

5-2017

The Impact of Witnessing Domestic Violence on Children: A Systematic Review

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Recommended Citation

Pingley, Terra, "The Impact of Witnessing Domestic Violence on Children: A Systematic Review" (2017). *Master of Social Work Clinical Research Papers*. 776.

http://sophia.stkate.edu/msw_papers/776

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The Impact of Witnessing Domestic Violence on Children:
A Systematic Review

by

Terra L. Pingley, LSW

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, MN
in Partial fulfillment of the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Domestic violence affects all who are exposed: perpetrators, victims, and the children who witness the violence. It is important to understand how complex domestic violence is to effectively understand the systems that are affected by this crime. This systematic review studied previous research that examined the experiences of children who witness domestic violence and its impacts on their behaviors, adjustments, and development. This review was designed to explore the question: What is the impact of witnessing domestic violence on children? Analysis revealed three interrelated themes from these articles. These themes centered on the impacts of witnessing domestic violence on children and included: 1) Dysregulation in cognitive and emotional systems; 2) Impact on behavioral systems: internalizing behaviors and externalizing behaviors; 3) Multi-level perspectives. The findings show that children's exposure to domestic violence (DV) and intimate partner violence (IPV) is extremely prevalent and those children are considered at a higher risk for problems in holistic development. The findings also highlight the importance of identifying the effects of witnessing domestic violence and intimate partner violence. Moving forward, more research is required on therapeutic interventions for children witnesses.

Keywords: domestic violence, intimate partner violence, children witnesses

Acknowledgements

First, I want to thank my immediate family for all their love and support over this long journey. Specifically, to my husband without whom I could never have finished both my BSW and MSW in the past five years. You have truly been my rock with your unconditional love and encouragement and I could not imagine my life without you. Thank you to my four children who are my world, I have missed countless activities and nights of tucking you in throughout this, but know I always wished I was with you. I want to thank all my family and friends that have supported me throughout this process, I truly appreciated the patience and grace that you all gave me knowing that I would not be as present in life as I was before Graduate school. To my parents, siblings, and nephews/nieces, I cannot thank you enough for knowing that I wanted to be a better daughter, big sister and auntie, but that I did the best I could. To Chrissy for helping with your fav Littles and being at the activities that I had to miss; such an awesome friend/auntie! To Sue for always being there; day and night, our sisterhood allowed me to always feel safe to call and that I was strong enough to finish. To Mallory for continuing to encourage me and push me outside of my box; you have given me far more than my LSW supervision this year. To my awesome committee members, Kelly and Petraya, thank you for the support, wisdom, and encouragement. To Mike, thank you for being an editor for me! To DAP for the greatest internship opportunity! Thank you to my classmates who inspired, challenged, taught, and accepted me for who I am and want to be. A huge thank you to the faculty and staff at St. Catherine University and University of St. Thomas, I will be a better clinical social worker because of your investment in my education. And last, but definitely not least, a special thanks to Dr. Melissa Lundquist, your belief in me and my abilities has been more than appreciated. I could not have finished this paper or this degree without your support.

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Introduction

Domestic violence can be defined as the systematic pattern of abusive behaviors in a relationship that are used to gain and/or maintain control and power over another person (Domestic Abuse Project, 2016). This can include physical abuse, sexual abuse, emotional abuse, psychological abuse, and/or technological or financial abuse. Domestic Abuse Project (2016) also notes that domestic violence is the leading cause of injury to women in the United States. Moreover, domestic violence occurs to one in four women and claims a life in the United States every six hours. Meaning, a woman is violently attacked every fifteen seconds (DAP, 2016). The impact of the abuse ripples through a family impacting not only the victim, but the children as well.

According to Sullivan, Egan, & Gooch (2004), it is suggested that 275 million children in the world and more than 10 million children in the United States witness domestic violence. Stephens reported (1999) that an estimated 3.3 million and up to 10 million children annually in the United States witnessed domestic violence. Children's Fund (2006) suggested that 275 million children across the world witness domestic violence on average in a year. The impact of domestic violence on children who witness these events can be devastating and puts these children at a greater risk of being abused themselves (Chamberlain, 2001). Evidence shows a correlation between the occurrences of domestic violence with threats to a child's safety, and the numbers of calls or reports to Child Protection Services (Potito, Day, Carson, & O'Leary, 2009). The number of calls or reports to CPS can directly impact the child's ability to remain within the home or with their family. Child protection authorities are being involved more routinely in cases of domestic violence, which has led to them using interventions up to and including removing the child from the home. Regarding the consequences of domestic violence on the

victim, the impact on their children is far reaching; there are numerous psychological effects for the children who witness this abuse. Children are experiencing delays in cognitive and emotional development, extreme withdrawal or aggressiveness, anxiety disorders, as well as internalizing and externalizing behavior problems (Antle, Barbee, Yankeelov, & Bledsoe, 2010). This paper studied the previous research that looks at the experiences of children who witness domestic violence and the impacts on their behaviors, adjustments, and development. The purpose of this systematic review was to summarize current research, highlight important challenges in the research, and to provide recommendations for further research.

Literature Review

Domestic violence affects all who are exposed; perpetrators, victims, and the children who witness the violence. There is little doubt that domestic violence occurs, is an international epidemic, and affects all people, regardless of class, gender, and race (Joseph, Govender, Bhagwanjee, 2006). It is important to understand the complexities of domestic violence in order to be effective in understanding the systems that are also affected by this violent act.

