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Should Childhood Exposure to Adult Domestic Violence be Defined as Child Maltreatment Under the Law?

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ABSTRACT

A growing body of research has revealed that many children are affected by exposure to adult domestic violence. Increased public attention to this issue has led at least one state to define childhood exposure to domestic violence as a form of child maltreatment and to respond to it as such. This article reviews the research on childhood exposure to domestic violence and emerging laws aimed at protecting these children. Greater caution and more creative thinking is needed as public agencies and programs attempt to develop public policy for children exposed to domestic violence. The author concludes with an argument against assuming that childhood exposure to violence is automatically a form of child maltreatment and suggests the need to modify child protection services and the expansion of primarily voluntary community-based responses to these children and their families.

Should Childhood Exposure to Adult Domestic Violence be Defined as Child Maltreatment Under the Law?

The issues of child maltreatment and adult domestic violence have separately received extensive public attention over the past three decades. Yet it is only in the past 10 years that children who are exposed to domestic violence but not themselves victims of abuse have been identified and extensively studied. Several recent research reviews reveal that many children exposed to adult domestic violence may experience a variety of negative developmental outcomes and may also be at risk for direct physical abuse (Appel & Holden, 1998; Edleson, 1999a, 1999b; Fantuzzo & Mohr, 1999; Margolin, 1998; O'Leary, Slep & O'Leary, 2000; Rossman, 2001).

A heated national debate is emerging around the question of whether children exposed to adult domestic violence should be defined as maltreated. As this article will show, some of these emerging efforts are creating unintended negative consequences for families and the systems serving them. Greater caution and more creative thinking is needed among policy makers and program staff when attempting to help children exposed to domestic violence.

This article first reviews the research on childhood exposure to adult domestic violence, the variability of children's experiences, and emerging laws aimed at protecting these children. The article then makes an argument against assuming that childhood exposure to violence is automatically a form of child maltreatment and suggests the need for redesigned child protection services and the expansion of unique, community-based voluntary responses to these children and their families.

What the Research Says about the Impact of Exposure

Much of the developing national response to children exposed to adult domestic violence is based on a premise that such exposure is harmful or places a child at greater risk of harm and requires social intervention. As discussed below, the research offers a much more complex picture of these children.

Estimates of Children's Exposure

Estimates of the number of American children exposed to adult domestic violence each year vary greatly and are based mostly on extrapolating figures from national surveys. The two most widely cited statistics are those developed by Carlson (1984) and Straus (1992). Carlson estimated that "at least 3.3 million children yearly are at risk of exposure to parental violence" (p. 160). Her estimate is derived from earlier studies that found approximately 3 million American households experience at least one incident of serious violence each year (Straus, Gelles & Steinmetz, 1980). Carlson adjusted this finding for the estimated number of households with children (55%) and then multiplied by the average number of children per household (two). Straus later estimated that there may be as many as 10 million teenagers exposed to parental violence each year. His estimates resulted from a 1985 national survey (see Straus & Gelles, 1990) in which adults were asked "whether, during their teenage years, their father had hit their mother and how often" and vice versa (p. 98). Straus goes on to estimate that "at least a third of American children have witnessed violence between their parents, and most have endured repeated instances" (p. 98). He bases this even larger estimate on the fact that in his and Gelles' national survey 30% of the parents reported that their children had witnessed at least one violent incident over the duration of their marriage. It is clear from these estimates that many millions of

American children are exposed to adult domestic violence each year.¹ What is less clear is what impact such exposure has on individual children.

Impact of Violence Exposure on Children

Almost a hundred published studies report associations between exposure to 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. A number of authors have produced partial reviews of this growing body of literature and its limitations (see Edleson, 1999a; Fantuzzo & Lindquist, 1989; Fantuzzo & Mohr, 1999; Holtzworth-Munroe, Smutzler & Sandin, 1997; Jaffe & Sudermann, 1995; Kashani, Daniel, Dandoy & Holcomb, 1992; Margolin, 1998; Peled & Davis, 1995; Rossman, 2001). Overall, existing studies reveal that *some* children exposed to adult domestic violence exhibit more difficulties than those not so exposed. These difficulties can be grouped into the two major categories associated with recent exposure: (1) behavioral and emotional functioning and (2) cognitive functioning and attitudes. These two areas and the degree to which these problems extend into young adulthood are reviewed below.

