The impact of exposure to domestic violence on children and young people: A review of the literature ☆

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ABSTRACT

Objective: This article reviews the literature concerning the impact of exposure to domestic violence on the health and developmental well-being of children and young people. Impact is explored across four separate yet inter-related domains (domestic violence exposure and child abuse; impact on parental capacity; impact on child and adolescent development; and exposure to additional adversities), with potential outcomes and key messages concerning best practice responses to children's needs highlighted.
Method: A comprehensive search of identified databases was conducted within an 11-year framework (1995–2006). This yielded a vast literature which was selectively organized and analyzed according to the four domains identified above.
Results: This review finds that children and adolescents living with domestic violence are at increased risk of experiencing emotional, physical and sexual abuse, of developing emotional and behavioral problems and of increased exposure to the presence of other adversities in their lives. It also highlights a range of protective factors that can mitigate against this impact, in particular a strong relationship with and attachment to a caring adult, usually the mother.
Conclusion: Children and young people may be significantly affected by living with domestic violence, and impact can endure even after measures have been taken to secure their safety. It also concludes that there is rarely a direct causal pathway leading to a particular outcome and that children are active in constructing their own social world. Implications for interventions suggest that timely, appropriate and individually tailored responses need to build on the resilient blocks in the child's life.
Practice implications: This study illustrate the links between exposure to domestic violence, various forms of child abuse and other related adversities, concluding that such exposure may have a differential yet potentially deleterious impact for children and young people. From a resilient perspective this review also highlights range of protective factors that influence the extent of the impact of exposure and the subsequent outcomes for the child. This review advocates for a holistic and child-centered approach to service delivery, derived from an informed assessment, designed to capture a picture of the individual child's experience, and responsive to their individual needs.

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Introduction

The past three decades have witnessed unprecedented interest in the scope and consequences of children's exposure to domestic violence, resulting in a depth of empirical knowledge about its prevalence and impact on its youngest victims (Hague & Mullender, 2006; Hazen, Connolly, Kelleher, Barth, & Landsverk, 2006). While the focus of this interest and understanding has largely been achieved by eliciting the views of women, shelter workers and other professionals, more recent inquiry has sought to explore directly children and young people's experience of exposure to domestic violence (Buckley, Whelan, & Holt, 2006; Hague & Mullender, 2006; McGee, 2000; Mullender et al., 2002). Influencing this shift has been a changing perception and understanding of children's position within this abusive context. Where previously children were thought of as being tangential and disconnected to the violence between their parents, and commonly labeled "silent witnesses" (McIntosh, 2003), more recent qualitative research has disputed this opinion, finding children dynamic in their efforts to make sense of their experiences, while navigating their way around the complexity and terror intrinsic to domestic violence (McIntosh, 2002; Mullender et al., 2002).

The term "domestic violence" broadly refers to the intimate context within which one partner is abused by another, involving both men and women as victims and same sex partner violence. This term, while worn "smooth with use" (McIntosh, 2002) as the most frequently used and widely accepted term, is nonetheless criticised for, among other things, its gender-neutrality, and the primary emphasis on physical assaults and exclusion of other abuse (Stark & Flitcraft, 1996). While some research proposes equivalent prevalence rates of male and female perpetrated violence (Mirrlees-Black, 1999; Morse, 1995), other research rejects the symmetry of men's and women's experience of intimate partner violence, for a number of reasons. First, the numeric extent of violence against women exceeds that of violence against men (Tjaden & Thoennes, 2000; Walby & Allen, 2004; Watson & Parsons, 2005). Second, the impact of the abuse is likely to be greater for women than men, both emotionally and injuriously (Walby & Allen, 2004; Watson & Parsons, 2005; Women's Aid & and the Child and Women Abuse Studies Unit, London, 2001). Third, women are at far greater risk of serious and lethal abuse at the hands of their male partner than men are at risk from their female partner (Campbell, Sharps, & Glass, 2001; Jaffe, Lemon, & Poisson, 2003; Walby & Myhill, 2001; World Health Organization, 2002). Cognisant of these dilemmas regarding definition and terminology, the term "domestic violence" is nonetheless used in this paper, primarily because it is in everyday and professional use and would easily alert people to its content. The terms inter-parental violence and intimate partner violence will also be applied interchangeably in this paper, which is concerned only with the intimate context within which women are abused by men.

Studies on the impact of children's exposure to domestic violence have been beset with methodological concerns and complications. First, exposure to domestic violence is not a "homogeneous uni-dimensional phenomenon" (Jouriles et al., 1998, p. 178), whose impact can be neatly examined in isolation from the potential impact of other stressors or traumas in a child's life. With the co-occurrence of domestic violence and other forms of abuse and adversity clearly established in the literature, failure to differentiate abused children who also witness violence from those who witness domestic violence only, may inaccurately attribute a child's difficulties to the impact of witnessing, without considering the impact that being a direct victim of abuse may have on outcomes for the child (Connolly et al., 2006; Edleson, 1999). Similarly, comparing children exposed to domestic violence with children who are not exposed, without regard for the variability in the level and type of abuses those children are exposed to, both ignores and obscures the potential differential impact on child adjustment from exposure to different types of spousal violence (Jouriles et al., 1998).

Second, while recent studies have been more inclusive of broader populations to reflect the perceptions and experiences of multiple stakeholders in multiple settings (Levendosky & Graham-Bermann, 2001), prior research has been critisised for an over-sampling of research participants from shelters (Kashani & Allan, 1998). While representing a unique and highly visible sub-population of those exposed to domestic violence, shelter populations may constitute those most recently and severely affected (Edleson, 1999; McIntosh, 2003) and who may be disproportionately representative of lower socio-economic populations (Kerig, 1998). In addition, shelter life may have a stressful and unique influence on children, which may be independent of their experience of family violence and not necessarily an accurate representation of their mental health in the long term (Edleson, 1999). Kerig (1998) also highlights concerns about research relying on children drawn from clinical populations, as they may be over representative of boys and dominated by externalizing problems.

On a parallel vein, researchers comment on the paucity of reports of domestic violence from multiple family members or professionals, citing evidence that when such reports are sought, agreement is surprisingly low (Holden, 2003), and cautioning that studies which predominantly or solely reflects mothers' reports of their children's problems will by their nature have limited accuracy as they lack the converging information necessary to ensure reliability and validity (Appel & Holden, 1998; Edleson, 1999). Appel and Holden (1998) suggest that as mothers are the sole informants in the majority of cases, the potential for *both* under and over-reporting needs to be considered. In partial agreement McIntosh (2003) warns only of widespread underreporting of domestic abuse by women.

A third methodological issue is raised in Appel and Holden (1998) concerning the inconsistent use of a common criterion for defining child abuse, finding upward of 15 different definitions applied to the 31 studies they reviewed. Holden's later (2003) reflections on terminology considered the range and dramatically different types of exposure mentioned in the literature, with assessment of this exposure inclusive of both mothers' reports about what their child saw or heard and children's own reports as witnesses.