Witnessing Domestic Violence as a Child

It can be easy to overlook the problems of children that are involved in domestic violence families. The children seem to be doing well, or the parents are doing their best to keep the children out of the violent episodes, but the impact of witnessing the events are detrimental (Pfouts, Schopler, & Henley Jr., 1982). Witnessing domestic violence does not necessarily mean that the child is in visible range of the violence (Meltzer, Doos, Vostanis, Ford, & Goodman, 2009). According to McGee (1997) many children can describe very traumatic events that they heard, but have never seen the actual act of violence. One study showed that the psychosocial

outcomes of children exposed to domestic violence had significantly worse outcomes compared to those who had not experienced any form of domestic violence (Meltzer et al., 2009). The impact of witnessing domestic violence can vary for all individuals. The impact of witnessing domestic violence can have many developmental impacts on children, and those can start as early as conception and carry on through adulthood depending on the severity of the trauma (Curran, 2013).

Impact of Witnessing Domestic Violence on Child Development

The impacts on the social and emotional development as well as the physiological and physical development of child witnesses of domestic violence are unending, and research shows the impact can begin before the child is born because of the distress the mother of the child experiences (Howell, Barnes, Miller, & Graham-Bermann, 2016). Social and emotional development is what affects our mind and our behavioral regulations, such as intellectual abilities, mental activities, and behaviors. Physiological and physical development is what affects our body, such as structural differences in the brain or body, sexual orientation, and aging (Robbins, Chatterjee, Canda, 2012). In a study of young children from Scheeringa and Zeanah (1995), it was reported that children who even sensed a perceived threat to their caregiver were more likely to have negative behavioral and emotional outcomes than other types of childhood stressors. In those children, the most common symptoms were hyper arousal, fearfulness, and increased aggression toward peers, compared to children who had not experienced this type of exposure.

Children often look to their caregiver for basic needs such as safety and modeling for self-regulation. Research shows that a risk in one of those areas can impact the development of

the other, and the need for consistent caregiving in a non-violent environment is crucial for development (Howell et al, 2016). The relationship of a caregiver has traditionally been one of love, support, and nurturance, unfortunately the effects of domestic violence can interrupt that bond, and damage the relationship.

Child witnesses of domestic violence are more likely to experience health problems (Chamberlain, 2001). Previous studies have shown general behavioral, cognitive, and emotional implications when children are exposed to DV or IPV including; irritability, sleep problems, fear of being alone, immaturity, language development, poor concentration, aggressiveness, antisocial behaviors, anxiety, depression, violence behaviors, low frustration tolerance, problems eating, and being passive or withdrawn (McGee, 2000; Elderson, 1999; Holt, 2015). Infants tend to also have sleeping and feeding disorders which can lead to poor weight gain (McFarlane et al., 2003).

When children reach preschool age, and are witnessing domestic violence, they commonly show withdrawn social behaviors, have heightened anxiety and are more fearful (Hornor, 2005). Unfortunately, when children reach school-age, the effects of witnessing domestic violence can impact their educational abilities (Hornor, 2005). In a noted study, it was found that children whose parents reported partner violence performed on average 12.2 percentile points lower than children whose parents reported no IPV in the home (Peek-Asa, Maxwell, Stromquist, Whitten, Limbos & Merchant, 2007). In boys, the effects of witnessing domestic violence can be seen through externalized behaviors such as aggressiveness or disobedience, where girls tend to show more internalized behaviors such as anxiety and depression (Meltzer et al., 2009).

Children exhibit an array of emotions when it comes to coping with witnessing domestic violence. These emotions included sadness, anxiety, and fear. Other children chose coping strategies that varied from these emotions (Allen, Wolf, Bybee, & Sullivan, 2003). It is critical to understand the coping skills children respond with so there is an understanding for the varied experiences that children face and how these relate to their well-being. There appears to be a variation in coping methods used by children: problem-focused or emotion-focused. Problem focused meaning the coping is focused on problem solving and emotions focused meaning acting in a way to alter the level of stress being experienced or attempting to manage the emotional distress associated with the violence (Allen et al., 2003).

Though children may not be physically feeling the effects of the domestic violence, research has shown the child and caregiver relationship can be greatly impacted by the exposure to this violence. Beyond the psychological effects, children who witness domestic abuse often are physically abused (Antle et al., 2010). According to Judith Herman (1997), “trauma inevitably brings loss”. She continues to describe how for those who are lucky enough to escape physical abuse, they lose psychological structures. Those that are physically abused lose a sense of themselves and their body integrity (p. 188).

When discussing the traumatic events with a child victim, it inevitably causes the child to experience profound grief (Herman, 1997). The loss and grief experienced by children can lead to the child having to change homes often. Schools, friends, and people that they have learned to trust and can rely on therefore change often. The instability that domestic violence causes to the child can be extremely high with multiple factors that affect the child; which furthers the need for services (Chen & Scannapieco, 2006).

Chronic stress in young children can lead to physiological responses that can lead to stress-related symptoms (Herman-Smith, 2013). Children with insecure attachment can be avoidant to caregivers and could also be ambivalent by being withdrawn or avoidant (Herman-Smith, 2013). Caregivers that are chronically unavailable to young children increases their risk of having stressful experiences in their lives and difficulty in attachment and being able to self-soothe to deal with stressful times (Herman-Smith, 2013). Prenatal care can affect the heightened risk of premature birth, low birth weight, development, and attachment of a newborn child (Howell et al., 2016). One of the major tasks for infants as they develop, is the ability to learn how to self-soothe. The infants who experience continuous stress are more likely to be highly sensitive and do not learn self-soothing behavior as they develop (Herman-Smith, 2013).