Behavioral and Emotional Problems. Several studies have reported that children exposed to domestic violence exhibit more aggressive and antisocial behaviors (often called “externalized” behaviors) as well as fearful and inhibited behaviors (“internalized” behaviors) when compared to non-exposed children (Fantuzzo et al., 1991; Hughes, 1988; Hughes, Parkinson & Vargo, 1989). Exposed children also showed lower social competence than did other children (Adamson & Thompson, 1998; Fantuzzo et al., 1991) and 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).

A common question asked is whether exposed children go on to commit more violence when compared to groups of other children. Social learning theory would suggest that children who witness violence might also learn to use it. Some support for this hypothesis has been found. For example, Singer et al. (1998) studied 2,245 children and teenagers and found that recent exposure to violence in the home was a significant factor in predicting a child's violent behavior outside the home.

Cognitive and Attitudinal Problems. A number of studies have measured the association between cognitive development problems and exposure to adult domestic violence. While academic abilities were not found in one study to differ between exposed and other children (Mathias, Mertin & Murray, 1995), another found increased violence exposure associated with lower cognitive functioning (Rossman, 1998).

One consequence of witnessing violence may be the attitudes a child develops concerning the use of violence and conflict resolution. Spaccarelli, Coatsworth and Bowden's (1995) findings support this association by showing that, among a sample of 213 adolescent boys incarcerated for violent crimes, those who had been exposed to family violence believed more than others that "acting aggressively enhances one's reputation or self-image" (p. 173) and holding this belief significantly predicted violent offending. It appears that boys and girls may also differ in what they learn from these experiences. Carlson (1991) found that, in a sample of 101 adolescents, boys exposed to domestic violence were on average significantly more likely to approve of violence than were girls who had also witnessed it.

Longer-Term Problems. A third category of associated problems cuts across the other two and provides evidence of longer-term development issues for exposed children. For example, Silvern et al.'s (1995) study of 550 undergraduate students found that exposure to violence as a child was associated with adult reports of depression, trauma-related symptoms and low self-esteem among women and only trauma-related symptoms among men. Violence exposure appeared to be independent of the problems accounted for by the existence of parental alcohol abuse and divorce. In the same vein, Henning et al. (1996) found that 123 adult women who had witnessed domestic violence as a child experienced greater distress and lower social adjustment when compared to 494 non-exposed adults. These findings persisted even after accounting for the effects of witnessing parental verbal conflict, being abused as a child, and level of reported parental caring.

Children's Varying Experiences

Most readers would be convinced by the above studies that children exposed to adult domestic violence must all show evidence of greater problems than other children. In fact, the picture is not so clear. These studies compared *groups of children* who were either exposed or not exposed to adult domestic violence. The results reported are *group trends* and may or may not indicate an *individual* child's experience. In fact, the available research reveals a great deal of variability in children's experiences and the impact of those experiences on a child.

Graham-Bermann (2001) points out that many children exposed to domestic violence show no greater problems than children not so exposed. At least two recent studies support this claim. For example, a study of 58 children living in a shelter and recently exposed to domestic violence found great variability in problem symptoms (Hughes & Luke, 1998). Over half the children in the study were classified as either "doing well" (n=15) or "hanging in there" (n=21).

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: nine showed “high behavior problems”, another nine “high general distress” and four were labeled “depressed kids”. In a more recent study, Grych et al. (2000) found that of 228 shelter resident children in the study, 71 exhibited no problems, another 41 showed only mild distress symptoms, 47 exhibited externalized problems and 70 were classified as multi-problem. Finally, Sullivan et al. (2000a) studied 80 seven to eleven 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: (1) in the level of violence in each family; (2) the degree to which each child is exposed to that violence; (3) other stressors to which a child may be exposed; (4) the harm it produces for each child; and (5) how resilient a child and his or her environment is to violence exposure. These factors require a closer examination.

