

**Appendix D-2: John W. Fantuzzo and Wanda K. Mohr,
Prevalence and Effects of Child Exposure to Domestic Violence
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Prevalence and Effects of Child Exposure to Domestic Violence

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Abstract

In recent years, researchers have focused attention on children who are exposed to domestic violence. Although presently there are no scientifically credible estimates of the national prevalence of children exposed to domestic violence, existing data suggest that large numbers of American children are affected. This article discusses the limitations of current databases and describes a promising model for the collection of reliable and valid prevalence data, the Spousal Assault Replication Program, which uses data collected through collaboration between police and university researchers.

Research examining the effects of childhood exposure to domestic violence is also limited by a range of methodological problems. Despite this, however, sufficient evidence from the body of studies exists to conclude that such exposure has adverse effects. The specific effects may differ depending on a host of variables, such as the children's ages, the nature and severity of the violence, the existence of other risk factors in the children's lives (for example, poverty, parental substance abuse), and whether the children are also directly physically abused. In general, childhood exposure to domestic violence can be associated with increased display of aggressive behavior, increased emotional problems such as depression and/or anxiety, lower levels of social competence, and poorer academic functioning.

A scientifically credible body of research on the prevalence and effects of childhood exposure to domestic violence is necessary to promote the development of effective interventions and to permit the proper channeling of public and private funds. This article identifies some of the steps that can be taken to build the research capacity necessary to obtain the needed data.

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Domestic violence seriously threatens the health and emotional well-being of children.¹ Yet, only recently have researchers focused on children affected by domestic violence. Although concern over battered women has been growing for nearly three decades, discussions about their children did not appear in the research literature until the 1980s. Initial writings contained primarily indirect, unscientific speculation. Important public policy documents—such as the yearbook of the Children's

Defense Fund,² the report of the U.S. Attorney General's Task Force on Domestic Violence,³ and the National Crime Victimization Survey conducted by the National Institute of Justice⁴—do not discuss the state of knowledge concerning children exposed to domestic violence. These children have remained invisible to researchers and policymakers, at least in part, because of the absence of meaningful data concerning the nature and scope of the problem.⁵

Research to date indicates that children who live in households with domestic violence are at greater risk for maladjustment than are children who do not live with such violence. Yet, without accurate, reliable information about the prevalence and nature of children's exposure to domestic violence, prevention and intervention efforts cannot be designed for, and public and private resources cannot be appropriately targeted to, the affected children.⁶ Effective responses from various societal sectors depend on the answers to several questions. First, how many children are exposed to domestic violence, and what are these children's experiences? Second, how do these traumatic events uniquely affect the course of healthy development for child victims?⁷ Third, what factors increase the risk for, or provide protection against, the potentially deleterious effects of child exposure to domestic violence? Fourth, what types of interventions can mitigate these negative effects? Responses to these critical questions require a scientifically rigorous research agenda, leading to the development of a trustworthy database. This article analyzes the research to date on the prevalence and effects of child exposure to domestic violence, discusses the status of current knowledge, describes methodological limitations in the research, and recommends a five-phase strategy to develop a more precise research agenda.

Defining Domestic Violence and Children's Exposure to Domestic Violence

The term "domestic violence" typically refers to violence between adult intimate partners. The range of conduct included in this term currently varies with the context within which it is used.⁸ Clinical definitions are often broader than legal definitions. For example, one clinical source defines domestic violence as a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.⁹ By contrast, a model code on domestic and family violence limits its definition to acts of physical harm, including involuntary sexual acts, or the threat of physical harm.¹⁰

Several different terms have been used by researchers and others to refer to children in households with domestic violence. Early researchers spoke of these children as

either "witnesses" or "observers" of the violence. In the past five years, these terms have been replaced by "exposure" to the violence, which is more inclusive and does not make assumptions about the specific nature of the children's experiences with the violence. Exposure to domestic violence can include watching or hearing the violent events, direct involvement (for example, trying to intervene or calling the police), or experiencing the aftermath (for example, seeing bruises or observing maternal depression).¹¹

No scientifically credible national prevalence data currently exist for child exposure to domestic violence. Estimating prevalence requires clear definitions for what constitutes domestic violence and child exposure to it, as well as ways to verify that the violence and the exposure occurred.⁵ Although the field is in the early stages of formulating common definitions for domestic violence and child exposure to it, studies to date have not used common definitions. Differences in definitions and other research method-

ologies have resulted in substantial variability in prevalence estimates, and make it difficult to compare data across studies.

