

Children Exposed to Domestic Violence and Child Abuse: Terminology and Taxonomy

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Three definitional issues regarding children exposed to domestic violence are examined. First, the multiple ways in which a child can be exposed to violence is discussed. A taxonomy of 10 types of exposure is proposed. Nine key characteristics of domestic violence, as they relate to children and children's exposure, are then outlined. The third issue addressed concerns why children who are exposed to domestic violence can be considered victims of child maltreatment. These children, by nature of their experience in the home, are psychologically maltreated and are also at high risk for physical abuse and some risk for sexual abuse. Empirical questions concerning these definitions and taxonomies and their interrelations are discussed.

KEY WORDS: domestic violence; child maltreatment; exposure to violence.

For more than 25 years researchers have been publishing accounts about children exposed to domestic violence (see Appel & Holden, 1998). These reports address such topics as the plight of these children, the psychological and behavioral problems they exhibit, and variables that moderate the negative effects. Research on the topic is increasing exponentially. In the first 20 years of research attention into the topic, only one book (Jaffe, Wolfe, & Wilson, 1990) and fewer than 60 empirical articles were published. In contrast, over just the past 7 years, three books (Geffner, Jaffe, & Sudermann, 2000; Graham-Bermann & Edleson, 2001; Holden, Geffner, & Jouriles, 1998) have appeared in print, along with more than 50 empirical articles.

Despite the increasing frequency of publications on the subject, efforts to understand the scope and manifestations of the problem have been impeded by a lack of common terminology and definitions. Although this problem was identified in a review of the literature published more than a decade ago (Fantuzzo & Lindquist, 1989), the problem has not been addressed adequately. Toward that end, three

ambiguous phrases will be explicated: exposure to domestic violence, the nature of the domestic violence, and why exposure is tantamount to child maltreatment.

EXPLICATING EXPOSURE TO DOMESTIC VIOLENCE

"Exposed" is a better term than "witnessed" or "observed" because it is more inclusive of different types of experiences and does not assume that the child actually observed the violence. However, there are dramatically differing types of exposure that have only been mentioned in the literature. To date, these exposure types have not been systematically examined. For example, in a review of 22 studies on the topic published from 1987 to 1997, Mohr, Noone Lutz, Fantuzzo, and Perry (2000) found that only 43% of the studies included some description of the nature of the children's "exposure."

In the studies that did provide information about the nature of the exposure, assessments ranged from mothers' reports whether the children saw or heard the violence to children's reports as witnesses. Few investigators have gone to the trouble of collecting reports of domestic violence from multiple family members or the police. However, when such reports

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are compared, agreement is surprisingly low. In one study, only 18% of the families had perfect agreement about the abusive behavior of both parents (Sternberg, Lamb, & Dawud-Noursi, 1998). In a study that compared police reports of domestic violence with mothers' reports on protective order applications, the investigators found that the more severe the violence, the better the agreement between victim and police reports (Harris, Dean, Holden, & Carlson, 2001).

Among studies that did provide reports of children's exposure, a common finding was that **children are reportedly aware of much of the domestic abuse. For example, in one study, all of the battered women** reported their children were at home during the assaults. In fact, the children were either in the same or the next room (Hughes, 1988). In a recent study, it was discovered that children were present in the home during the assaults in 75% of the cases (Hutchison & Hirschel, 2001). Holden et al. (1998, Study 1) found that 78% of the battered women reported that their children were aware of the marital conflicts "most of the time." Other investigators reported lower rates of children's exposure. For example, Hilton (1992) ascertained that 55% of the children in his sample observed the violence and another 15% experienced the aftermath (e.g., bruises, anger). In another study, mothers reported on the extent to which their children were "aware" of the marital violence, although the nature

of the awareness was unspecified (Smith, Berthelsen, & O'Connor, 1997). Thirty-eight percent of the mothers estimated that their children were aware of almost all (80–100%) of the violence, 13% of the mothers believed that their children were aware of much (between 60 and 79%) of it, 37% of the mothers reported child awareness at 20–59%, and the final 11% of mothers thought their children were aware of less than 20% of the violence.