Level of Violence in Families

First, the level of domestic violence is known to vary greatly across families. For example, the 1985 National Family Violence Survey (Straus & Gelles, 1990) revealed that an estimated 8.7 million American couples (16.1%) annually experienced at least one incident of domestic violence. It also found, however, that 3.4 million American couples (6.3%) annually experienced violence that was more severe and had a higher risk of causing injury. Straus and Gelles (1990) review dozens of other studies that have shown similar variation among families. In general, variation in the types, frequency and severity of violent events in a family is a well-documented phenomenon. In addition, as will be shown below, there is great variation in the degree to which both adult domestic violence and child maltreatment co-occur in families.

Level of Child Exposure to Violence

Second, it is very likely that children's exposure to violence at home and what meaning they attach to it will vary greatly (Peled, 1998). For example, Edleson, Mbilinyi, Beeman and Hagemester (in press) found that 45% of the 114 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. Hughes (1988) found that all 40 child witnesses she studied were "either present in the same room and saw the fighting or were in an adjacent room and heard the physical conflict" (p. 80). In another study, even when one or both parents reported that their children had not seen the violence, approximately 21% of their children reported seeing it (O'Brien, John, Margolin & Erel, 1994). These studies offer just some examples of the great variance among children's experiences.

Exposure to Other Stressors

Children's experiences vary not just in their exposure to adult domestic violence. Children are likely to have varying risk and protective factors present in their lives (Hughes, Graham-Bermann & Gruber, 2001; Masten & Coatsworth, 1995). Risk factors that co-occur with domestic violence might include parental substance abuse, presence of weapons in the home, both maternal and male caregiver mental health issues, and other neglect. Parental substance abuse and domestic violence co-occur in many families although the level of this overlap varies based on class and the sample studied (Bennett, 1998). The presence of firearms has also been found to be associated with an increase in domestic homicides (Saltzman, Mercy, O'Carroll, Rosenberg & Rhodes, 1992; Kellermann et al, 1993). And parental or caregiver mental health issues may certainly result from or be a source of domestic violence (Campbell, Kub & Rose, 1996; Golding, 1999; Goodman, Koss & Russo, 1993). These and other factors may combine with domestic violence in some families to create greater risk of neglect or abuse. In fact, some child protection workers have argued that families in which domestic violence is occurring are often substantiated for child neglect only after other risk factors such as substance abuse by parents or the presence of weapons have been found to exist.

Risk of Harm

The risk of harm resulting from exposure may also vary from child to child. Two pieces of information are important to examine when thinking about harm or risk of harm: (1) the degree to which a child is involved in violent events and (2) the documented level of child maltreatment and emotional harm.

Children's Responses in Violent Events. Children's immediate responses to violent situations may create increased risk for their own wellbeing. Their responses have been shown

to vary from their becoming actively involved in the conflict, to distracting themselves and their parents, or to distancing themselves (Margolin, 1998). Their responses also appear to vary 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 reported that their boys were significantly more likely than other boys in the study to respond to conflict by leaving the room or appearing sad or frightened. This difference was not significant for girls.

While Garcia O'Hearn et al. (1997) found children avoiding situations or responding emotionally, other studies have found a wider variety of responses by children. For example, Peled's (1998) qualitative study of 14 preadolescent children exposed to domestic violence revealed children's use of two primary strategies when adult domestic violence occurred: distancing oneself from the event or intervening directly in it. Children who distanced themselves found places in or away from the home where the incidents were not heard nor seen. Some used televisions or loud music to distract themselves, while others "willed away" their feelings and thoughts about the events. Those children who got involved in events took sides in arguments, protected their abused mothers by "jumping in the middle of it" or called the police. On one level many of these strategies may be seen as successful coping, while on another level some may also be seen as efforts by the child to dissociate and reflect the impact of earlier trauma.

Children of different ages also 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 one and two and a half years. They found that even children this young responded to angry conflict that included physical attacks with negative emotions such as crying and 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 two and six 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.

In a more recent study, Adamson and Thompson (1998) examined children's response strategies when they compared 40 children from homes in which there was a history of domestic violence to 72 other children from homes in which there was no evidence of violence. Children in this study reacted to scenarios describing verbal conflict between parents. The most dramatic difference between children's responses was in their use of aggressive intervention. Children from homes in which there was violence were eight times more likely to use verbal or physical aggression to intervene in parental conflict than were children from violence-free homes (27% vs. 3%).