Research on Prevalence of Child Exposure to Domestic Violence

Although no databases provide reliable prevalence estimates, research findings to date underscore that domestic violence occurs in large numbers of households with children. Existing data sources, including national crime reports and population-based surveys, are limited in a number of ways. Crime reports, though theoretically important vehicles for verifying the occurrence of domestic violence, are subject to differences in legal definitions for domestic violence, police protocols for reporting, and the training and technological sophistication of the police officer handling the call. Population-based surveys use a clear set of definitions to collect data, but are limited by their reliance on retrospective accounts of the violence by survey participants.¹² The Spousal Assault Replication Program, though not a national research effort, addresses some of the weaknesses of these other data sources by providing substantiated data collected by law enforcement officers, and using explicit definitions for domestic violence and child exposure to it, as well as standardized research methods. This study holds promise as a model for how the field can move toward building a more credible national prevalence database.

National Crime Reports

Domestic violence is a crime as well as a public health problem. Criminal codes have been revised in recent years to broaden the categories of activities that are considered domestic violence and to strengthen the authority of police officers to intervene in violent or potentially violent situations. All states have passed some form of domestic violence legislation providing civil as well as criminal penalties for acts of violence within the home.¹³ (See the article in this issue by Matthews for a discussion of such legislation.)

Since 1929, the Uniform Crime Reports (UCR) system has required local and state law enforcement authorities to aggregate the number of criminal incidents by offense

type and to report these totals to the FBI. Information on eight broad categories of crime—homicide, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, and arson—is collected. Unfortunately, the UCR system does not provide specific information on domestic violence or detailed demographic information on victims and offenders. For example, 1997 data from Philadelphia indicated that there were 1.6 million 911 calls; approximately 200,000 indicated a possible domestic violence situation. However, the limitations of this database make it impossible to verify that these were in fact domestic violence incidents, or to distinguish the characteristics of the incidents.¹⁴

A new system, the National Incident Based Reporting System (NIBRS), was designed to provide more detailed national crime data. The NIBRS contains data on 57

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types of crimes, including domestic violence related crimes.¹⁵ The crime categories that pertain to domestic violence include: (1) assault offenses (aggravated assault, simple assault, and intimidation); (2) forcible rape; (3) nonforcible rape; (4) disorderly conduct; and (5) family offenses, nonviolent. The NIBRS also collects detailed information on the particular incidents, as well as victim-offender demographics, victim-offender relationship, time and place of occurrence, weapon use, and victim injuries. Under the NIBRS, law enforcement personnel are required to use standard forms to collect information on each crime occurrence and its surrounding circumstances. This promising system does not yet provide national data on reported domestic violence crimes because it is fully operational only in Austin, Texas. In addition, NIBRS collects data only on crime victims; it does not provide information about other individuals who were nearby, or exposed to, the violent incident, unless those individuals are also victims of the crime. Only children who are physically victimized by a domestic violence incident are considered victims under this

system. Therefore, although NIBRS will contribute to knowledge about the prevalence of domestic violence, it will not provide information about the exposure of children to domestic violence.

Population-Based Surveys

The National Family Violence Survey (NFVS) and the National Crime Victimization Survey (NCVS), national telephone surveys of representative samples of households, are currently the primary sources of information on violence between intimate adults in the United States. The NFVS, conducted in 1979 and 1987, used the Conflict Tactics Scale (CTS), an 18-item questionnaire that asks respondents to indicate the number of times in the previous year that an intimate partner committed a particular verbal or physical action against them

SARP findings revealed that children were present in the households of the domestic violence group at more than twice the rate they were present in comparable households in the general population.

during a conflict in their relationship.¹⁶ The CTS measures verbal aggression and physical violence, but does not identify sexual and psychological abuse, which have been found to be very important aspects of domestic violence. The CTS has other limitations as well.¹⁷ For example, the questionnaire does not inquire directly about children's exposure to the violence.