Children that witness domestic violence have been shown to exhibit behavioral, affective, and cognitive coping responses and their experience of fear was evident (Joseph, et al., 2006). Children look to their caregivers for their safety and self-regulation, and the need for consistency within their caregiving is critical in development (Howell et al., 2016). The impact of witnessing domestic violence can affect the entire emotional, social, physiological, and physical development of a child and can continue to affect children into their future relationships.

Impact on Current and Future Relationships

The impacts of domestic violence help explain the difficulty that many experience in parenting as well as in intimate relationships. According to the attachment theory, in the parent-child relationship, the parent's role is to provide protection. When parents are unable to protect themselves, this causes distress for the parent-child relationship, and strains the attachment. According to Belsky (1999) there is differences between the attachment patterns and parenting

styles of secure mothers in secure relationships versus those in non-secure relationships. Children who experience abusive or unattached caregiving are likely to develop negative reactions to their caregiver, because an absence of attachment or increased anger and that can cause negative reactions of themselves (Waldman-Levi et al., 2013).

There has been a proven correlation between children that have been exposed to domestic violence and those that go on to abuse their own families or when in other relationships (Nixon et al., 2013). Mounting evidence has linked an exposure to family violence and perpetration of teen dating violence (Temple, Shorey, Tortolero, & Wolfe, 2013). This is a major safety concern and reports show that generally 10-20% of adolescents have experienced dating violence (Temple et al., 2013). Social learning theory explains that children exposed to parental violence are more likely to experience violence themselves, and go on to violent acts towards others. We also know that not all of these children will go on to perpetrate (Temple et al., 2013).

Research shows that witnessing domestic violence as a boy can be related to men's perpetration of domestic violence (Adams, 2007; Hines & Malley-Morrison, 2005; Payne & Triplett, 2009). Many female victims of domestic violence come from homes where they witnessed domestic violence between their parents (Payne & Gainey, 2009; Whitfield et al., 2003). Learning theory would explain that boys "learn" how to become abusers and girls "learn" about victimization (Payne & Gainey, 2009). Dutton (2000) contends that domestic violence disrupts a child's emotional attachments, which goes on to affect the child's abilities throughout their lives, particularly in their intimate relationships. These attachment issues can become a factor in their intimate relationships where jealousy and fear can lead to increased aggression and violence (McKee & Payne, 2014).

Conceptual Frameworks

The following frameworks will impact the systematic review by informing the research, developing methods, and analyzing the data found. Both of these frameworks will give the research examples of the impact of witnessing domestic violence on children.

Attachment Theory

Attachment theory looks at the importance of the developing brain on emotions and behaviors throughout the lifespan of a person (Schaefer, 2011). One of the pioneers of attachment theory is John Bowlby. His contributions, are rooted in psychodynamic thought, and include his works in attachment (1969), separation (1973), and loss (1980) (Robbins et al., 2012). “Bowlby emphasized that attachment behavior is regarded as a class of social behavior of an importance equivalent to that of mating behavior and parental behavior” (Robbins et al., 2012). Robbins, Chatterjee, & Canda (2012) go on to talk about how attachment occurs by the end of the first year for nearly all children, and the absence of attachment can lead to symptoms of serious developmental problems. Attachment theory provides a useful lens to enhance the understanding of domestic violence and the impact this has on the development of children because it gives the ability to understand the importance of the relationship, the attachment, and the affect that an insecure attachment can have on the relationship. Additionally, this theory offers a better understanding of the role of caregiver and child, and therefore will provide the conceptual framework guiding this systematic literature review.

Social Learning Theory

Social Learning Theory is the school of behavioral thought that looks at both the internal and external thought processes (Robbins et al., 2012). Through social learning theory, we see the importance of modeling and communication (verbal and non-verbal) for children and their developmental growth. Through much research and experimentation, it was determined that children often will model the behaviors of those around them. In a famous study by Albert Bandura in 1961, he studied children at the Stanford University Nursery School using a doll named “Bobo”. During this study, children watched researchers acting aggressively towards the doll then, when children were left alone with the doll, they modeled that behavior and extended that aggression towards other toys (Cooper & Lesser, 2015). This study and many others that followed, show the importance of what children witness and how this contributes and plays out socially in their world.

Methods

A systematic review was chosen as the design method for this study. The Agency for Healthcare Research and Quality through the U.S. Department of Health and Human Services defines a systematic review as a critical assessment and evaluation of all research studies that address a particular issue; it is an organized method of locating, assembling, and evaluating a body of literature on a particular topic using a set of specific criteria. To conduct this systematic review, two databases were used to search for relevant articles related to the impact of witnessing domestic abuse on child. Specific and predetermined terms were used as key word searches in the databases to gather the articles. Once articles were gathered, specific criteria were used to

narrow down the number of articles to include ones that specifically focus on the impact of witnessing domestic violence on children.

This study reviewed articles published in English with the study population based in the United States. Databases used were found through the University of St. Thomas library; Social Work Abstracts and SocINDEX using the key words “impact of child witnessing domestic violence”, “domestic violence”, “impact child witnessing intimate partner violence”, “intimate partner violence”. Items researched included articles, numerous documents, online-accessible health journals, review articles, and meta-analysis to be used to help gather a broader understanding and depth of knowledge surrounding the topic. This review was limited to studies that are quantitative, qualitative, and mixed methods, including excerpts from participants who themselves were exposed to family violence.