Fourth, criticisms of the measures employed to gather data include what Edleson considers to be an over-reliance on the child behavior checklist, on the grounds that it is a "rough gauge of general functioning," and not developed to tap

the distinctive impacts of witnessing violence (1999, p. 860). Echoing this point, McIntosh (2003) highlights the limited usefulness of measures across both cultural and socio-economically diverse populations, while Fantuzzo and Mohr (1999) go so far as to say that checklists are biased against those diverse populations. Fantuzzo and Mohr (1999) also point out that while the majority of research controls for the child's age and gender and the family's socio-economic status, less than half of the studies they reviewed controlled for variables such as marital status, mother's age and family size, with less again controlling for family stress, child's health or ethnicity (Fantuzzo & Mohr, 1999). Finally, Appel and Holden draw attention to the inconsistent referent period applied, with some studies reviewing lifetime experiences, while others focus only on more recent experiences (Appel & Holden, 1998).

Despite these methodological complexities, research has gone some way to indicate the prevalence of children's exposure to domestic violence, to establish the impact of this exposure for children and to distinguish between the unique and universal impacts of this traumatic exposure to other forms of trauma in a child's life. Remaining mindful of the methodological criticisms outlined above and of the dearth of scientifically established estimates of the exact numbers of children exposed to domestic violence, existing data drawn from a variety of sources does, however, suggest that large numbers of children are involved. Fantuzzo and Mohr's (1999) review of the existing databases in the US established that children are present in households where intimate partner violence is occurring, at more than twice the rate they are present in comparable homes in the general population. McDonald, Jouriles, Norwood, Shine Ware, and Ezell's (2000) research with children referred to a child mental health clinic for behavioral difficulties, found that domestic violence occurred in 48% of clinic families, most commonly with 1–2 episodes of domestic violence per year.

A substantial accumulation of reliable empirical data regarding the short- and long-term developmental implications for children who live with domestic violence has highlighted a differential yet potentially deleterious impact for children (Cleaver, Unell, & Aldgate, 1999; Edleson, 1999; Hester, Pearson, & Harwin, 2000; McGee, 2000; Mullender et al., 2002; Saunders, 2003). This article attempts to contribute to the understanding of this complex phenomenon, by exploring the impact from the child's perspective, in so far as that is possible. To this end, four separate yet inter-related domains of enquiry are identified, with impact explored within and across these domains, as follows: (1) the co-occurrence of domestic violence and child abuse; (2) the impact on parental capacity; (3) the impact on child development; and (4) exposure to additional adversities.

While there is undoubtedly a certain level of commonality in children's experience of domestic violence, it would be erroneous to assume that either impact or outcomes are predictably similar for all children. Masten and Coatsworth's (1998) work on resilient development identifies the different influences on children's development, and that children are protected "not only by the self-righting nature of development, but also by the actions of adults, by their own actions, by the nurturing of their assets, by opportunities to succeed and by the experience of success" (p. 216). Holding this resilient focus, this paper concludes with an overview of the potential outcomes for children exposed to domestic violence and a summary of the key messages for professionals concerning best practice responses to children's needs in the context of domestic violence.

Methods

A comprehensive search of identified databases (Arts & Humanities Citation Index; BMJ Journals Online; CINAHL; Internurse; ISI Web of Knowledge; JSTOR; Psychological and Behavioral Sciences Collection; PsycINFO; PubMed; Social Science Citation Index) was conducted using the key words "domestic," "intimate partner violence" "child," "exposure," "witness." This search was augmented with a review of the bibliographies of related articles. This yielded a vast literature of over 1000 articles in the initial search, from which online abstract and bibliographic information was used to identify selectively the material that met the inclusion criteria of (1) those published within an 11-year framework (1995–2006), and (2) those directly exploring impact according to one or more of the domains listed above. Key seminal texts meeting this criterion were also included for review. The 11-year time frame was imposed for practical reasons, in that including all the available material was neither possible nor practical, and because it is only within these more recent years that children and young people have been directly invited to participate in research concerned with the impact of exposure to violence on them.

Findings

The findings of the data search will be presented according to the four domains outlined above, with a view to understanding both impact and outcomes for children and young people exposed to domestic violence.

Domestic violence as an abusive context for children

The literature reviewed has unequivocally established the interconnectedness between men's abuse of women and child abuse (Connolly et al., 2006; Cunningham & Baker, 2004; Edleson, 1999; Guille, 2004; Hester et al., 2000). At its most basic level, living with the abuse of their mother can be considered a form of emotional abuse, with negative implications for children's emotional and mental health and future relationships (Brandon & Lewis, 1996).

Direct observation of violence can include witnessing both violent physical and sexual assaults on their mothers, the nature of which appears to be consistent over time and across the studies reviewed. For example, McGee's (2000) research with 54 children and 48 mothers found 71% of children witnessed the physical assault of their mother and 10% witnessed the rape of their mother. McCloskey, Figuerdo, and Koss's (1995) earlier research with a substantially larger sample (365 women

and 365 children) reported similar findings, with two-thirds of the women interviewed reporting physical assault involving choking, and just under half of the children reporting they witnessed such an assault.

Moreover, many authors agree that children can "witness" in ways that go beyond direct observation, such as overhearing arguments or observing its aftermath, for example seeing bruises and cuts and broken furniture (Cunningham & Baker, 2004; Mullender et al., 2002). Opinion diverges however on the effects of such witnessing on the child, with studies demonstrating marked variability in the results (Edleson, 1999; Shipman, Rossman, & West, 1999), depending on the variables measured and the risk and protective factors considered. Some authors highlight the importance of discerning whether the child has been exposed by directly observing or hearing inter-parental violence, noting the absence of this distinction from many earlier studies (Kaufman Kantor & Little, 2003). However, Jouriles et al.'s (1998) research with 155 exposed 8–12-year-olds revealed that the severity of the violence, as reflected in the use of knives or guns influenced how traumatic this was for children, regardless of whether they saw the assault or not. Dispute concerning the validity of the term "witnessing" has resulted in the adoption of the more encompassing term "exposure" (Wolak & Finkelhor, 1998).