The 1987 NFVS sampled 6,000 households by telephone interviews. This survey indicated that 116 per 1,000 women reported experiencing some form of physical or verbal aggression by an intimate partner in one year, and 44 per 1,000 women reported that they had engaged in some form of physical or verbal aggression toward their male partners in that year.¹⁸ Thirty-four per 1,000 women surveyed reported that they had experienced *severe* violence at the hands of their intimate male partners. Although the NFVS did not gather data on child exposure to domestic violence, survey results have been used to estimate the prevalence of child exposure to be at least 3.3 mil-

lion annually.¹⁹ This figure has been cited by researchers and policymakers as if it were a fact, even though the data on which it is based are 20 years old, and the study sample did not include families with divorced parents or children under age three.²⁰

The NCVS, conducted by the U.S. Department of Justice, is designed to provide annual estimates of crimes experienced by the public at large. Telephone survey data on the frequency, characteristics, and consequences of criminal victimization are collected from a sample of approximately 49,000 households.¹⁵ The NCVS provides data on domestic violence and includes questions about whether children are living in the victim's household. Respondents are first asked if they experienced a major crime during the previous year. If they have, they are then asked for details, including household demographics and information about the perpetrator and the perpetrator's relationship to the victim, where the crime occurred, whether a weapon was used, and what actions the victim took subsequent to the crime. The household demographics specify who was living in the household at the time of the crime and the relationship of those persons to the victim. These are the only national data available to help determine if a child was present in the victim's household when domestic violence occurred. The data, however, do not describe the nature of the child's exposure to the crime. Based on these data, the NCVS reports that the annual rate in 1993 of physical attacks against women by intimate partners was 9.3 per 1,000, and that children under the age of 12 reside in slightly more than half of the affected households.¹⁵

In 1995 and 1996, the National Institute of Justice and the Centers for Disease Control and Prevention co-sponsored the National Violence Against Women Survey. A sample of 8,000 men and 8,000 women was drawn from random-digit telephone dialing to households in all 50 states and the District of Columbia.²¹ This survey posed questions to respondents about experiences with violent victimization, using a modified version of the Conflict Tactics Scale that included items regarding physical assault as children by adult caretakers, physical assault experienced as adults, and queries about rape and stalking. Findings indicated that in the United States



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approximately 1.5 million women and 834,700 men are raped and/or physically assaulted by an intimate partner annually.

Spousal Assault Replication Program: A Promising Approach to Data Collection

One major multicity research effort sponsored by the National Institute of Justice, the Spousal Assault Replication Program (SARP), addresses some of the weaknesses of other data sources by providing substantiated data on children exposed to family violence, collected by law enforcement officers and researchers using standard methods.⁵ The SARP database was derived from investigations, in several U.S. cities, of carefully selected misdemeanor domestic violence cases.⁵ These investigations represent a partnership between law enforcement and university researchers, who collected detailed information about the violent incidents, persons present in the household at the time of the incident, who placed the police call, and who else was assaulted. Data relevant to risk factors associated with domestic violence (for example, substance use and poverty) were obtained as well. A subsequent analysis of the SARP database examined information relevant to children's exposure to domestic violence and addressed the following questions: (1) Are children disproportionately represented in households with substantiated cases of adult female abuse? (2) Are

younger children disproportionately present in households in which domestic violence occurs? (3) Do other factors that pose developmental risks to children occur disproportionately in these households? (4) To what degree are children who live in households with domestic violence involved, in some way, in the incidents of violence?

