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Young Children's Exposure to Adult Domestic Violence: Toward a Developmental Risk and Resilience Framework for Research and Intervention

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Young Children's Exposure to Adult Domestic Violence:

Toward a Developmental Risk and Resilience Framework for Research and Intervention

Paper #6 in the Series

Early Childhood, Domestic Violence, and Poverty:

Helping Young Children and Their Families



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Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families

Series Introduction, by Susan Schechter and Jane Knitzer.

Series Paper #1: *Helping Young Children Affected by Domestic Violence: The Role of Pediatric Health Settings*, by Betsy McAlister Groves and Ken Fox.

Series Paper #2: *Young Children Living with Domestic Violence: The Role of Early Childhood Programs*, by Elena Cohen and Jane Knitzer.

Series Paper #3: *Domestic Violence and Family Support Programs: Creating Opportunities to Help Young Children and Their Families*, by Nilofer Ahsan.

Series Paper #4: *Police in the Lives of Young Children Exposed to Domestic Violence*, by Miriam Berkman and Dean Esserman.

Series Paper #5: *Working with Young Children and Their Families: Recommendations for Domestic Violence Agencies and Batterer Intervention Programs*, by Abigail Gewirtz and Resmaa Menakem.

Series Paper #6: *Young Children's Exposure to Adult Domestic Violence: Toward a Developmental Risk and Resilience Framework for Research and Intervention*, by Abigail Gewirtz and Jeffrey L. Edleson.

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Susan Schechter

Editor

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Dedication

This series is dedicated to the memory of Susan Schechter (1946-2004).

Susan Schechter was a visionary leader in the movement to end violence against women and children. Her work and influence were national in scope, though her home base in recent years was Iowa City, Iowa, where she served as Clinical Professor at The University of Iowa School of Social Work. Susan was a founder of the battered women's movement, and throughout her career was a respected leader and thinker in the field. She was the author or co-author of several pioneering books and monographs, including the widely cited *Women and Male Violence*, which was an early history of the battered women's movement, and the *Greenbook* that is currently the guide for many reform efforts around the country.

Perhaps Susan's most significant and enduring contribution was her path breaking and persistent effort to help the children of battered women. This work began in 1986, when Susan developed AWAKE, (Advocacy for Women and Kids in Emergencies) at Children's Hospital, Boston, which was the first program in a pediatric hospital for battered women with abused children. She also served as a consultant to several national domestic violence and child welfare initiatives and as a member of the National Advisory Council on Violence Against Women. Her analysis, writing, advocacy, and speeches played a major role in shaping current policy and practice regarding family violence and children. On a less public but no less significant stage, the positive way in which Susan touched the lives of those around her was among her greatest gifts. Susan was a remarkable person, thoughtful and good-hearted; many individuals from diverse fields were fortunate to call her a mentor and friend. Her leadership, warmth, humor, wisdom, and passionate advocacy will be missed.

This series of papers reflects the integrity of Susan's work and is a fitting tribute to her intellect and her unique skills, which bridged the fields of child advocacy and domestic violence in ways that encouraged multi-disciplinary approaches to evolve. It was her hope that this series would be a catalyst for change that would bring safety and stability to young children and families affected by domestic violence, racism and poverty.



Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families



Series Introduction

This paper is part of a series that addresses a widespread but often hidden challenge: how to mobilize community and programmatic resources to provide responsive help to young children and families affected by both domestic violence and poverty. Although these children and families come into contact with many helping systems, their problems with violence are often invisible, and the assistance that they need is therefore unavailable, uncoordinated, or unresponsive to specific family or cultural contexts.

The series aims to knit together two agendas, addressing domestic violence and promoting healthy development in young children affected by it. The aim is to offer practical guidance to community-based agencies that work with families confronting multiple difficulties linked to poverty. It proposes a common practice framework for the multiple agencies and systems—health clinics, early childhood programs, family support programs, police, and domestic violence services—that families use as they seek safety and stability. It also sends a message that, in many instances, there are alternative, safe ways of helping young children and families without resorting to out-of-home placement or the involvement of more coercive systems.

Establishing a Common Practice Framework

All low-income families struggle with limited material resources and related hardships. But families struggling with domestic violence and poverty are likely to have more needs than other families: battered women and their children may require protection; men who batter may find themselves facing legal and social service interventions; families will need increased economic resources to survive, and children will require financial stability and emotional comfort. All those who work directly with children and families affected by poverty and domestic violence need to be responsive to these circumstances as well as to the cultural ways in which family members define and most comfortably solve problems. Further, although no single community agency can provide

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a comprehensive array of the needed responses, collectively, communities can embrace a common vision and work together, across institutional boundaries, to implement this vision as fully as possible. This vision includes the following five elements of a common practice framework.

1. Young children and their caregivers need to be safe.

Domestic violence is a pattern of assaultive and coercive behaviors—including physical, sexual, and psychological attacks, and economic coercion—that an adult uses against an intimate partner. This pattern of serious assault is most typically exercised by men against a female partner and sometimes against their children.¹ These assaults are often repetitive and continuous and may leave women and children feeling dazed and bereft.

In the face of abuse and assaults, a battered woman with children often confronts two kinds of difficult decisions. First, how will she protect herself and her children from the physical dangers posed by her partner? Second, how will she provide for her children? This second set of social and economic risks are central in each battered woman's calculation of her children's safety. If, for example, a woman decides to leave her partner to protect herself and her children, where will she find housing and money to feed her family? Who will take care of the children if she must work and her partner is no longer there (Davies, Lyon, & Monti-Catania, 1998)? How will she manage the complex, and for many families enduring relationship with the batterer over time? For women who have immigrated to the United States, these risks are often further complicated. What will they do if they have no access to governmental benefits such as welfare or food stamps? What if they cannot speak English, are without money, and in physical danger (National Council of Juvenile and Family Court Judges, 1999)? Creating safety requires that communities also try to eliminate the two sets of risks—physical and material—that children and their mothers face.

2. Young children need to experience warm, supportive, nurturing relationships with their parents and with other caregivers.

According to a recent and remarkable synthesis of developmental and neuroscientific literature, the earliest relationships between young children and those who are closest to them have an especially potent influence on their early development (Shonkoff & Phillips, 2000). Childcare providers, pediatricians, family workers, and children's advocates are all in a position to help parents and others understand how important they are to their children, how best to support them, and how to help parents build healthy relationships with their young children. Community providers also are key to ensuring that young children have age-appropriate opportunities outside the family. Research suggests that quality early care and learning experiences can help all low-income children succeed in school. For young

¹ Because the most serious forms of adult domestic violence are carried out by husbands and male partners, the term “battered woman” is used in this series to refer to the adult victim. However, lesbians and heterosexual and homosexual males are also victims of the kind of abuse described in this series.

children exposed to domestic violence, such experiences can provide a safe haven through which they can thrive.