Finally, Edleson et al.'s (in press) study found that 52% of 114 mothers reported that their children yelled from another room during abusive events at least *occasionally*, and 24% reported their children *frequently* yelled from another room. Twenty-one percent of the mothers reported children called someone else for help during the abuse at least *occasionally*, and 6% reported they did so *frequently*. Twenty-three percent of the mothers reported that their children became physically involved during an abusive incident involving the mother at least *occasionally*, 8% reported that their children physically intervened *frequently*, but almost 45% reported that their children *never* intervened physically.

Overall, these studies show children responding in a variety of ways to real and simulated violent conflict between their parents. It is not surprising then, that the emotional and physical harm that children exhibit may also vary and that the risk created by such responses will vary accordingly.

Emotional and Physical Harm. The emotional, behavioral, cognitive and attitudinal problems associated with childhood exposure to adult domestic violence were documented earlier in this article. Clearly, children within the studies cited earlier varied a great deal in the degree to which other problems were found to be present among them. Certainly, it is possible that the research is at such a stage of infancy that we may not be sufficiently measuring short and especially long-term harm to children. Nonetheless, the current state of knowledge about exposure and associated problems indicates great variability.

The data on risk of physical harm to children also indicate great variability. As indicated earlier, a number of reviews currently exist on the co-occurrence of documented child maltreatment in families where adult domestic violence is also occurring. Over 30 studies of the link between these two forms of violence show a 40% median co-occurrence of child maltreatment and adult domestic violence in families studied (Appel & Holden, 1998) and a range of co-occurrence from as low as 6.5% and others as high 97%, depending on the samples studied (Edleson, 1999b).

Resilience

There is a growing research literature on children's resilience in the face of trauma (see, for example, Garmezy, 1974; Werner & Smith, 1992; Garmezy & Masten, 1994). The surprise in these research findings is that many children exposed to trauma show no greater problems

than non-exposed peers, leading Masten (2001) to label such widespread resilience as “ordinary magic”.

The resilience literature suggests that as assets in a child’s environment increase, the problems he or she experiences may actually decrease (Masten & Reed, 2002). Harm children experience may be moderated by a number of factors, including how a child interprets or copes with the violence (see Hughes, Graham-Bermann & Gruber, 2001). Sternberg et al. (1993) suggest that “perhaps the experience of observing spouse abuse affects children by a less direct route than physical abuse, with cognitive mechanisms playing a greater role in shaping the effects of observing violence” (p.50).

A child’s cognitive coping is not the only factor that may mediate the impact of violence exposure. A number of other factors have also been found to affect the degree to which a child is harmed by violence. For example, whether or not a child is also a direct victim of abuse seems 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 the least. This same pattern appears in 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 a witness had a greater negative impact based on their self-ratings of problems than 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 and ones that are 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 exhibit more aggressive behaviors (for example, Spaccarelli, et al., 1994). Children of different ages appear to exhibit differing responses associated with witnessing violence, with children in preschool reported to exhibit more problems than other age groups (Hughes, 1988).

Children also appear to exhibit fewer problems the longer the period of time since their last exposure to a violent event. For example, Wolfe, et al. (1986) found more social problems among children residing in shelters than among children who had at one time in the past resided in a shelter. The immediate turmoil of recent violence may temporarily escalate child problems observed in a shelter setting.

Finally, a number of authors have discussed a child's relationship to adults in the home as a key factor moderating the impact of violence. Children's relationships to their mothers have also been identified as a key factor in how children are affected by witnessing domestic violence. 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. McClosky et al. (1995) found, however, that mothers' poor mental health did not affect a 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 families where the father or other adult male is violent (Sternberg, 1997). Holden and Ritchie (1991) found that while both maternal stress and reports

of the fathers' irritability accounted for the variation in problems of children exposed to domestic violence, only maternal stress accounted for significant variation in comparison with non-exposed children's problems. In a somewhat similar vein, Sullivan et al. (2000b) found that the relationship of an abusive male to the child directly affected the child's well-being, without being mediated 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 their children feared them more when compared to biological fathers and unrelated male partners in the home.

