and service providers.
- **Recommendation 4:** Coordination of efforts and rapport building between law enforcement and service providers should be implemented to serve children exposed to domestic violence.
- **Recommendation 5:** Resources should be dedicated to effectively serve children exposed to domestic violence.
- **Recommendation 6:** Evaluation is needed to determine "best practices" to serve children exposed to domestic violence (ABA, 2001).

Family Violence Protection Team

The Austin Police Department (Austin, Texas) is a member of the Family Violence Protection Team (FVPT), which has three components: investigative, legal, and social services. When responding to a domestic violence call, a police officer assesses if children are living at home and adds names and ages of children in the incident report. The officer always leaves a Family Violence Protection Team pamphlet. The FVPT is a collaboration of many departments and programs and includes counselors, detectives, victim service personnel, attorneys, and civil legal advocates. Although the FVPT does not generally respond directly to the scene, all family violence assaults are assigned to a Victim Service Counselor. The Victim Service Counselor conducts the initial assessment and offers referrals to SafePlace (an agency who works with battered women). Services offered include short-term counseling for children, and parenting skills training aimed at explaining the impact of domestic violence on children. Services include six to eight sessions. A Children Who Witness Violence Program is also offered.⁴⁷

Referral and Education to Assist Children in Trauma (REACT)

In 1999, the Chesterfield County Police Department in Virginia and the Chesterfield Community Services Board introduced Referral and Education to Assist Children in Trauma (REACT). The program is aimed at working with children exposed to violence or trauma, particularly domestic violence. The program focuses primarily on helping parents understand how domestic violence impacts their children, what to expect from their children in response to exposure to violence, and how to best help their children. The program also makes referrals to services for both parents and the child.

Kids in Domestic Situations (KIDS)

According to Utah statutes, it is a separate crime of child abuse when domestic violence occurs in the presence of a child. The officer can charge the perpetrator with child abuse if there are children present when responding to a domestic violence call. The child abuse charge is contingent on the domestic violence charge. If the domestic violence charge against the perpetrator is a felony charge, the child abuse charge against the perpetrator is also a felony charge. The same applies for misdemeanor charges. The officer notes the child's name, age, behavior and affect in the incident report. Children exposed to domestic violence are given opportunities for psychological evaluation and therapy from domestic violence-trained professionals. In Sandy, Utah, a collaboration of the police department, prosecutor and courts resulted in the Kids in Domestic Situations (KIDS) approach. Based on evaluations of treatment providers, the court could order the perpetrator to enroll and pay for the child's treatment. If the responding officer feels the situation is a crisis, they may call a victim advocate who will provide emotional support and resource information.

Domestic Violence Response in Xenia, Ohio

Beginning in 1999, a special outreach team—consisting of a police detective and a social worker—attempted to respond to every domestic violence call involving children in Xenia, Ohio. If the team is unable to respond to the scene, they visit the household the day after a reported incident. The goal of this approach is to work toward prevention of intergenerational spread of domestic violence by working directly with the children exposed to domestic violence in order to teach conflict resolution skills and provide counseling. Services available to the children include the Smiles Program at a local shelter that works with children, adolescents and teens exposed to domestic violence.

⁴⁷ For more information, see Austin Police Department Website at <http://www.ci.austin.tx.us/police/afvpt.htm>.

Collaborative Approaches

The Safe Start Initiative

www.safestartcenter.org and www.ncccev.org/programs/safe-start/index.html

Throughout the United States, millions of children are exposed to violence—estimates indicate that as many as 10 million children have witnessed or been victims of violence in their homes or communities. In response, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) of the U.S. Department of Justice worked with federal partners in the Office of Justice Programs and the U.S. Department of Health and Human Services to develop the Safe Start Initiative. The purpose of the initiative is to prevent and reduce the impact of family and community violence on children. Underway since 1999, the Safe Start initiative was born out of a White House Conference on Children Exposed to Violence in which key national experts developed a national strategic action plan entitled, “Safe from the Start: Taking Action on Children Exposed to Violence.” The initiative calls on service providers to expand partnerships in key areas such as the courts, family support, domestic violence, mental health and health, law enforcement, early childhood and others to increase access, delivery and quality of services for families at any point of entry into a system.

As a key national effort targeted specifically to children's exposure to violence, the Safe Start Initiative works across service sectors including the dependency courts and has involved courts in changing practice for children exposed to violence (CEV), including children who witness domestic violence. The Safe Start Initiative currently encompasses several key components in the area of practice, evaluation, research, training and technical assistance and resource development. These components are designed to broaden knowledge and increase capacities to use evidence-based strategies in CEV. The practice component includes both a demonstration phase in eleven communities and a pilot phase in fifteen communities. The Safe Start evaluation component includes case level outcome studies and a national process evaluation of the demonstration sites and a quasi-experimental cross-site evaluation of the pilot sites. In the area of research, Safe Start will launch a first-ever national incidence and prevalence study on children's exposure to violence. In addition, Safe Start provides training and technical assistance, publications, information dissemination and public and professional outreach and education. This component of the initiative is accomplished through the work of two national centers: the National Center on Children Exposed to Violence and the Safe Start Center (see *National Resources* for a more detailed description of each).

Examples of Promising Practices of Safe Start Demonstration Sites

- Baltimore’s Safe Start site held a symposium related to family abuse and discussed the impact that abuse has on children.
- The Bridgeport Safe Start Initiative has gathered information from outgoing judges on court processes, services, barriers and effectiveness in order to provide understanding of the attitudes and opinions surrounding this issue, the court process, and offer recommendations for change. (Bridgeport has also linked the Department of Children and Families with service providers to provide training).
- Sitka’s Safe Start Initiative has utilized cultural traditions, such as totem pole carving to address taboo issues in the community such as domestic violence and allowing youth an opportunity to discuss incidents from their lives.
- Zuni, New Mexico has worked to engage law enforcement professionals by interviewing local law enforcement officers to better understand their relationship with child protection services, locations of calls, and other important characteristics of law enforcement’s response. This helps to identify problem communities and the needs of law enforcement officers. The Zuni site also offered training to the police officers.
- Chicago Safe Start has trained police officers to fill out referral cards if children were present at the scene of domestic violence calls in order to improve the law enforcement response. These referral cards are used as a measure of training needs for law enforcement.
- Rochester has developed a cross-agency training on children exposed to violence curriculum to be delivered to multiple agencies.
- Spokane has created a Child Outreach Team (COT) inspired by the Child Development-Community Policing model,⁴⁸ in partnership with three other agencies and law enforcement. The COT is designed to address the family’s needs at the scene of the crisis.
- Chatham County held workgroups aimed at creating collaborations between domestic violence and child protection services, which allowed representatives from each organization to meet and discuss their philosophical and practical differences as well as discuss ideas for collaboration and coordination.
- San Francisco’s Safe Start recruited parents by developing a Parent Team, providing training in public speaking, media relations, and mentoring, in order to enable the parents to better achieve community awareness and provide support to other parents.⁴⁹
- Washington County developed a scholarship training program to encourage and support professionals who work directly with young children to learn more about the impact of exposure to violence.
- Pinellas County has established a consultative relationship with the local Guardian *ad Litem* (GAL) program, helping provide training to the GALs assigned to children exposed to violence.

⁴⁸ For a description of the Child Development-Community Policing model, see page 76.

⁴⁹ For a complete list of all the promising practices of the Safe Start sites including programs, collaborations, resources, and assessment tools, see the Promising Practices of Safe Start Demonstration Sites report online at <http://www.capacitybuilding.net/Promising%20Practices/SafeStartPromisingPractices.pdf>.



Safe Start Demonstration Projects:

Eleven communities were provided federal support from 2000 to 2006 to create a comprehensive service delivery system to improve accessibility, delivery and quality of services for children exposed to violence and their families. These eleven communities include the following:

- Baltimore, Maryland;** <http://www.baltimoresafestart.org/>
- Bridgeport, Connecticut;** http://www.cwfefc.org/safe_start.html
- Chatham County, North Carolina;** <http://www.chathamkids.org/safestart.htm>
- Chicago, Illinois;** <http://www.chicagosafestart.net/>
- Pinellas County, Florida;** <http://www.pinellassafestart.org/en/>
- Rochester, New York;** <http://www.childrensstitute.net/community/safeStart/>
- San Francisco, California;** <http://www.dcyf.org/safestart/>
- Sitka, Alaska;** <http://capacitybuilding.net/NetSitka.htm>
- Spokane, Washington;** <http://www.spokane.wsu.edu/safestart/>
- Washington County, Maine;** <http://www.childrensafedowneast.com>
- Zuni, New Mexico;** <http://www.ncccev.org/programs/safe-start/zuni.htm>

Accomplishments for the Safe Start Demonstration Projects

A summary of the Association for the Study and Development of Community's evaluation findings is provided on the next page. (Citation source is the Safe Start evaluation report entitled, "Creating a Responsive System of Care for Children Exposed to Violence: The Safe Start Demonstration Project 2005 Process Evaluation," April 6, 2006).

Between 2000 and 2005, the Safe Start Demonstration Project was implemented in 11 sites located in diverse settings (e.g., urban, rural and tribal communities) throughout the United States. During this time, more than 15,500 children exposed to violence and their families were identified and when appropriate provided mental health treatment and services to address their multiple needs. Under the aegis of this demonstration project several key sectors worked together in unique partnerships to facilitate and provide services and treatment to these children and families: 1) law enforcement, 2) mental health, 3) domestic violence, and 4) family dependency court.

The following accomplishments characterized the work of this demonstration project:

- Developed new working relationships between sectors around children exposed to violence;
- Developed comprehensive and coordinated systems of care for children exposed to violence;
- Institutionalized knowledge, skills, and tools for responding to children exposed to violence among service providers and their organizations;
- Demonstrated the capacity to change policy for children exposed to violence at the state level; and
- Demonstrated that with treatment, it is possible to reduce the impact of exposure to violence on children.

Specifically, Safe Start Demonstration Project grantees were able to change local systems to better respond to the needs of children exposed to violence and their families by utilizing the following approaches:

- All 11 grantees developed screening procedures and protocols for identifying children exposed to violence;
- All 11 grantees adapted and implemented a variation of the Child Development-Community Policing model;
- Eight of 11 grantees co-located and coordinated services across child serving organizations;
- Seven of 11 grantees shared case information and management across child serving organizations;
- Seven of 11 grantees developed and distributed public education materials; and
- Seven of 11 grantees conducted social marketing/public education campaigns.