3. Young children and their families need to have their basic needs met.

Common sense tells us that poverty and economic hardship (e.g., being hungry or homeless) are not good for people in general and children in particular. Research tells an even more compelling story. Poverty in early childhood appears to be more harmful than poverty at other ages, particularly in terms of cognitive development (Duncan, Yeung, Brooks-Dunn, & Smith, 1998), while increases in income seem to be associated with improvements in indicators of cognitive, social, and emotional competencies (Dearing, McCartney, & Taylor, 2001). Those working with young children and families cannot solve the problems of poverty, but they are in a position to ensure that both caregiving and non-caregiving parents have access to all benefits to which they are entitled, as well as to local opportunities that will promote their economic security. Focusing on financial strategies can help ensure that women and children are not trapped in violence because of their economic circumstances. Similarly, focusing on economic issues with men who batter may also have a positive impact, particularly on domestic violence recidivism rates, which are highest among those who are unemployed.

4. Young children and families need to encounter service systems that are welcoming and culturally respectful, and service providers with the cultural knowledge, skills, and attitudes to help them.

Although the majority of poor families in the United States are white, the United States is now a country with many diverse communities of color. According to the U.S. Census 2000,² more than 12% of respondents reported their race as Black or African American; an additional 12% reported themselves as Hispanic; 1% described themselves as American Indian or Alaskan Native; and almost 4% categorized themselves as Asian or Pacific Islander. Over 40 ethnic groups are represented in the Asian and Pacific Islander population with, many of them—Chinese, Japanese, and Filipino populations, for example—having lived in this country for generations, and others, such as the Hmong, Laotian, and Vietnamese, arriving more recently and bearing burdens due to displacement and war (Yoshihama, 2003). Although the psychological consequences of domestic violence seem to be similar for all women (Jenkins, 2003), victims from different races and ethnic groups may explain and experience battering in very different ways. For example, some Southeast Asian women may be abused not only by their husbands but also by their in-laws and other extended family members. These women may need help to deal with multiple abusers.

From a community provider perspective, the ethnic and cultural diversity of families facing poverty and domestic violence poses significant challenges. Staff that look like the families,

² The U.S. Census 2000 used revised standards for collecting data on race and ethnicity wherein respondents could record more than one race.

speak their language, understand their spiritual and cultural background, and can talk about safety with an appreciation for the complexities of those conversations can make a big difference, but even agencies that do not have this can become more responsive. However, it requires a commitment. To do this multicultural work well, agencies must carry out a careful assessment of their mission, policies, hiring procedures, services, staff supervision, budgets, and resources that are provided for training in cultural competence. Above all, they must be prepared to learn from their resourceful clients.

5. Young children and their families should be able to receive early, strengths-based interventions to help them avoid the harmful consequences of domestic violence and to reduce the likelihood of entry into the child protection and, ultimately, juvenile court systems.

Emerging developmental knowledge makes a strong case for targeting intentional supports, services, and specialized early interventions to young children and families experiencing multiple risk factors. For parents, this may mean not just attention to safety and basic needs, but help to repair or prevent damaged parent-child relationships and to promote positive parenting. For children, it means ensuring they have access to health care, developmental screening, high-quality early childhood programs, and, if necessary, specialized services (Knitzer, 2000). A review of findings from 15 projects which focused on children experiencing domestic violence, for example, suggested that participating in either groups or in mother-child dyadic interventions resulted in reduced aggression, decreased anxious and depressive behaviors, and improved social relationships with peers (Graham-Bermann, 2001).

Strengthening the focus on early intervention for young vulnerable children and their families is especially critical because, in the absence of specific attention to early intervention services, community providers are more likely to believe that their only alternative, and/or obligation, is to refer a family experiencing domestic violence to Child Protective Services (CPS) or to the police. Indeed, rates of foster care placement, especially for young children, are escalating. Such referrals become the default option. CPS certainly has an important role to play for those children at serious risk of harm. If Child Protective Services, however, is the only assistance available, many families will avoid seeking services, fearful that their disclosure of violence will lead to removal of their children.

Summary

The papers in this series were designed to offer practical guidance to organizations that encounter and help low-income families. Their vision is to engage the intervention network of pediatric health care professionals, childcare providers, family support workers, community police officers, and domestic violence advocates, in order to help families find safety and stability before repeated trauma takes its toll. By effectively mobilizing the resources of community agencies, concerned neighbors, and kin, and by building on

the strengths and carefully crafted survival strategies of battered women, this intervention network can promote children's healthy development and literally save lives.

About the Authors

Susan Schechter is a Clinical Professor at The University of Iowa School of Social Work and the author or co-author of several books and monographs about domestic violence, including *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement*; *When Love Goes Wrong: Domestic Violence: A National Curriculum for Children's Protective Services*; and *Domestic Violence and Children: Creating a Public Response*. She has also directed or founded several clinical and advocacy programs, including AWAKE (Advocacy for Women and Kids in Emergencies), at Children's Hospital, Boston, which is the first program in a pediatric hospital for battered women with abused children. She also has served as a member of the National Advisory Council on Violence Against Women.

Dr. Jane Knitzer is the Acting Director of The National Center for Children in Poverty at the Mailman School of Public Health, Columbia University. She is a psychologist whose career has been spent in policy research and analysis of issues affecting children and families, including mental health, child welfare, and early childhood. She has been on the faculty at Cornell University, New York University, and Bank Street College for Education. Prior to that, she worked for many years at the Children's Defense Fund.

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Young Children’s Exposure to Adult Domestic Violence: Toward a Developmental Risk and Resilience Framework for Research and Intervention



Series Paper #6

Introduction

Ruth, a woman in her mid-twenties, was four months pregnant when her partner began physically abusing her, and the abuse continued unabated for the next five years. Her son, James, was born at 34 weeks gestation, and was described as a “difficult” baby who cried often and slept for only short stretches. At seven months, James was diagnosed with “failure to thrive” syndrome; he weighed only 8 pounds and did not eat solid foods. Ruth was put on a waiting list for home-visiting services, but was told to expect a wait of several months due to the large demand for such help in her neighborhood. By 30 months, James was still underweight and was showing signs of developmental delay—he walked clumsily and spoke only single words. His relationship with his mother was described as “difficult”—his tantrums frequently escalated to destructive frenzies, during which he would throw heavy objects and bang his head, causing him to bleed and bruise. Ruth told her pediatrician that she would like to attend parenting groups with her son, but none were free and available in her neighborhood.