A Taxonomy of Exposure

In an effort to create a taxonomy of exposure, qualitative reports from children (e.g., Ericksen & Henderson, 1992; Peled, 1998) and mothers (e.g., DeVoe & Smith, 2002; Hilton, 1992) were examined. Those reports and previous efforts at conceptualizing children's exposure (e.g., Edleson, 1999; Jouriles, McDonald, Norwood, & Ezell, 2001) revealed that exposure is a far more complex construct than simply the dichotomy of whether the child observed or overheard the violence or not. The forms of exposure can be separated into 10 discrete categories, that are listed in Table I. These types range from being actively involved in the violent incident, to observing the initial effects, to ostensibly being unaware of it. The first six categories reflect some type of direct involvement with the violent incident whereas the last

Table I. A Taxonomy of Children's Exposure to Domestic Violence

Type of Exposure	Definition	Examples
Exposed prenatally	Real or imagined effects of dv on the developing fetus	Fetus assaulted in utero; pregnant mother lived in terror; mothers perceived that the dv during pregnancy had affected their fetus
Intervenes	The child verbally or physically attempts to stop the assault	Asks parents to stop; attempts to defend mother
Victimized	The child is verbally or physically assaulted during an incident	Child intentionally injured, accidentally hit by a thrown object, etc
Participates	The child is forced or "voluntarily" joins in the assaults	Coerced to participate; used as spy; joins in taunting mother
Eyewitness	The child directly observes the assault	Watches assault or is present to hear verbal abuse
Overhears	The child hears, though does not see, the assault	Hears yelling, threats, or breaking of objects
Observes the initial effects	The child sees some of the immediate consequences of the assault	Sees bruises or injuries; police; ambulance; damaged property; intense emotions
Experiences the aftermath	The child faces changes in his/her life as a consequence of the assault	Experiences maternal depression; change in parenting; separation from father; relocation
Hears about it	The child is told or overhears conversations about the assault	Learns of the assault from mother, sibling, relative, or someone else
Ostensibly unaware	The child does not know of the assault, according to the source	Assault occurred away from home or while children were away; or occurred when mother believed child was sleep

four categories concern some type of indirect exposure to the incident. Each of these different types of experiences will be discussed briefly below.

Chronologically speaking, the first type of exposure possible occurs during prenatal development. Pregnancy has been recognized as a period of heightened risk for partner abuse (e.g., Campbell & Parker, 1999). Ten out of the 20 women interviewed by Hilton (1992) reported being assaulted while pregnant. The fetus can thus be the direct target of an assault or an unintended target (e.g., if the woman is pushed down stairs). It is also possible that the fetus may be affected by the physiological state of the terrorized woman. In addition to the actual physical or physiological effects of violence during pregnancy, there is also the possibility of perceived effects, whether they are real or imagined. For example, some battered mothers reported that they believed their children's temperament was negatively affected by their prenatal abuse (DeVoe & Smith, 2002).

Three of the 10 categories of exposure reflect some type of child involvement in the domestic violence assault. One type of role a child may adopt involves a courageous act: intervening on the victim's behalf. Intervention might consist of calling the police or jumping in the middle of the fight to protect the mother (Peled, 1998). Accounts of children's efforts to interfere with ongoing assaults can be readily found, such as reported by a 10-year-old child: "I'd say 'stop it' and hit my father's back" (Ericksen & Henderson, 1992, p. 1204). In Smith et al.'s sample, 30% of the mothers reported their children's typical response to the violent incidents would be to verbally or physically intervene on their behalf. However, as most children were well aware (Peled, 1998), trying to protect their mothers could lead to a hazardous type of involvement.

Becoming a victim during the domestic assault is a second type of child involvement. The assault on the child might be verbal or physical. It could be accidental (e.g., when hit by a thrown object) or intentional. Sometimes, the child is victimized as a method of terrorizing or harming the mother. Such an assault has been labeled the "Medea Syndrome," after the Greek myth by Euripides. McCloskey (2001) found that 65% of batterers had threatened to harm the children or take them away, in contrast to 19% of a nonviolent comparison group of fathers.

Occasionally, a child might participate in the abuse. This third type of involvement might be coerced or at least encouraged by the perpetrator. This type of involvement is probably most likely with sons.