In five of the Safe Start Demonstration sites, court consultation and judicial leadership substantially contributed to improved outcomes for children exposed to violence and their families. The experience of the Safe Start Demonstration Project provides a wealth of knowledge for community driven system change initiatives focused on reducing the impact of child exposure to violence. Several of these key learnings taken from the national cross-site evaluation of the project are:

- **Engagement of Child Serving Sectors.** The wider the engagement, both vertically (from point of service providers to agency directors) and horizontally (across sectors from education to law enforcement), the greater the potential for the Safe Start Demonstration Project grantees to influence systems change at the community, point of service and organizational levels (within agencies).

- **Leadership.** The Safe Start Demonstration grantees ability to effect systems change was dependent upon a combination of conditions including: 1) participation of influential leaders with decision-making capacity both within their agency and across the system; 2) capacity and credibility of Safe Starts lead agency; and 3) consistent leadership from key stakeholders, specifically the initiative director, local evaluator, lead agency director and collaborative chairperson.

- **Key capacities.** The factors most critical to institutionalizing improved services for children exposed to violence and their families within and across organizations were: 1) existing political and public support for prevention of child maltreatment and promoting child well-being; 2) a relatively resource rich

community; 3) lead agencies with an outcomes oriented organizational culture; 4) credible, influential and consistent leadership capable of leveraging resources (both human and financial resources); and 5) a strategic focus on developing interventions that filled gaps in services that could not be filled solely by resources from Safe Start funding.

Further, while the short term results of intervention studies focused on the reduction of exposure to violence implemented by the Safe Start Demonstration Project, grantees are somewhat inconclusive but several general implications can be drawn from the experience of these grantees:

- **Decrease in exposure and symptoms.** Some local evaluators were able to document a decrease in exposure to violence and a decrease in trauma related symptoms after children received mental health treatment and other support services.
- **Parent improvements.** Some grantee sites were able to document that parents/caregivers experienced less parenting stress and had an increased understanding of the impact of exposure to violence on their children after participating in Safe Start Demonstration treatment and support programs.

Safe Start Promising Approaches Pilot Sites

Fifteen promising approaches pilot sites are focused on implementing and measuring developmentally appropriate services for children exposed to violence within the context of the systems that serve them. These fifteen communities are Kalamazoo, Michigan; Chelsea, Massachusetts; Miami, Florida; New York, New York; Bronx, New York; Erie, Pennsylvania; San Diego, California; Toledo, Ohio; San Francisco, California; Dallas, Texas; Providence, Rhode Island; Oakland, California; Portland, Oregon; Pompano Beach, Florida; and Dayton, Ohio.

The Greenbook Initiative

www.thegreenbook.info

The NCJFCJ's Family Violence Department developed a publication entitled *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice*, (also named the "Greenbook"), which addresses policy and practice recommendations for collaboration of child protective services, domestic violence agencies and the courts. The goal is to create collaborations and policies that will enhance the safety and well being of both the domestic violence victim and their children. At the end of 2000 and the beginning of 2001, the U. S. Departments of Justice and Health and Human Services funded six communities as demonstration sites for implementation of the guidelines and practices recommended in the Greenbook. These sites include: El Paso County, Colorado; Grafton County, New Hampshire; Lane County, Oregon; St. Louis County, Missouri; Santa Clara County, California; and San Francisco County, California. Each demonstration site is working on creating collaborative relationships and establishing systemic changes to improve outcomes for children and their battered mothers. Changes include creating new protocols; holding the batterer accountable; revising intake, screening and assessment forms; and designing systems to cross-train and share information between agencies.

Domestic Violence Enhanced Response Team (DVERT)

www.dvert.org

Established in 1996 in Colorado Springs, DVERT is a collaborative partnership to address domestic violence. More than 25 agencies and organizations, including police departments and the Center for Prevention of Domestic violence, are involved.

Mission

“The mission of the Domestic Violence Enhanced Response Team is to work in partnership with community agencies to address domestic violence by enhancing the safety of high-risk-for-lethality victims, to include children and animals; by ensuring appropriate containment of high-risk offenders; by facilitating local community oriented policing initiatives; by providing specialized training locally and nationally; and by supporting communities seeking to develop and sustain similar collaborative efforts (www.dvert.org).”

DVERT primarily serves as a multidisciplinary response to families in El Paso and Teller Counties in Colorado. DVERT cases can be referred, through outreach or through a request for an immediate response in a crisis situation. The referred cases are reviewed by law enforcement, victim advocacy, and child welfare/child advocacy professionals. DVERT only engages cases of active domestic violence. Accepted cases receive a response with full team contact with victim, child and offender. During this time, legal interventions are explored and the victim receives advocacy, safety planning, and referral for services. Caseworkers also assess the safety of children and non-offending parent and make recommendations to assist the non-offending parent with the child.

Other DVERT programs include:

- DVERT Research Program—collects data for evaluation purposes;
- DVERT P.O.P Project—identifies residences where three or more domestic violence calls have originated during one year and sends an officer for a one-time home visit to provide information to the victim;
- Support to outside communities;
- DVERT Advisory Panel—works to engage concerned community members in developing successful support and services;
- DVERT Volunteer and Intern Program;
- DVERT Domestic Violence Warrant Sweep—active effort to find offenders who need to be served with summons and warrants; and
- Annual Healthy Families Fair—an attempt to increase safety through information and education.

DVERT Evaluation

An 18-month evaluation of the DVERT project, funded by the National Institute of Justice, was conducted in 2000, and found DVERT to be a unique program involving a systemic approach to domestic violence that incorporates criminal justice, social service and community-based agencies in a coordinated response. The primary goal of the DVERT team is safety for the victim. Since inception in 1996, the average number of days to deactivate a case (cases are deactivated when victims are considered safe) has decreased from 558 to 166. The majority of interviewed victims felt that the DVERT program made them feel safe and that the advocates were available when needed. The overall response to the program was very positive.⁵⁰

⁵⁰ For more information see DVERT website www.dvert.org.

National Center for Children Exposed to Violence (NCCEV)

Child Development—Community Policing Program (CD-CP)

The goal of the CD-CP is to heal the wounds that chronic exposure to violence inflicts on children and families. This program represents a collaborative alliance between law enforcement, juvenile justice, domestic violence, medical and mental health professionals, child welfare, schools and other community agencies. Originally launched in 1991 in New Haven, Connecticut and now replicated nationwide, it is a model for collaborative intervention programs. Established by the NCCEV, whose mission is to increase public and professional awareness of the effect of violence on children.

CD-CP Domestic Violence Initiative

Through the CD-CP, NCCEV provides immediate and follow-up interventions for child and families exposed to violence in the New Haven area. More than a third of referrals received by CD-CP involve incidents of domestic violence which are witnessed by children. The Domestic Violence Initiative is a specialized component that addresses the needs of both the battered woman and her children. This includes a 24-hour clinical and advocacy intervention per police request, training for police officers, advocates and others in child development and traumatic responses, training for clinicians, advocates and others in principles and procedures of community policing, weekly interdisciplinary program conferences for case review, strategic planning and follow-up, and regular follow-up home visits.

PART IV

Additional

Resources

■ Additional RESOURCES

National Organizations and Informational Websites

Multiple resources are available to provide information, help and services to individuals who want to learn more, or to do more, to help children exposed to domestic violence. The following section contains a directory of resources including where to go to get help, how to get additional information, ways to help others, and where to learn more about domestic violence and its effects on children and mothers.⁵¹

National Resource Center on Domestic Violence

www.nrcdv.org

Founded in 1993, the National Resource Center on Domestic Violence (NRCDV) provides support to organizations and individuals working to end domestic violence in terms of technical assistance, training and information on domestic violence response and prevention.

Mission

“To promote, support and enhance the development and implementation of services, policies, public awareness prevention activities and research efforts at national, state and local levels which assure safety and justice for all victims, survivors and others affected by domestic violence.”

Projects/Resources/Services

- NRCDV offers technical assistance and information on domestic violence, serving multiple organizations throughout the country.
- NRCDV offers public education/prevention activities to support public awareness and prevention education of state and community-based organizations. NRCDV also works with the National Domestic Violence Awareness Month (DVAM) project providing leadership, coordination, resources and maintenance of the DVAM website.
- NRCDV houses the National Online Resource Center on Violence Against Women, an online resource center which provides access to publications in the area of domestic violence.
- The Women of Color Network (WOCN) is also a project of the NRCDV, created in 1997. The WOCN supports networking and leadership development for advocates and activists working with women of color and their families in the area of domestic violence.
- NRCDV also takes an avid interest in new areas of research and emerging interest and trends in the field of domestic violence. They promote research, policy analysis and program development to assist communities in their domestic violence efforts.

⁵¹ This list of organizations and websites is not meant to be exhaustive, merely some examples of organizations in the area of children exposed to violence.

Violence Against Women Network

www.vawnet.org

The Violence Against Women Network (VAWnet) is a national online resource center devoted to ending violence against women. The VAWnet, a project of NRCDDV and the Pennsylvania Coalition Against Domestic Violence (PCADV), provides links to multiple areas of research and resources with information related to the field of domestic and sexual violence. VAWnet is funded through a Cooperative Agreement with the U.S. Centers for Disease Control and Prevention and is housed within the NRCDDV.

- VAWnet is an easily accessible and comprehensive collection of full-text, searchable electronic resources on domestic violence, sexual violence, stalking and related issues.
- VAWnet’s primary goal is to support local, state and national violence against women prevention and intervention strategies that are safe, effective and address the self-identified issues of consequence to victims and survivors.
- VAWnet’s special areas of emphasis include violence against women in traditionally marginalized communities; the connections which exist between sexual assault and domestic violence; and the “intersections”—the impact and implications of oppressions such as racism, classism, homophobia and the broadly diverse life circumstances such as poverty, alcohol/substance dependency, and disabilities on the options and choices of survivors of domestic and sexual violence.

Mission

“The mission of the Violence Against Women Network (VAWnet), the National Online Resource Center on Violence Against Women, is to harness and use electronic communication technology to end violence against women.”

Projects/Resources/Services

- VAWnet offers resources in the areas of sexual violence and domestic violence. Within these areas is information on prevention, education, services and program development, public policy and research.
- VAWnet’s electronic resources include calendars with local, state and national trainings, conferences and grant deadlines, links to related websites, fact sheets and information packets, applied research documents, training curricula, federal and state funding information, and papers on emerging issues.
- VAWnet also offers Domestic Violence Awareness Month and Sexual Assault Awareness Month subsites.
- A monthly E-Newsletter with new resources and initiatives.
- An interactive U.S. Map with links to state coalitions.
- VAWnet has consultants who model successful collaborations between the fields of domestic violence and sexual assault.
- NRCDDV and PCADV also work in collaboration with other organizations for projects such as the National Sexual Violence Resource Center, the National Youth Violence Prevention Resource Center and PREVENT (Preventing Violence through Education, Networking and Technical Assistance).

