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Viewing Domestic Violence: A Summary of the Research and What We Know

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ABSTRACT

A summary of the effects on children of witnessing violence and effects across the life span is presented. Internalized, externalized, social/developmental, and physical effects are discussed. Also summarized is the research linking sexual and/or physical abuse against children in homes where conjugal violence exists. Treatment options are proposed.

Viewing Domestic Violence: A Summary of the Research and What We Know

Some abusive relationships digress to abuse, either physical or emotional, and others start out that way. For example, a man who was possessive or jealous while he was courting his future spouse will very likely continue to be possessive and jealous after they marry. Likewise, a man who is physically abusive to a woman that he is dating will probably continue to be abusive to her after they have married. There is no reason to suppose that those behaviors will go away.

Many women who are dating abusive men mistakenly believe that their boyfriends will eventually grow out of their abusive behaviors. They also frequently take the blame for "antagonizing" him and they minimize the significance of abuse. What these women fail to see is the basic flaw in their logic. When people are dating, they are on their best behavior - this is the best they do. As people become comfortable in their relationships, either in marriage or when they are sure that their mate will not leave them, they let down their walls and show the less desirable side of themselves. Therefore, in abusive relationships, we can expect that at the very least the situation will not improve, but more likely the abuse will get worse. That abuse often extends to children when they are present.

Domestic violence lead can lead to extreme behaviors in the children who experience it. John Wayne Gacy was a serial killer who murdered 33 young boys, burying many of them beneath his house after he tortured, raped, and sodomized them. In his childhood, Gacy was badgered by his father who thought he was a sissy. He called Gacy names and cruelly accused him of homosexual tendencies. It is no surprise that in interviews with Gacy in the years before his execution that he voiced disdain for homosexual behavior even though he frequently engaged in homosexual behavior both with his victims and with others. Many serial killers were physically or emotionally tortured as children or were witness to abuse of a parent.

The father is not always the perpetrator of aggression in the home. Serial killer Henry Lee Lucas was tortured in many ways by his mother. She dressed him like a girl and once forced him to go to school in a dress. She beat him as well as his alcoholic father, and she forced them both to watch her having sex with a variety of different men. Once she hit Henry with a two-by-four and he lay in a semi-conscious state for several days. His mother "destroyed anything that he liked or took pleasure in," including a mule that Henry was fond of, which she shot and killed (Norris, 1988, p. 111). She called him "evil" and verbally badgered him all of his life until the day he stabbed her to death with a knife. That was not the end of his mother's torment, though. After more than twenty years in prison for her murder, Lucas was paroled and almost immediately began his life as a serial killer during which time he murdered at least eleven women.

Edmund Kemper's mother despised him because he looked so much like his father, a man she had become estranged to. His domineering mother made him sleep in a dark basement where she cruelly shut him in every night out of fear that he would molest his sister, even though he had never harmed her. According to John Douglas who interviewed Kemper, Kemper's mother treated him as if he was a monster and he chose to live down to her expectations (Douglas & Olshaker, 1995, p. 105). Kemper became a serial killer and he decapitated one of his victims and carried her head around in a box before eventually burying it outside his bedroom window. His last victim was his own mother, who he also decapitated. That, however, was not enough to silence her critical voice. He cut out her larynx and ran it down the garbage disposal and then threw darts at her head (Simon, 1996, p. 300).

These dramatic effects of child abuse provide insight into the significant responses that are possible in children who are victimized by cruel adults, yet children do not even have to be the targets of violence. Simply being present where domestic violence occurs leads to a host of negative effects. Watching their parents assault each other presents a number of problems for children, including the possibility of violence in their own futures. The presence of domestic violence predisposes children to behave in dysfunctional ways intrapsychically and as well as in their relationships both in childhood and later in adulthood.

Domestic violence includes physical assault, coercive behaviors, sexual assault, psychological maltreatment, and economic coercion against a spouse, partner, child, sibling or parent. It is estimated that approximately 1.5 million women and 835,000 men are raped and/or physically assaulted by an intimate partner annually (Fantuzzo & Mohr, 1999, p. 25). The Centers for Disease Control and Prevention (CDC) has reported that many homicide victims are killed by intimate partners. For example, in 1992 and 1993, 28% of all female homicide victims were killed by intimate partners (Center for Disease Control and Prevention, 2001). In a study of 8,000 men and 8,000 women, the CDC demonstrated that more than three quarters of women 18 and older who were raped or assaulted, attackers were intimate partners (former boyfriends, ex-husbands, current partners, etc.) (Tjaden & Thoennes, 1998, p. 23). In Philadelphia alone in 1997, there were 200,000 domestic violence situations (Fantuzzo & Mohr, 1999). This violence results in an exposure of between 3.3 million and 10 million children in the US to domestic violence each year ("Domestic violence and children," 2001). Violence may involve weapons, but often does not. A New Zealand study (1991), for example, showed that most incidents involved sexual attack, hitting/throwing objects, kicking, punching, pushing and shoving, slapping, and threatening behaviors (Maxwell, 1994).