Divon was born at 35 weeks gestation to 17-year-old Theresa, who was a victim of ongoing physical abuse from her boyfriend, Divon’s father. Theresa was enrolled in a high school with a special program for teen mothers, which included daycare and home-visiting services. During weekly home visits, which Theresa took care to schedule when her boyfriend was at work, the nurse helped Theresa attend to and anticipate Divon’s needs. When Divon turned two, and Theresa graduated from high school, she registered her son for Early Head Start, which he attended daily through kindergarten. Theresa described her relationship with her son as “challenging but enjoyable.” Theresa lived close to her mother and extended family members; when Theresa sensed that her partner might become abusive, she sent Divon to stay with his grandmother or with another member of her kin. Theresa was very affectionate and authoritative with Divon, but not punitive in her discipline. At 30 months, Divon was reported by Head Start staff to be a rambunctious, enthusiastic child, who was developmentally within the average range.

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According to a developmental perspective (Cicchetti & Cohen, 1995; Rutter & Sroufe, 2000), a child's adaptive functioning results from a complex interplay among individual physical and mental capacities, developmental stage, and external factors in the social and physical environment (e.g., caregiver, family, community). As the examples above illustrate, domestic violence can variably affect a child's development, depending on other individual and environmental influences.

Research over several decades has informed us about the impact of children's exposure to risks and protective experiences (Masten, 2001; Rolf, Masten, Cicchetti, Nuechterlein, & Weintraub, 1990; Rutter, 1987). Risk factors are variables that are associated with an increased likelihood of poor physical, emotional, and behavioral outcomes. Examples of risk factors for children include premature birth, conduct problems, parental mental illness or substance abuse, physical abuse, exposure to violence, homelessness, and poverty. Most researchers agree that risks of a chronic, rather than an acute, nature are most likely to have damaging long-term effects (Garmezy & Masten, 1994). For example, the effects of a disadvantaged environment—poverty, racism, crime, and instability—are likely to create ripples of disadvantage throughout a child's life. The case examples above illustrate that these risk factors often co-occur in time; hence, what may seem to be the result of a single risk factor (e.g., poverty) may in fact be the result of other correlated but unmeasured adversities (e.g., inadequate community resources, exposure to violence, dangerous neighborhoods). Exposure to domestic violence may frequently co-occur with other risk factors such as poverty and its consequences, and other types of violence such as child maltreatment and community violence (Edleson, 1999b; Rudo, Powell, & Dunlap, 1998). This makes the unique effects of exposure to domestic violence hard to separate from those of other risks in a child's life.

Protective factors, on the other hand, are those variables that buffer children from adversity. Research on protective factors originated with longitudinal studies of high-risk youth who, despite the odds, matured and adapted successfully (Garmezy & Masten, 1994; Werner & Smith, 1989, 1992). Examples of protective factors include individual factors, such as the child's positive temperament, intellectual capacity, and social competence; family or interpersonal factors, such as caring adults, secure attachments to caregivers, and strong relationships with others; and cultural, ethnic, or community factors, such as living in a supportive, safe community.

Risk factors act both directly and indirectly to render children vulnerable to poor developmental outcomes (Luthar, 1993; Rutter, 1987), and the relationship between risk factors and outcome may be affected by specific aspects of the child's environment. Similarly, protective factors may act directly to protect children from poor outcomes; they may also ameliorate the impact that violence exposure has on a child's functioning. For example, since domestic violence occurs in the home, we may expect that additional variables—such as parenting, the home environment, and social support—will influence how exposure to domestic violence affects young children. As the case example of Divon and his mother illustrated, positive attachments, an extended family or kinship network, and the additional supports of educational opportunities and home visiting, may

all have acted to protect him from potentially grave outcomes related to domestic violence in the home.

Research on risk, resilience, and protective factors can offer a framework for answering questions about the potential negative effects of domestic violence on child functioning and how children might be protected from them. Longitudinal studies of risk and resilience among high-risk children have revealed factors that enable children to overcome chronic adversity (e.g., Block & Block, 1980; Garmezy & Masten, 1994; Radke-Yarrow & Sherman, 1990; Werner & Smith, 1992). Due to the paucity of data from longitudinal studies that look at exposure to adult domestic violence, the specific protective factors for these children are not yet known. A developmental risk and resilience perspective may, however, provide a framework to guide efforts to understand protective processes in the development of children exposed to domestic violence.

This paper examines the impact on young children of exposure to adult domestic violence through a developmental lens focusing on risk and resilience. We review the major developmental tasks of early childhood and draw on existing literature about the effects of exposure to adult domestic violence on young children in order to chart its potential effects over the course of development in early childhood. In doing so, we bring together two separate literatures, one on development in high-risk settings and the other on children exposed to adult domestic violence. Unfortunately, these literatures have remained largely isolated from one another. This paper employs the integrative framework of a developmental risk and resilience perspective to weave these literatures together and suggest where additional research is needed. The paper ends by pointing to the promise that early interventions hold for helping children who are living in poverty and exposed to adult domestic violence.

Developmental Tasks in Early Childhood

Every child, whether exposed to violence or not, must negotiate a series of milestones in order to achieve healthy development (e.g., Cicchetti & Cohen, 1995). Although many aspects of child behavior and parenting differ around the world, milestones are remarkably similar across different cultures and societies (e.g., van IJzendoorn & Kroonenberg, 1988; McCabe, Hernandez, Lara, & Brooks-Gunn, 2000). As there are many key milestones for children from birth to five years of age, we select those we think most relevant to understanding the impact of domestic violence exposure: (a) the development of a secure attachment relationship with a caregiver (usually the mother), (b) the beginning development of a self-regulatory system that enables a child to exercise control over emotions and behaviors (Sroufe, 2000), and (c) social and peer relationship skills that ready a child for entry to school (Oden, 1987).

Attachment

Decades of research on attachment—the bonds of love between child and parents—have revealed the importance of a secure attachment relationship with a primary caregiver, usually the child’s mother, for later healthy functioning (e.g., Bowlby, 1969/1982, 1973, 1980; Carlson

& Sroufe, 1995; Cassidy & Shaver, 1999). Attachment status reflects the balance between a child's willingness to explore, and the need to stay close to a mother/caregiver following a short separation from her (see Ainsworth, Blehar, Waters, & Wall, 1978). Research with normative populations has demonstrated that between 50% and 70% of 12-to-18-month-olds are securely attached (Campos, Barrett, Lamb, Goldsmith, & Stenberg, 1983). The attachment behavior of infants who are not securely attached can generally be classified into one of three categories of insecure attachment: anxious-avoidant, anxious-resistant, and disorganized (acting in an odd and inconsistent manner). Estimates of secure attachment among high-risk samples (i.e., those exposed to several risk factors, such as poverty, violence, and/or abuse) vary, but are generally significantly lower than those found in the general population. In particular, maltreated children have disproportionately higher rates of disorganized attachment. For example, Egeland and Sroufe (1981) found fewer than 40% of young children in a maltreatment sample to be securely attached, and Cicchetti and Tucker (1994) found only 20% of young children in a maltreatment sample to be securely attached. The development of secure attachments is a key task of the infant, toddler, and preschool periods, and insecure attachment is a risk factor for later emotional and behavioral problems (Egeland & Erickson, 1993).