Unfortunately, we do not yet clearly understand what helps some children survive violence exposure better than others. It may be that the "ordinary magic" of protective factors in everyday life play a major role in how children experience and cope with exposure to violence at home (see Edleson & Gewirtz, 2002).

Legislative Responses to Childhood Exposure

It is clear from the literature reviewed above that children exposed to adult domestic violence are sometimes at risk for developing a series of behavioral, emotional, cognitive and attitudinal problems that may persist into adulthood. It is also clear that children from homes where adult domestic violence occurs are at a greater risk for being abused themselves. Yet, within the groups of exposed children many do not exhibit problems and do not themselves become victims of child abuse. We do not yet know which children are safe and recover quickly once in a safe environment and which may develop short or long-term problems. The research to answer these questions has yet to be conducted and requires that we be cautious in drawing conclusions about children exposed to domestic violence.

So where do these conclusions lead us? Across North America one response has been passage of new legislation in both the criminal and civil law arenas (Weithorn, 2001). These

changes affect the way in which the criminal justice agencies, child protection systems and domestic violence programs respond to families in which children are exposed to adult domestic violence.

New Laws on Childhood Exposure

At least 16 states, Puerto Rico and one Canadian province have revised their criminal and civil laws to specifically address the needs of children exposed to adult domestic violence (NCJFCJ, 2000). For example, a Utah law (Utah Code Ann. §76-5-109.1) passed in July 1997 makes the commission of adult domestic violence two or more times in the presence of a child a separate criminal offense from the assault itself. In California the presence of children may bring enhanced criminal penalties in adult assault cases and in Oregon a misdemeanor assault may be elevated to a felony if minors were present (Cal. Penal Code §1170.76, Or. Rev. Stat. §163.160).

Expanding the Definition of Maltreatment

Another approach is to expand the definitions of child maltreatment to include children who have witnessed domestic violence. In 1999, the Minnesota State Legislature expanded the definition of child neglect in the Maltreatment of Minors Reporting Act to include exposure to adult domestic violence as a specific type of neglect (Minn. State Ann. §626.556, see Minnesota Department of Human Services, 1999).

Exposure to adult domestic violence is commonly used as one component of an operational definition of child neglect in many child protection agencies. The change in Minnesota acknowledged what had long been believed to be the practice in many county child protection agencies across the state - accepting certain reports of children's exposure to adult domestic violence as child neglect, and taking them into the child protection system as "failure to protect" cases. For instance, in a study of one Minnesota county's child protection system prior

to the 1999 changes in definition, it was found that 19% of child maltreatment reporters were aware of adult domestic violence in the home and that 36.4% of the child maltreatment reports investigated included some evidence of similar violence (Edleson & Beeman, 1999). In the same study, cases with domestic violence present were more likely to be rated as high risk (50.7% vs. 33.3%) by child protection investigators and opened for service (45.6% vs. 24.4%) when compared to those without evidence of domestic violence. Interestingly, more than three-quarters (76.3%) of the cases that were cited as “failure to protect” contained indications of adult domestic violence (Edleson & Beeman, 1999).

Minnesota is not alone in including such families in its neglect caseloads. Exposure to domestic violence has been commonly included in published definitions of child neglect (see English, 1998; Kalichman, 1999). The National Child Abuse and Neglect Clearinghouse suggests that operational definitions of child neglect across the United States include “spouse abuse in the child’s presence” (NCCANCH, 2000, p. 2) and this definition is found internationally as well. For example, most Canadian provinces already include exposure to domestic violence in their definitions of child maltreatment (Weithorn, 2001). The Australian province of New South Wales passed the Children and Young Persons (Care and Protection) Act of 1998 that defines reportable forms of child risk as a child or young person “living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm” (Australasian Legal Information Institute, 2001).

After Minnesota’s Reporting Act was initially changed, most counties in Minnesota experienced a 50% to 100% increase in child protection reports that involved exposure to adult domestic violence (see Minnesota Association of Community Social Service Administrators,

2000). County child welfare agency administrators estimated that this seemingly simple and unfunded change in the law created the need for over \$30 million in expanded services to newly identified children and families. The experience was so overwhelming for child protection agencies that the Minnesota Legislature repealed the change in April 2000. The Legislature will reinstitute the change (with significant adjustments in language) in its 2001 session only if sufficient funding is found to accompany the change in definition, an unlikely event.