To understand the scope of available literature around the research question, a search for both sensitivity and specificity was conducted (PRISMA.org). According to PRISMA, the search of sensitivity allows researchers to examine the broadest range of the research topic. This level of breadth can produce a large amount of available research with a high percentage of irrelevant articles. A search of specificity allows researchers to narrow the focus of research in order to produce a search with a high percentage of relevant articles. A specificity search runs the risk of missing relevant articles due to the limited nature of the search terms. Using both sensitivity as well as specificity searches helps to understand the literature landscape in order to narrow down search terms, as well as develop inclusion and exclusion criteria. Both searches for sensitivity and specificity were performed as part of this study.

Inclusion/Exclusion Criteria for Systematic Review

Articles that were included in the research were peer reviewed and grey literature, or a combination of both. These articles were published between 1994 and 2016. The focus of this research included the past twenty years to assure that research is current, adapting to the current theories and methods for working with children who have witnessed domestic abuse. In 1994, the Violence against Women Act (VAWA), with additions passed in 1996, outlined grant programs to prevent violence against women and established the national domestic violence hotline. In addition, new protections were given to victims of domestic abuse, such as the confidentiality of new address and changes to immigration laws that allowed a battered spouse to apply for permanent residency (family.findlaw.com, 2016). The sample is not intended to be exhaustive. Keyword searches of databases found at University of St. Thomas were utilized. These databases were chosen because of the relevance to the topic to the research question.

Articles were excluded that focused on primarily on children who experienced physical abuse and witnessed domestic abuse and violence. Articles were excluded whose study population is outside of United States.

Data Analysis

After articles met the inclusion criteria, the articles were organized into groups by common themes. After the articles were grouped, each article was re-read to identify the significant data including themes and subthemes. The articles were then compared in relation to each other, and conceptually organized to ascertain commonalities, differences, and themes. Articles were synthesized to reveal the overarching themes. From this synthesis, the similarities and differences between the articles were examined.

For this systematic review, an initial review of articles found the following themes; caregiver-child relationships, social, physiological, physical, emotional development, impact on adult relationships, and coping skills. Upon further review, the following themes were found: dysregulation in cognitive and emotional systems, the impact on behavioral systems: internalizing and externalizing behaviors; and multi-level perspective; and then compared to the initial research.

Findings

After a thorough search, 13 articles fit the criteria for inclusion in this study (Table 1). Analysis revealed three interrelated themes emerged from these articles. These themes centered on the impacts of witnessing domestic violence on children and included: 1) Dysregulation in cognitive and emotional systems; 2) Impact on behavioral systems: internalizing behaviors and externalizing behaviors; 3) Multi-level perspectives.

According to The Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention (2012) Intimate Partner Violence (IPV) is defined as “occurring between two people in close relationship. The term ‘intimate partner’ includes current and former spouses and dating partners. IPV includes physical abuse, sexual abuse, controlling behaviors, and emotional abuse”. There are differing opinions on the definition of domestic violence which includes “violence or abusive behaviors in the home directed towards one or more persons” (Kashani & Allan, 1998, p. 3), and “an act carried out with intention, or perceived intention, of causing physical pain or injury” (Edelson, 1999, p.845). For the purpose of this research, intimate partner violence and domestic violence will be

considered as any type of violent abuse or use of power and control by an intimate partner with the context of being coercive.

Dysregulation in Cognitive and Emotional Systems

Children who experience trauma through exposure to IPV or DV exhibit higher rates of cognitive, psychological, and emotional challenges. Several of the articles demonstrated that children who are exposed to abuse have lower levels of social competence when compared to others at the same age group. It is clear that exposure to violence places great burden on children across all developmental stages, and impacts children across the country. Dysregulation can be described as difficulty in maintaining normative functioning. Such as in cognitive functioning “deficits in executive functioning: organizing, prioritizing, and task completion”. In emotional functioning, the dysregulation could look as difficulties in maintaining friendships, increased maladaptive peer relationships, and isolation (Howell et al., 2016).

When looking at children who have been exposed to abuse, often there are signs of depression, anxiety, changes in eating patterns, toilet regressions, and symptoms of post-traumatic stress disorder. It is important to consider that many children who are exposed to IPV or DV will become resilient, and will not show negative outcomes in their emotional wellbeing. Schnurr and Lohman (2013) studied the longitudinal impact of exposure of DV on toddlers. The authors used a household-based, stratified random sample of more than 2,000 low-income children and their caregivers in Boston, Chicago, and San Antonio. The information they used was from three waves of a survey component of the “Welfare, Children, and Families: A Three-City Study” that ran from 1999-2005. These authors determined that early exposure alone does

not negatively impact children, though an increase in mother's DV victimization and prolonged exposure to violence does have problematic outcomes for children.

These dysregulations in cognitive and emotional systems can lead to outcomes such as violence, substance abuse, and delinquency. According to Hungerford, Ogle, and Clements (2010), their research suggests that those exposed to IPV may be a stronger predictor of child delinquency than physical abuse. Their research shows that children across all ages have problems in relationships and the attachment bonds that are weak from infancy play a role in unhealthy dating and friendship relationships in school.