Indeed, one of the mothers interviewed by Hilton (1992) reported that her teenage son had joined his father in verbally abusing her.

The fifth category of exposure is being an eyewitness to the abuse. In one study, more than half of the mothers reported that their children had directly witnessed the abusive incident (Hutchison & Hirschel, 2001). Some children may be awestruck and captivated by the violence. As a 4-year-old recounted: "I always sneak up from the stairs and have a look and I don't listen to my Dad [when he says to go downstairs] and take a look and then go back downstairs and sneak up again, take a little look, then go downstairs, then sneak up again, then have a look. And I'd feel the racket in my heart" (Ericksen & Henderson, 1992, p. 1204). Horror might characterize other children's reactions to the violence, but nevertheless they might be forced to watch it.

Overhearing the violence represents the sixth category of exposure. This type of exposure may occur when the child is in another room in the home or in bed during the assault. Exactly what is heard could range from angry yelling to breaking of objects to crying or cries for help. Depending on the circumstances, the perpetrator and victim may be unaware that the child overheard the commotion. Some mothers believe that overhearing the incident is potentially even more traumatic than seeing it. As one mother reported, "My children never saw anything... because my abuse went [on] behind my bedroom door and I would send my kids to their room... So it was worse what they imagined... They could imagine anything..." (DeVoe & Smith, 2002, p. 1084).

The seventh and eighth types of exposure deal with experiencing the aftermath of the abuse. The initial effects (e.g., distressed mothers, injuries, police, property damage) occur immediately or shortly after the assault. Initial effects may continue for several days after the violence including trips to the hospital or emergency aid services. Experiencing the aftermath of the violence represents a variety of longer-term effects that stem from the violence. Examples may include displacement to a shelter or a new home, incarceration of the perpetrator, changes in parenting practices, and psychological troubles for mothers.

It is possible that children's only exposure to the violence was indirect. For example, a child might learn about the abuse through overhearing a conversation about it. The source could be the mother, a sibling, a relative, or a neighbor. Under this ninth type of exposure, the child may be aware of the abuse but perhaps

has not experienced directly any of the negative effects. Alternatively, the child may hear about the violence in conversations with the mother. Exactly what the mother says about the violence and the children's consequent perceptions of blame and responsibility may be important for the child's adjustment (Holden et al., 1998; Rosenberg & Rossman, 1990). One potential problem related to indirectly hearing about the violence occurs when there is "parentification." Here the mother turns to the child for comfort and support and inappropriately discusses the violence and her relationship with the perpetrator (Stephens, 1999).

The tenth and final category of exposure occurs when children are ostensibly "unaware" of it. Children may be shielded from seeing, hearing, or directly experiencing the aftermath. This type of situation is possible if the violence occurred away from the home or if the children were away at the time. Evidently, some mothers do take great efforts to try to protect their children from the horrors of domestic violence. As Peled (1993, p. 86, cited in Edleson, 1999) found in her interviews of battered women: "As far as Martin actually witnessing abuse toward me, a lot of the abuse toward me was either done when the kids were in bed or it was verbal abuse. . . I tried to keep as much of it away from the kids. I tried to be the role model of the perfect wife and mother as long as they were awake." Battered women may go to heroic ends to try to shield their children from the violence. Some mothers stifle their cries when being beaten or deny it to their children in an effort to protect them (Hilton, 1992).

This last category represents a problematic designation if it is based on parental reports because informants may not be cognizant of the children's awareness or they may deny it. The mothers may even delude themselves into thinking that the child is unaware of the assaults. For example, upon learning how much of their violence their children had been exposed to, many mothers expressed shock and dismay (Stephens, 1999). As one mother recounted "They said, 'mommy, we knew this and we knew that, we knew what you were doing behind that door, we could hear you. We would always just sit together in our bed and hold each other because we were scared that one of you would get hurt'" (Stephens, 1999, p. 739).