The prevalence of domestic violence is frightening, but even more troubling is the fact that children are present more than half the time when domestic violence occurs between the adults in the home. In a study in New Zealand, for example, at least 62% of the victims of domestic abuse had children under the age of 17 in their care. Those with children had, on average, two each and in 58% of all incidents their children were present (Maxwell, 1994). At least a third of American children have witnessed violence between their parents and most have witnessed multiple incidents. Several studies have shown that the majority of children who live in homes where there is domestic violence have observed the violence at least one (75%-87% depending on the study) ("Facts and myths," 2001).

Perpetrators

Perpetrators can be male or female, wealthy or poor, old or young, Caucasian or minority, professional or blue collar. Domestic violence is an issue in both heterosexual and homosexual relationships. While there is variability in the profile of perpetrators of conjugal violence, however, the majority are male, younger than 40 years of age, and they often have a history of aggressive behaviors. For example, in one study of 528 incidents of domestic violence, all but four assailants were male, all but one was over the age of 17 with their average age being 31 years, 76% were aged between 20 and 39 years, and 53% had been convicted previously of an offence involving violence (Maxwell, 1994). While mothers are far less frequently the aggressor against husbands in domestic violence, they perpetrate violence against children and the research indicates that women who are abused are more likely to abuse their children ("Children and domestic

violence," 2001).

Responses By Children Who Witness Domestic Violence

When domestic violence is present in the home, children must decide what to do both in the immediate situation and in regard to their long-term response to the violence. They are forced into loyalty problems, having to choose one parent or the other in the conflict and they are often left not knowing what to do. Their confusion leads to a variety of responses. Case studies on domestic violence have shown many immediate reactions from children including hiding, crying, ignoring, running away, seeking help from neighbors, calling police, or trying to intervene (Maxwell, 1994). When children are present as their parents fight, they are jeopardized in three ways. First and most obvious is the risk of physical injury to the child. They may be physically injured either directly as the target of a parent's anger or indirectly injured during an attack on the mother. Children sometimes attempt to intervene in the altercation between their parents and are inadvertently hit by flying objects, bludgeoned, shot, or stabbed.

Second, violence in the family may lead to neglect of the children because of the emotional intensity of the parental relationship. Parents cannot effectively perform their parenting duties when they are either perpetrators or victims of aggression by their partners. Levendosky (2000) notes that mothers experiencing physical abuse have less emotional energy and exhibit increased anger at their children. Children who elect to flee the home during an altercation are left unsupervised or they may be injured or killed when they are exposed to the elements, potential perpetrators outside the home, or other risks that follow being outside the home without supervision. Of course, a spouse who is physically incapacitated (i.e. bound, severely injured, or unconscious) due to domestic violence is incapable of properly caring for children. Likewise, the weak coping skills or problem-solving abilities that leads to violence in the first place may also contribute to dysfunctional parenting. Finally, without intervention, the psychological and social ramifications of viewing domestic violence are long-term. The effects on a child of watching his or her parents out of control, or of watching one parent humiliate, beat, or even kill another is devastating. As long as violence is present in the home, intervention may be less effective or ineffective all together ("Children and domestic violence," 2001).

Numerous studies have shown a series of problems exhibited by children who witness domestic violence. These problems include aggression, phobias, insomnia, conduct problems, depression, anxiety, lower levels of social competence, lower levels of self-esteem, poor academic performance, and symptoms consistent with post traumatic stress disorder ("Executive Summary," 1999; Fisher, 1999). These effects have been categorized into five groups by Fantuzzo and Mohr (1999): externalized reactions, internalized reactions, intellectual and academic reactions, social developmental reactions, and physical reactions.