Findings revealed that, in all five cities studied, children were present in the households of the domestic violence group at more than twice the rate they were present in comparable households in the general population.⁵ In Milwaukee, Wisconsin, for example, 81% of the households in the SARP database had children present, whereas only 32% of the comparison households included children. Moreover, children under the age of five were more likely to be present in the homes in which domestic violence occurred; in Milwaukee, 48% of the SARP households with children had children under age five, whereas this was true for only 31% of the comparison households with children. Furthermore, children ages five and under were more likely than older children to be exposed to multiple incidents of domestic violence over a six-month period, and to parental substance abuse. Of the 633 children included in the Charlotte, North Carolina, data, 42% of those ages five and under had experienced multiple incidents of domestic violence, compared to 27% of the children ages 6 through 11, and

21% of the children ages 12 through 18. In Omaha, Nebraska, 14% of the children five years old or younger had experienced parental substance abuse, compared to 10% of the children ages 6 through 11, and 6% of the children ages 12 through 18. Other well-known risk factors, such as poverty, status as a single-parent household headed by a female, and a primary care provider with a low educational level, were also more likely to be present in the homes in which domestic violence occurred. For example, data from Atlanta, Georgia, revealed that

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79% of the children in the SARP households were living in poverty, whereas this was true for only 16% of the children in comparison households; and 51% of the SARP households were single-parent households headed by a female, compared to 24% of the comparison families.⁵ Overall, these data suggest that those children who are most dependent on their caregivers are most vulnerable to witnessing serious domestic violence, and are additionally threatened by a host of other developmental risk factors. These co-occurring risk factors also complicate efforts to identify the unique developmental consequences of exposure to family violence.

Many children in these violent households appeared to be involved in the abuse incidents in various ways. For example, adult victims indicated that children somehow influenced the onset of the violent incident in about 20% of the households. In the two cities that tracked the identity of the persons placing the 911 call, children were found to have placed 10% of the calls. In the two cities that recorded the co-occurrence of child physical abuse with a domestic violence incident, child abuse was present in 6% of the incidents. These findings indicate that children in households with domestic violence are not just “witnessing” a tragedy; often they are a part, or are perceived by the adults to be a part, of the incidents in some way.⁵

The SARP study provides a unique and promising approach to collecting data on children’s exposure to domestic violence. The collaboration between police and university researchers allows for a direct sampling of substantiated cases. The data are collected at the time of, and immediately following, the incident, thus avoiding the problems of retrospective reports. Participants are not selected from limited specialized settings like domestic violence shelters. In addition, identical data collection methods are used across cities, facilitating cross-site comparisons of data. The study is limited, however, by its focus on a small number of cities that may not have child populations generally representative of children in the United States. In addition, felony domestic violence cases were not included in the study, and there were many gaps in the data collected on children.²²

Research on the Effects of Domestic Violence on Children

Several reviews of research on the effects of domestic violence on children have been published in the past decade. Four are described here. Three of these reviews, published in 1989, 1996, and 1998, included studies that compared children exposed to domestic violence with children from nonviolent homes with respect to one or more aspects of child functioning, including: (1) externalizing behaviors (such as aggressive behavior and conduct problems); (2) internalizing behaviors (such as depression, anxiety, and low self-esteem); (3) intellectual and academic functioning; (4) social development (social competencies with peers and adults, for example); and (5) physical health and development.^{23,24,25} The 1998 review also included research on the co-occurrence of child maltreatment and exposure to domestic violence, as well as studies that examined factors that mediate or modify child outcomes. The fourth review, completed in 1998, applies a developmental-epidemiological perspective in its analysis of the research, and sets forth important principles to guide future empirical work in the field.²⁶ To date, research on the effects of child exposure to domestic violence indicates that this exposure has an adverse impact across a range of child functioning, produces different effects at different ages, increases the risk

for child abuse, and is associated with other risk factors such as poverty and parental substance abuse. This research does not, as yet, reveal reliable information about the impact of particular types or frequencies of domestic violence on children, or how children with specific characteristics are affected across time.

The Impact of Exposure to Domestic Violence on Child Functioning

The 1989 and 1996 literature reviews indicated that children exposed to domestic violence demonstrated more externalizing and more internalizing behaviors than did children from nonviolent homes.^{23,24} Specifically, the studies that examined differences across groups in these behaviors revealed that children exposed to domestic violence tended to be more aggressive and to exhibit behavior problems in their schools and communities ranging from temper tantrums to fights. Internalizing behavior problems included depression, suicidal behaviors, anxiety, fears, phobias, insomnia, tics, bed-wetting, and low self-esteem. The few studies that assessed problems related to cognitive and academic functioning found differences between children from violent, versus nonviolent, homes. Children exposed to domestic violence demonstrated impaired ability to concentrate, difficulty in their schoolwork, and significantly lower scores on measures of verbal, motor, and cognitive skills.