Domestic violence is also an important indicator of the risk of direct physical and sexual abuse of children (Farmer & Owen, 1995; Kellog & Menard, 2003; McGee, 2000; Osofsky, 2003), representing the extension of ongoing violence (Stark & Flitcraft, 1996). While rates of overlap between domestic violence and child physical abuse fluctuate between studies, as indicated by a range of 45–70%, there is nonetheless agreement that the presence of domestic abuse is a risk factor for child physical abuse, regardless of the methodology employed or the sample sourced. For example, Edleson's (1999) review of 35 published studies of the co-occurrence established that there was a high level of overlap ranging from 30–60% in most studies reviewed. A slightly earlier review of 31 studies by Appel and Holden (1998) concluded that the abuse of the child co-occurred with the abuse of their mother in 40% of cases. This figure was arrived at after the authors recalculated the rates of co-occurrence using a definition of child abuse that was closest to the one used by social service agencies. Cross-referencing police records with child protection referrals by Beeman, Hagenmeister, and Edleson (2001) identified over 64% of cases as dual violence families, while Shepard and Raschick's (1999) research with child welfare workers highlighted that 71% of the families in crisis had reported issues relating to domestic violence. Osofsky (1999) concluded from her research that children who are exposed to domestic violence are 15 times more likely to be physically abused and neglected than children without such exposure.

Although relatively little attention has been devoted to the overlap between domestic abuse and child sexual abuse, there is evidence in the literature of a raised incidence of co-occurrence (Kellog & Menard, 2003; McCloskey et al., 1995). Again, convergence on rates varies, primarily influenced by the sample and location the data are drawn from. For example, 4% of Smith, Berthelsen, and O'Connor's (1997) community sample of 54 abused mothers reported the sexual abuse of their child by their ex-partners, while a higher rate of co-occurrence was recorded in a more recent follow-up study with 164 (7–19-year-old) young people who had previously disclosed sexual abuse and attended a sexual abuse clinic (Kellog & Menard, 2003). While it would not be appropriate to compare the findings of these two studies because of the very different sample populations, this later research nonetheless identified a concurrent rate of 77% when the sexual abuse offender was also the perpetrator of the inter-parental abuse. McCloskey et al.'s earlier research (1995) with 365 women and 365 of their children also established an overlap of abuses across relationships, with clear associations between the abuse of the mother and the sexual abuse of the child, with men who were abusing their partners, more likely to abuse their children.

The ending of the relationship does not necessarily equate with an end to violence exposure, as reflected in the assertion that "separation is not a vaccination against domestic violence" (Jaffe et al., 2003, p. 29). Violence has been found to continue after separation and may actually increase in severity and lethality, across a broad range of research methodologies and populations. These include national household surveys (Hotton, 2001), crime surveys (Walby & Allen, 2004), questionnaire surveys of convenience samples of women (Radford, Sayer, & AMICA, 1999) and of domestic violence service providers (Saunders & Barron, 2003), and mixed method research with young people (Mullender et al., 2002). Consequently, many authors assert that post-separation contact is a potentially abusive experience for children who are exposed to the physical, psychological and sexual abuse of their mother during contact visits (Radford et al., 1999; Mullender et al., 2002; Saunders & Barron, 2003; Smith-Stover, Van Horn, Turner, Cooper, & Lieberman, 2003) and are also themselves at risk of physical and sexual abuse and abduction (Radford et al., 1999). Additional abuse of the child involves their forced involvement in the ongoing abuse of their mothers, where, for example, they convey threatening messages to their mother, or where there are attempts made to indoctrinate children against their mother.

At its most extreme, violence against women may have lethal implications for both mother and child (Hester et al., 2000; Jaffe & Juodis, 2006). Children may be abused as part of the abuse of their mother, and indeed vice versa (Hester & Radford, 1996; McGee, 2000), making it difficult at times to separate out discrete categories of child abuse and domestic violence, because in some cases it is the abuser's intention that the abuse of the child will have an abusive impact on the mother. Kelly (1996) refers to this as a double level of intentionality. Supporting this assertion, McCloskey et al. (1995) found the father's relationship with his children to be secondary to his intermediary use of them to abuse their mother. The second domain will explore this further.

Parenting ability and the experience of being parented in the context of domestic violence

The empirical evidence clearly states that the quality of parenting and ability of both parents to meet their child's needs are compromised in domestic violence households (Buchbinder, 2004; Levendosky & Graham-Bermann, 2001; McIntosh, 2002; Mullender et al., 2002). For women, continuing abuse affects their relationship with their children (Mullender et al.,

2002) and can impact negatively on their parenting capacity (Stephens, 1999) and on the quality of the attachment between them (Cleaver et al., 1999; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003). Holden (2003) suggested that maternal stress and depression result at times in an emotionally distant, unavailable or even abusive mother, whose emotional energy and time for her children are severely compromised. Holtzworth-Munroe, Smutzler, and Sandin's (1997) review of the literature estimated that one- to two-thirds of abused women experience post-traumatic stress disorder, low self-esteem, depression and anxiety. This may compound the behavioral problems of the child and increase the impact of the violence for the child (Levendosky & Graham-Bermann, 1998).

Research also indicates that domestic violence impacts negatively on the woman's ability to develop authority and control over her children, culminating in some cases in physical aggression by adolescents towards their parents (Jackson, 2003; Ulman & Straus, 2003). This aggression increases with the child's age and is 18 times more frequent in families in which the mother is abused (McCloskey & Lichter, 2003). Levendosky, Lynch, and Graham-Bermann (2000) advise that this not only has implications for parenting, but also serves to put children at risk of anti-social behavior.

While it may be considered erroneous to assume that all abused women show greater deficiencies in parenting than their non-abused counterparts, the research highlights that as a result of living in constant fear, they may deny their children normal developmental transitions and the sense of basic trust and security that is the foundation of healthy emotional development (Levendosky et al., 2000; Levendosky & Graham-Bermann, 2001). The sequential perpetrator model (Coohey, 2004) proposes that battered women are more likely to hit their children as a reaction to being hit themselves. Under this model, Holden, Stein, Richie, Harris, and Jouriles (1998) purport that children are not *only* directly at risk from the perpetrator of the adult violence, but are also at the receiving end of either intentional or unintentional aggression from their victimized mother, who may also be directed by the perpetrator to abuse the child. While Buchbinder's (2004) small qualitative study with 20 abused mothers study found them distressed after using physical punishment, Holden et al. (1998) concluded that there was no evidence for diminished parenting in their sample of abused women, despite the extensive use of physical punishment.

'Failure to protect' is a charge often leveled at women, either the failure to recognize the abuse of her child or the failure to leave the violent relationship and thereby end its impact on the child (Farmer & Owen, 1995). Bell (2003) questions why mothers often attract as much if not more anger and blame than the abuser himself, while both Mullender et al. (2002) and Margolin, Gordis, Medina, & Oliver (2003) found evidence that women do make considerable efforts to protect their children, and may in fact employ more authoritarian parenting tactics to ensure their children are well-behaved, to avoid aggravating the abuser. Also reported by 19 of the 95 low-income women participating in Levendosky, Lynch, and Graham Berman's study (2000) are the positive direct effects on both parenting effectiveness and attachment. The participants in this study were recruited with flyers distributed to shelters, community organizations and public places, and all had been in a violent relationship in their children's lifetime. As a result of the abuse they had or were still experiencing, they commented on their increased sensitivity to their children and described the attempts they made to compensate for the violence and abusive parenting of their children's fathers. Stephens (1999) conducted qualitative research with 26 women victims of domestic violence, six of whom were residing in a shelter and the remainder in their own communities at the time the research was conducted. Stephens (1999) found that the abused women in her research had internalized a model of healthy and appropriate parenting that predated their intimate abuse, and could locate their care-giving from this earlier experience.