How might domestic violence exposure uniquely affect young children? Very little research has investigated attachment among infants and young children exposed to domestic violence, or the impact of domestic violence on attachment relationships. However, initial research has suggested that domestic violence might jeopardize the development or maintenance of such attachments (Zeanah et al., 1999). For example, Sims, Hans, and Cox (1996) found that when fathers were physically violent with mothers, infants were more likely to be insecurely attached to their mothers.

Young children, because of their dependence, are particularly vulnerable to threats aimed at their mother, particularly when the source of those threats is another caregiver—father or boyfriend—and most especially when the children themselves are a target of such threats. Earlier research with children exposed to community violence demonstrated that children's responses in times of threat may be mediated by the responses of their caregivers (e.g., Richters & Martinez, 1993). In particular, the level of stress experienced by the primary caregiver may affect the level of stress exhibited by the young child. However, recent reviews of the research on battered mothers reveal a less than clear relationship between the mother's stress and that of the child (see Edleson, Mbilinyi, & Shetty, 2003).

Research with young children and their mothers has demonstrated that early intervention can be successful in promoting healthy attachment relationships (Egeland, Weinfield, Bosquet, & Cheng, 2000). In particular, focusing on promoting healthy relationships and sensitive and responsive parenting, combined with concrete support to help vulnerable mothers access needed services and develop strong social support networks, has been shown to be effective in increasing relationship functioning and mothers' enjoyment of their children. Programs focused on working with mother-infant/young child dyads who face multiple risk factors, such as poverty, teen parenting,

and exposure to violence, have been validated with families from different cultures (Egeland & Erickson, 1993).

Further research is needed not only to look at the effects of exposure to violence on mother-infant attachment, but also the direct and indirect effects of abusive men and fathers on the development of infant-mother attachment relationships. Insofar as the behavior of the abusive male disrupts the child's and mother's sense of safety and security, and creates fright in addition to physical injury, the abuser may play a key role in the disruption of an attachment relationship. Disruptions to attachment relationships among children exposed to domestic violence may not, however, occur only as a result of the violence, but may also be the result of multiple stressors in a child's environment (such as poverty, homelessness, and separation from a caregiver).

Longitudinal studies (e.g., Egeland & Sroufe, 1981; Egeland, Carlson, & Sroufe, 1993) have shown that attachment status can change over time, with changes in environment. Some studies following battered women and their children (Holden, Stein, Ritchie, Harris, & Jouriles, 1998; Wolfe, Zak, Wilson, & Jaffe, 1986) have documented improved parent-child relationships and/or child adjustment following cessation of domestic violence and increased stability of living conditions. Walker (1984) interviewed battered women who reported using less violence with their children as they moved further away from being victims of violence themselves. It is possible that attachment relationships between mothers and children may show improvement as a result of the cessation of the abuse.

The development of a secure attachment relationship in infancy provides a solid foundation for the development of self-regulation in early childhood: when a caregiver meets and responds to her infant's needs, the secure child eventually learns internal self-regulation.

Self-Regulation

As a toddler enters her second and third years, a key set of challenges includes learning to modulate affective, behavioral, and cognitive displays through internal control (Cicchetti & Tucker, 1994; Marans & Adelman, 1997). The development of self-regulation across various domains of functioning is influenced by both a child's temperament and experiences. A child is both influenced by and influences his or her own experiences, resulting in further modification of internal systems such as self-regulation (Cicchetti & Tucker, 1994). The development of self-regulation is a prerequisite to the development of social skills that allow individuals to successfully negotiate complex social situations and to develop reciprocity and empathy, i.e., connections with others. For example, the development of attentional skills enables a child to focus on tasks and peer situations and to persist at challenges, while impaired self-regulation has been associated with conduct and behavior problems (Masten & Coatsworth, 1998). These problems are particularly detrimental during the preschool to school-aged years, when adherence to rules and prosocial behavior is emphasized.

While there is no research on this topic related to domestic violence exposure, it may be that exposure to physical violence by a father, or by a boyfriend of the child's mother, provides a

model of behavior that lacks regulation of negative emotions. In the subset of children who also experience direct abuse at the hands of a caregiver, this modeled lack of regulation may be even more apparent. While exposure to risk factors can negatively affect the development of self-regulation, early efforts that successfully target the self-regulatory system may have lasting protective effects. Examples of such efforts include enriched childcare and preschool programs, with curricula that focus on successful regulation of anger and negative emotions in young children as a precursor to the development of social and conflict resolution skills. In addition, home-based programs that enhance parenting skills offer techniques for modeling self-regulation by working with parents and children simultaneously.

Social and Peer Competence

As infants become toddlers and preschoolers, awareness of the outside world increases, coupled with the development of more sophisticated communication skills (Bloom, 1991). Key tasks that help prepare the young child for kindergarten include the development of language and communication skills that ready a child for entry into a group situation; the negotiation of social situations, including conflict situations; and adherence to rule-governed social behavior. Social competence is a key task of the preschool to school-aged period, and high social competence has been associated with better behavioral control and increased sociability and agreeability (Rothbart & Bates, 1998).

Socialization and the development of social competence begin in infancy, when babies learn that their social reactions (gaze, smiles, sounds) are responded to by caregivers via a process of “reciprocal matching” (e.g., Oden, 1987). As children grow, parents, peers and extended kin support socialization. Peer contexts are one of the primary sources of social (as well as cognitive) development, especially for the development of empathy and role-taking (Piaget, 1932). Social development may be hampered by societal factors such as poverty and social isolation that may leave young children with fewer opportunities for interaction (Oden, 1987). On the other hand, offering parents an opportunity to develop support networks, including those that offer children increased opportunities for socialization, can be beneficial to social development.

There is little research on the social and peer development of young children exposed to domestic violence. Some studies have indicated that exposed children demonstrate lower social competence than do other children (e.g., Fantuzzo et al., 1991). Rossman (2001) suggests that young children exposed to violence may try to protect themselves more than other children by decreasing the attention they give to new information, becoming highly vigilant, and possibly distorting information when it contains socially aggressive content.

Evidence from research with maltreated children (Dodge, Pettit, Bates, & Valente, 1995) and children exposed to community violence (Schwartz & Proctor, 2000) does suggest a hypervigilant processing pattern. Among maltreated children, repeated victimization by parents may alter children’s representations of relationships in a way that makes them hypervigilant to signs of threat in other social contexts (Dodge et al., 1995). This hypervigilant processing pattern, though

adaptive in actual threat situations, might serve to fuel aggressive and hostile reactions in peer interactions, leading to negative feedback from peers that in turn serves to crystallize aggressive dispositions (Dodge et al., 1995). There is not yet any empirical evidence that such processes occur in children exposed to domestic violence.