Externalized reactions. Externalized reactions are those behaviors in which a child acts outwardly. These include aggressive behaviors, rage, conduct problems, temper tantrums, fighting, bullying, substance abuse, risk-taking behaviors, running away from home, aggressive language, and the perception that violence is an acceptable means for resolving conflicts (Fisher, 1999; Edleson, 1999b; Sullivan, Juras, Bybee, Nguyen, & Allen, 2000).

Internalized reactions. Internalized reactions include a variety of psychological disorders that sometimes are called "acting inward" reactions. Depression, anxiety, low self-esteem and low autonomy, phobias, insomnia, nightmares, self-blame, and bed-wetting have been shown to be related to witnessing domestic violence ("Children who witness," 1997; "Effects of domestic violence," 2001; "Children and domestic violence," 2001). Anger, despair, grief, shame, distrust, powerlessness, guilt, intense fear of death, fear of losing a parent, and confusion are also included in this category.

Intellectual and academic reactions. Both internalized and externalized reactions potentially lead to academic difficulties. Research has demonstrated that children who witness violence in their home are

more likely to exhibit an inability to concentrate, have difficulty with their school work, and they score lower on verbal, motor and cognitive measures (Rossman, 1998). Their minds are on their troubles at home, they worry, and they feel helpless. These emotions make it difficult to concentrate on studies or to remember to turn in their schoolwork. In extreme reactions, children see no future for themselves and, therefore, see no point in even trying at school. Fritz (2000) reports higher levels of truancy among children who live in homes where domestic violence is present. Obviously, if children are not participating in their education by attending school, they are at risk for poorer school performance.

Social development. Children raised in the presence of domestic violence have lower levels of empathy, poorer problem-solving skills (which are directly related to violence in adulthood), and lower competencies with peers and adults. These children have more difficulty making and maintaining friendships and they have control issues in their relationships as well. Sullivan and colleagues (2000) found in their literature review that almost universally studies show that children who witness violence exhibit lower levels of social competence.

Children feel caught in the middle between their parents and they find it difficult to talk to either of them. They are more likely to have adjustment problems in young adulthood as well as difficulty in adult relationships later in life. Children who witness domestic violence are less willing to try new things and their drive to explore the world is reduced (Osofsky, 1999). These problems lead to apathy, helplessness, and lack of motivation.

Men who as children witnessed their parents' domestic violence are three times more likely to abuse their own wives than children of nonviolent parents. The sons of the most violent parents have been shown to be one thousand times more likely to become wife beaters ("Domestic violence and children," 2001). These children are more likely to engage in delinquent behavior, they exhibit greater distress in life, greater levels of maladjustment, and generally function at a lower level of social competence ("Domestic violence and children," 2001).

Physical health. The most obvious physical risk is to children who may be injured intervening between their parents or by accidentally getting in the way of an altercation. Almost half of all children who are physically abused are injured when they are caught in the middle of an inter-parental attack ("Facts and myths," 2001). Angry parents will sometimes attack the child in order to control or humiliate the spouse or partner - their actual target.

In regard to other physical health issues, the research is conflicting. Some research shows no measurable long- or short-term side effects of witnessing violence, but other studies have demonstrated links between the two. Physical responses to witnessing violence or being the target of domestic violence include mostly stress related responses such as stomach cramps, headaches, sleeping and eating difficulties, and frequent illness (Hall & Lynch, 1998). There is a positive correlation between witnessing domestic violence and risk of sexual abuse. With sexual abuse comes risk of pregnancy and risk for contracting sexually transmitted diseases.

Differential Responses By Age

Osofsky (1999) provides a reasonable outline for the effects on children who witness violence and her method of organization is used here. She has arranged effects by age into four categories: infants, school aged children, adolescents, and adults.

Infants and toddlers. Children in preschool were reported by mothers in one study to exhibit more problems than other age groups (Hughes, 1988). Preschool children may be more adversely affected by domestic violence than other age groups, perhaps because they are most dependent on their caregivers and they have the fewest coping skills available to them of all age groups. Toddlers have responded by failing to thrive, developed poor attachments, and experienced developmental regression as well as sleep disturbances and nightmares (Hughes, 1988; "Children and domestic violence," 2001). Osofsky (1999) has noted in her

research that excessive irritability, immature behavior, emotional distress, fears of being alone, and regression in toileting and language are related to viewing domestic violence. Osofsky (1999) has also noted that viewing violence in the home interferes with normal developmental exploratory behaviors and the development of autonomy and trust. These skills are critical in the development of efficacy - the belief that one can succeed.