By contrast, the findings were somewhat less clear with respect to social development. The 1989 review noted that all of the studies that examined social development found that both boys and girls from violent homes evidenced significantly lower levels of social competence, such as poorer problem-solving skills and lower levels of empathy, than did the comparison group children.²³ Yet, the 1996 review pointed out that 5 of 11 studies that assessed social functioning did not find a significant relationship between child exposure to violence and lower levels of social competence. The 1996 review also reported that the studies that assessed differences in physical health found no clear evidence of a causal link between exposure to domestic violence and health problems.²⁴



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The 1998 review confirmed the conclusions of the previous reviews. In addition, studies in this review indicated that between 45% and 70% of children exposed to domestic violence are also victims of physical abuse, and that as many as 40% of child victims of physical abuse are also exposed to domestic violence.²⁷ Children in households with domestic violence were also found to be at higher risk for sexual abuse than were children in nonviolent households. In addition, studies in this review suggested that negative outcomes were more likely for children who experienced both domestic violence and child maltreatment than for children who had experienced only one form of violence or no violence. This review concluded, in fact, that the coexistence of multiple risk factors was more important in predicting problems than was the presence of any single factor alone.

Studies that examined age as a factor in mediating outcomes indicated that expo-

sure to domestic violence produced different developmental problems at different ages. The literature was inconclusive with respect to whether the child's gender in any way mediated the effects of exposure to domestic violence. Some studies found that gender made no difference, while others found that boys were more severely and negatively affected than girls. Only a few studies had investigated the effects of race or ethnicity; one found that being an African-American male predicted externalizing behavior, and another revealed that Hispanic children exposed to domestic violence had higher levels of anxiety and phobias than similar children in other ethnic groups.²⁸

A Developmental-Epidemiological Critique of the Research Literature

The final review included in this article used a developmental-epidemiological framework to critique 21 empirical studies that examined the effects of exposure to domestic violence on children.²⁶ This framework

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combines the research methods and scientific principles from both epidemiology and developmental psychopathology. The goal of epidemiological research is to predict and prevent public health problems by using rigorous definitions for the problems and accurate assessments of their prevalence. The developmental perspective seeks to identify changes in children's functioning as they grow, and examines how children's life experiences influence child outcomes. Using the developmental approach, the impact of child exposure to domestic violence can be assessed by measuring a child's performance of age-appropriate physiological, cognitive, emotional, and social tasks.²⁹ The developmental-epidemiological framework examines children's functioning as they grow while analyzing how environmental influences affect child outcomes. Many of the studies reviewed did not use the

research methods needed to accomplish the goals of this approach. Limitations in methodology included the use of study samples that were not representative of children exposed to domestic violence, unclear definitional standards, and a lack of longitudinal designs to track child functioning across time.

Population-Based Research Issues

Most of the reviewed studies used, as study participants, children residing in domestic violence shelters.²⁶ This population of children may not be representative of the entire population of children exposed to domestic violence. In fact, there is evidence that children who reside in shelters demonstrate different characteristics and significantly higher levels of psychological distress than those exposed to domestic violence who are not in shelters.^{30,31} The psychological adjustment problems of children in shelters may be associated with factors particular to the shelter setting. These children have been uprooted from their homes, have been separated from other family members, and have experienced their mothers under conditions of great stress. For these reasons, conclusions about the information learned from shelter samples should not be presumed to characterize all children exposed to domestic violence.

Definitional Issues

The current body of knowledge regarding child exposure to domestic violence does not satisfy the standards for definition and substantiation required for epidemiological research.²⁶ Many studies do not clearly define domestic violence or child exposure, nor do they typically obtain independent corroboration that the violent incident occurred. Only five studies provided definitions of child exposure to domestic violence, and they characterized it as being within auditory or visual range of physical fighting between the parents. These studies used unsubstantiated reports by the child and the mother to indicate that the child had witnessed the violence. Most of the studies used the Conflict Tactics Scale as their only independent measure of the violence. Only two studies offered official substantiation of the violence in the family; the substantiation was based on reports from child protective services. The absence of clear, consistently used definitions of child exposure, and of inde-



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pendent substantiation of exposure, makes it difficult to compare findings across studies, or to rely with assurance on the validity of reported results.