Despite the lack of research focused on children exposed to domestic violence, one could conclude that the development of secure attachments, self-regulation, and social competence might be disrupted in the context of ongoing domestic violence, negatively influencing the way in which a child approaches interpersonal relationships and the common tasks of childhood. The degree of exposure to domestic violence, as well as other risk factors (such as poverty) and the influence of protective processes (e.g., the amount of social support, and the extent to which mothers are able to buffer young children from exposure to violence), are key variables that might affect the relationship between children's exposure to violence and poor developmental outcomes. Efforts to enhance a battered mother's social support network, including those providing direct opportunities for children to spend time in positive social contexts, and those focused on encouraging secure attachments, all represent opportunities for enhancing the positive development of young children exposed to domestic violence and other risk factors such as poverty.

The Risk of Violence in Young Children's Lives

Violence in children's lives occurs within the context of the developmental tasks they must negotiate, as described above. Experiences of violent events vary greatly by child and include multiple risks as described below.

The Risk of Maltreatment and Domestic Violence Exposure

Early childhood has been identified as a point of great risk for some children. According to the Children's Bureau, children ages 0 to 3 years are the most frequent victims of reported child maltreatment, with 13.9 reported maltreated per 1,000 children (Children's Bureau, 1999). The Bureau also notes that maltreatment decreases as age increases. In a recent study of childhood homicides, Finkelhor and Ormrod (2001) noted that most young children who are victims of homicide are murdered at home, through beatings or suffocation. In contrast, older children and youth die increasingly at the hands of peers.

A number of reviews currently exist on the co-occurrence of documented child maltreatment and adult domestic violence. Over 30 studies of the link between these two forms of violence show a 41% median co-occurrence of child maltreatment and adult domestic violence in families studied (Appel & Holden, 1998), with a wide range of findings depending on the samples examined (Edleson, 1999b). Children are not only direct victims of assault; they are also frequently present when adult domestic violence is committed. In a recent study, Edleson, Mbilinyi, Beeman, and Hagemester (2003) found that 45% of the 111 mothers they anonymously interviewed reported their children came into the room where abuse was occurring at least occasionally, while 18%

reported that their children frequently came into the room, and 23% reported their children never came into the room.

At least one study has looked at age differences among children's exposure to domestic violence and found that younger children are more likely to be exposed than others. Fantuzzo and colleagues (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997) reanalyzed data from the National Institute of Justice's Spouse Assault Replication Program (SARP). Examining data on police and victim reports of domestic assault incidents in five cities, they found that in all five cities studied, children ages 0 to 5 years were significantly more likely to be present during single and recurring domestic violence incidents.

Children's Responses During Violent Events

The fact that child maltreatment and adult domestic violence co-occur, and that children are present during assaults on a parent, is more clearly established than what children do when confronted with this adversity. Their responses have been shown to vary from becoming actively involved in the conflict, to distracting themselves and their parents, or distancing themselves (Margolin, 1998). Their responses also appear to vary both by gender and age. For example, Garcia O'Hearn, Margolin, and John (1997) studied 110 families and found that parents whose conflict was often characterized by physical violence as compared with other parents, reported that their boys (though not girls) were significantly more likely to respond to conflict by leaving the room or appearing sad or frightened.

Children of different ages show some variation in their responses to violent conflict at home. In one of the earliest studies on this subject, Cummings, Zahn-Waxler, and Radke-Yarrow (1981) examined mothers' reports of the responses of 24 children between the ages of 1 and 2 ½ years. They found that even children this young responded to angry conflict—conflict that included physical attacks—with negative emotions such as crying and with efforts to become actively involved in the conflicts. In a later study, Cummings, Pellegrini, Notarius, and Cummings (1989) found that as children aged, they showed increasing evidence of a variety of responses. Forty-eight children between the ages of 2 and 6 were studied and, as they got older, they increasingly observed the conflict, expressed concern, sought social support, and intervened to protect or comfort their mothers. This effect was greater among children whose parents were engaged in physical conflict when compared to others, and among boys when compared to girls. As far as we know, no research has investigated cultural differences among children's responses in the wake of domestic violence.

The Impact of Domestic Violence Exposure

The past few decades have seen a significant increase in research on the impact of children's exposure to many different forms of violence and family conflict. These studies include exposure to media-based violence (Griffiths, 1999; Paik & Comstock, 1994), school and community violence (Horn & Trickett, 1998), and non-violent marital conflict (Emery, 1982; Grych &

Fincham, 1990). It is clear from this research that children are exposed to and affected by a wide range of violence and conflict in their social environments, from multiple murders on television or in video games to fights in schools, on the street, or in their homes.

Almost 100 published studies report associations between exposure to adult domestic violence and current child problems or later adult problems. Only about one third of these studies have separated exposed children from those who were also direct victims of abuse, allowing one to determine the unique impact on children of exposure separate from direct abuse. Few have examined how exposure differentially affects children of various ages.

A number of authors have produced partial reviews of this growing body of literature and its limitations (see Edleson, 1999a; Fantuzzo & Mohr, 1999; Holtzworth-Munroe, Smutzler, & Sandin, 1997; Margolin, 1998; Peled & Davis, 1995; Rossman, 2001). Overall, existing studies reveal that some children exposed to adult domestic violence exhibit more difficulties than their non-exposed peers in areas of social, emotional, and behavioral functioning. However, a recent meta-analysis reported that 40 out of 41 studies demonstrated significant associations between exposure to adult domestic violence and child behavior and emotional problems (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003).

Children exposed to violence, on average, exhibit more aggressive and antisocial behaviors (“externalizing” behaviors) as well as fearful and inhibited behaviors (“internalizing” behaviors) when compared to non-exposed children (Fantuzzo et al., 1991; Holden et al., 1998; Hughes, 1988; Hughes, Parkinson, & Vargo, 1989). Exposed children also were found to show higher average anxiety, depression, trauma symptoms, and temperament problems than children who were not exposed to violence at home (Hughes, 1988; Maker, Kemmelmeier, & Peterson, 1998; Sternberg et al., 1993).