National Clearinghouse on Child Abuse & Neglect

<http://nccanch.acf.hhs.gov/index.cfm>

The National Clearinghouse on Child Abuse and Neglect (National Clearinghouse), established in 1974 by the Child Abuse Prevention and Treatment Act, was created to collect, organize and disseminate information on all aspects of child maltreatment. The National Clearinghouse is federally funded by the U.S. Department of Health and Human Services, Children's Bureau. It provides a range of information on child abuse, child welfare and adoption. The National Clearinghouse works to connect professionals working within the child welfare system to information, research and resources.

Mission

"The Clearinghouses connect professionals and concerned citizens to practical, timely, and essential information on programs, research, legislation, and statistics to promote the safety, permanency, and well-being of children and families."

Projects/Resources/Services

- Print and electronic document dissemination of products created by the Children's Bureau, Federal agencies, their grantees and the National Clearinghouse.
- New publications including fact sheets for families, bulletins for professionals, resources lists, summaries of State laws, and synthesis of recent research.
- A searchable online database for information on multiple aspects of child maltreatment and child welfare including journal abstracts, reports, books, conferences and video tapes.
- An online digest *Children's Bureau Express*, available with free subscription electronically.
- An e-lert which alerts subscribers to new publications and resources available.
- Website pages devoted to legal issues, workforce and training resources, Spanish-language publications, child abuse prevention, issues associated with child abuse and a library search page.

National Domestic Violence Hotline I-800-799-SAFE

www.ndvh.org

The National Domestic Violence Hotline (NDVH) answers more than 16,000 calls per month from victims, survivors, friends and family members, law enforcement personnel, domestic violence advocates and the general public. The NDVH provides support and assistance to anyone involved with domestic violence. All calls are confidential. The NDVH offers crisis intervention, safety planning, information on domestic violence and referrals to services locally. The NDVH also provides a direct connection to the caller's local area resources. Assistance is available in both English and Spanish with Hotline advocates having access to more than 140 different languages through interpreter services.

National Coalition Against Domestic Violence

www.ncadv.org

The National Coalition Against Domestic Violence (NCADV) was formally organized in 1978 and now has offices in both Colorado and Washington, D.C. NCADV serves as a national information and referral center for the general public, media, battered women and their children, and agencies and organizations.

Mission

“The mission of the National Coalition Against Domestic Violence is to organize for collective power by advancing transformative work, thinking and leadership of communities and individuals working to end the violence in our lives.”

Projects/Resources/Services

- Promotes coalition building at the local, state, regional and national levels.
- Provides support for the provision of community-based shelter programs for battered women and their children.
- Provides public education and technical assistance.
- Works toward policy development and innovative legislation.
- Focuses on the leadership of NCADV’s task forces designed to represent concerns of under-represented groups.
- Works toward eradicating social conditions which contribute to violence against women and children.

State Coalitions Against Domestic Violence

State	Phone Number	Website
Alabama Coalition Against Domestic Violence	(800) 650-6522	www.acadv.org
Alaska Network on Domestic and Sexual Violence	(907) 586-3650	www.andvsa.org
Arizona Coalition Against Domestic Violence	(800) 782-6400	www.azcadv.org
Arkansas Coalition Against Domestic Violence	(800) 269-4668	www.domesticpeace.com
California Alliance Against Domestic Violence Statewide California Coalition for Battered Women	(800) 524-4765 (888) 722-2952	www.caadv.org www.sccbww.org
Colorado Coalition Against Domestic Violence	(888) 788-7091	www.ccadv.org
Connecticut Coalition Against Domestic Violence	(888) 774-2900	www.ctcadv.org
Delaware Coalition Against Domestic Violence	(800) 701-0456	www.dcadv.org
District of Columbia Coalition Against Domestic Violence	(202) 299-1181	www.dccadv.org
Florida Coalition Against Domestic Violence	(800) 500-1119	www.fcadv.org
Georgia Coalition Against Domestic Violence	(404) 209-0280	www.gcadv.org
Hawaii State Coalition Against Domestic Violence	(808) 832-9316	www.hscadv.org

Idaho Coalition Against Sexual & Domestic Violence	(888) 293-6118	www.idvsa.org
Illinois Coalition Against Domestic Violence	(217) 789-2830	www.ilcadv.org
Indiana Coalition Against Domestic Violence	(800) 332-7385	www.violenceresource.org
Iowa Coalition against Domestic Violence	(800) 942-0333	www.icadv.org
Kansas Coalition against Sexual and Domestic Violence	(785) 232-9784	www.kcsdv.org
Kentucky Domestic Violence Association	(502) 695-2444	www.kdva.org
Louisiana Coalition Against Domestic Violence	(225) 752-1296	www.lcadv.org
Maine Coalition To End Domestic Violence	(207) 941-1194	www.mcedv.org
Maryland Network Against Domestic Violence	(800) 634-3577	www.mnadv.org
Massachusetts Jane Doe, Inc./Massachusetts Coalition Against Sexual Assault and Domestic Violence	(617) 248-0922	www.janedoe.org
Michigan Coalition against Domestic & Sexual Violence	(517) 347-7000	www.mcadsv.org
Minnesota Coalition For Battered Women	(800) 289-6177	www.mcbw.org
Mississippi Coalition Against Domestic Violence	(601) 981-9196	www.mcadv.org
Missouri Coalition Against Domestic Violence	(573) 634-4161	www.mocadv.org
Montana Coalition Against Domestic & Sexual Violence	(888) 404-7794	www.mcadsv.com
Nebraska Domestic Violence and Sexual Assault Coalition	(800) 876-6238	www.ndvsac.org
Nevada Network Against Domestic Violence	(800) 500-1556	www.nnadv.org
New Hampshire Coalition Against Domestic and Sexual Violence	(866) 644-3574	www.nhcadv.org
New Jersey Coalition for Battered Women	(800) 572-7233	www.nicbw.org
New Mexico State Coalition Against Domestic Violence	(800) 773-3645	www.nmcadv.org
New York State Coalition Against Domestic Violence	(800) 942-6906	www.nyscadv.org
North Carolina Coalition Against Domestic Violence	(888) 232-9124	www.nccadv.org
North Dakota Council on Abused Women's Services	(888) 255-6240	www.ndcaws.org
Ohio Action Ohio Coalition For Battered Women Ohio Domestic Violence Network	(888) 622-9315 (800) 934-9840	www.actionohio.org www.odvn.org
Oklahoma Coalition Against Domestic Violence and Sexual Assault	(405) 524-0700	www.ocadvsa.org
Oregon Coalition Against Domestic and Sexual Violence	(503) 365-9644	www.ocadv.com
Pennsylvania Coalition Against Domestic Violence	(800) 932-4632	www.pcadv.org
Rhode Island Coalition Against Domestic Violence	(800) 494-8100	www.ricadv.org
South Carolina Coalition Against Domestic Violence and Sexual Assault	(800) 260-9293	www.sccadvsa.org

South Dakota Coalition Against Domestic Violence & Sexual Assault	(800) 572-9196	www.sssouthdakotacoalition.org
Tennessee Coalition Against Domestic and Sexual Violence	(800) 289-9018	www.tcadv.org
Texas Council On Family Violence	(800) 525-1978	www.tcfv.org
Utah Domestic Violence Council	(801) 521-5544	www.udvac.org
Vermont Network Against Domestic Violence and Sexual Assault	(802) 223-1302	www.vtnetwork.org
Virginia Virginians Against Domestic Violence	(800) 838-8238	www.vadv.org
Washington State Coalition Against Domestic Violence	(800) 886-2880	www.wscadv.org
West Virginia Coalition Against Domestic Violence	(304) 965-3552	www.wvcadv.org
Wisconsin Coalition Against Domestic Violence	(608) 255-0539	www.wcadv.org
Wyoming Coalition Against Domestic Violence and Sexual Assault	(800) 990-3877	www.wyomingdvsa.org

The Battered Women's Justice Project

www.BWJP.org

The Battered Women's Justice Project is a collaboration of three national organizations. The Criminal Justice Office is coordinated by Minnesota Program Development, Inc. and the Civil Justice Office is coordinated by the Pennsylvania Coalition Against Domestic Violence. The third office, the Defense Office, is coordinated by the National Clearinghouse for the Defense of Battered Women. All three provide training and technical assistance as well as other resources in the area of domestic violence and court or legal responses for victims.

Mission

"BWJP's Criminal Justice Office offers training, technical assistance, and consultation on the most promising practices of the criminal justice system in addressing domestic violence. Criminal Justice staff can provide information and analyses on effective policing, prosecuting, sentencing, and monitoring of domestic violence offenders."

Projects/Resources/Services

- Provides consultation on safety audits, military's response to domestic violence, and officer-involved domestic violence.
- Offers video conferencing to organizations in the area.
- Provides support and technical assistance to organizations and professionals involved with domestic violence victims.
- Provides a link to online resources including articles and websites in the area of domestic violence.
- Provides grants to encourage arrest policies.
- Provides a national resource center on the criminal justice response to domestic violence.

U.S. Department of Health & Human Services
Administration for Children and Families

<http://www.acf.dhhs.gov/>

The Administration for Children and Families (ACF) is located within the U.S. Department of Health and Human Services (HHS). It is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF partners with state and local governments, community organizations, profit and not-for-profit organizations, American Indian Tribes, and Native American communities. Major goals include: empowering families and individuals to increase their own economic independence and productivity; encouraging strong, healthy, supportive communities having a positive impact on the quality of life and the development of children; and partnerships with individuals, front-line service providers, communities, American Indian tribes, states, and Congress that enable solutions which transcend traditional agency boundaries.

Mission

“The Administration for Children and Families (ACF), within the U.S. Department of Health and Human Services, provides national leadership and creates opportunities for families to lead economically and socially productive lives. ACF’s programs are designed to help children to develop into healthy adults and communities to become more prosperous and supportive of their members.”

Projects/Resources/Services

The ACF offers multiple program services including:

- Child abuse and neglect prevention.
- Child support enforcement.
- Child welfare services.
- Community economic development discretionary grant program.
- Family violence prevention and services discretionary grants.
- Family violence prevention and services formula grants.
- Healthy marriage initiative.
- Runaway and homeless youth.
- The National Domestic Violence Hotline.
- The Resource Center on Domestic Violence: Child Protection and Custody.