Imposing a caveat on research that indicates a comparable quantity of corporal punishment by both parents both Appel and Holden (1998) and Edleson (1999) caution that fathers nonetheless employ more severe levels than mothers, and that as mothers are frequently the primary care-givers, they have enhanced opportunities to parent abusively. While the former authors suggest that if the rate of co-occurrence across mothers and fathers was corrected for the amount of time spent with the children, the rates would likely be quite different, Edleson (1999) hypothesizes that an over-reliance on measures of the mother–child relationship relative to the father–child relationship, has also resulted in findings highlighting mothers' problems, rather than the abusive dynamics that created them.

Guille's (2004) comprehensive literature review highlights the lack of attention to the father–child relationship in domestically violent families, revealing minimal investigation into the abuser's perception of his violence or his relationship with his children. What little information does exist suggests that when compared to their non-violent counterparts, these fathers are less likely to have been involved with their children and more likely to have used negative child rearing practices, such as slapping; are more controlling and authoritarian, and less consistent (Bancroft & Silverman, 2002); are more often angry with their children (Holden et al., 1998); are less likely to allow freedom of expression, creativity and structure in their children's lives (Margolin et al., 2003); and are poor role models with regard to relationships and conflict resolution (Bancroft & Silverman, 2002).

Fathers are characterized as individuals with low self-esteem and a poorly developed sense of identity that results in neediness, dependency, a lack of trust in others, and an inability see the impact of their violence on their children (Mullender et al., 2002), or to see violence towards women as child abuse and vice versa (Hearn, 1998). Peled (2000) also postulates that the instrumental approach of abusive men's post-separation parenting behavior results in a construction of fatherhood in terms of rights to children, with little emphasis on nurturance. Some experts question if the risks for children outweigh any possible benefits (Guille, 2004; Humphreys & Mullender, 2002; Jaffe, Crooks, & Bala, 2005; Jaffe & Geffner, 1998; Levin & Mills, 2003; Lundy & Grossman, 2005; Saunders & Barron, 2003). Haddix's (1996) comprehensive overview and commentary on US statutory approaches to terminating parental rights (in cases where physical force is used by one parent against the other), resulted in her presenting a model for the termination of these rights.

The empirical evidence highlights the complex relationships children who grow up with inter-parental violence have with both of their parents (Edleson, 1999; Peled, 2000; Levendosky et al., 2003; Holden, 2003). Peled (2000) postulated that children view their abusive fathers in two contradictory ways—as the "good, loved father" and as the "bad, abusive father"—but seldom maintain both views simultaneously. Peled's earlier research (1998) with 14 pre-adolescent children found that they implemented strategies to both minimize the negative view of their fathers, and to find ways to see their fathers in a positive light, with both of these strategies creating complex emotions when it came to making choices involving their parents. Children and young people describe paternal experiences that are tainted with sadness, fear, confusion and disappointment (Mullender et al., 2002) and ambivalent attitudes towards both their parents, including fear and empathy towards their father, and compassion coupled with a sense of obligation to protect their mother (Goldblatt, 2003).

While acknowledging that parenting cannot prevent a child from ever experiencing conflict or stress, McIntosh (2002) suggests that parenting is however about filtering those experiences in ways that can be thought about and integrated by the child. McIntosh argues that the presence of domestic violence results in the failure or collapse of the parental functions of protection and thought (2002). While the man has detached himself from the experiences of those around him, the woman's survival may require her to create a state of disassociation from aggression, that itself perpetuates a cycle of fear and victimization (McIntosh, 2002). Both aspects of parental dissociation results in a lack of empathy with the child's experience, where the child is not helped to deal with and integrate the impact of family violence to recover from the trauma they have experienced. This then has a differential impact across the developmental pathway, as the next domain explores.

The impact of domestic violence on children: a developmental perspective

The empirical evidence suggests that growing up in an abusive home environment can critically jeopardize the developmental progress and personal ability of children (Martin, 2002; McIntosh, 2002), the cumulative effect of which may be carried into adulthood and can contribute significantly to the cycle of adversity and violence (Cunningham & Baker, 2004; Levendosky & Graham-Bermann, 1998). Exposure to domestic violence may have a varied impact at different stages (Cunningham & Baker, 2004), with early and prolonged exposure potentially creating more severe problems because it affects the subsequent chain of development.

Infants and toddlers are totally dependent upon others for care and their lives are organized around the primary attachment relationship to a care-giver, usually their mother. Distress may manifest itself behaviorally in excessive irritability, regressed behavior around language and toilet-training (Osofsky, 1999); sleep disturbances, emotional distress and a fear of being alone (Lundy & Grossman, 2005). Edleson's (1999) review of the literature concluded that a toddler's need for adults to provide structure because of their developmental inability to understand and control their own emotions, may be difficult to meet by depressed and overwhelmed mothers, thus impacting the child's experience of emotional expression. Exploring this further, Lundy and Grossman (2005) analyzed data collected between 1990 and 1995 from approximately 50 domestic violence agencies in Illinois regarding the characteristics, difficulties and needs of 40,636 children aged 1–12 years, who used one of these services with an adult client during this time period. Lundy and Grossman (2005) found that toddlers actually seemed to exhibit emotionally distressed behavior *less* often than older children, a finding resonating in Bogat, DeJonghe, Levendosky, Davidson, and Von Eye (2006) later, if considerably smaller study involving 48 mothers of infants. The women were recruited during pregnancy from a wide range of sources including public settings, prenatal clinics and social services programs. These women had experienced domestic violence during pregnancy and indicated that their infants had seen or heard one or more abusive incidents. While Bogat et al. (2006) found that only 44% of infants exposed to domestic violence had at least one trauma symptom, compared with the majority of pre-school and school-age children, Lundy and Grossman (2005) found that more than any other age group, these youngest children appeared to have difficulty separating from parents, perhaps reflecting problematic attachments.

Concurring with this, Martin's (2002) review of the literature suggests that the dynamics of domestic violence undermine the child's developmental need for safety and security, potentially resulting in a difficulty developing a logical approach for getting comfort, and in the development of disorganized attachments to their mothers, who is simultaneously a source of comfort and fear for the child (McIntosh, 2002). If unabated, Martin (2002) concluded that such attachments result in the infant being chronically overwhelmed, and if uninterrupted, this pattern could have devastating developmental consequences for the child, underpinning much of the intergenerational cycle of domestic violence (Zeanah et al., 1999).