Mothers may underestimate the extent of their children's exposure because they were deceived by their children hiding in another part of the home or pretending they were asleep. One battered woman perceptively observed, "No woman should let their kids see them going through that [domestic violence],

because it plays a big impact on their mind. We don't understand because we look at it like, 'Oh, they're sleeping.' But you don't know. Your kid is up listening and praying, 'I hope they don't fight tonight. I hope they don't'" (DeVoe & Smith, 2002, p. 1084).

Empirical Questions

This proposed taxonomy of 10 categories raises several empirical questions. The first question concerns the validity of the discrete categories. How does children's exposure actually correspond to the different categories? It is likely that children experience multiple categories of exposure. For example, it is difficult to imagine cases where children who are eyewitnesses do not observe initial effects as well as experience some of the aftermath of the violence. Thus, at least some of the categories may co-occur. Children's exposure can shift into different categories over time (e.g., from overhear to eyewitness to involved) as the violence changes and may escalate over time.

The most important empirical question is whether the kinds of exposure defined prove to be useful for better understanding children's reactions and outcomes to the violence. At best, the taxonomy could go a long way in helping to explain the considerable heterogeneity in children's outcomes (e.g., Grych, Jouriles, Swank, McDonald, & Norwood, 2000; Hughes & Luke, 1998) if it was found that some categories correspond with different levels of severity of exposure. For example, being an eyewitness to the assault is presumably more distressing to children than observing the initial effects or hearing about it. However, research has revealed that many variables moderate the relations between type of exposure to domestic violence and children's outcomes. These variables include the child's age (or more accurately, developmental level), the type of violence engaged in, and social support (e.g., Edleson, 1999). Thus, whether the addition of one more multilevel variable into the equation of child adjustment will be beneficial is a key question.

DEFINING DOMESTIC VIOLENCE

If identifying the nature of children's exposure to domestic violence is difficult, assessing the characteristics of that violence is even more complex. "Domestic violence" is a term that has sometimes been used interchangeably with such labels as "partner

Table II. Key Characteristics of Domestic Violence as It May Relate to Children

Characteristic	Examples
Type of violence	Physical versus psychological; minor versus severe; "common couple violence" versus "patriarchal"
Nature of specific acts	Hit with object; threats; use of weapons; intentional versus accidental
Presence of injuries	From bruises to death; minor emergency or hospital visits
Timing variables	Frequency of violence; duration of violence; child's age; time since last assault
Escalation	Extent to which violent episodes escalate
Type of perpetrator	Family-only, antisocial, dysphoric/borderline
Perpetrator's relation to child	Biological father, stepfather, live-in boyfriend, transient boyfriend, or mother
Victim's role in the assault	Whether victim is passive or attempts to defend herself
Resolution	Apology; submission; continued fighting

violence;" "intimate partner violence," "marital violence," "wife abuse," and "interpersonal violence." Although the choice of words can be a controversial topic (Jouriles et al., 2001), domestic violence will be used because it is more inclusive than some of the other terminology. It commonly refers to a pattern of assaultive and coercive behaviors that adults use against their intimate partners (e.g., Ganley & Schecter, 1996). Although considerable strides have been made over the past 25 years in understanding the nature of domestic violence, researchers have not done as good a job in assessing it in their studies.

It is increasingly clear that domestic violence is not a homogeneous phenomenon but can (and should) be characterized in multiple ways. Domestic violence can be characterized on at least nine dimensions that may have important implications for children's reactions (see Table II). The most general dimension concerns the type of violence. Distinctions include physical or psychological aggression (e.g., Shepard & Campbell, 1992), minor or severe physical assaults (e.g., Straus, 1979), or "common couple violence" versus "patriarchal violence" (Johnson & Ferraro, 2000).

A second way the violence could be described is by the specific acts engaged in. Here, the violence could be categorized by particular acts, such as use of weapons (Jouriles et al., 1998). The violent act could also be differentiated in terms of the perpetrator's intent. A parent or child may be accidentally injured by a thrown object and thus, the act may carry a different meaning than if it was an intentional act. Another characteristic of violence concerns whether injuries were sustained. Seeing a parent bloodied, transported in an ambulance, or murdered would likely have a particularly intense impact on a child.