National Child Traumatic Stress Network

http://www.nctsnet.org/nccts/nav.do?pid=hom_main

The National Child Traumatic Stress Network (NCTSN) is comprised of treatment centers (54 at present) from all over the United States. The network is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the U.S. Department of Health and Human Services through a Congressional initiative—the Donald J. Cohen National Child Traumatic Stress Initiative. The network develops and disseminates effective, evidence-based treatments, collects data for study, and helps to educate professionals and the public about the effects of trauma on children.

Mission

“To raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.”

Projects/Resources/Services

- National Center for Child Traumatic Stress—the UCLA David Geffen School of Medicine and Duke University have individually and collectively provided leadership in the development of understanding of child traumatic stress. They have also pioneered evaluation and treatment of children, families, and communities. They are at the forefront in developing public mental health strategies to reach the large amount of children and families who are affected by traumatic stress.
- Intervention Development and Evaluation Centers identify, support, improve and develop treatment and service approaches for different types of child and adolescent traumatic events. They work specifically to look at developmentally appropriate treatments as well as children in special settings such as school, the child welfare system, or juvenile justice systems.
- Community Treatment and Services Centers implement and evaluate effective treatment and services in community settings, collect clinical data, develop expertise related to effective practices, financing and other service issues and provide leadership and training to service providers in the community.
- The NCTSN has developed an education DVD called “Cops, Kids, & Domestic Violence” as well as accompanying print materials to help law enforcement understand children’s reactions to domestic violence, and what they can do to reduce the negative impact on the children’s lives. The video is available online at www.NCTSN.org.
- NCTSN members also contributed to a published monograph from the Johnson and Johnson Pediatric Institute Pediatric Roundtable series which concerns children exposed to violence. The chapter entitled “Mobilizing Trauma Resources for Children” is available online along with the entire publication at: http://www.nctsn.org/nccts/nav.do?pid=ctr_rsched_prod_ar.

National Center for Children Exposed to Violence

www.nccev.org

The National Center for Children Exposed to Violence (NCCEV), part of the Child Study Center at Yale University, is a resource center for anyone seeking information on the effects of children’s exposure to violence including initiatives, internet resources, and a bibliography of reference material.

Mission

“It is the mission of the National Center for Children Exposed to Violence (NCCEV) to increase the capacity of individuals and communities to reduce the incidence and impact of violence on children and families; to train and support the professionals who provide intervention and treatment to children; support the professionals who provide intervention and treatment to children and families affected by violence; and to increase professional and public awareness of the effects of violence on children, families, and communities and society.”

Projects/Resources/Services

- Provides training, technical assistance and consulting to the Child Development-Community Policing (CD-CP) Program replication sites, Safe Start Initiatives, and other community programs geared toward children and families exposed to violence.
- Serves as a forum for exploring issues surrounding children's exposure to violence.
- Is a partner in a national collaboration including the 13 CD-CP replication sites and 11 Safe Start Initiative sites, helping to promote the best practices in the area of children exposed to violence.
- Offers an easily accessible resource center on children and violence.
- Offers a wide range of specialized interventions and services, through CD-CP sites replicated nationwide.
- Offers responses to requests for information including best practices for children exposed to violence.

Safe Start Center

www.safestartcenter.org

The Safe Start Center is a national resource center which is designed specifically to support the Safe Start Initiative. The Center serves to broaden the scope of knowledge, information, and resources available to respond to the needs of children exposed to violence and their families. The Safe Start Center works with a team of national partners and experts in order to fulfill project goals.

Projects/Resources/Services

- Provides and disseminates information about the Safe Start Initiative and emerging practices and research concerning children exposed to violence.
- Raises national awareness about issues concerning children exposed to violence.
- Coordinates the provision of training, technical assistance, and consulting to the fifteen Promising Approaches grantees.
- Identifies, recruits, works with, and assesses the effectiveness of expert consultants.
- Maintains a multidisciplinary consultant database of national and local experts with expertise on children's exposure to violence.
- Develops and disseminates publications, resources, tools, and training materials.
- Facilitates national conference calls that address common issues and challenges related to children's exposure to violence.
- Convenes national and regional Safe Start cross-site meetings.
- Maintains a website with online publications library and grantee and national partner list serve.

American Professional Society on the Abuse of Children

<http://apsac.fmhi.usf.edu/>

The American Professional Society on the Abuse of Children (APSAC) is a non-profit national organization whose focus is on meeting the needs of professionals working with maltreated children. APSAC provides education and other sources of information to professionals who work in the field of child maltreatment.

Mission

“APSAC’s mission is to enhance the ability of professionals to respond to children and their families affected by abuse and violence.”

Projects/Resources/Services

- Offers an annual Colloquium which serves as a major source of information and research to the interdisciplinary professionals in the field of child abuse and neglect.
- Offers Forensic Interview Training Clinics which focus on the needs of professionals who conduct investigative interviews with children suspected of being abused.
- Provides Advanced Training Institutes which offer in-depth training on selected topics, and are taught by leaders in the field of child abuse and neglect.
- Serves as a clearinghouse for publications in the area of child abuse and neglect as well as links for additional resources.

National Network to End Domestic Violence

www.nnedv.org

The National Network to End Domestic Violence (NNEDV) is a membership and advocacy organization of state domestic violence coalitions, allied organizations and supportive individuals. NNEDV is the leading voice among domestic violence advocates, working to develop policy changes. The NNEDV began in 1990 with a small group of coalitions and advocates, spearheaded the Violence Against Women Act (VAWA) of 1994, and played a crucial role in the reauthorization of the VAWA in 2000.

Projects/Resources/Services

- Creates a public policy voice for battered women and children.
- Secures increases in federal funding for shelter programs and domestic violence coalitions.
- Partners with its sister organization, The National Network to End Domestic Violence Fund, to provide more direct support to local programs and coalitions through public awareness, outreach, funding, and training.

Family Violence Prevention Fund

www.endabuse.org

The Family Violence Prevention Fund (FVPPF) has worked for more than two decades to end violence against women and children, focusing on domestic violence education, prevention and policy reform. The FVPPF continually works toward reaching new audiences including men and youth. Its website offers statistical information, as well as links to other resources.

Mission

“The Family Violence Prevention Fund works to prevent violence within the home, and in the community, to help those whose lives are devastated by violence because everyone has the right to live free of violence.”

Projects/Resources/Services

- Promotes family and community safety through the children's program.
- Offers a toolbox with information on children and domestic violence as well as multiple initiatives to keep children safe.
- Provides statistical information about domestic violence.
- Promotes leadership within the communities to ensure prevention efforts become self-sustaining.
- Works toward transforming the way health care providers, police, judges, employers and others address domestic violence.

National Council of Juvenile and Family Court Judges Family Violence Department

<http://www.ncjfcj.org>

The Family Violence Department (FVD) of the National Council of Juvenile and Family Court Judges (NCJFCJ) has advanced social change in courts and communities across the country by providing cutting-edge training, technical assistance, and policy development on issues of family violence. The NCJFCJ FVD's projects have enhanced the safety, well-being, and stability of domestic violence victims and their children by improving the way criminal, civil, and social justice systems respond to family violence.

Mission

“The Family Violence Department of the National Council of Juvenile and Family Court Judges is dedicated to improving the way courts, law enforcement agencies, and others respond to family violence, while recognizing the legal, cultural, and psychological dynamics involved with the ultimate goal of improving the lives of domestic violence victims and their children.”

Projects/Resources/Services

- Coordinates support and provides technical assistance to the counties that were part of the Greenbook Initiative—to address the overlap of domestic violence and child maltreatment.
- Advances policy to effect social change, including publication of key documents such as *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice*.
- Partners with FVPPF and the U.S. Department of Justice Office of Violence Against Women to operate the National Judicial Institute on Domestic Violence whose goal is to develop and promote education among peers in the judicial system concerning issues of domestic violence.
- Operates the only national resource center on issues of child protection and custody in the context of adult domestic violence—Resource Center on Domestic Violence: Child Protection and Custody (a project funded by the U.S. Department of Health and Human Services).
- Provides technical assistance to grantees of the Safe Havens: Supervised Visitation & Safe Exchange Grant Program, to grantees seeking to establish visitation and exchange services for battered mothers and their children (a project funded by the U.S. Department of Justice, Office on Violence Against Women).
- Works toward education and improvement in the way criminal, civil and social justice systems respond to family violence.

National Council of Juvenile and Family Court Judges Permanency Planning for Children Department

<http://www.ncjfcj.org>

The Permanency Planning for Children Department (PPCD) of the National Council of Juvenile and Family Court Judges (NCJFCJ) has pioneered systems change and court engagement in innovative collaborations in an attempt to improve the courts and system handling of child abuse and neglect cases. The PPCD offers state and national training on key issues to further permanency goals. Additionally, the PPCD has worked with the Safe Start Initiative and other programs providing technical assistance, evaluations, and empirically-based research focused on systems change and reform.

Mission

“To provide an environment for change by supporting and facilitating dependency court teams and by providing education and technical assistance to enable courts nationwide to meet their goals to improve practice in child abuse and neglect cases.”

Projects/Resources/Services

- With funding from the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP), the PPCD has provided training and technical assistance to the Safe Start Initiative, partnering with project directors at each of the 11 original sites, and assisting sites through provision of training materials and faculty, strategic planning, and collaborating on development and implementation of approaches aimed at achieving collaboration between the courts, agencies and communities in order to better address children's exposure to violence.
- The PPCD, with funding from OJJDP and in collaboration with the Safe Start Initiative, has undertaken to develop this Resource Guide on children exposed to domestic violence, as well as to develop a Technical Assistance Brief and checklist on children and youth exposed to violence which will serve as a judicial tool and aid in decision-making (*A Judicial Checklist for Children and Youth Exposed to Violence*).
- The PPCD developed and manages the national Child Victims Act Model Courts Project. Funded by OJJDP, Model Courts implement the best practice recommendations for dependency courts outlined in the *RESOURCE GUIDELINES: Improving Court Practices in Child Abuse & Neglect Cases*. At the time of this printing, there are 32 Model Court jurisdictions representing large urban, suburban, rural, and tribal settings. Model Courts work collaboratively with their system partners to identify barriers to achieving timely permanency for children, and design and implement reforms to address these areas and improve practices. A number of Model Courts have looked at the co-occurrence of child abuse and domestic violence to collaboratively design and implement reform (for more information about the activity of the Model Courts please visit the PPCD website).
- The PPCD's training and technical assistance division provides state and national trainings on a wide variety of issues, a number of which focus on the co-occurrence of domestic violence and child maltreatment. In addition, the PPCD's research team engages in program, policy and practice evaluations for both non-Model Court and Model Court jurisdictions.
- The PPCD provides an online resource library with past research and publications available for download or purchase.