Given the different tasks that each developmental stage requires, it would seem that domestic violence would differentially impact children at different ages. As noted earlier, few studies have examined the impact of violence on functioning in a developmental context. One study did find that younger children exhibited significantly greater problems than older children. Hughes (1988) compared children who were exposed to domestic violence ($n=40$), both exposed and themselves abused ($n=55$), and a comparison group that was neither exposed nor abused ($n=83$). The ages of the children ranged from 3 to 12 years. Hughes analyzed data for groups of children who were young (3-5 years), middle age (6-8 years) and older (9-12 years). She found significant differences in child problems based on the age of the child. Between groups, she found that the youngest children who were both exposed to domestic violence and also victims of abuse showed significantly more problems than younger children in the other two groups. Within the abused and exposed group, young children also showed significantly more problems than either middle-school-age or older children in the same group. Hinchey and Gavelek (1982) found preschoolers of battered women to be less empathic than children not exposed to violence. Graham-Bermann and Levendosky (1998) found preschoolers exposed to domestic violence to be more likely to

express negative affect; to call other children names or insult them; and to bite, hit, or slap their peers during play interactions.

In general, research has demonstrated that exposure to domestic violence may represent a significant risk factor for the healthy development of young children. Although cross-sectional studies of the kinds described above are valuable in demonstrating associations with different aspects of functioning and in documenting the ways in which children are affected by domestic violence in the short-term, they tell us little about the impacts on development over the longer-term. Longitudinal studies of other at-risk populations have illustrated the ways in which various types of risk factors may adversely affect children's developmental trajectories, and the ways in which protective factors serve to help children get "back on track" despite exposure to risks. In one of the few existing longitudinal studies that incorporated child exposure to adult domestic violence as a variable, Yates, Dodds, Sroufe and England (2003) found that (controlling for abuse, life stress, socioeconomic status, and cognitive ability) witnessing domestic violence in the preschool years was related to behavior problems at age 16 for both sexes; for boys, middle childhood exposure was related to contemporaneous behavior problems. This study looked at data from a prospective, longitudinal study of high-risk families. There is a significant need for prospective longitudinal studies looking primarily at the developmental sequelae of exposure to domestic violence in childhood.

The Effects of Adversity on Development

One of the findings from existing longitudinal studies of children is that adversity may accumulate over time. In the subsections below, we examine some of the findings on cumulative risk, how these might relate to the literature on domestic violence exposure, and the possible impact on brain development that multiple adverse events may create.

Studies of Cumulative Risk

There is a significant body of longitudinal research indicating how exposure to multiple risk factors is harmful to children's development. For example, Rutter (1985, 1987) identified six familial variables that proved to be significantly associated with poor adaptive outcomes in children. These included severe marital discord, low socio-economic levels, overcrowding or large family size, paternal antisocial disorder, maternal psychopathology, and removal of the child from the home. The presence of two risk factors increased the probability of problems fourfold; those children with four or more risk factors showed a 21% chance of exhibiting diagnosed disorders, as opposed to 6% in children experiencing two or three. Sameroff and Seifer (1990) studied the effects of cumulative risk on children of schizophrenic mothers. Each of the 10 familial factors studied was estimated to cost the child the equivalent of four IQ points at age 4, compared to the development of other children. The effects of the cumulative risk factors led to decreases in competencies necessary for success later in life. Follow-up at age 13 indicated that the longer the continuation and the larger the accumulation of risk factors, the greater the negative influence on the child's cognitive and social-emotional development. Similarly, Masten and Sesma (1999)

found that as the number of risk factors present in a homeless child's life increased, the level of negative outcomes (e.g., problem behaviors and hunger) increased accordingly. As noted above, poverty is a significant risk factor for poor outcomes in children. Research on the impact of minority status and race on children's development and adjustment has largely been confounded by failing to control for socioeconomic variables, and it therefore tends to perpetuate negative stereotypes (Graham, 1992). The few studies that have investigated the effects of race on development, and have also taken into account socioeconomic factors, have shown that the effects of race contribute far less to children's behavior problems and adjustment than socioeconomic status (e.g., Patterson, Kupersmidt, & Vaden, 1990; Stevenson, Chen, & Uttal, 1990).

Cumulative Risk in the Case of Domestic Violence

A number of factors have been found to be associated with the degree to which a child is affected by violence exposure. For example, whether or not a child is also a direct victim of abuse seems to be associated with the degree of harm experienced. Hughes et al. (1989) found that children who were both abused and exposed exhibited the most severe problem behaviors, a witness-only group showed moderate problem symptoms, and a comparison, no-exposure group showed the least symptoms. This same pattern appears in a series of other comparison group and correlational studies (see Carlson, 1991; Hughes, 1988; O'Keefe, 1994; and Sternberg et al., 1993). Children seem to agree; for example, in one study the children indicated that being abused, or both abused and exposed, had a greater negative impact—based on their self-ratings of problems—than did witnessing adult domestic violence alone (McClosky, Figueredo, & Koss, 1995).

Gender appears to be another factor that affects the types of problems experienced. In general, boys have been shown to exhibit more frequent problems, especially those categorized as externally oriented, such as hostility and aggression, while girls generally show evidence of more internally oriented problems, such as depression and somatic complaints (Carlson, 1991; Stagg, Wills & Howell, 1989). There are also findings that dissent from this general trend by showing that girls, especially as they get older, may also exhibit aggressive behaviors (for example, Spaccarelli, Sandler, & Roosa, 1994).

Other risk factors that detrimentally affect children are often closely associated with exposure to domestic violence and poverty. These may include shelter placement, school disruptions, or separation from extended kin. For example, in their study of homeless children, Masten and Sesma (1999) found that 40% of mothers revealed domestic violence to be a major cause of their homelessness. In general, among these children, exposure to further risk factors—such as domestic violence in addition to homelessness—was associated with poorer functioning on school-based cognitive tasks.

Finally, a number of authors have discussed the mother-child relationship and parental functioning as key factors that may mediate or moderate the impact of violence on children's functioning. Some have conjectured that a mother's poor mental health would negatively affect a child's experience of violence, but the data are conflicting. Levendosky and Graham-Bermann

(1998) found that the children of mothers exhibiting stress showed more problem behaviors themselves. Holden and Ritchie (1991) also found that as maternal stress increased, so did children's problems. On the other hand, McClosky et al. (1995) found that a mother's poor mental health did not affect her child's response to violence in the home.

One apparent problem in the few studies that have examined parent-child relationship factors is an over-reliance on measures of the mother-child relationship, while little data exist about father-child relationships in these families (Sternberg, 1997). In one of the few studies on father-child relationships and domestic violence, Sullivan, Juras, Bybee, Nguyen, and Allen (2000) found that the relationship of an abusive male to the child directly affected the child's well-being, without being additionally affected by the mother's level of mental health. In particular, step-fathers in their sample seemed to be more emotionally abusive to the children, and children's fear of step-fathers was greater than fear of biological fathers or unrelated male partners in the home.

The research on cumulative risk factors affecting children exposed to domestic violence remains inconclusive. There is a need for more research aimed at understanding the specific effects of exposure to violence on young children, how violence-related risk factors interact with each other, and how they affect a child's development over time.