A fourth characteristic of the violence concerns timing variables. This includes such variables as how old the child was when the violence began, how frequently assaults occur, and the time elapsed since the last assault. For example, Rossman (2000) found that duration to exposure had a significant effect on accumulation of PTSD (posttraumatic stress disorder) symptomatology. Children exposed to marital violence for 75% or more of their lives showed significantly more PTSD problems and externalizing problems than nonexposed children or those exposed less than that amount. Related to timing variables is escalation of the conflict. If the conflict rapidly escalates into violence, children are likely to be more sensitized to conflict and have different representations about it (Grych, Wachsmuth-Schlaefler, & Klockow, 2002).

The next three categories of the violence concern characteristics of the perpetrators and victims. In line with the increasing attention being devoted to typologies of batterers, it is important to recognize the type of perpetrator involved. Holtzworth-Munroe and Stuart (1994) proposed the typology that has received the most attention to date. Men can be sorted into three categories based on such characteristics as the pervasiveness of their assaults, their clinical diagnosis, and their substance abuse. Based on these characteristics, batterers can be sorted into at least three groups: "antisocial," "family-only," and "borderline/dysphoric" perpetrators. Depending on the type of batterer, the quality of the violence may differ considerably. Another important characteristic of perpetrator is his relationship to the child. This includes the perpetrator's biological relationship to the child (e.g., biological or stepfather) or the longevity of their relationship (e.g., common-law husband vs.

transient boyfriend), a characteristic rarely reported (cf., Sullivan, Juras, Bybee, Nguyen, & Allen, 2000).

Two final characteristics of the violence may also be important for children. One concerns the victim's response to the assault. Seeing a passive mother be beaten may have a different meaning for a child than watching a mother actively defend herself. The second characteristic concerns the resolution to the conflict. As Cummings and Davies (1994) summarized, children's reactions to marital conflict is greatly affected by the resolution. In the case of violent interactions, resolutions could range from denial of the conflict, to one parent storming out of the house, to apologies and a "honeymoon" phase.

Empirical Questions

This nine-category scheme is largely based on researchers' views about the important dimensions of domestic violence. However, what is needed are more investigations into children's perceptions and interpretations of the violence (Graham-Bermann & Brescoll, 2000; Grych et al., 2002). Those perceptions are likely to be susceptible to verbal input from the mother. In fact, the mother (or others) may influence, confound, or even determine the child's representations of the violence. For example, some mothers may deny the incident ("I was always making excuses that it [the bruises] was something else" DeVoe & Smith, 2002, p. 1084), other mothers may acknowledge the father's pathology, and still others may be at a loss for words (e.g., Lemmey, McFarlane, Willson, & Malecha, 2001). It remains to be seen which of these characteristics of domestic violence are the most important ones for children's perceptions of the violence, and their subsequent adjustment.

A second set of questions concerns how those key attributes of violence change as a function of the children's characteristics. For example, all else being equal, older children may be less traumatized by threats than younger children. The child's gender and relationship to the perpetrator may also play a role in their reactions to the violence. Research is also needed into the relations between type of exposure and type of violence. It is likely that the two typologies are not orthogonal. For example, children who are "protected" from observing the assaults, but overhear them, may come from homes where the violence is less severe and the perpetrators have less pathology than in other homes. It could also be posited that children who are victims in assaults are exposed to

more severe violence from perpetrators who may be antisocial.

WHY CHILDREN EXPOSED TO DOMESTIC VIOLENCE CAN BE CONSIDERED MALTREATED

The final terminological issue to be considered concerns why children exposed to domestic violence can be considered victims of child maltreatment. To date, there appears to be no consensus that these children represent the fifth type of child maltreatment (along with physical, sexual, psychological, and neglect). Although some textbooks include exposure as a form of maltreatment (e.g., Barnett, Miller-Perrin, & Perrin, 1997), other authoritative sources such as *The APSAC Handbook on Child Maltreatment* (Briere, Berliner, Bulkley, Jenny, & Reid, 1996) do not. However, it is not a difficult case to make that children exposed to domestic violence are indeed victims of maltreatment. These children are all psychologically maltreated in various ways. In addition, many of them are also physically or sexually abused.