Impact on Behavioral Systems: Internalizing and Externalizing Behaviors

It was consistent in the research that witnessing DV or IPV plays a prominent role in a child's behavioral functioning. According to Lawson (2001), whom reviewed previous research, found that family violence is a major social problem for those who are witnesses to violence and those who are physically abused. The author discusses the implications on the development of children's behaviors and how the effects are "likely to produce long-term intergenerational cycles of abuse if not treated early (p. 508)". When discussing behavioral systems, these could include aggressiveness, hyperarousal, anti-social behaviors, fearfulness, withdrawn behaviors, avoidant behaviors, inhibited behaviors, and developmental regression in children who have been exposed to DV or IPV versus children who have not (Dutton, 2000). The impact of exposure to DV and IPV can vary from child to child. In a systematic review by Mabanglo (2002), it was found that children exhibit higher externalizing and internalizing behaviors than children who did not witness IPV or DV. Some children are able to excel academically and perceive school as an area of their lives where they are able to control variables of the day

(Chanmugam & Teasley, 2014). Other students struggle in academia, have difficulties making friends, and struggle with concentration which could be part of their trauma, while others are tired because of the stressors of home life (Chanmugam & Teasley, 2014). According to Howell et al. (2016), one of the primary social implications of exposure to adolescence is emerging through dating violence. Those children who grew up in homes and witnessed IPV or DV were at higher risks to develop beliefs that accepted violence as a form of conflict resolution. Graham-Bermann and Perkins (2010) studied 190 children and their mothers in Southeast Michigan. The authors utilized a survey and intervention groups to determine the number of IPV experiences in the last year, and looked at the age of first exposure to IPV for the children. The authors found that early exposure for the boys had a greater impact in their externalizing behaviors and for the girls it impacted their total behavioral problems.

To further explain, internalizing behaviors can be described by the negative behaviors that are focused inward. Such as: fearfulness, social withdrawal, anxiety, depression, and somatic complaints. Whereas externalizing behaviors are described as negative behaviors that are focused externally, towards others. Some examples are: aggression, low self-esteem, difficulties in peer relationships, bullying, vandalism, and arson. Huang et al (2015) conducted a longitudinal study using data from the Fragile Families and Child Well-Being Study. The authors examined data from 2,410 children and found that exposure to IPV in early childhood had direct effects on the children's delinquency at age nine. Dutton (2000) combined previous work and concluded that IPV is destructive to an immature ego, which impacts the process of self-formation leaving people with attachment issues and feelings of insecurity. He also concluded that many children have temper tantrums and fight with siblings and schoolmates; becoming more violent after exposure to abuse (Dutton, 2000).

Both internalizing and externalizing behaviors are impacted by attachment. Exposure to IPV and DV can lead students to be overprotective and exhibit negative behaviors as a child; both can cause difficulties in relationships. Bullying could be linked to maladaptive attitudes about violence (Chamugam & Teasley, 2014). In a study by Campbell, Roberts, Synder, Papp, Strambler, and Crusto (2016), the authors looked at previous research and determined that early identification and distribution of services for the youth, could lower the risk for traumatic exposure and highlight paths for resiliency, versus utilizing negative internal and external behaviors.

Multi-level Perspectives

Theory was prevalent amongst all the research. From those theories, interventions were suggested and frameworks for therapy were attached. Huang, Vikse, Lu, and Yi (2015) discuss Urie Broffebrenner's bioecological theory of human development (1979, 1996). The authors discuss how Broffebrenner's theory described how the children's systems all impacted their development. Which the authors go on to discuss how that was different from the earlier research of two-person model. The two-person model can be described as the child and their caregiver, most often the mother. When there is conflict for the caregiver/mother, this impacts the child's development and behaviors as they respond. The authors also noted how Broffebrenner highlighted the importance of the parental involvement in "shaping the children's development and behavior" (p. 955). According to the research conducted by Huang, Vikse, Lu, and Yi (2015), the most important protective and risk factors that mediate outcomes of IPV exposure are related to families' cultural beliefs and values, neighborhood and community settings, family environments, and a child's characteristics. They continue on to discuss strong

mutual attachments, complex emotional relationships, joint activities, and socially supportive exchanges with their caregivers.

Another article discussed the ecobiodevelopmental perspective and was used to understand how violence and trauma can have such an impact on a child's development. The framework takes into consideration the families cultural beliefs and values, neighborhood and community settings, family environments, and child's characteristics, which allows this framework to look at the child holistically. The framework is helpful to understand the impacts of violence on children, as well as how children will respond based on their neurological development. According to Robert Herman-Smith (2013), this framework can be helpful as it explains how unresolved stress has toxic effects on children's development. The research using this framework all have a similar conclusion that more research is needed in neuroscience as much of this research is still considered preliminary. It can be used to further consider children's development. It conveys that early, unresolved stress in children, toddler, and even infants can detrimentally affect development. This framework considers exposure to IPV often produces emotional and psychological harm in a multitude of forms to children.

Since this framework looks heavily at neurological development, it continues to set out to research what stress does to the body and the mind. Research has found that stress, especially chronic, is associated with negative developmental outcomes (Herman-Smith, 2013). Since one of the major tasks of infancy is to learn to self-regulate, that can be delayed because of the contact stressors in their lives. Over time, these infants will begin to take on their caregiver's reactions, and that will delay their development (Herman-Smith, 2013).

Table 1. Included Articles

Title	Author(s)	Main Themes
Witnessing Parental Violence as a Traumatic Experience Shaping the Abusive Personality	Dutton, D. (2000)	IPV is destructive to an immature ego, in the process of self-formation. Attachment issues, feelings of insecurity.
The Development of Abusive Personality: A Trauma Response	Lawson, D. (2001)	Review of research and counseling implications based on Donald Dutton's article from 2000. Family violence is a major social problem for both those that observe violence in the home and those whom are physically abused. Effects of family violence are likely to produce long-term intergenerational cycles of abuse if not treated early. Attachment theory: children develop maladaptive internal working models of relationships when caregivers are consistently unreliable, absent, or unresponsive. IPV produces intense anger, anxiety, fear, and grief and impedes the child's ability to develop a trusting relationship and secure attachment to the caregiver. Insecure attachment leads to the development of maladaptive affective regulation patterns (withdrawal, avoidance, intimidation, aggression).
Trauma and the effects of Violence Exposure and Abuse of Children: A Review of the Literature	Mabanglo, M. (2002)	Review of literature on the effects of physical and sexual abuse and if differs with outcomes. Impact on children when the physical or sexual abuse is by their caregiver because of their dependency on their caregivers. Increase in negative outcomes when number of incidences increases. Emergence of PTSD as a diagnosis. As a direct result of the women's movement, more research began to study the family lives of women and children, focusing on topics including rape, DV, and child abuse.
Effects of Early	Graham-Bermann, S.	Sample of 190 children between 6-12