Child-Centered Research Issues

A majority of the studies reviewed did not demonstrate recognition of important developmental issues, including: (1) an appreciation for the whole child across multiple aspects of functioning, (2) sensitivity to the developmental stage of the child and skills appropriate for that stage, and (3) acknowledgment of the importance of tracking functioning across time. Most of the studies did not consider age as a variable in their research design; about half of the studies included only school-age children in their samples. Only three of the five studies examining multiple developmental stages looked at the differences in child outcomes as a function of age. There were no studies that used a longitudinal research design to study the impact of exposure to domestic violence across time.²⁶

Other Research Issues

Most of the studies reviewed did not make any reference to a theoretical basis for the study, even though sound theoretical frameworks are essential to determining which variables are important to examine.³² All of the studies comparing children exposed to domestic violence with children from non-violent homes used research designs that

require that both groups of children share common characteristics. Although most studies controlled for child age and gender, as well as socioeconomic status of the family, fewer than half controlled for other family variables such as marital status, family size, and age of the mother. Even fewer studies controlled for ethnicity, child health, or family stress. In addition, only about half of the studies had sufficient numbers of participants to detect significant differences between the study and control groups.³³ And, at present, research tools designed specifically to assess children exposed to domestic violence do not exist,²⁹ so studies use general psychological checklists, which may be culturally biased and unrepresentative of low-income children from highly stressed families.^{34,35} Clearly, the field must develop standardization measures for assessing child functioning in the context of domestic violence.

Building Research Capacity

Increased awareness of the complexity of the problem of child exposure to domestic violence and increased demands for more precise data occur at a time of cutbacks in government intervention and basic funding for child victimization research.³⁶ Limited funding places a premium on the research community's ability to build capacity for high-quality research, and demands a strategic research agenda that capitalizes on existing resources and is based on genuine

research partnerships. The following five-phase strategy will promote the development of greater research capacity.³⁷

In phase one of this strategy, researchers must identify existing data sets that could increase knowledge about children exposed to domestic violence.³⁸ The second phase entails the use of findings from existing data sets to forge partnerships with strategic community institutions to investigate the prevalence of children exposed to domestic violence. In the third phase, researchers must develop tracking systems that identify children exposed to domestic violence in the crime reporting process. For example, researchers in a number of cities are working with police departments to modify incident reports to include such information and to develop databases that can link arrest records, judicial decisions, and other relevant agency information.³⁹ In the fourth phase, a classification of child exposure to domestic violence must be developed, to enhance research precision.⁵ For a single incident, information could include the type, intensity, duration, and frequency of exposure, as well as the degree of the child's physical and psychological involvement in the incident. This type of classification system would help researchers gain a more accurate assessment of the factors that are hypothesized to be most harmful to children. In the final phase, researchers must forge additional linkages with those community agencies that serve large numbers of vulnerable children to begin a dialogue with parents on violence and safety, and to establish and validate developmentally appropriate measures of child

and family functioning for low-income, urban populations. In addition, strong relationships between researchers and communities will facilitate researchers' ability to evaluate children in their natural environments, conduct longitudinal studies of multiple risk factors, and complete well-controlled outcome evaluations of treatment and prevention programs for children and families.

Conclusion

Given the early stages of investigation of the prevalence and effects of child exposure to domestic violence, it is not surprising that there are many gaps in the knowledge base and shortcomings in the research methods. One promising research approach involves getting as "close" as possible to the incident of violence through genuine partnerships between researchers and the professionals charged with intervening when violence has occurred—that is, law enforcement personnel, domestic violence program staff, and child protective services workers. Furthermore, the methodologies of epidemiology and developmental psychopathology have much to contribute to efforts to expand the knowledge base. These perspectives provide rigorous guidelines for the methodology of future studies, while emphasizing the importance of studying children within the context of their life situations and with sensitivity to their developmental changes. These research efforts are essential in order for all child victims of domestic violence to benefit—those currently identified by service agencies and other, yet-to-be-identified children.

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