Psychological Maltreatment

Children exposed to domestic violence qualify as maltreated because they are living in an environment that is psychologically abusive. According to Hart, Brassard, and Karlson (1996, p. 73), psychological maltreatment is defined as "the repeated pattern of behavior that conveys to children that they are worthless, unloved, unwanted, only of value in meeting another's needs, or seriously threatened with physical or psychological violence." These children are likely to be victims of most, if not all, of each of the six manifestations of psychological maltreatment. The categories, their definitions, and examples are provided in Table III.

Foremost, children who live in homes with marital violence are terrorized. Terrorized is defined as "caregiver behavior that threatens or is likely to physically hurt, kill, abandon, or place the child or child's loved ones or objects in recognizably dangerous situations." Exposure to a parent being verbally or physically assaulted is physiologically arousing, emotionally distressing, and often trauma inducing. Observing violence generates fear for the parent's own safety as well as the safety of the victim. As one 4-year-old explained: "You might get stepped on or hitted in the

Table III. The Ways in Which Children Exposed to Domestic Violence May be Psychologically Maltreated

Type of psychological maltreatment	Definition	Examples
Terrorized	Behavior that threatens or is likely to hurt a child or put a child or loved ones in dangerous situations	Threaten to hurt or abandon child; abuse of pets
Corrupted	Modeling, permitting, or encouraging antisocial or inappropriate behavior	Father models misogyny, verbal and physical aggression, substance abuse
Spurned	Verbal or nonverbal acts that degrade or reject a child	Perpetrator calls the child names
Denied emotional responsiveness	Ignoring child's attempts and needs to interact and showing no positive emotion to the child	Father uninvolved and mother may be unable to be affectionate with child
Isolated	Confining or placing unreasonable limits on child or on contact with others	Father isolates family or child isolates self to avoid the batterer
Neglect of mental health, medical, or educational needs	Failure to provide or refusal to allow necessary treatment for child's needs or problems	Child's needs not met because father ignores and mother is overwhelmed

face or punched in the face" (Erickson & Henderson, 1992, p. 1204). Intimidation of the child by the abuser is common, including threats to beat up or kill the child or mother if they report the violence or press charges (e.g., Hilton, 1992; Pagelow, 1982). Threats of pet abuse, or the actual abuse of pets, is a common technique to terrorize the child (Lockwood & Ascione, 1998). Or the abuser may threaten to abandon the child, a horrifying possibility to a young child (Sullivan et al., 2000).

In addition to fears about their own safety, watching one's mother being beaten is highly arousing and elicits feelings of fear and helplessness. These add up to trauma (Herman, 1992; Silvern & Kaersvang, 1989). According to maternal reports, 47% of the children in one study responded to violent incidents with high levels of emotional distress (Smith et al., 1997). Mothers described the children's reactions with such terms as "very frightened," "hysterical," "stunned," and "frantic." Observing violence is bad enough but as Janoff-Bulmann (1992, p. 86) wrote: "The most devastating negative life events on children are likely to be those that involve victimization by the very people who are looked to for protection and safety."

A second category of psychological maltreatment that these children experience is corruption or "mis-socialization." Abusive adult relationships model violence as a way of dealing with others. In addition, the child may be encouraged or coerced to join in the abuse. Thus, children are internalizing messages such as "the man has the power in the home" and "violence is an effective way to resolve conflict" (Graham-Bermann & Brescoll, 2000).

Given the abusers' propensity for psychological abuse of their partners, it is likely that such speech

may also be directed to the children. Comments that degrade, belittle, criticize, ridicule, or otherwise put down a child—in short, "spurning" the child, are likely to be present in such homes. As a 14-year-old girl reported "He was always putting me down, insults, stuff like that" (Berman, 1999, p. 60). Batterers' ridicule and criticism of their children has been assessed in at least one study (Sullivan et al., 2000) where it was found that stepfathers and father figures were significantly more verbally abusive than biological fathers.

A fourth kind of psychological maltreatment these children may experience is the denial of appropriate emotional responsiveness. Although battered women, as a group, appear to be better mothers than they once were thought to be (cf., Walker, 1979), at the same time, many abused women recognize they have a reduced amount of emotional energy or time for their children (Levendosky, Lynch, & Graham-Bermann, 2000). To date, little information is available about the quality of fathering provided by batterers (see Holden & Barker, in press). But it is likely that men who are frequent perpetrators of domestic violence are not emotionally responsive to their children.