Exposure and Lifetime Exposure to Intimate Partner Violence (IPV) on Child Adjustment	and Perkins, S. (2010)	<p>years old and their mothers. Families recruited y flyers and advertisements placed in businesses and low income housing in SW Michigan. Adults paid \$20, children given toy with value of \$4. Research to see if age at first exposure (AFE) impacted child's adjustments. Internalizing and externalizing behavioral problems; anxiety, depression, aggression.</p> <p>Does not appear to matter the race, gender of child though some are more often represented in studies – often low-income families.</p>
Children's Exposure to Intimate Partner Violence: Relations Between Parent-Child Concordance and Children's Adjustment	Hungerford, A., Ogle, R., and Clements, C. (2010)	<p>75 children and their mothers participated, recruited from community center in small southeastern city. In addition, 25 children (all witnesses) were recruited from local DV shelters. Approached in person and asked to participate. No compensation given to participants.</p> <p>Children's exposure to IPV is the number one health problem for US Children. Symptoms of post-traumatic stress disorder (PTSD) internalizing problems, anxiety, depression, externalizing problems; aggression, low self-esteem, difficulties with peers, lower verbal and reading ability.</p> <p>Limitation that most often studies fall on self-reports.</p>
Long Term Effects of Exposure to Abuse During Childhood – Longitudinal Impact of Toddlers' Exposure to Domestic Violence	Schnurr, M. and Lohman, B. (2013).	<p>Longitudinal study of three waves of survey component: Welfare, Children, and Families: A Three-City Study. Household based, stratified random sample of more than 2,000 low-income children and their caregivers.</p> <p>Prolonged exposure to stressors are more likely to exhibit dysregulation in cognitive, emotional, and behavioral systems.</p> <p>Early exposure to DV can affect several aspects of children's lives, including mental and physical health, schooling, and peer relationships.</p>

<p>Intimate Partner Violence Exposure in Early Childhood: An ecobiodevelopmental perspective</p>	<p>Herman-Smith, R. (2013)</p>	<p>EBD Framework explains how unresolved stress experienced by infants, toddlers, and preschoolers has toxic effects on their development. Socio-emotional development. Multiple symptoms of trauma.</p>
<p>What Should School Social Workers Know about Children Exposed to Adult Intimate Partner Violence</p>	<p>Chanmugam., A. and Teasley, M. (2014)</p>	<p>Children in families with IPV may experience its effects in the family climate, in addition to exposure to acts of violence. Short term affects can include injury. Long term effects can include lowered social competence, reduced academic achievement, perceptions that violence or controlling behaviors in relationships in acceptable, PTSD symptoms, externalizing behavior problems (aggression and conduct disorder). Many children can be resilient. No consistency in gender differences in outcomes. Some may excel in school and feel safe, others may be distracted or tired.</p>
<p>Violence Exposure in Young Children: Child-Oriented Routines as a Protective Factor for School Readiness</p>	<p>David, K., LeBlanc, M., and Self-Brown, S. (2015)</p>	<p>Eighty-three preschool children between the ages of three to six years old completed a test of school readiness, and primary caregivers completed measures of violence exposure and adherence to daily routines. Research shows that DV exposure has been associated with poor child functioning, protective factors, such as daily routines, may shield children from these negative outcomes. Psychological functioning: internalizing behavior problems, aggressive and disruptive behavior. Internalizing problems; symptoms of PTSD, anxiety and depression.</p>
<p>Children’s exposure to intimate partner violence and early delinquency</p>	<p>Huang, C., Vikse, J., Lu, S., and Yi, S. (2015)</p>	<p>Bioecological theory of human development. Childhood exposure to IPV often produces emotional and psychological harm in various forms. Children who experience trauma due to exposure to IPV have been shown to</p>

		<p>exhibit higher than average raters of cognitive, psychological, and emotional impairments.</p> <p>N=2,410 children.</p> <p>Found that exposure to IPV in early childhood had direct effects on the children's delinquency at age 9.</p> <p>Lower levels of social competence, attachment concerns.</p> <p>Higher externalizing and internalizing behaviors.</p>
Developmental variations in the impact of intimate partner violence exposure during childhood	Howell, K., Barnes, S., Miller, L., Graham-Bermann, S. (2016)	<p>Social and emotional functioning is directly impacted by IPV.</p> <p>Psychological and behavioral functioning is shown to have increased adjustment problems; internalizing and externalizing behaviors.</p> <p>Physical health ramifications are immense.</p>
The assessment of early trauma exposure on social-emotional health of young children	Campbell, C., Roberts, Y., Synder, F., Papp, J., Strambler, M., and Crusto, C. (2016)	<p>Psychological traumatic events: internalizing, externalizing behavior problems, self-control, attachment, initiative, and behavior concerns.</p> <p>Understanding social-emotional health factors work together as they are predictors of maladaptive outcomes in later adulthood.</p> <p>Emotional and psychological trauma leads to poor social-emotional health.</p> <p>Academic problems, health problems.</p> <p>Alters brain physiology and structure in a way that may inhibit attention, cause memory loss, inhibit self-regulation, and hinders an individual's ability to develop healthy relationships with others.</p>

Discussion

Studies have shown that children's exposure to intimate partner violence (IPV) and domestic violence (DV) is extremely prevalent. These children are considered at a higher risk for problems in adjustment. According to Graham-Bermann and Perkins, the exposure to IPV or DV is the number one health problem in the United States (2001). In the United States, it is estimated that 1 in 15 children are witnesses to IPV per year, and worldwide more than 275 million children are exposed on a yearly basis (Howell, Barnes, Miller, Grahmann-Bermann, 2016).