The Developing Brain

There is growing interest in understanding the cumulative impact of a child's traumatic experiences on brain development. The first several years of life are crucial for the development of the prefrontal cortex, which is implicated in many of the advanced or "executive" functions that humans perform—e.g., inhibition of impulsivity, planning and execution of complex tasks, and behavioral and emotional control (e.g., Thompson & Nelson, 2001). Research indicates that experiences in early childhood seem to influence how the brain processes later experiences (e.g., Gunnar & Barr, 1998). For example, studies of children exposed to severe adversity, including abuse and neglect, have demonstrated brain and self-regulatory deficits in basic functions such as the regulation of sleep-wake cycles and the control over stress responses (Gunnar & Barr, 1998; Nelson & Carver, 1998). In particular, the impact of early activation of the hormonal stress systems via early traumatic experiences may have lasting effects on the regulation of these systems. Although much remains to be learned about stress in humans, evidence indicates that children who regularly produce higher levels of cortisol (the primary stress hormone in humans) show more difficulties in sustaining attention than do those with lower cortisol levels, as well as compromised self-control and behavioral inhibition, and memory deficits (Gunnar, Tout, de Haan, Pierce, & Stanbury, 1997).

Research has demonstrated that secure attachment relationships, high quality parenting, and the expectations about competence and control gained in the context of a secure caregiver-infant relationship may serve as protective factors for young children (Ainsworth & Bell, 1973; Mineka, Gunnar, & Champoux, 1986; Nachmias, Gunnar, Mangelsdorf, Parritz, & Buss, 1996). Conversely, insecurely attached toddlers show elevated cortisol levels to even mild stressors such as

brief separations or strange encounters, and those with a history of abuse and neglect seem to be at greatest risk for stress reactions (Hertsgaard, Gunnar, Erickson, & Nachmias, 1995; Spangler & Grossman, 1993). However, despite important findings about early brain development, the specific effects of exposure to domestic violence on early brain development remain untested hypotheses.

Nonetheless, research does suggest that repairing early damage to the stress apparatus is possible (Meaney et al., 1996; Mineka et al., 1986). Ensuring that interventions attempt to help children gain control over their environments is important, since one of the hallmarks of children's experiences with domestic violence is a lack of control over the environment. In addition, supporting battered mothers in their efforts to develop and maintain predictable and safe life routines—insofar as is possible—is consistent with both research and effective interventions with high-risk children and families.

Resilience

In the face of significant adversity and cumulative risk, some children develop successfully, performing at least as well as their low-risk peers across a variety of domains (Garmezy, 1974; Garmezy & Masten, 1994; Werner & Smith, 1992). These children have been labeled competent, resilient, and even invulnerable (Anthony & Kohler, 1987). What factors enable such children to overcome adversity? Masten (2001) has used the term “ordinary magic” to describe competence in the face of adversity, suggesting that resilience among high-risk children is not as rare as once thought. Studies (e.g., Garmezy & Masten, 1994; Werner & Smith, 1992) have elicited several core characteristics of resilient children and their environments—among them competent parenting and healthy attachment relationships, intellectual resources, social competence, and easy temperament.

Studies of Resilience

Resilience is increasingly described as a pattern (Masten, 2001), a dynamic developmental process (Egeland et al., 1993) or a developmental progression in which new strengths and vulnerabilities emerge over time and changing circumstances (Luthar, Cicchetti, & Becker, 2000). From earlier research that focused on identifying protective factors associated with resilient functioning, researchers are increasingly interested in understanding protective processes, or the mechanisms through which protective factors operate (Luthar et al.). Hence, while some children's functioning may become very compromised during stressful circumstances (e.g., while witnessing violence, and while leaving home for a shelter) they may recover quickly to developmentally-appropriate functioning when they return, with their mothers, to permanent, safe, living arrangements.

Drawing from longitudinal data on high-risk children, Masten and colleagues (e.g., Masten & Reed, 2002; Masten & Sesma, 1999) have demonstrated a positive relationship between the level of adversity to which children are exposed, and the likelihood of negative outcomes. In the reverse, Masten and Reed (2002) have proposed that as assets in a child's environment increase,

the problems she experiences may decrease. For example, Diener, Nievar, and Wright (2003) found that greater cumulative assets were related to more secure attachment relationships in a sample of mother-young child dyads. This supports the notion that minimizing the number of risk factors to which children are exposed, while simultaneously encouraging protective processes, can be highly effective in reducing negative outcomes.

Resilience Among Children Exposed to Domestic Violence

There is limited research on how children cope with exposure to domestic violence, despite the fact that at least three recent studies have shown variability in children's experiences. For example, a study of 58 children living in a shelter and recently exposed to domestic violence found great variability in problem symptoms exhibited by the children (Hughes & Luke, 1998). Over half the children in the study were classified as either "doing well" or "hanging in there." Children "hanging in there" were found to exhibit average levels of problems and of self-esteem and some mild anxiety symptoms. The remaining children in the study did show problems: 9 showed "high behavior problems," another 9 "high general distress," and 4 were labeled "depressed kids." In a more recent study, Grych, Jouriles, Swank, McDonald, and Norwood (2000) found that of 228 shelter resident children, 71 exhibited no problems, another 40 showed only mild distress symptoms, 47 exhibited externalized problems, and 70 were classified as multi-problem. Finally, Sullivan, Nguyen, Allen, Bybee, and Juras (2000) studied 80 7-to-11-year-old children of 80 mothers with a recent history of domestic violence. The children reported themselves to be happy with themselves (83%), liking their physical appearance (83%), and feeling they often do the right thing (73%). Their mothers also reported their children to be relatively healthy on a behavioral checklist. It appears that at least half the children in these studies were surviving the experience with few or no problems evident.

How does one explain these findings? On the one hand, it may be that our measures are just not sensitive enough to observe the entire range of harm done to these children through exposure to violence. It may also be that we have not followed children long enough to determine the true impact of violence exposure. On the other hand, it is also highly likely that children's experiences vary greatly in a number of ways. Holden et al. (1998) have proposed that the seeming variations in functioning exhibited by children of battered women might be accounted for by three key factors: the extent of the violence, the child's characteristics, and parenting factors. With regard to the extent of the violence, we know that the level of violence in each family is different (Straus & Gelles, 1990). In addition, a number of studies have revealed that each child's exposure to or involvement in violent events varies considerably. Finally, the protective and risk factors in a child's life may vary a great deal (Hughes, Graham-Bermann, & Gruber, 2001; Masten & Coatsworth, 1998).

At present, we have little systematic data on what risk and protective factors are most important for the healthy development of children exposed to domestic violence, and we can only speculate about the relative importance of these factors.