A fifth subcategory of psychological maltreatment is isolation. Here the child is not given adequate opportunities to socialize with peers or adults. Batterers are well known for discouraging or forbidding their partners to maintain social relationships (Browne, 1997). It is likely their children are similarly isolated. But some of the isolation may also be adaptive as a strategy for coping with angry, abusive fathers. As one 14-year-old girl recalled, "As the years went on, it got worse. I remember staying in my room.

I wouldn't come out to eat or anything . . . I was afraid he would scream at me so I just stayed in my room" (Berman, 1999, p. 60).

The neglect of a child's mental health, medical, and educational needs represents the final subcategory of psychological maltreatment. Although this form of maltreatment has not, to date, been documented in families characterized by severe domestic violence, it is likely that parents are preoccupied with their own problems and not aware of and responsive to their children's needs.

Physical and Sexual Abuse

In addition to the multiple forms of psychological maltreatment that may be occurring, the children are at risk for physical and perhaps sexual abuse. As discussed above, children may be injured during a domestic violence incident as a way of terrorizing or controlling the mother (Hilton, 1992; McCloskey, 2001; Peled, 1998). Even if the children are not targets of instrumental violence, they are at increased likelihood of being physically abused. A review on the topic (Appel & Holden, 1998) determined that there is a high rate of overlap between domestic violence and physical child abuse. This summary of more than 30 empirical studies, indicated that in clinical samples, somewhere between 30 and 60% of the children of battered women are physically abused. Based on representative nonclinical samples, co-occurrence was estimated to occur in 6% of the population.

Little attention has been devoted to the overlap between domestic violence and child sexual abuse. However, at least two reports could be located. McCloskey, Figueredo, and Koss (1995) found that 10% of the mothers in their sample indicated their children had been sexually abused by their partners. In another study, 4% of the mothers reported the fathers had sexually abused their children (Smith et al., 1997).

It is clear from the literature that children exposed to domestic violence are at considerable risk for physical abuse and also at some risk for sexual abuse. Unlike psychological maltreatment which, in varying degrees, affects all children exposed to domestic violence, co-occurring physical and/or sexual abuse is present for only some of the children. However, exposure to domestic violence is arguably one of the best risk indicators available of physical child abuse (Black, Heyman, & Smith Slep, 2001).

Empirical Questions

Research is needed to answer several questions related to the maltreatment of children exposed to marital violence. First, to what extent are these children victims of the different types of psychological abuse itemized above? A related question concerns the links between types of psychological maltreatment and child physical abuse. In addition, it is not hard to draw links between kinds of violence and types of psychological maltreatment, as some researchers have begun to do. For example, mothers who face more severe domestic violence may be less likely to be emotionally available to their children (Rosenberg & Rossman, 1990). Similarly, it could be expected that the more frequent and severe the violence, the more likely a child is to be at risk for physical abuse (Ross, 1996). In addition to the relations and interactions between types of maltreatment and violence, links to the type of exposure need to be investigated. For example, children who are involved in domestic assault incidents as victims are likely to experience greater terror when the violence directed toward them is intentional and severe.

CONCLUSION

Investigations into children's exposure to domestic violence have been hampered by the fact that the independent variable of interest comprises two multifarious phenomena that have not been adequately assessed. If we are to understand how such exposure affects children, then we need a richer conceptualization and assessment of the nature of the exposure and the characteristics of the domestic violence. Furthermore, our understanding of the effects of exposure is complicated by the fact that these children are likely victims of various forms of psychological maltreatment and may also be victims of physical and, to a lesser degree, sexual abuse. The three taxonomies presented here represent a new level of complexity that may be necessary for understanding how children are affected by domestic violence. Research is needed to determine the correct number of discrete categories in each taxonomy as well as their interrelations. We must confront the intricacies of the subject matter in our research if we are to fully comprehend and help these children overcome their traumatic experiences. These taxonomies represent another step toward that end.

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