ABA Commission on Domestic Violence

<http://www.abanet.org/domviol/>

The ABA Commission on Domestic Violence was founded in 1994. It focuses exclusively on improving the legal response to domestic violence, sexual assault, and stalking. The Commission addresses the need to increase the number of well-trained attorneys representing victims of domestic violence.

Mission

“The mission of the American Bar Association Commission on Domestic Violence is to mobilize the legal profession to provide access to justice and safety for victims of domestic violence.”

Projects/Resources/Services

- Provides multiple means of training for attorneys, law students, and legal advocates.
- Provides teleconferencing training such as *Litigation Tips in Domestic Violence Cases: A Techniques and Strategies Teleconference Series* covering case planning, evidence, direct and cross-examination, and post-trial advocacy.
- Publishes resource and training materials.
- Hosts a listserv for attorneys representing domestic violence victims to facilitate exchange of information and enhance representation.
- Collaborates with other national organizations in recognizing the need for a multifaceted approach to the epidemic of domestic violence.

Recommended Readings

Impact of Domestic Violence

Children and Interparental Violence: The Impact of Exposure

Rossman, R.B., Hughes, H.M., & Rosenberg, M.S. (2000). *Children and Interparental Violence: The Impact of Exposure*. Philadelphia, PA: Brunner/Mazel.

Directed toward an understanding of the effects of interpersonal violence on children, this book addresses history, definitional issues and incidence rates of children exposed to domestic violence, reviews the literature both on early and current research, looks at risks and resilience of children, theoretical explanations, treatment and prevention strategies and the interaction with families and the courts.

Childhood Experiences of Domestic Violence

McGee, C. (2000). *Childhood Experiences of Domestic Violence*. Philadelphia: Jessica Kingsley Publishers

This book provides a qualitative analysis with first-hand accounts of children who have been exposed to domestic violence. It addresses children's understanding of domestic violence, types of domestic violence experiences by children, and barriers to mothers and children seeking help.

Children Exposed to Marital Violence: Theory, Research, and Applied Issues

Holden, G.W., Geffner, R. & Jouriles, E.N. (Eds.) (1998). *Children Exposed to Marital Violence: Theory, Research, and Applied Issues*. American Psychological Association.

This book is an American Psychological Association collection of research in the area of children exposed to marital violence, with a focus on theoretical and conceptual issues, research, and applied issues (i.e. breaking the cycle, child custody disputes, etc).

Children Exposed to Domestic Violence: Current Issues in Research , Intervention, Prevention, and Policy Development

Geffner, R.A., Jaffe, P.G. & Sudermann, M. (Eds.) (2000). *Children Exposed to Domestic Violence: Current Issues in Research, Intervention, Prevention, and Policy Development*. New York: Hawthorn Maltreatment & Trauma Press.

A collection of research in the area of children exposed to domestic violence. Topic areas include theoretical and research issues (such as the effects of trauma on parenting), intervention and prevention with lessons learned and program evaluations, and policy development and international issues.

Children's Perspectives on Domestic Violence

Mullender, A., Hague, G., Iman, U., Kelly, L., Malos, E., & Regan, L. (2002). *Children's Perspectives on Domestic Violence*. Thousand Oaks, CA: Sage Publications.

This book takes an in-depth look at how children's lives are affected by domestic violence by addressing exactly what children know and understand about domestic violence, the experiences of children exposed to domestic violence, their coping strategies, and what life is like with a violent father.

The Batterer as a Parent: Addressing the Impact of Domestic Violence on Family Dynamics

Bancroft, L. & Silverman, J.G. (2002). *The Batterer as a Parent: Addressing the Impact of Domestic Violence on Family Dynamics*. Thousand Oaks, CA: Sage Publications.

This book discusses the atmosphere that batterers create for the children who live with them. The authors demonstrate how domestic violence affects each relationship in a family, and explain how children's emotional recovery is inextricably linked to the healing and empowerment of their mothers.

Family Violence Across the Lifespan: An Introduction (2nd edition)

Barnett, O., Miller-Perrin, C.L. & Perrin, R.D. (2005). *Family Violence Across the Lifespan: An Introduction* (2nd edition). Thousand Oaks: Sage Publications.

This book provides information about multiple forms of family violence including child abuse, intimate partner violence, dating violence, and elder abuse. It addresses definitional and methodological issues of research and presents information learned from multiple sources as well as provides a resource guide for individuals addressing family violence.

Domestic Violence in the Lives of Children: The Future of Research, Intervention, and Social Policy

Graham-Bermann, S.A. & Edleson, J.L. (Eds.) (2001). *Domestic Violence in the Lives of Children: The Future of Research, Intervention, and Social Policy*. Washington, D.C.: American Psychological Association.

This book analyzes current research in the areas of domestic violence and child maltreatment with an emphasis on methodology, data analysis, and promising measurements to determine effective interventions.

Intervention Strategies

Protecting Children from Domestic Violence: Strategies for Community Intervention

Jaffe, P.G., Baker, L.L. & Cunningham, A.J. (2004). *Protecting Children from Domestic Violence: Strategies for Community Intervention*. New York: Guilford Press.

Designed for professionals working in the field of domestic violence, it provides information on current research on effects of domestic violence on children and promotes promising practices for system response.

When Dad Hurts Mom: Helping Your Children Heal the Wounds of Witnessing Abuse

Bancroft, L. (2005). *When Dad Hurts Mom: Helping Your Children Heal the Wounds of Witnessing Abuse*. New York: G.P. Putnam's Sons.

Written by a counselor, this book offers mothers a way to help their children deal with the effects of witnessing domestic violence. It offers battered mothers guidelines and tips for discussing the violence with their children.

Prevalence of Children's Exposure to Domestic Violence and Child Maltreatment: Implications for Prevention and Intervention

Osofsky, J.D. (2003). Prevalence of children's exposure to domestic violence and child maltreatment: Implications for prevention and intervention. *Clinical Child and Family Psychology Review*, 6(3), 161-170.

This paper reviews the research on the prevalence of children's exposure to domestic violence, discusses how exposure to violence may influence later outcomes, and the co-occurrence of child maltreatment and domestic violence.

Working with Police to Help Children Exposed to Violence

Osofsky, J.D., Ravaris, M., Hammer, J.H., Freeman, N. & Aucoin, K. (2004). Working with police to help children exposed to violence. *Journal of Community Psychology, 32*(5), 593-606.

This article describes the development and implementation of a violence intervention program, representing a collaborative effort with police. The article reports the design and goals of the program as well as an evaluation of the program ten years later, demonstrating successes of the program.

Parenting After Trauma: Supporting Parents and Caregivers in the Treatment of Children Impacted by Violence

Apleyard, K. & Osofsky, J.D. (2003). Parenting after trauma: Supporting parents and caregivers in the treatment of children impacted by violence. *Infant Mental Health Journal 24*(2), 111-125.

This article summarizes current knowledge in the area of trauma and parenting, provides an illustrative case study and offers recommendations for systemic treatment modalities, multidisciplinary program design, and empirical evaluation.

Principles for Engaging and Retaining Families in Services

Safe Start Demonstration Project Office of Juvenile Justice and Delinquency Prevention, (2005). *Principles for Engaging and Retaining Families in Services*. Available online at <http://www.capablecommunity.com/pubs/PERF022005.pdf>.

This report was developed by the Association for the Study and Development of Community for the OJJDP's Safe Start Initiative and describes some of the promising principles for engaging and retaining families when services are not mandated.

Handbook of Domestic Violence Intervention Strategies

Roberts, A.R. (2002). *Handbook of Domestic Violence Intervention Strategies*. New York: Oxford University Press.

Several chapters in this book examine children exposed to domestic violence. The book is divided into five sections—(1) introduction, public policy, research, and social action; (2) criminal justice and legal system responses; (3) health care, addictions, and mental health treatment; (4) crisis intervention, advocacy, and specialized programs; and (5) vulnerable at-risk groups and multicultural issues. Each section has multiple chapters with relevant research on children's exposure to domestic violence presented throughout.

Family Violence: Emerging Programs for Battered Mothers and Their Children

National Council of Juvenile and Family Court Judges, Family Violence Department (1998). *Family Violence: Emerging Programs for Battered Mothers and Their Children*. National Council of Juvenile and Family Court Judges: Reno, NV.

This book addresses family violence, courts, and communities and is intended to present best programs and practices so that communities can learn from what others have done. The book is organized into five chapters identified by the Advisory Committee as systems within which we find families experiencing violence in the home, including child protection services, domestic violence advocacy programs, community-based services, courts, and health care settings.

System Responses

Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy & Practice

National Council of Juvenile and Family Court Judges, Family Violence Department (1999). *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy & Practice*. Available online at <http://www.thegreenbook.info>.

This book is designed to offer communities a guiding framework to develop interventions and measure progress while seeking to enhance responses to families experiencing domestic violence and child maltreatment. The book also offers specific recommendations for the child protection system, the network of domestic violence advocacy organizations, and the juvenile or other trial courts with jurisdiction over child maltreatment cases.

Position Paper on Safety & Accountability: State Courts and Domestic Violence

Conference of Court Administrators. (2004). *Position Paper on Safety & Accountability: State Courts and Domestic Violence*. Available online at <http://cosca.ncsc.dni.us/PositionPapers/SafetyAccountability-DomesticViolence-Nov-04.pdf>

This paper discusses the issues involved in improving the judicial response to domestic violence, including offering examples of best practices from around the country and suggestions for future action.

Navigating Custody & Visitation Evaluations in Cases with Domestic Violence: A Judge's Guide

National Council of Juvenile and Family Court Judges, & State Justice Institute. (2004). *Navigating Custody & Visitation Evaluations in Cases with Domestic Violence: A Judge's Guide*. Available online at http://www.ncjfcj.org/images/stories/dept/publications/complete_guide.pdf.

This publication is designed to be a practical tool for judges on how to determine whether ordering an evaluation is appropriate and, if so, to ensure that the evaluations ordered are of high quality and address the issues raised by domestic violence appropriately.

Child Abuse & Neglect User Manual Series: Child Protection in Families Experiencing Domestic Violence

Bragg, H.L. (2003). U.S. Department of Health and Human Services Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, & Office of Child Abuse & Neglect. *Child Abuse & Neglect User Manual Series: Child Protection in Families Experiencing Domestic Violence*. Available online at <http://www.childwelfare.gov/pubs/usermanuals/domesticviolence/index.cfm>.

The purpose of the series is to provide guidance on child protection to multidisciplinary professionals and concerned community members. The publication includes domestic violence basics, information on overlap between maltreatment and domestic violence, child protection practices, and model approaches to a collaborative response for families who are experiencing domestic violence.