School aged children. Children of school age experience depression, anxiety, and exhibit violence toward their peers ("Children and domestic violence," 2001). They are less likely to play freely and explore their environment, they experience nightmares, fear of leaving home, anxiety, post traumatic stress disorder symptoms, and they worry about being safe (Osofsky, 1999). These problems, no doubt, interfere with normal childhood social and intellectual development, hence contributing to the academic and social problems mentioned earlier.

Adolescents. Adolescents respond to viewing domestic violence by exhibiting school problems, emotional problems, sexual problems, and alcohol/substance abuse (Osofsky, 1999). By adolescence, children also begin to exhibit some of the symptoms of adulthood relational responses to violence, becoming more at risk for abusing a partner or falling into abuse relationships ("Children and domestic violence," 2001). They are also more at risk for running away from home as well as criminal behaviors ("Effects of domestic violence," 2001).

Adulthood. In adulthood, the negative effects of viewing domestic violence as children linger. Adults experience depression, low esteem, domestic violence in their own relationships, and increased levels of criminality as opposed to their age cohorts who were not exposed to domestic violence in their childhoods. Edleson (1999b) found that the longer the period of time since exposure to a violent event, the fewer effects one experiences. However, children and adults do not forget what they have seen and learned from their parents and the effects of witnessing violence are long-term.

Differential Responses By Race and Gender

Race. Few studies have found differences based on race and ethnicity, but where differing effects have been found, African-Americans were more likely to exhibit externalized symptoms while Hispanics have been reported to show more internalized symptoms, specifically phobias and anxiety. (Fantuzzo & Mohr, 1999) Gender differences, however, are more dramatic.

Gender. Boys will more likely exhibit externalized problems, such hostility and aggression. On the other hand, girls generally exhibit internalized responses, such as depression and somatic complaints (Edleson, 1999b; Carlson, 1991; Stagg, Wills & Howell, 1989). Some studies have shown that both boys and girls exhibit trauma-related symptoms, but in addition to these symptoms, girls also exhibit low self-esteem where boys do not (Carlson, 1991; Stagg, Wills & Howell, 1989). Edleson (1999b) also records that girls tend to internalize while boys externalize their reactions, but girls show more aggressive behaviors as they get older. In a similar vein, Fisher (1999) has noted that boys are more likely to bully their peers.

McNeal and Amato (1998) found that relationships between parents and children are differential depending upon the child's age. Boys and girls both had poorer relationships with mothers in homes where domestic violence was present, but boys did not have poor relationships with fathers while a difference in daughter-father relationships was found. Peer relationships, autonomy, self-control, and overall competence were also reported significantly lower among boys (Edleson, 1999a). Boys who witness violence are more likely to approve of violence than girls. In other words, viewing domestic violence or being the victim of violence at home legitimizes violence in boys and gives permission to include aggression in their behavioral repertoires. Therefore, boys are clearly more likely to fight, become bullies, and eventually to use violence in their own homes against their girlfriends, wives, and children. As mentioned above, they are also more

likely to engage in criminal activities and to commit violent crimes. In their relationships with peers, boys function at a lower social level than girls who witness violence and they have poorer self-control. In future relationships, while boys are more likely to be abusers, females are more likely to acquiesce to violence and accept it from their friends and partners.

Relationship of Domestic Violence and Child Sexual/Physical Abuse

There is a very close connection between spousal abuse and the existence of child sexual or physical abuse within the home. The U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect in this country ("Children and domestic violence," 2001). Research data consistently shows that among families where children witness domestic violence, nearly half of them also report child abuse within the family as well (Fantuzzo & Mohr, 1999; Sullivan, et. al, 2000; Fritz, 2000). For example, in a 1993 study, the Oregon Department of Human Resources reported that domestic violence was present in 41% of families experiencing critical injuries or deaths due to child abuse and neglect ("Children and domestic violence," 2001). A national survey of over 6,000 American families found that half of the men who frequently assaulted their wives also frequently abused their children ("Domestic violence and children," 2001). A New Zealand study conducted by the National Collective of Independent Women's Refuges suggested that in the families where children had witnessed violence, 50% of the children had also been physically abused (Maxwell, 1994). In one review of 200 substantiated child abuse reports in Massachusetts, 48% mentioned adult domestic violence and of the 67 child fatalities in Massachusetts in 1992, 29 (43%) were in families where the mother identified herself as a victim of domestic violence ("Children and domestic violence," 2001). Risk for child abuse within the family increases the longer and more frequent the use of violence by one parent against another ("Facts and myths," 2001). In short, if there is domestic violence in the home, the chance of a child being a victim of physical or sexual abuse is almost doubled.