Both Rossman (1998) and Huth-Bocks, Levendosky, and Semel (2001) posit that pre-schoolers who witness violence have more behavioral problems, social problems, post-traumatic stress symptoms, greater difficulty developing empathy, and poorer self-esteem than non-witnesses. The effects of domestic violence are amplified for these young children, who are completely dependent on parents for all aspects of their care and may therefore witness greater amounts of violence than older children (Huth-Bocks et al., 2001). Not surprisingly, research with their mothers found this age group to exhibit more problems, with care-giving more difficult than any other age group (Levendosky et al., 2003). Their developmentally limited ability to verbalize the powerful emotions they are experiencing may manifest itself in temper tantrums and aggression, crying and resisting comfort, or despondency and anxiety (Cunningham & Baker, 2004). While Lundy and Grossman's study (2005) found that aggressive behavior and possessiveness were particular problems for this age group, Martin (2002) surmised that extreme fear may result in psychosomatic problems such as headaches, stomach aches and asthma, as well as insomnia, nightmares, sleepwalking and enuresis. The ego-centrism of children of this age may be reflected in a preoccupa-

tion with fear for their own safety, and they may engage in mental and behavioral disengagements in an effort to cope with this distress (Cunningham & Baker, 2004).

School-age children (6–12 years) are involved in developing a more sophisticated emotional awareness of themselves and others, in particular of how the abuse is affecting their mothers (Daniel, Wassell, & Gilligan, 1999). They are also able to think in more complex ways about the reasons for the violence, and may try to predict and prevent the abuse based on this reasoning. Younger children in this developmental stage are still thinking ego-centrically and may blame themselves for their mother's abuse, absorbing guilt and self-blame. In working things out, they will try to rationalize their father's behavior, justifying it on the basis of alcohol, stress, or bad behavior on theirs or their mother's behalf, helping them cope with the idea that their father is bad or imperfect in any way. If inappropriate or inaccurate attitudes and beliefs are not addressed, the child is potentially at risk of adopting anti-social rationales for their own abusive behavior, where this occurs (Cunningham & Baker, 2004).

For school-age children, academic and social success at school has a primary impact on their self-concept. As children rely increasingly more on influences outside the family as role models and as indicators of their own worth (Daniel et al., 1999), most children will hide their "secret" from everyone, because if others found out, the shame would be devastating, further compounding the imbuing sense of sadness and vulnerability (Alexander, Macdonald, & Paton, 2005). With the development and preservation of friendships a fundamental part of this developmental stage, Lundy and Grossman (2005) believe that social problems including poor social skills, may make this developmental task unachievable. They may either pick up on and react to aggressive cues in their interactions with other children and consequently be at risk of bullying or tune out from such cues and be at increased risk of being bullied (Bauer et al., 2006; Cunningham & Baker, 2004). One-third of Lundy and Grossman's (2005) sample of 4,636 children who were exposed to domestic violence were described as frequently aggressive, and one-fifth had difficulties adhering to the rules of the school, with the acting out, peer difficulties, sadness and depression of this peer group frequently bringing them to the attention of the teachers. The first US study to examine the relationship between domestic violence exposure and bullying corroborated this finding that children exposed to violence engaged in higher level of generalized aggression (Bauer et al., 2006). Furthermore, the child's learning potential may be compromised by poorly developed verbal skills (Moore & Pepler, 1998), competing demands for their energy, exhaustion or absenteeism. Alternatively school is experienced as a respite and engaged in fully, both to maximise the respite and to avoid going home.

Adolescence may mark the point when the impact of domestic violence extends beyond the boundary of the family, with difficulty forming healthy intimate relationships with peers due to the models they experienced in their family (Levendosky, Huth-Bocks, & Semel, 2002). Research suggests exposed adolescents are less likely to have a secure attachment style and more likely to have an avoidant attachment style, indicating perhaps that they no longer feel trust in intimate relationships (Levendosky et al., 2002). Reflecting on the findings of their research, Levendosky and her colleagues (2002) speculated that abusive patterns in intimate relationships initiated in adolescence, may well lead to violence on the part of men and victimization on the part of women in their adult relationships.

Wekerle and Wolfe (1999) found exposure to violence in the home to be the best predictor of adolescent male abusive behavior and a significant predictor of male and female experiences of victimization in intimate relationships. In contrast, Levendosky et al.'s study (2002) with 111 exposed adolescents found they were more likely to be victimized, lending some support to the intergenerational transmission of violence hypothesis. On a similar theme, the young people in Goldblatt's (2003) study doubted their competency to become non-violent partners and were ambivalent about their ability to control themselves.

Coping strategies for this developmental stage include mental or emotional disengagement involving both tuning out by listening to music or positioning themselves away from the violence, with more hazardous efforts involving experimentation with alcohol and other mood altering substances (Cunningham & Baker, 2004; Mullender et al., 2002). As children get older, they may become more active and focused in trying to prevent or intervene in the abuse, or in providing emotional or practical support to their mother (Hester et al., 2000). Anger may be directed at the abuser for the violence or at the mother for perceived failure to protect, inability to leave or returning to the abuser. Adolescents may adopt care-taking roles for their mother and siblings, and although this can empower by providing a sense of control in an otherwise out of control environment, Goldblatt (2003) cautions that the cost of over parentification is a lost childhood and the likelihood of severe emotional distress.

Opening up the adversity package

Because domestic violence is not an isolated event but occurs within a family system, it is potentially something that disrupts broader family functioning and the home environment (Huth-Bocks et al., 2001; Salcido Carter, Weithorn, & Behrman, 1999; Ullman, 2003). Rossman (2000, p. 45) adopted the term "adversity package" to describe the multiple stressors which can accumulate in the lives of young people exposed to domestic violence, including child abuse, parental substance abuse and mental health difficulties, unemployment, homelessness, social isolation and involvement in crime (Golding, 1999). The presence of multiple stressors in a child's life may both elevate the risk of negative outcomes *and* possibly render indistinct the exact relationship between domestic violence and those negative outcomes (Jones, Gross, & Becker, 2002). This section selectively reviews some of these adversities.

Although domestic violence cuts across the economic spectrum, the literature suggests that poor families are more likely to be affected (Buckner, Bearslee, & Bassuk, 2004; Kruttschnitt et al., 2002). Current evidence suggests that the child's

safety is related to the structure and socio-economic circumstances of the families (Berger, 2005). For example in Cox, Kotch, and Everson's (2003) longitudinal research with a purposive community sample of 184 low-income and high-risk (for maltreatment) families, low socio-economic status is identified as a strong predictor of both domestic violence and child maltreatment. A related correlation was highlighted by Levendosky and Graham-Bermann (1998) in their study with 60 shelter women and their children and a comparison group of 61 non-shelter women and their children who were living in the same low-income community. This study found that domestic violence was reported by one-third of the families in their low-income comparison group, suggesting that there may be a high incidence of domestic abuse in some low-income communities.