Protecting Children from Exposure to Domestic Violence: The Use and Abuse of Child Maltreatment Statutes

Wiethorn, L.A. (2001). Protecting Children from Exposure to Domestic Violence: The Use and Abuse of Child Maltreatment Statutes. *Hastings Law Journal*, 53(1), 1-156.

Wiethorn provides a comprehensive discussion of the pros and cons of including exposure to domestic violence as a form of child maltreatment in the state statutes. Effective and ineffective statute changes are discussed and suggestions for successful policy changes are addressed.

Child Custody and Visitation Decisions in Domestic Violence Cases: Legal Trends, Research Findings, and Recommendations

Saunders, D. (1998). Child Custody and Visitation Decisions in Domestic Violence Cases: Legal Trends, Research Findings, and Recommendations. Applied Research Forum, available online at http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_custody.pdf.

This article provides information on legal trends and recommendations in child custody cases when domestic violence is involved. It includes important research and statistical information on various aspects of legal decisions and parental involvement in the courts.

Common Misconceptions in Addressing Domestic Violence in Child Custody Disputes

Jaffe, P.G., Crooks, C.V. & Poisson, S.E. (2003). Common Misconceptions in Addressing Domestic Violence in Child Custody Disputes, *Juvenile & Family Court Journal*, 54(4), 57.

This article identifies and challenges the common misconceptions in child custody and domestic violence cases.

Should Childhood Exposure to Domestic Violence be Defined as Child Maltreatment Under the Law? Edleson, J. (2004). *Should Childhood Exposure to Domestic Violence be Defined as Child Maltreatment Under the Law?* Available online at <http://www.mincava.umn.edu/link/documents/shouldch/shouldch.shtml>.

Edleson addresses the research on children exposed to domestic violence and state laws which define exposure as a form of child maltreatment. Edleson makes arguments for not including all children who are exposed to domestic violence as maltreated, and makes practice-based suggestions for child protection workers when dealing with domestic violence situations involving children.

In Harm's Way: Domestic Violence and Child Maltreatment

National Clearinghouse on Child Abuse and Neglect. *In Harm's Way: Domestic Violence and Child Maltreatment*. Available online at <http://www.calib.com/dvcps/facts/harmway.doc>.

This special bulletin provides a sample of the research in the area of co-occurrence of domestic violence and child maltreatment, including effects on children and successful collaborations aimed at addressing this intersection.

Summary

■ Summary

Considerable progress has been made in both the research and practice arenas examining the area of children's exposure to domestic violence. Researchers have begun to address the issue, providing valuable insight into the consequences of exposure to domestic violence as well as insight into protective factors which might ameliorate the consequences to children who have been exposed to domestic violence. Child protection services have begun collaborations with domestic violence agencies in order to better serve the needs of both the victims of domestic violence and their children, enhancing services and understanding of the problem. And, national organizations and demonstration projects are working toward educating professionals involved with children as well as domestic violence perpetrators and their victims in order to enhance understanding of the potential negative impact domestic violence has on children and families. However, there are still many areas of need.

Areas of Needs

Need for funding

Further funding is necessary in order to develop new programs that help children exposed to domestic violence. The American Bar Association (ABA) site evaluations of police departments found that only 15% received funding to respond to children exposed to domestic violence. Funding is also needed to develop programs to help children who are exposed to domestic violence (Rossman, Hughes & Rosenberg, 2000).⁵²

Need for future research

Research has focused primarily on the effects of domestic violence on women. Although research is moving in the direction of effects on children, there is still much to learn. Future research should involve more rigorous research designs and methodologies, and agree on or clearly define domestic violence, abuse, and witnessing (exposure) in order to facilitate comparison and generalization. Clear definitional lines need to be drawn between children who witness abuse, children who are being abused, children who are both witnesses and victims of abuse. Research should move away from subjects in shelters, as it is difficult to discern if the problematic behavior of the children is from the domestic violence witnessed or from the shelter stay. The research should also embrace the complexity of the problem, and should be more specific and focused. A better understanding of mediators, moderators, and mechanisms of impact and context should be gained by researchers. More research also needs to be conducted in the area of children's resilience, particularly focusing on exposure to domestic violence in order to gain valuable insight into potential factors which may help children when faced with this distress.

⁵² Several sites address the need for funding. The National Network to end domestic violence has funding information for each state available online at: <http://www.vawnet.org/Funding/OtherFunding/DVStateFunding.pdf>. Additionally, the National Center for State Courts (NCSC) website has information for various types of funding related to domestic violence and links to other sites which provide funding opportunities, available online at: <http://www.ncsconline.org/WC/Education/FamVioFundingGuide.htm>.

Need for program development

Programs in multiple areas concerning children who are exposed to domestic violence should be enhanced or developed. For example, effective collaborations between child protection services workers and domestic violence workers, already present in some states, should be replicated. Collaborations between the judicial system and domestic violence workers, between CPS and mental health workers, between judges, lawyers and advocates should be undertaken.

More evidence-based programs should be developed with interventions based on clinical data and rigorous conceptual frameworks. Research efforts should be expanded to help design effective intervention programs, and to ensure effective law and practice in courts. Diverse responses for a society of culturally and ethnically diverse families also need to be developed (Rossman et al., 2000).

Need for program evaluation

Once programs are developed and implemented these programs must be evaluated. Evaluation is necessary to determine whether these programs are making a difference and what that difference is.

Needs in Policy

Rossman, Hughes and Rosenberg (2000) recommend establishing a national agenda with cooperation from government, educational, and private agencies. They also recommend policies that encourage aggressive implementation of restraining orders and expansion and safety of community visitation centers to ensure the safety of mothers and children. Finally, they recommend policy mandating community prevention efforts and follow-up of policy implementations (Rossman et al., 2000).

Because the problem of children exposed to domestic violence is so vast and varying, it is important to understand the emerging issues in the area, such as the success or failure of state laws, successful collaboration practices, innovative programs in the area and what the research has determined. It is also important that, in understanding the multifaceted concern of children exposed to domestic violence, each child be considered *individually* to determine the exact consequences of domestic violence as well as protective factors that might be present or could be cultivated in order to best help the child. The NCJF-CJ's Greenbook (1999) is an excellent starting point for recommendations concerning effective interventions for the co-occurrence of child maltreatment and domestic violence. Additionally, understanding the resources available locally, as well as the successes of programs and projects in the field of children exposed to domestic violence can help to inform decisions (both court and agency decision-making), concerning children exposed to domestic violence. Collaborative efforts and specific education in the area of children exposed to domestic violence is essential in enhancing the ability of system professionals who are, or may become, involved with children who have been exposed to domestic violence.

References

- Achenbach, T.M. (1991). *Manual for the Child Behavior Checklist/4-18 and 1991 Profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Alvord, M.K., & Grados, J.J. (2005). Enhancing resilience in children: A proactive approach. *Professional Psychology: Research and Practice, 36*(3), 238-245.
- Amaro, H., Fried, L.E., Cabral, H., & Zuckerman, B. (1990). Violence during pregnancy and substance use. *American Journal of Public Health, 80*(5), 575-579.
- American Bar Association (2001). *Helping Children Exposed to Domestic Violence: Law Enforcement and Community Partnerships: Final Report to NIJ*. Available online at www.abanet.org/child/dvchild.pdf.
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders-IV-Text Revision*. Washington, D.C.: American Psychiatric Association.
- Appel, A.E., & Holden, G.W. (1998). The co-occurrence of spousal and physical child abuse: A review and appraisal. *Journal of Family Psychology, 12*(4), 578-599.
- Appleyard, K., & Osofsky, J.D. (2003). Parenting after trauma: Supporting parents and caregivers in their treatment of children impacted by violence. *Infant Mental Health Journal, 24*(2), 111-125.
- Arrington, E.G., & Wilson, M.N. (2000). A re-examination of risk and resilience during adolescence: incorporating culture and diversity. *Journal of Child and Family Studies, 9*(2), 221-230.
- Ballif-Spanvill, B., Clayton, C. J., & Hendrix, S.B. (2003). Gender, types of conflict, and individual differences in the use of violent and peaceful strategies among children who have and have not witnessed interparental violence. *American Journal of Orthopsychiatry, 73*(2), 141-153.
- Bancroft, L. & Silverman, J.G. (2004) Assessing Abusers' Risks to Children. In P. Jaffe, L. Baker, & A. Cunningham (Eds.) *Protecting Children from Domestic Violence: Strategies for Community Intervention*. New York, NY: Guilford Press. Available online at http://www.lundybancroft.com/pages/articles_sub/JAFFE.htm.
- Becker, K.B., & McCloskey, L.A. (2002). Attention and conduct problems in children exposed to family violence. *American Journal of Orthopsychiatry, 72*(1), 83-91.
- Bragg, H.L. (2003). Child Abuse and Neglect User Manual Series: *Child Protection in Families Experiencing Domestic Violence*. U.S. Department of Health and Human Services Administration for Children and Families; Administrations on Children, Youth and Families; Children's Bureau Office on Child Abuse and Neglect. Available online at <http://nccanch.acf.hhs.gov/pubs/usermanuals/domesticviolence/>
- Bureau of Justice Statistics (2000). Intimate partner violence statistics, available online at <http://www.ojp.usdoj.gov/bjs/>
- Bureau of Justice Statistics, (2002). Hispanic Victims of Violent Crime, 1993-2000. Available online at <http://www.ojp.usdoj.gov/bjs/pub/pdf/hvvc00.pdf>.
- Burman, E. & Chantler, K. (2005). Domestic violence and minoritisation: legal and policy barriers facing minoritized women leaving violent relationships. *International Journal of Law and Psychiatry, 28*, 59-74.

Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Currey, M.A., et al. (2003). Risk factors for femicide in abusive relationships: Results from a multi-site case control study. *American Journal of Public Health, 93*(7), 1089-1097.

Carlson, B. (1990). Adolescent observers of marital violence. *Journal of Family Violence, 5*, 285-299.

Carlson, B.E. (2000). Children exposed to intimate partner violence: Research findings and implications for intervention. *Trauma, Violence, and Abuse, 1*(4), 321-342.

Chang, J., Berg, C.J., Herndon, J., & Saltzman, L.E. (2005). Homicide: A leading cause of injury deaths among pregnant and postpartum women in the United States, 1991-1999. *American Journal of Public Health, 95*(3), 471-477.

Christopoulos, C., Cohn, D.A., Shaw, D.S., Joyce, S., Sullivan-Hanson, J., Kraft, S., & Emery, R.E. (1987). Children of abused women: I. Adjustment at time of shelter residence. *Journal of Marriage and the Family, 49*, 11-619.

Cocker, A.L., Sanderson, M., Dong, B. (2004). Partner violence during pregnancy and risk of adverse pregnancy outcomes. *Pediatric and Perinatal Epidemiology, 18*(4), 260-269.