Treatment

The most significant question in regard to domestic violence involves solutions to the problem. As has been demonstrated by the information above, children differ in their responses to violence in the home. Some children are quite resilient while others, like the serial killers mentioned above, exhibit extreme reactions to abuse. Osofsky (1999) argues that resilience among children is linked to intellectual development, attention, and interpersonal skills. Yet these three variables are all compromised when the home is unstable, as is the case when domestic violence is present. Osofsky (1999) also notes that "the most important protective resource to enable a child to cope with exposure to violence is a strong relationship with a competent, caring, positive adult, most often a parent" (p. 38). Yet again, when domestic violence is present the child must look outside the home for this relationship - perhaps to a therapist, teacher, or minister. Connecting with an adult outside the home requires initiative on the part of the child, forced intervention by social agencies, or both.

Groves (1999) provides a number of therapeutic goals in therapy with children who are exposed to domestic violence or who are victims of violence themselves. First and foremost, it is a therapist's responsibility to ensure that the child's environment is safe. This may involve calling Family and Children's Services or the police. Once a safe environment has been established, it is necessary to give the child permission to talk about the violence. Aggression in the home is a secret and children are conditioned to keep family matters to themselves. Providing a therapeutic environment where children can discuss violence allows the therapist to help children understand their feelings and let them know that they are not alone. The next step is to help the child learn to cope with his or her specific responses to the violence and to understand the fighting that he or she has witnessed. Children often believe that they are to blame for the violence that they experience; therefore the therapist must help them reframe their thinking. Finally, the therapist should help the family resolve the issues that lead to violence, to teach them better strategies for

dealing with their problems, and to help them focus on the needs of their children. Anger management for the abuser may also be necessary. In family therapy it is important to note that self-reports from parents concerning the existence of domestic violence can be unreliable. In one study, for example, over one third of children reported seeing violence used by fathers against mothers yet their parents reported no violence occurred within the family ("Facts and myths," 2001).

Discussion

This discussion can be expanded to include violence on television and in other media as well. For example, the typical American child watches 28 hours of television a week, and by the age of 18 will have seen 16,000 simulated murders and 200,000 acts of violence ("Psychiatric effects of media violence," 1998). Commercial television for children is fifty to sixty times more violent than prime-time programs for adults, and some cartoons average more than eighty acts of violence per hour (Osofsky, 1999). It is unquestioned that latent exposure to violence decreases sensitivity and increases aggression in children.

Denial within the family prevents their pursuit of intervention. Many parents believe that their children are unaware of the level of stress in their homes, believing that they can hide domestic violence from their children. The research with children living in these homes contradicts this belief. Between eighty and ninety percent of the children living in homes where conjugal violence exists are aware of the violence even when parents think they have kept it to themselves ("Children and domestic violence," 2001).

Violence in the home has devastating effects on the victims, witnesses, and even the perpetrators who many times find themselves in prison, lose custody of their children, or take their own lives. Exposure to family violence could lead to the extreme responses described in the serial killers in the preceding pages. More likely, however, children who are exposed to conjugal violence or who are abused themselves will have problems in their future relationships, issues of dependency and trust, and they will have difficulty with intimacy - both sexual and psychological. Their selection of dating partners and future mates could be compromised, even to the point of selecting abusive partners. Insecurities resulting in promiscuity during adolescence are also likely. Some victims of abuse, especially males, may become abusers themselves, thus perpetuating the cycle of violence.

Treatment can be complicated by comorbidity with poverty and substance abuse. Many families experience difficulty pursuing treatment because of financial issues, often related to poverty and/or substance abuse, as well as the other dynamics that led to abuse in the first place. Therapists must be aware of risks to children and women when the relationship between partners dissolves. The majority of murders of battered women occur after they have been separated or divorced from their abuser.

It is clear that the ramifications of children viewing domestic violence are both immediate and long-term. Aggressive behaviors between adults affects children of all ages and touches every area of their development. Intervention requires initiative on the part of social agencies, therapists, and the children themselves. Change is difficult in our society that seems to condone violence and that mistakenly believes that domestic violence is a 'family matter' that is best handled within the family (Edleson, 1999a).

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