Levendosky and her colleagues (2000) also found income to be a significant predictor of parenting behaviors, where economically stressful situations result in parents needing to respond to external demands over and above their children's needs, with higher rates of physical and mental health difficulties for both parents *and* children when compared to the general population (Ghate & Hazel, 2002). There is also a direct correlation between poverty and poor educational achievement, with fewer resources and low-achieving classroom environments increasing children's behavior problems (Keegan-Eamon, 2001). This finding of a correlation between poverty and poor educational achievement is particularly significant for two reasons. First, because family poverty in childhood and adolescence and low academic achievement are strong predictors of violence in later life (World Health Organization, 2002), and second because resilience theory recognizes educational attainment as a protective factor promoting positive outcomes for children living with adversity (Daniel & Wassell, 2002; Gilligan, 1999). Unemployment, a closely related adversity to poverty, is found to be a common correlate in domestic assaults in Kruttschnitt et al.'s (2002) review of the literature on female violence. This research concluded that the employment of women lowers their risk of abuse when their partner is employed, but significantly increases their risk for abuse when their partner is unemployed.

Research has also identified the potent presence and misuse of alcohol in the lives of women who are abused (Kashani & Allan, 1998; Kruttschnitt et al., 2002). While alcohol is not understood or viewed as a causal factor in the abuse of women, it has been established as a major contributor to female physical as well as sexual victimization (Lipsky, Caetano, Field, & Larkin, 2004; Ullman, 2003). It is also more closely linked to murder, rape and assault than any other substance and found to be a contributing factor in incest, child molestation, spousal abuse and other family violence, with the percentage of men who assault their partners while under the influence of alcohol ranging from 48 to 87% (Lipsky et al., 2004).

Exploring this further, Ullman (2003) states that on the one hand heavy drinking in men is associated with lifetime self-reported involvement in sexual aggression, with offender alcohol use potentially leading to disinhibition of violence, contributing to more severe assault outcomes, for example rape and physical injury (Boles & Miotto, 2003). On the other hand, victimization may contribute to subsequent drinking and development of drinking problems in order to cope with post-traumatic stress symptoms that develop post-assault (Ullman, 2003). Similarly, Caetano, Field, and Nelson (2003) postulate that early childhood abuse may contribute to increased drinking, which may lead to increased risk of adolescent sexual assault and contribute to further problem drinking, as victims self-medicate in order to cope.

These adversities can together advance the web of social isolation and rejection that many families become entrapped by (Anooshian, 2005; Kruttschnitt et al., 2002). Social isolation contributes to parenting difficulties and compromises the opportunities children need for developing relationships with extended family and friends (Kruttschnitt et al., 2002). It is also negatively connected with poverty, where poor environments and low-income families are both deficient in social support, and where members of networks than can themselves be a source of obligation and stress (Ghate & Hazel, 2002). While robust social support can protect women's functioning, Levendosky and Graham-Bermann (2001) suggest that the absence of such social support combined with traumatic experiences, negatively influence women's psychological functioning. This is a particularly important finding in that many women in battering relationships have few social supports due to the controlling aspect of the battering relationship.

Factors influencing outcomes for children exposed to domestic violence

The previous sections have considered the deleterious impact that exposure to domestic violence can have for children, reflected in high levels of cognitive, emotional, behavioral and social problems (Kitzmann, Gaylord, Holt, & Kenny, 2003; Kolbo, Blakely, & Engleman, 1996; McAlister-Groves, 1999; Peled, 2000). However, cognisant of the methodological constraints discussed earlier in this paper, this section will respond to Kerig's (1998) encouragement to "move beyond documenting the negative effects," in order to discover the processes underlying children's responses to their mothers' abuse (p. 346). Wolfe, Crooks, Lee, McIntyre-Smith, and Jaffe (2003) and Edleson (1999) also caution that the available research merely demonstrates associations between exposure to domestic violence and other variables, such as an emotional or behavioral difficulty. Wolfe et al. (2003) propose that these variables are "process rather than absolutes," since the same experience can operate as either a protective or a risk factor depending on the milieu within which it occurs (p. 172). Furthermore each child is unique and their reaction will vary according to age, gender, personality, socio-economic status, role within the family, the frequency, nature and length of exposure to violence, with the impact moderated or mitigated by a further set of considerations, such as relationship with parents and siblings and available supports (Hester et al., 2000; Kashani & Allan, 1998; Salcido Carter et al., 1999).

At a very basic level, age has an influence on impact with regard to the child's developmental ability to understand and process their experience, and, as explored earlier, for the manner in which their distress is manifested. While Cunningham

and Baker (2004) argue that early and prolonged exposure can potentially create more severe problems because it affects the subsequent chain of development, Kilpatrick and Williams (1998) relatively small quantitative study with 20 child witnesses and 15 non-witnesses found that children are vulnerable to traumatization from exposure to violence, regardless of the age of the child when they are first exposed. Kilpatrick and Williams (1998) concluded from this research that exposure to domestic violence "has the potential to induce catastrophic and long-term trauma in the child witness" (p. 328). Goldblatt (2003) however, found that adolescent freedom and autonomy allowed the 21 Israeli teenagers in his study to develop a sense of control over their lives, enabling them to tolerate confusion and bewilderment.

An emergent pattern within the literature reviewed on gender suggests that boys and girls generally respond differently to exposure to violence, with these differences reflected in both the nature and extent of the presenting problems. There is evidence that boys exhibit externalized problems more frequently such as hostility and aggression, while girls exhibit more internalized difficulties such as depression and somatic complaints (Buckner et al., 2004; Edleson, 1999; Martin, 2002). McIntosh (2003) explains that boys' externalizing behaviors are linked to their experiencing a high level of threat from violence exposure, while girls' internalizing responses are reflective of them experiencing a higher level of self-blame. Regarding the extent of these presenting problems, there is also some evidence that boys exhibit more frequent problems than girls (Kerig, 1996).

Responding to Hester et al.'s (2000) caution against erroneous gender assumptions, a minority of research on exposed children does not find significant gender differences for internalizing and externalizing symptoms (Cummings, Pepler, & Moore, 1999; Kerig, 1996, 1998) or for the extent of difficulties across genders (Cummings et al., 1999; Lemmey et al., 2001). Some characteristics of the samples sourced may go some way to explain these differences. For example, Cummings et al.'s (1999) research with 114 girls and boys living in shelter accommodation and 82 boys and girls living in homeless hostel accommodation, concluded that boys were not presenting with significantly higher rates of externalizing behaviors than girls. Cummings et al. proposed that this finding may have been influenced by the age of their sample, suggesting 6–12-year-old boys were too young and had not developed these behavior problems yet. This theory finds some resonance in other qualitative research on children exposed to domestic violence (Buckley et al., 2006; Song, Singer, & McAnglin, 1998). As they got older, girls in these samples exhibited more violent and aggressive behavior than boys. Similarly, McCloskey and Lichter's (2003) research determined that more girls than boys were perpetrating dating aggression.