Implications for Research, Practice, and Policy

How does research on risk and resilience among high-risk children aid us in ameliorating the impact of exposure to domestic violence on young children living in poverty? Children and families can best be helped through a continuum of supports, from naturally-occurring supports within the family and the community (such as kinship networks and neighborhood groups) to more intensive interventions offered by battered women's advocates or social service and mental health agencies. Children's and families' needs vary widely, not only because of differing individual and family risk and protective factors, but also because of differences in race, ethnicity, cultural, and community factors.

From the viewpoint of a resilience framework, efforts that target the major developmental tasks of early childhood, as well as those that directly reduce the impact of the stressors faced by children exposed to domestic violence (e.g., violence, homelessness, poverty, loss or separation from caregivers) should be effective in helping young children negotiate developmental challenges. Masten and Coatsworth (1998) propose that such strategies fall into three major categories: (a) risk-focused (focusing on reducing or preventing risk and its impact), (b) resource-focused (adding resources to counterbalance risk) and (c) process-focused (strategies that focus on the processes underlying competence, such as parent-child relationships, social skills, and self-regulation) (Masten & Coatsworth, 1998). Examples of risk-focused strategies might include legal strategies such as more stringent sentences and mandatory arrest policies to deter offenders, or safety planning with battered women and their children. Supporting battered women and children to develop social support networks might be an example of a resource-focused strategy aimed at decreasing the isolation associated with domestic violence. Process-focused strategies might include social development curricula in preschools, or relationship-based interventions with battered mothers and their children to help repair the damage violence has wrought (with the latter aimed at enhancing attachment and effective parenting).

Intervening to support young children exposed to domestic violence requires a consideration of the larger context within which the child resides. Hence, efforts that directly target the impact of exposure to domestic violence will be most helpful if they occur in conjunction with those that help promote children's competence in a variety of domains within the family, community, and cultural contexts. Linking a family with supportive resources that have proven effective with vulnerable children may provide additional protective assets and lessen risk factors. Supportive interventions are likely to be most effective when mothers and children voluntarily participate in them rather than being mandated into them (and seeing service providers as part of the "system" that threatens their parental rights).

For young children exposed to domestic violence, strategies might include general early childhood programs (targeting multiple skill domains in young children and families living in poverty) and/or services specifically targeted to children exposed to domestic violence. Early childhood programs include Early Head Start/Head Start (or similar, empirically-validated programs that

combine high-quality child care with home-based support for caregivers), home visitation programs, and dyadic interventions that focus on mother-infant attachment.

Head Start has a core educational component that offers the child structured social skills development and educational opportunities outside the home, with additional family support activities, including home-based interventions. Effective home visitation programs offer mothers support and guidance with healthcare, nutrition, housing, and other “concrete” issues, and emotional support with the tasks of parenting under stress. Additionally, programs that focus on promoting healthy attachment relationships between young children and their non-abusive caregivers can help support mothers to transform the potentially damaging effects of domestic violence on attachment relationships.

These child-focused and family-centered strategies have been validated with children who live in poor, often ethnically diverse, families. Home visiting programs have been found to be less successful for families experiencing high levels of domestic violence (Eckenrode et al., 2000; Duggan et al., 1999), possibly because staff implementing these interventions were not trained specifically in understanding and supporting the unique needs of families in which domestic violence was occurring. If such interventions are to be successful with these families, program structure may need to be changed to be more responsive to the effects of domestic violence.

Many battered women’s shelters and community-based domestic violence programs have long provided services to children who have witnessed violence. These services are often in the form of small groups for children (see Graham-Bermann & Edleson, 2001; Peled & Davis, 1995; Peled, Jaffe, & Edleson, 1995). Several other community-based programs providing trauma treatment and social support also serve exposed children and their families. For example, the Child Witness to Violence Project (CWVP) at Boston Medical Center was founded in 1992 with the goal of providing therapy services for children who had been exposed to various forms of violence in the community. About two thirds of the children referred for services had been exposed to domestic violence (Groves & Zuckerman, 1997). The CWVP now provides services for children to heal from the trauma of violence exposure and for parents to help their children, works closely with domestic violence and other community agencies to help families find safety, and offers intensive training for a variety of professionals (see Groves, Roberts, & Weinreb, 2000).

The programs described above are but one way of supporting battered mothers and their families. There are many other ways to do so, including domestic violence advocacy aimed at empowering and supporting battered women, and legal interventions aimed at holding the batterer accountable for his behavior. Protecting and supporting women through effective advocacy helps to protect and support children (Sullivan & Bybee, 1999) and should focus on providing tangible assets for families to meet basic needs and minimize risks to the child. For any intervention to be successful, it must attend to the family’s economic and cultural context and needs, and build on the natural supports around the child and family.

Unfortunately, our thinking about these issues occurs in a research vacuum. At present there are a) few standardized measures for understanding or assessing the impact of violence exposure on young children, b) few program evaluations on the impact of early childhood supports for children who have experienced domestic violence and for their families, and c) very few longitudinal studies to help us understand the interaction of these events over time.

There are many relevant research questions embedded within each of these research domains. For example, how can we best assess a child's situation, and the risk and protective factors present in his or her life? How are the basic developmental tasks of childhood affected by exposure to violence, and how does such exposure interact over time with other, multiple risk and protective factors in a child's life? How can home visitation or other early support efforts be altered to become more effective in families where domestic violence is occurring? These and many similar questions await future studies aimed at developing more effective responses to these children and their families.

Although research has elucidated many of the key individual and family risk and protective factors that are important influences in development, research that investigates ethnic, cultural, and community contextual risk and protective factors lags behind. In addition, understanding the specific risk and protective factors for children exposed to domestic violence is critical to the development of effective prevention and intervention programs that disrupt the cycle of violence for children and their mothers. Findings also consistently show that poverty is the single most significant threat to school readiness for high-risk children: while early cognitive and language skills are important to school readiness, self-regulatory skills, and social and peer competence, are arguably even more important skills for success in school and beyond.

Conclusion

Early support and intervention efforts provide important avenues through which young children exposed to domestic violence may be able to access the services needed to bolster their developmental trajectories and minimize the risks to which they are exposed. As research findings and program evaluations improve our ability to support children exposed to domestic violence, a key location of these change efforts must be in programs aimed at young children. These programs vary: some provide emotional support to children and mothers aimed at specifically addressing domestic violence issues, while others offer interventions to enhance development in the developmental domains described above. The common theme across these programs is that they provide children and their families with resources to support the tasks of development. For toddlers and preschoolers, both home-based and childcare/preschool-based programs should focus on the enhancement of self-regulatory skills and of social and peer group competence. Finally, programs should aim to support secure attachments between young children and their non-abusive mothers and must focus on enhancing safety and stability for children and their parents.

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