Children's exposure can include prenatal, being present during the event, witnessing the aftermath, hearing it during or after the event, by attempting to break up the abuse, or by being abused after the event occurred. All of these have an impact on the child. "Children in families with IPV may experience its effects in the family climate, in addition to exposure to acts of violence" (Chanmugan & Teasley, 2014). The implications of this exposure can lead to physical health, mental health, challenges in the development of social skills, and changes in cognitive processing. Living in a home with IPV not only puts the children at risk of being abused themselves, but also may make them feel vulnerable or responsible for the abuse that is occurring.

This research was conducted to examine the impact on children who witness domestic violence or intimate partner violence. The research showed an undeniable effect on children's cognitive, social, and behavioral development. These findings suggest that there is a correlation between witnessing domestic violence or intimate partner violence and the development of children. Research of this data also shows the importance of considering the impact that witnessing violence has on the child and their development when implementing interventions and considering policy changes.

Throughout this research, there was not one area of a child's development that was more impacted than the other. The research showed there can be significant impact in a child's cognitive, social, and behavioral self, but there was not as much mention to the physical developmental impacts. According to Schnurr & Lohman (2013) "DV exposure is related to worse physical health, specifically weight and nutritional status" (p. 1017). Based on this research project this would be an area of research that could be expanded.

Considering the research reviewed, the statistics of occurrences of children witnessing violence has not decreased in the time frame of this research, 1994-2016. According to Dutton (2000) there were 3.3 million children annually who witnessed parental violence. Robert Herman-Smith (2013) said approximately 15.5 million children in the United States and then according to McDonald et al. (2016) and their collection of data from nationally representative samples suggest that eleven percent of U.S. children are exposed to intimate partner violence. With numbers on a continual rise in the United States, the need for continued research is apparent.

A variety of interventions including the ability to respond differently and appropriately for these children is important. A study by David, LeBlanc & Self-Brown (2015) showed that household routines consisting of regular household rules, consistency in disciplining child misbehaviors, and having known consequences would be helpful interventions for families. This study went on to discuss how consistent routines helped children adjust in school readiness as well. Yet it is not only the families that work with these impacted children, but also the community and school settings. It is necessary to develop a clear understanding of the impact of exposure on children, and those working in the community and school settings need to be aware

of the urgency to design and implement interventions to assist these children to be successful in life. Chanmugam and Teasley (2014) found that developing supportive partnerships with parents is a critical way for teachers and professionals to interact with parents (p. 196). The authors go onto discuss the importance of parents being involved with defining and prioritizing services needed (p.196). Given the prevalence of IPV and DV, it is important that school workers and other personnel understand experiences, needs, and resources related to children exposed to violence.

From the research found, 46.2% (N=6) articles identified the respondent as the mother/caregiver of the child. Including respondents other than the mother/caregiver could increase the number of children who would be identified as exposed to IPV (Hungerford, et. al., 2010). They go onto to explain how having multiple respondents to the impact of violence on children can help assess the actual numbers of exposure since violence can be a 'private' topic. And from those articles, the mothers/caregivers were recruited from lower-income areas, including shelters and transitional housing. Since these children are not in stable housing, it is possible there are other stressors in their life than the DV or IPV that brought them to the shelter. Thus, these findings from shelter may not be able to be generalized to all populations.

Of the research studies, 53.8% (N=7), contained small studies and the children were in a broad age range. Researchers may not have been able to consider developmental or gender differences, and the vulnerability could change by the age of the child. In the studies of children, externalizing behaviors were higher in boys than in girls, while internalizing behaviors was similar between genders until adolescent ages when it then shifts to girls having higher

internalizing behaviors. Based on developmental theories though, these findings would be consistent with ages, not necessarily dependent on witnessed trauma or violence.

The evidence of dysregulation in children continues to be shown in the research. This dysregulation is impacting children in the school setting, at home, and in relationships. Children are impacted by the violence, and then at times it can be portrayed in their behaviors and they act out what they have seen or heard, or at times it silences the child into isolation. These reasons stress the importance of awareness, as well as the need for intervention for the child's wellbeing. Some of this dysregulation can be attributed to a disconnect in their attachment to others, and was highlighted in much of the research. A positive attachment was shown to be prevalent in both home and social contexts, and having negative attachments in either of these systems was shown through internalizing and externalizing behaviors.

One current intervention in the field of children's therapy is Child-Centered Play Therapy (CCPT). Play therapy can be described as a systematic use of theory which with an interpersonal process can be used to help clients prevent or resolve difficulties and achieve growth and development (Schaefer, 2011, p.4). This model is grounded deeply in theory which gives it more validity and shows the abilities to use play in therapeutic settings. There are various forms of this, but it allows a child to have a voice that is not always verbal. CCPT allows children the opportunity to come into a therapy room and have an experience where they can act out what they are seeing at home, or wish they were seeing at home, and not have hard rules around that process. Often times, children are talked to when they have negative behaviors or are struggling with dysregulation. CCPT allows that child to speak, often without judgement, but with

narrative by the therapist. Further research would be helpful on this to determine its effectiveness with children of all ages, and would it be effective with adults.