Other findings worth noting include Cummings et al'.s (1999) finding that contrary to gender stereotypes, girls in their shelter sample presented with higher rates of externalizing symptoms than boys who were also living in shelters. By way of explanation, Cummings and colleagues (1999) suggest that these girls had been exposed to more verbal aggression from their fathers than the boys in the shelter, and higher rates of father–daughter conflict in addition to the parental conflict. Cummings et al. further suggest that these fathers may be identifying their daughters with their wives and that the daughters' sensitivity and defense of their mothers may explain their conflictual relationship with their fathers.

Other factors influencing outcomes include the intensity, severity, co-occurring and different forms of violence to which children are exposed. Jouriles et al.'s (1998) research found that domestic violence involving knives or guns placed children at a greater risk of behavior problems than violence exposure where such weapons were not employed. On a related theme, Lemmey et al. (2001) and Levendosky and Graham-Bermann (1998) found that an increase in physical violence against the mother was correlated with enhanced internalizing behavioral problems in the child. Kitzmann et al.'s (2003) meta-analysis of 118 studies highlighted that children experienced a greater impact when they witnessed physical violence between their parents than when other abusive behaviors occurred (e.g., verbal aggression). Research on children's exposure to the sexual abuse of their mothers also highlights their distress and trauma arising from this experience (Weinhall, 1997, cited in Hester et al., 2000). Contrary to these findings, Kilpatrick and Williams's (1998) smaller study with 35 children and their mothers found that neither intensity nor frequency was significant in predicting post-traumatic stress in children. These authors concluded that domestic violence has the capacity to provoke trauma in the child, regardless of frequency or intensity.

Finally, a number of authors examined the impact on children exposed to both domestic violence and child abuse, establishing higher rates of internalizing behavior when children were exposed to both domestic violence and physical abuse (Cummings et al., 1999; Kernic et al., 2003). In Kernic et al.'s (2003) research with 167 mothers experiencing domestic violence, 14.4% of their 167 children exposed to this domestic abuse were also recorded to be victims of maltreatment (physical and sexual abuse and neglect). This research found significantly elevated rates of both internalizing and externalizing behavior for the children who experienced both exposure to violence and child maltreatment. In contrast, Kitzmann et al.'s (2003) meta-analysis found that children exposed to interpersonal violence in addition to physical abuse, did not demonstrate significantly poorer outcomes than those exposed only to the violence between their parents.

The research provides ample support for the intergenerational transmission of violence theory, which holds that witnessing and experiencing violence as a child leads to a greater use or tolerance of violence as an adult (Markowitz, 2001; Smith et al., 2000). Gelles and Cavanaugh (2005) suggest an estimated intergenerational transmission rate of 30% (±5%), which can manifest itself in a number of ways. First, there is evidence that children from violent families go on to be violent or be abused in their adult intimate relationships (Coohey, 2004; Guille, 2004; Margolin et al., 2003; Whitefield, Anda, Dube, & Felitti, 2003). Amato's (2000) review of a 12-year longitudinal study found that young adults who had been exposed to parental violence as children were 189% more likely than those not exposed, to experience violence in their own adult relationships.

Second, longitudinal studies on pathways to delinquency have shown that young offenders are more likely to have been exposed to domestic violence, compared to their non-exposed counterparts (Steinberg, 2000), and to become involved in anti-social behavior, violent crime, substance abuse, further delinquency and adult criminality (Edleson, 1999; Osofsky,

1999). Finally, there is an association between exposure to domestic violence and peer aggression and bullying (Baldry, 2003).

Drawing on an ecological perspective, Osofsky (2003) concludes that it is not just that children see aggression, but rather that they learn how aggression is functional in intimate relationships, experiencing what Holden (2003) considered corruption or "mis-socialization." Concurring with this hypothesis, Graham-Bermann, and Brescoll's (2000) research with 221 children (6–12-year-olds) and their mothers, found a direct relationship between the level of physical and emotional abuse of mothers and children's belief systems regarding the intrinsic dominance and privilege of men, and the acceptable purpose of violence in family interactions. Reflecting on family systems theory, these authors surmise that domestically abusive families methodically underline and internalize stereotyped gender beliefs through the acts of physical abuse.

However, a final word of warning is expressed by Gelles and Cavanaugh (2005), that while a child's experience of violence is often correlated with later violent behavior, such experience is not the sole determining factor. Indeed despite all of the above, there are some children and young people who remain resilient and emerge from their experiences relatively unscathed, or with developed coping and survival strategies (Daniel & Wassell, 2002). Kitzmann et al.'s meta-analytic review of the literature found that while approximately 67% of child witnesses were faring more poorly than the average child, the remaining 37% presented with outcomes that were similar to or better than most of the non-witnesses (2003). These results support Hughes and Luke's (1998) earlier finding that not all children show maladjustment from exposure to domestic violence. Acknowledging the caveat expressed by Kitzmann et al. (2003) and McIntosh (2003) that the absence of serious adjustment problems does not necessarily mean that children are unaffected by the violence, a range of protective factors have, nonetheless, been identified as influencing the extent of the impact of exposure to domestic violence on the child and the subsequent outcomes for the child. The next section will detail these.

Resilience

A secure attachment to a non-violent parent or other significant carer has been cited consistently in the literature as an important protective factor in mitigating trauma and distress (Graham-Bermann, DeVoe, Mattis, Lynch, & Thomas, 2006; Mullender et al., 2002), with much of the research highlighting the considerable role that the maternal parenting role plays in the overall adjustment of children, across their developmental stages (Levendosky & Graham-Bermann, 1998, 2001; Mullender et al., 2002; Osofsky, 1999; Radford & Hester, 2006). Indeed Osofsky (1999) concluded from her review of the literature that the relationship with a parent or another familiar and caring adult is the exposed child's greatest protective resource. This finding resonates in Mullender et al.'s (2002) research with 8–16-year-olds who cited mothers as "their most important source of help than anyone else in their lives" (p. 210).

A related theme concerns the availability of someone for the child to turn to for emotional support, since the social support system of exposed children and young people is considered crucial in determining the impact of the violence (Kashani & Allan, 1998; Ullman, 2003). While this clearly overlaps with attachment issues, most accounts also emphasise the key role of the wider social and community support structures and of supportive family relationships more generally. Cox et al.'s (2003) longitudinal study with 219 families of 6–7-year-olds found that supportive adults such as grandparents could protect the child by acting as agents of social control within the family, or by spending time with the child. Research conducted by Levendosky and her colleagues (2002) with 111 adolescents and their mothers, also found that a supportive relationship with an adult family member served as a protective factor in a high-risk environment. However, McCloskey et al. (1995) argue that when the family is profoundly dysfunctional as to involve severe violence and sexual abuse, the supportive qualities of family relationships fail to safeguard the children from negative effects, at least in the short-term.