Connor, D.F., Steingard, R.J., Cunningham, J.A., Anderson, J.J., & Melloni, R.H. (2004). Proactive and reactive aggression in referred children and adolescents. *American Journal of Orthopsychiatry, 74*(2), 129-136.

Coyne, J.J., Barrett, P.M., & Duffy, A. L. (2000). Threat vigilance in child witnesses of domestic violence: A pilot study utilizing the ambiguous situations paradigm. *Journal of Child and Family Studies, 9*, 377-388.

Creating a Responsive System of Care for Children Exposed to Violence: The Safe Start Demonstration Project 2005 Process Evaluation (2006). Site evaluation report.

Cummings, E.M., Goeke-Morey, M.C., & Papp, L.M. (2004). Everyday marital conflict and child aggression. *Journal of Abnormal Child Psychology, 32*(2), 191-202.

Cummings, J.G., Pepler, D.J., & Moore, T.E. (1999). Behavior problems in children exposed to wife abuse: gender differences. *Journal of Family Violence, 14*(2), 133-158.

Dalton, J., Carbon, S., & Olesen, N. (2003). High conflict divorce, violence and abuse: Implications for custody and visitation decisions. *Juvenile and Family Court Journal, Fall*, 11-34.

Dalton, C., Drozd, L.M., & Wong, F.Q. (2004). *Navigating custody and visitation evaluations in cases with domestic violence: A judge's guide*. Reno, NV: National Council of Juvenile and Family Court Judges.

Davies, J. *Confidentiality & information sharing issues for domestic violence advocates working with child protection and juvenile court systems*. Retrieved September 22, 2006 from <http://www.endabuse.org/programs/children/files/InfoSharing.pdf#search=%22confidentiality%20and%20information%20sharing%22>.

DeVoe, E.R., & Smith, E.L. (2002). The impact of domestic violence on urban preschool children: Battered mothers' perspectives. *Journal of Interpersonal Violence, 17*(10), 1075-1101.

Diamond, T., & Muller, R.T. (2004). The relationship between witnessing parental conflict during childhood and later psychological adjustment among university students: Disentangling confounding risk factors. *Canadian Journal of Behavioral Science, 36*(4), 295-309.

Dienemann, J., Boyle, E., Baker, D., Resnick, W., Wiederhorn, N., & Campbell, J. (2000). Intimate partner abuse among women diagnosed with depression. *Issues in Mental Health Nursing, 21*, 499-513.

- Echlin, C., & Marshall, L. (1995). Child protection services for children of battered women: Practice and controversy. In E. Peled, P. Jaffe, & J.L. Edleson (eds.) *Ending the cycle of violence: Community responses to children of battered women*. Thousand Oaks, California: Sage Publications.
- Edleson, J.L. (1995). Mothers and children: Understanding the links between woman battering and child abuse. *Minnesota Center Against Violence and Abuse*. Available online at <http://www.mincava.umn.edu/documents/nij/nij.html>.
- Edleson, J.L. (1999). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence, 14*(8), 839-870.
- Edleson, J.L. (1999b). The overlap between child maltreatment and woman battering. *Violence Against Women, 5*(2), 134-154.
- Edleson, J.L. (1999c). Problems associated with child witnesses of domestic violence. Available online at http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_witness.pdf.
- Ehrensaft, M.K., & Cohen, P. (2003). Intergenerational Transmission of Partner Violence: A 20-Year Prospective Study. *Journal of Consulting and Clinical Psychology, 71*(4), 741-753. Available online at <http://www.apa.org/journals/releases/ccp714741.pdf>.
- El-Sheikh, M., & Harger, J. (2001). Appraisals of marital conflict and children's adjustment, health, and psychological reactivity. *Developmental Psychology, 37*(6), 875-885.
- English, D.J., Marshall, D.B., & Stewart, A.J. (2003). Effects of family violence on child behavior and health during early childhood. *Journal of Family Violence, 18*(1), *Special issue: LONGSCAN and family violence*, 43-57.
- Ericksen, J., & Henderson, A. (1992). Witnessing family violence: The children's experience. *Journal of Advanced Nursing, 17*(10), 1200-1209.
- Fantuzzo, J.W., & Mohr, W.K. (1999). Prevalence and effects of child exposure to domestic violence. *Future of Children, Special issue: Domestic violence and children, 9*(3), 21-32.
- Fantuzzo, J., DePaola, L., Lambert, L., Martino, T., Angerson, G., & Sutton, S. (1991). Effects of interparental violence on the psychological adjustment and competencies of young children. *Journal of Consulting and Clinical Psychology, 59*, 258-265.
- Fraser, M.W. (Ed.). (2004). *Risk and resilience in childhood: An ecological perspective*. (2nd ed.). Washington, D.C.: National Association of Social Workers Press.
- Friedman, R.J., & Chase-Lansdale, P.L. (2002). Chronic adversities. In M. Rutter & E Taylor (Eds.) *Child and Adolescent Psychiatry* (4th ed., pp. 325-339). Oxford: Blackwell Science.
- Gazmararian, J.A., Peterson, R., Spitz, A.M., Goodwin, M.M., Saltzman, L.E., & Marks, J.S. (2000). Violence and reproductive health: current knowledge and future research directions. *Maternal and Child Health Journal, 4*(2), 79-84.
- Gewirtz, A. & Edleson, J.E. (2004). Young Children's Exposure to Adult Domestic Violence: Toward a developmental risk and resilience framework for research and intervention. Paper #6 in the Series *Early childhood, domestic violence and poverty: helping young children and their families*.
- Graham-Bermann, S.A., & Levendosky, A.A. (1998). Traumatic stress symptoms of children of battered women. *Journal of Interpersonal Violence, 13*(1), 111-128.

- Graham-Bermann, S.A. (1996). Family Worries: The assessment of interpersonal anxiety in children from violent and nonviolent families. *Journal of Clinical Child Psychology, 25*(3), 280-287.
- Grych, J.H., Jouriles, E.N., McDonald, R., Norwood, W.D., & Swank, P.R. (2000). Patterns of adjustment among children of battered women. *Journal of Consulting and Clinical Psychology, 68*(1), 84-94.
- Hester, M., Pearson, C., & Harwin, N. (2000). *Making and Impact: Children and Domestic Violence*. Philadelphia: Jessica Kingsley Publishers.
- Hillis, S.D., Anda, R.F., Dube, S.R., Felitti, V.J., Marchbanks, P.A., & Marks, J.S. (2004). The association between adverse childhood experiences and adolescent pregnancy, long-term psychosocial consequences, and fetal death. *Pediatrics, 113*(2), 320-327.
- Holden, G.W. (2003). Children exposed to domestic violence and child abuse: Terminology and taxonomy. *Clinical Child and Family Psychology Review, 6*(3), 151-160.
- Holden, G., & Ritchie, K. (1991). Linking extreme marital discord, child rearing, and child behavior problems: Evidence from battered women. *Child Development, 62*, 311-327.
- Howard, S., Dryden, J., & Johnson, B. (1999). Childhood resilience: Review and critique of the literature. *Oxford Review of Education, 25*(3), 307-323.
- Hughes, H.M., Graham-Bermann, S.A., & Gruber, G. (2001). Resilience in children exposed to domestic violence. In S.A. Graham-Bermann & J.L. Edleson (Eds.), *Domestic violence in the lives of children: The future of research, intervention and social policy*. (pp. 67-90). Washington, D.C.: American Psychological Association.
- Hughes, H.M., & Luke, D.A. (1998). Heterogeneity in adjustment among children of battered women. In G.W. Holden, R. Geffner, & E.N. Jouriles (Eds.) *Children exposed to marital violence: Theory, research, and applied issues*. (pp. 185-221). Washington, DC, US: American Psychological Association.
- Huth-Bocks, A.C., Levendosky, A.A., & Semel, M. A. (2001). The direct and indirect effects of domestic violence on young children's intellectual functioning. *Journal of Family Violence, 16*(3), 269-290.
- Ingoldsby, E.M., Shaw, D.S., Owens, E.B., & Winslow, E.B. (1999). A longitudinal study of interpersonal conflict, emotional and behavioral reactivity, and preschoolers' adjustment problems among low-income families. *Journal of Abnormal Child Psychology, 27*(5), 343-356.
- Iwaniec, D., Larkin, E., & Higgins, S. (2006). Research review: Risk and resilience in cases of emotional abuse. *Child and Family Social Work, 11*, 73-82.
- Jaffe, P., Wolfe, D., Wilson, S.K., & Zak, L. (1986). Family violence and child adjustment: A comparative analysis of girls' and boys' behavioral symptoms. *American Journal of Psychiatry, 143*, 74-77.
- Jones, L.P., Gross, E., & Becker, I. (2002). The characteristics of domestic violence victims in a child protective service caseload. *Families in Society: The Journal of Contemporary Human Services, 83*(4), 405-415.
- Jordan, W.J., & Nettles, S.M. (2000). How students invest their time outside of school: Effects on school-related outcomes. *Social Psychology of Education, 3*(4), 217-243.
- Jouriles, E.N., Spiller, L.C., Stephens, N., McDonald, R., & Swank, P. (2000). Variability in adjustment of children of battered women: The role of child appraisals of interparent conflict. *Cognitive Therapy and Research, 24*(2), 233-249.