Defining Exposure as Maltreatment Under the Law

There is a national consensus that children at risk for harm should receive the attention of our social institutions. Ideally, a child protection agency's interventions should lead to enhanced child safety and family strengths when there is a reported concern about a child. Such systems should also be part of a rich network of community-based institutions offering additional support to families. In reality, our child protection systems are given so few public resources that they will most often only respond to the cases of children at the greatest risk. This leaves most children – including those exposed to adult domestic violence – and their families the subject of screening and investigation by child protection systems but without the provision of many subsequent services. Nationally, estimates are that 40% to 60% of families in which maltreatment is substantiated receive no further services (English, 1998). The fact that services would not be available for most of the children identified through Minnesota's changed reporting requirements led the legislature to repeal its earlier changes.

There are several responses to this situation that are developing along a wide continuum of positions. Many advocate in favor of full investigations of all families where children have been exposed to violence, regardless of cost. Others take a more pragmatic and resource sensitive position, standing against expanding the number and types of children referred to an

already overburdened child protection system. And still others seek to minimize involvement with the child protection system because of its perceived harsh treatment of some families.

These positions are likely to harden as several lawsuits against child protection agencies move forward. In New York City, lawyers for several battered mothers filed suit against the City for removing the mothers' children from their custody for failing to protect the children from witnessing domestic violence committed against the mothers. The judge in *Nicholson v. Scoppetta* has ruled that the City's child protection system violated parents and children's constitutional right to due process by removing children from mothers solely because the mothers were victims of domestic violence (Family Violence Prevention Fund, 2001).

Positions that argue for defining childhood exposure as maltreatment or against doing so all hold merit but often leave many confused about where to stand on these issues. Does one stand for child safety and demand more societal resources? Or does one recognize the practical reality of both resources and current practice and avoid unnecessarily involving families in systems that ultimately may not now or may never have the resources to provide them with adequate help?

There is another way to look at this situation that draws on the strengths of each of these positions. This common ground can be found in three major tenets:

- 1. Childhood exposure to adult domestic violence should not automatically be defined as maltreatment under the law;**
- 2. Many children and their families should not be referred for forensic child protection investigations and interventions that carry the possibility of legal action against the parents. Rather, they should be offered voluntary, community-based assessments and services; and**

3. Some children exposed to adult domestic violence are at great risk for harm and should be referred to the child protection system for assessment and intervention with their families.

These statements form the basis for a reasoned approach to this issue that is both safety and resource sensitive. Each is described in more detail below.

- **Exposure should not be defined as maltreatment *per se*.** As the data presented earlier in this article clearly document, there is great variability in children's experiences with adult domestic violence. The degree of risk to these children ranges from very little to severe. Studies of families experiencing adult domestic violence show that anywhere from 3% to 92% of the children in these homes are also maltreated, depending on the families studied (Edleson, 1999a). The harm so far documented in studies of these children also clearly varies. Large numbers of children studied show no greater problems than their peers who are not so exposed, but other children exhibit multiple problems at a level thought to require clinical intervention. These data argue strongly that we should not *automatically* define a child's exposure to adult domestic violence as a form of child maltreatment.

One could argue that most forms of child maltreatment vary greatly but that we still include them in mandatory reporting rules so that a full child protection screening and investigation might be conducted. I would argue, however, that we already exclude other forms of child exposure from such screening and investigation. These include corporal punishment, some degrees of substance abuse by caregivers, and exposure to both second-hand smoke and violent media, to name a few. For instance, not all physical hitting of children is defined as child abuse. Straus (1994) has aptly described how spanking and other forms of corporal punishment of children are not, in most cases, defined as child

maltreatment in our culture. There is increasing documentation of children's exposure to community and school-based violence (Freeman, Hartmut & Poznanski, 1993; Garbarino, Kostelny & Dubrow, 1991; Osofsky, Wewers, Hann & Fick, 1993) yet the focus of social intervention is on primary prevention in communities (Office of Juvenile Justice and Delinquency Prevention, 2000). It is also true that substance abuse by a caregiver will not be defined as maltreatment unless it is shown to present a significant risk to a child, for example, in the case of prenatal exposure (Chasnoff & Lowder, 1999).