Resilience is also associated with having positive peer and sibling relationships and friendships that can buffer the effects of stress, prevent and mediate stress, provide support and nurturance and information as to how to deal with stress (Guille, 2004; Mullender et al., 2002). However research conducted by Levendosky and her colleagues (2002) with 111 adolescents aged 14–16 years and their mothers, drawn from a community sample, highlights some interesting findings. These 111 adolescents had varying levels of exposure to domestic violence and were described as belonging to the high or low domestic violence group (DV group). Levendosky et al. (2002) found that while social support moderated the impact of domestic violence on adolescent functioning, it had no influence on the impact of domestic violence on mental health functioning. This research also found that social support served as a vulnerability factor for adolescents in the high DV group and as a protective factor for those adolescents in the low DV group. Levendosky et al. (2002) speculated that this may be because adolescents in the high DV group are in social networks of more violent adolescents, where violence is tolerated and encouraged.

Self-esteem, one of the building blocks of resilience (Daniel & Wassell, 2002; Martin, 2002), emerges as a critical element underlying children's ability to develop successful coping strategies, and as a significant distinguishing factor between resilient and non-resilient adolescents (Kashani & Allan, 1998). Guille (2004) suggests that self-esteem and the locus of control contribute to the child's ability to cope, because children who feel in control of their life circumstances and who have better self-concepts may be less affected by the violence they witness. While the domestic violence literature reports that self-esteem is often likely to be damaged as a result of living with the shame and the undermining attitudes of the abusive man (McGee, 2000), it is also important to remember that children with high self-esteem in one area (for example school) may focus on and build on that domain, which allows them more easily to escape their family's violence.

Responding to the needs of children exposed to domestic violence

The past two decades have witnessed children occupying greater centrality and visibility within the literature and research on domestic violence, with emergent awareness and understanding of the impact of exposure to domestic violence on the growing child and of their needs within that context. Despite this burgeoning appreciation, the research systematically highlights how the key health, social, legal and educational professionals have struggled to identify the signs, understand the dynamics of children's experiences and respond appropriately to their individual needs (Hester et al., 2000; Holt, 2003; McGee, 2000; Mullender et al., 2002). This final section will reflect on these struggles and dilemmas and highlight what constitutes best practice in responding to children exposed to domestic violence.

Frequently cited reasons for the lack of awareness and understanding of the dynamics of domestic violence and the inappropriate responses that follow, include a knowledge, training and skill base deficit (Holt, 2003; Kenny, 2004; Mullender, 1996; Shepard & Raschick, 1999), and the seemingly incompatible theoretical approaches and dichotomous agendas of the child focused social services mandate and the woman focused ethos of shelter work (Rivett & Kelly, 2006). For example, while Kelly (1996) asserts that the welfare of the child cannot be separated from that of their mother, Croke (1999) argues against an automatic and simplistic assumption that the needs of the child and the woman are always synonymous.

Focusing specifically on the child focused social services mandate, although exposure to domestic violence has increasingly been viewed as a significant child protection concern, many authors nonetheless argue against defining and responding to such exposure as a form of child abuse (Edleson, 1999; Kaufman Kantor & Little, 2003). Edleson (2004, p. 20) argues that such a definition ignores the wide variability in children's experiences, where some children "show no greater problems than their peers who are not so exposed." Reflecting on the North American experience of defining exposure to domestic violence as a form of maltreatment under child care legislation, Edleson (1999) recalls how the child protection and welfare systems became overloaded and punitively responsive to women, simultaneously holding them responsible for their children's protection while ignoring their attempts to keep their children safe. As such, Edleson (2004) concludes that a child protection response should only be invoked in the "minority of severe cases, advocating instead for a more generalized, welfare- and community-based response in the majority of cases (p. 21)."

Experts have proposed that the differential impact on children of exposure to domestic violence requires a response that can firstly assess and secondly respond more effectively on the basis of individual need (Cunningham & Baker, 2004; Rivett & Kelly, 2006), something the child protection system is structurally unable to do. Indeed recent attempts to redress the dearth of assessment frameworks appear to signal a greater recognition of the complexity of the needs of all those involved (Bell & McGoren, 2003; Calder, Harold, & Horwath, 2004; Magen, Conroy, & Tufo, 2000). Echoed throughout the literature reviewed is the need for a holistic assessment that takes account of the risk and protective factors in every family, before drawing conclusions about the risks and harm to specific children and the interventions needed (Buckley, Horwath, & Whelan, 2006; Cunningham & Baker, 2004; Edleson, 1999; Rossman, Rea, Graham-Bermann, & Butterfield, 2004). Implicit in such a child centered assessment is the direct inclusion, where appropriate, of the child in this process, where research with children highlights their need to be listened to and included in the decisions affecting their lives (Buckley, Whelan, et al., 2006; Mullender et al., 2002).

Once these needs have been clearly identified and individually assessed, Mullender (2001) asserts that subsequent responses can occur along a continuum of primary, secondary, or tertiary interventions. This can potentially involve both challenging and supportive interventions that may be short or long-term, individual or group-based, formally organized or occur more informally though the natural networks of the immediate and extended family and community (Mullender et al., 2002). Influencing the nature of this support will include the child's immediate needs, with resilient children possessing a wide range of coping skills and supports that may not necessitate direct intervention for the child, but may instead focus on supporting the non-abusing parent and on attachment relationships (McAlister-Groves, 1999). However, any intervention strategy needs to be individualistically responsive to the child's familial context, focused on stabilizing the home environment and minimizing disruption (Hester et al., 2000), and one which recognizes and enhances informal supports (Cunningham & Baker, 2004). The timing of intervention responses is crucial, with research suggesting that when a child needs help, intervention should follow quickly and intensively (Osofsky, 2004).

Conclusion

This paper concludes that children may be significantly affected by the experience of domestic violence in their lives, the impact of which may resonate intergenerationally with their own involvement in adult violence (Markowitz, 2001). It also cautions however that there is rarely a direct causal pathway leading to a particular outcome (Wolfe et al., 2003) and that children are not passive participants but are active in constructing their own social world. Given the potential negative repercussions of children's exposure to domestic violence, in particular the intergenerational transmission of such violence (Ehrensaft, Cohen, & Brown, 2003), there exists a need for a wide range of programs that can intervene to improve their potential for healthy adjustment (McAlister-Groves, 1999). The literature reviewed advocates for a holistic and child-centered approach to service delivery, derived from an informed assessment of all of the issues outlined above and designed to capture a picture of the individual child's experience (Calder & Hackett, 2003; Hester et al., 2000; Kelly & Humphreys, 2001). Finally, interventions should be grounded in a clear philosophical and value base, beginning with an affirmation that

the child's welfare is paramount and in many situations is intrinsically aligned to the protection and empowerment of their mother (Hendry, 1998; Kelly, 1996).

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