- Jouriles, E.N., Norwood, W.D., McDonald, R., Vincent, J.P., & Mahoney, A. (1996). Psychological violence and other forms of marital aggression: Links with children's behavior problems. *Journal of Family Psychology, 10*(2), 223-235.
- Judicial Council of California, Center for Families, Children and Courts. (2003). *Parenting in the Context of Domestic Violence*. Available online at <http://www.courtinfo.ca.gov/programs/cfcc/pdffiles/fullReport.pdf>.
- Kantor, G.K. & Little, L. (2003). Defining the boundaries of child neglect: When does domestic violence equate with parental failure to protect? *Journal of Interpersonal Violence, 18*(4), 338-355.
- Kelleher, K., Chaffin, M., Hollenberg, J., & Fischer, E. (1994). Alcohol and drug disorders among physically abusive and neglectful parents in a community-based sample. *American Journal of Public Health, 84*(10), 1586-1590.
- Kerig, P.K. (1998). Moderators and mediators of the effects of interparental conflict on children's adjustment. *Journal of Abnormal Child Psychology, 26*(3), 199-212.
- Kernic, M.A., Wolf, M.E., Holt, V.L., McKnight, B., Huebner, C.E., & Rivara, F. P. (2003). Behavioral problems among children whose mothers are abused by an intimate partner. *Child Abuse and Neglect, 27*(11), 1231-1247.
- Kitzmann, K.M., Gaylord, N.K., Holt, A.R., & Kenny, E.D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting & Clinical Psychology, 71*(2), 339-352.
- Koenen, K.C., Moffitt, T.E., Caspi, A., Taylor, A., & Purcell, S. (2003). Domestic violence is associated with environmental suppression of IQ in young children. *Development and Psychopathology, 15*, 297-311.
- Kolbo, J.R., Blakely, E.H., & Engleman, D. (1996). Children who witness domestic violence: a review of empirical literature. *Journal of Interpersonal Violence, 11*(2), 281-294.
- Lehmann, P., & Elliston, E.J. (2001). Traumatic Responding in Children Exposed to Domestic Violence: A Cross-Cultural Study. *Journal of Ethnic & Cultural Diversity in Social Work, 10*(4), 81-102.
- Levendosky, A.A., & Graham-Bermann, S.A. (2001). Parenting in battered women: The effects of domestic violence on women and children. *Journal of Family Violence, 16*(2) 171-192.
- Lichter, E.L., & McCloskey, L.A. (2004). The effects of childhood exposure to marital violence on adolescent gender-role beliefs. *Psychology of Women Quarterly, 28*, 344-357.
- Litrownik, A.J., Newton, R., & Hunter, W.M. (2003). Exposure to family violence in young at-risk children: A longitudinal look at the effects of victimization and witnessed physical and psychological aggression. *Journal of Family Violence, 1*(1), *Special issue: LONGSCAN and family violence*, 59-73.
- Maker, A.H., Kemmelmeier, M., & Peterson, C. (1998). Long-term psychological consequences in women of witnessing parental physical conflict and experiencing abuse in childhood. *Journal of Interpersonal Violence, 13*(5), 574-589.
- Martin, S.E., & Clements, M.L. (2002). Young children's responding to interparental conflict: Associations with marital aggression and child adjustment. *Journal of Child and Family Studies, 11*(2), 231-244.
- Masten, A.S., & Coatsworth, J.D. (1998). The development of competence in favorable in unfavorable environments: Lessons from research on successful children. *American Psychologist, 53*(2), 205-220.
- Mathias, J.L., Mertin, P., & Murray, A. (1995). The psychological functioning of children from backgrounds of domestic violence. *Australian Psychologist, 30*(1), 47-56.

- McCloskey, L., Figueredo, A., & Koss, M. (1995). The effects of systemic family violence on children's mental health. *Child Development, 66*(5), 1239-1261.
- McCubbin, H.I. & McCubbin, M.A. (1988). Typologies of resilient families: Emerging roles of social class and ethnicity. *Family Relations, 37*, 247-254.
- McDonald, W.R. & Associates. (2003). National Study of Child Protective Services Systems and Reform Efforts: Site Visits Report. Submitted to: Children's Bureau/ACYF Administration for Children and Families and Office of the Assistant Secretary for Planning and Evaluation U.S. Department of Health and Human Services. Available online at <http://aspe.hhs.gov/hsp/cps-status03/site-visits/index.htm>.
- McGee, C. (2000). *Childhood Experiences of Domestic Violence*. Philadelphia: Jessica Kingsley Publishers.
- Moore, T.E., & Pepler, D.J. (1998). Correlates of adjustment in children at risk. In G. Holden, R. Geffner, & E. Jouriles (Eds.) *Children Exposed to Marital Violence: Theory, Research, and Applied Issues* (pp. 157-184) Washington, D.C.: American Psychological Association.
- Morewitz, S.J. (2004). *Domestic Violence and Maternal and Child Health*. New York: Plenum Publishers.
- Mullender, A. Hague, G., Imam, U., Kelly, L., Malos, E., & Regan, L. (2002). *Children's Perspectives on Domestic Violence*. Thousand Oaks: Sage Publications.
- National Association for Women's Health (NAWH) (2002). Special Report. Silent Epidemic: A survey of violence among young Asian American Women.
- National Coalition Against Domestic Violence. *Domestic Violence and Pregnancy Fact Sheet*. Available online at www.ncadv.org.
- National Council of Juvenile and Family Court Judges Family Violence Department. (1999). *Effective Intervention in Woman Battering and Child Maltreatment Cases: Guidelines for Policy and Practice*. Available online at <http://www.thegreenbook.info/documents/greenbook.pdf>.
- Office of Juvenile Justice and Delinquency Prevention (OJJDP; 2004). *Safe Start: Promising Approaches for Children Exposed to Violence: Program Announcement*. Available online at <http://ojjdp.ncjrs.gov/grants/solicitations/FY2004SafeStart.pdf>.
- Oyserman, D., Mowbray, C.T., Meares, P.A., & Firminger, K.B. (2000). Parenting among mothers with a serious mental illness. *American Journal of Orthopsychiatry, 70*(3), 296-315.
- Parsons, L., Goodwin, M.M., & Peterson, R. (2000). Violence against women and reproductive health: Toward defining a role for reproductive health care services. *Maternal and Child Health Journal, 4*(2), 135-140.
- Pelcovitz, D., Kaplan, S.J., DeRosa, R.R., Mandel, F.S., & Salzinger, S. (2000). Psychiatric disorders in adolescents exposed to domestic violence and physical abuse. *American Journal of Orthopsychiatry, 70*(3), 360-369.
- Rak, C.F., & Patterson, L.E. (1996). Promoting resilience in at-risk children. *Journal of Counseling and Development, 74*, 368-373.
- Rhea, M.H., Chafey, C.V., Dohner, A., & Terragno, R. (1996). The silent victims of domestic violence – who will speak? *Journal of Child and Adolescent Psychiatric Nursing, 9*(3), 7-16.
- Richman, J.M., & Fraser, M.W. (Eds) (2001). *The Context of Youth Violence: Resilience, Risk and Protection*. Westport: Praeger Publishers.

- Roberts, A.R. & Kurst-Swanger, K. (2002). Police responses to battered women. In A. Roberts (Ed) *Handbook of Domestic Violence Intervention Strategies: Policies, Programs and Legal Remedies* (p. 101-126) New York: Oxford University Press.
- Rogers, M.J., & Holmbeck, G.N. (1997). Effects of interparental aggression on children's adjustment: The moderating role of cognitive appraisal and coping. *Journal of Family Psychology, 11*(1), 125-130.
- Rossmann, B.B. (1998). Descartes' error and Posttraumatic Stress Disorder: Cognition and emotion in children who are exposed to parental violence. In G. Holden, R. Geffner, & E. Jouriles (Eds.) *Children Exposed to Marital Violence: Theory, Research, and Applied Issues* (pp. 223-256) Washington, D.C.: American Psychological Association.
- Rossmann, B.B., & Ho, J. (2000). Posttraumatic response and children exposed to parental violence. In R. Geffner, P. Jaffe, & M. Sudermann (Eds.) *Children Exposed to Domestic Violence: Current Issues in Research, Intervention, Prevention, and Policy Development* (pp. 85-106). New York: The Haworth Maltreatment & Trauma Press.
- Rossmann, B.B., Hughes, H.M., & Rosenberg, M.S. (2000). *Children and Interparental Violence: The Impact of Exposure*. Michigan: Edwards Brothers.
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry, 147*, 598-611.
- Saunders, D. (1998). Child custody and visitation decisions in domestic violence cases: Legal trends, research findings, and recommendations. Applied Research Forum, available online at http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_custody.pdf.
- Sharhabani-Arzy, R., Amir, M., Kotler, M., & Liran, R. (2003). The Toll of Domestic Violence. *Journal of Interpersonal Violence, 18*(11), 1335-1347.
- Silvern, L., Karyl, J., Waelde, L., & Hodges, W.F. (1995) Retrospective reports of parental partner abuse: Relationships to depression, trauma symptoms and self-esteem among college students. *Journal of Family Violence, 10*(2), 177-202.
- Skopp, N.A., McDonald, R., Manke, B., & Jouriles, E.N. (2005). Siblings in domestically violent families: Experiences of interparent conflict and adjustment problems. *Journal of Family Psychology, 19*(2), 324-333.
- Spaccarelli, S., Coatsworth, D.J., & Bowden, B.S. (1995). Exposure to serious family violence among incarcerated boys: Its associations with violence offending and potential mediating variables. *Violence and Victims, 10*(3), 163-182.
- Spears, L. (2000). Building bridges between domestic violence organizations and child protection services. *Violence Against Women Online Resources* available online at <http://www.vaw.umn.edu/documents/dvcps/dvcps.html>.
- Stiles, M.M. (2002). Witnessing domestic violence: The effect on children. *American Family Physician, 66*(11), 2052-2059.
- Sternberg, K.J., Lamb, M.E., Greenbaum, C., Cicchetti, D., Dawud, S., Cortes, R.M., Krispin, O., & Lorey, F. (1993). Effects of domestic violence on children's behavior problems and depression. (Behavior Problems and Adjustment) *Developmental Psychology, 29*(1), 44-53.
- Taft, C.T., Murphy, C.M., King, L.A., Dedejn, J. M., & Musser, P.H. (2005). Posttraumatic stress disorder symptomology among partners of men in treatment for relationship abuse. *Journal of Abnormal Psychology, 114*(2), p259-268.

Tang, C.S. (1997). Psychological impact of wife abuse: Experiences of Chinese women and their children. *Journal of Interpersonal Violence, 12*(3), 466-478.

Von Steen, P.G. (1997). Adults with witnessing histories: The overlooked victims of domestic violence. *Psychotherapy: Theory, Research, Practice, Training, 34*(4), 478-484.

Warshaw, C., & Barnes, H. (2003). Domestic violence, mental health and trauma: Research highlights. Available online at <http://www.vawnet.org/DomesticViolence/Research/OtherPubs/MentalHealthResearch.pdf>.

Ward, C.L., Flisher, A.J., Zissis, C., Muller, M., & Lombard, C. (2001). Exposure to violence and its relationship to psychopathology in adolescents. *Injury Prevention, 7*(4), 297-302.

Weithorn, L.A. (2001). Protecting children from exposure to domestic violence: The use and abuse of child maltreatment statutes. *Hastings Law Journal, 53*(1), 1-156.

Wexler, D.B. (1990). An introduction to therapeutic jurisprudence. In D.B. Wexler (Ed.), *Therapeutic jurisprudence*. Durham, NC: Carolina Academic Press, p. 4.

Wolfe, D. (1987). *Child Abuse: Implications for Child Development and Psychopathology*. California: Sage Publishers.

Wolfe, D.A., Crooks, C.V., Lee, V., & McIntyre-Smith, A. (2003). The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child & Family Psychology Review, 6*(3), 171-187.