Strengths

The sample sizes in the research varied, and came from all across the United States; allowing the research to cover urban and rural areas. This research looked at data from 1996-2016, containing historical research as well as current studies. Much of the research had similar results, so is often generalized for this topic. The articles include systematic reviews, qualitative research, and quantitative research. All of the research used, discussed theory or used theory in its work.

Limitations

One of the limitations of the research was the self-reporting of abuse to children. Since IPV and DV are often considered a “private” issue, the research relies on people to feel vulnerable enough to provide private information. Furthermore, it is possible that self-reports could lead to underreporting as parents and caregivers may believe that their children are not being exposed to abuse; nor overhearing or feeling the stress from the incidences of IPV and DV in the household.

Another limitation of the research was these studies did not look at several types of violent events at once. Meaning, a child that was exposure to IPV or DV by hearing only was impacted differently than one that heard and visualized the abuse.

And lastly, in each of the studies, the participants were limited to primarily low-income, urban, ethnic and racial minority children. These samples cannot be generalized, but there is a

limitation because these results could be different if they had been replicated with a different population.

Implications

There are high estimates to the number of children that are exposed to IPV and DV annually. These high rates are alarming because of the relationship between violence exposure and negatives outcomes. It is important that social workers understand the relationship between exposure and outcomes, and determine interventions accordingly. Current research suggests that positive discipline and consistency can be a useful intervention (David, LeBlanc, & Self-Brown, 2015), this could help at home and in school settings. Practitioners and teachers should be working together to determine effective strategies and interventions for their wellbeing of their students and classroom environments. Further research in promoting psychological recovery for children victims is necessary and should be ongoing.

Future research should consider the child's ability to report, or the parent's ability to self-report and be aware of the violent events their child has witnessed. Parents may be unaware or underestimating the number of violent events they are reporting. In much of the research, it is noted about the "privacy" of domestic violence and shame that can be affiliated with it. Even with high statistics showing the prevalence of domestic violence, would it be higher if everyone reported on it? If the shame, public scrutiny, self-blame and self-hate ended, could we as a nation be doing a better job at ending the violence? Further research would be helpful to measure if the amount of exposure affects the developmental implications. Further, the child is removed from the exposure at a younger age, does that change the negative symptoms described throughout

research? If interventions began at an earlier age, would that change the outcome of developmental changes in children?

It is necessary to consider current policy that surrounds DV and IPV. Continued research on the relationship between domestic abuse and child protective services is necessary to make sure that child victims of domestic abuse are properly cared for.

Cultural Considerations

Domestic violence affects all people, all over the world. It is important to understand the culture and social beliefs of the families that are involved (Herman, 1997). Hooyman and Kramer (2006) discuss the importance of cultural consideration and the need to be thoughtful throughout the assessment. These authors give suggestions for preparing for cross-cultural assessment and communication, including the importance of stepping out of your own cultural frame of reference and continue to seek to be more culturally competent (Hooyman & Kramer, 2006). Another suggestion they offer is to look at cultural considerations regarding how it is possibly impacting the therapeutic relationship in a negative way, and consider how a person's culture is a positive and the resilience it has provided to that client. At the Domestic Abuse Project, their internship orientation includes the importance of understanding the client's culture and the use of power and culture (2016). In some cultures, violence may be more tolerated, but according to state laws they are illegal. Understanding the cultural differences is important to be able to assist the victims, abusers, and children appropriately.

The impact of trauma can affect mental health, relationships, and self-esteem. Trauma can cause shame and guilt. In some cultures, it is acceptable to discuss these matters and in others it is not appropriate (DAP, 2016). Culture can influence the extent that a person feels comfortable seeking mental health services, speaking to someone about their case, and can lead

to mistrust or stigmatization of the service (Hooyman & Kramer, 2006). An important aspect to consider when working with clients is to recognize the potential cultural conflicts, and to respect client choices and decisions on how to proceed in their lives (Hooyman & Kramer, 2006). Once the worker has established the relationship with the victim and their family, it will be important to determine, identify, and develop culturally competent interventions that would be appropriate for their respective culture and for the family (Hooyman & Kramer, 2006).

Conclusion

Domestic violence continues to be a problem among families. It is clear that exposure to violence places a great burden on children across all developmental stages, as well as cultural and socioeconomic backgrounds. It is possible for families exposed to this to overcome the issue and not go on to abuse others. Unfortunately, the effects of family violence are likely to produce long-term intergenerational cycles of abuse if not treated early. Breaking the cycle of violence will require work for the family, community, and all others impacted. Processing a traumatic experience can be therapeutic in itself. Because of the complex nature of children's experiences and trauma, it is imperative that clinicians who work with these children identify their traumatic events, and also look at the child's resiliency. The response of the community has a huge impact on how the traumatic event is overcome by the victim. Often times with domestic violence, this is looked at by the community in a negative view, leaving the victim to be re-victimized and to feel shame. Sadly, children are often affected by domestic violence through witnessing it, they have to remain in the situation and be traumatically and repeatedly victimized. It is clear by the research that there are adverse effects of witnessing IPV or DV on children, and without intervention these effects will likely increase as children develop. By providing early intervention to children, it is possible to break the cycle of violence and prevent children from

being exposed to this epidemic. Ultimately, we need to create a social climate that breaks the code of silence on domestic and intimate partner violence and continue to bring this issue into the public light.

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