Reaching a little further, there is a much larger scientific literature showing that passive child exposure to second-hand smoke may result in physical damage to a child's lungs. A recent special issue of the British Medical Journal on this topic advocated only primary prevention through public or professional education and smoking restrictions (Ferrence & Ashley, 2000).

Efforts have been made in recent years to focus child protective services more narrowly on the most severe cases, allowing other types of family problems to be better handled through voluntary assessments and family support services (see Waldfogel, 1998). In most cases, children exposed to adult domestic violence should fall into this "other" category.

- **Many exposed children and their families may benefit from voluntary, community-based services instead of the traditional child protection services.** The data presented in this article also suggest that many exposed children and their families might benefit from early screening and intervention focused on strengthening existing personal, social and economic resources, and on stopping the perpetrators' violent behavior. Many of the child problems associated with exposure to adult domestic violence do not rise to the level requiring public intervention, yet one wonders if these families are left without any

intervention whether their situations will worsen and create more harm to the children and their mothers.

Many battered women's shelters and community-based domestic violence programs have long provided services to children who have witnessed violence (see Peled & Davis, 1995). Several other community-based programs providing trauma treatment and social support have also developed for exposed children and their families. For example, these programs exist in Boston, Cleveland, San Francisco and a few other cities. 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 witnessed various forms of violence in the community. As the program developed it turned out that about two-thirds of the children referred had witnessed 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). Referrals are made from throughout the community, including child protection agencies, and services are voluntary.

Voluntary, community-based assessment and intervention services for exposed children and their families are woefully underdeveloped, even though they have a long history in battered women's programs. Attention to the development, expansion and evaluation of these services should be a top priority for all communities.

- **Some exposed children and their families should be referred to Child Protection Services.** Understanding the varying risk to children also leads to an acknowledgement that some exposed children should be referred to child protection services. In fact, as shown in

the study of one Minnesota county above, children exposed to domestic violence and their families are already being referred to child protection agencies and substantiated for abuse, endangerment or failure to protect under current laws. There is no doubt that some children in families where domestic violence is occurring are in imminent danger of harm and action may need to be taken quickly. Some children are also exposed to a combination of several risk factors such as parental substance abuse or neglect that requires child protection involvement. Unfortunately, we do not yet have the ability to distinguish the features of adult domestic violence situations that predict a greater likelihood of harm to children in those homes. It is important that we work hard to clarify the criteria by which risk is assigned in families where children are exposed to domestic violence. Certainly, the child protection system in the United States is engaged in attempting to clarify risk factors. The growing use of actuarial risk assessment methods (see Baird, Wagner, Healy & Johnson, 1999; Gambrill & Shlonsky, 2000) is just one example of efforts to systematize decision making about risk assignment and service provision. These assessment models have been questioned as to their ability to determine short or long term effects and they seldom include more than one or two questions regarding the existence of domestic violence in the home. It is unlikely that answers to these questions provide guidance as to who should or should not receive services.

One way to differentiate those requiring a report to child protective services would be to develop a series of criteria and/or screening instruments that, based on available or new data, indicate heightened risk for children. For example, should these criteria include domestic violence occurring with other risk factors such as the presence of weapons; the proximity or actions of the child in violent situations; the presence of an alcohol or drug abusing

caregiver; the history of the abusive partner including repeated or severe violence in the home? At this point the field is too new to have determined these criteria but it is an area with which both child protection systems and community-based agencies need a great deal of assistance in defining and refining. Magen, Conroy and Del Tufo (2000) have published one of the few specific studies describing a comprehensive domestic violence assessment in child welfare prevention settings. Their experience in New York City was that identification could be enhanced, was appreciated by clients and that new domestic violence services were added as a result of the new assessments.

Greater expertise must be developed within child protection agencies for those families that are assessed to require further intervention. This may take the form of developing “differential” responses to families that include more supportive and voluntary service opportunities in addition to traditional child protection responses (see Waldfogel, 1998, Minnesota Department of Human Services, 2000). In addition, child protection systems must adopt new strategies and develop both internal expertise and collaborative relationships with domestic violence agencies in working with families where adult domestic violence exists (see Beeman & Edleson, 2000; Findlater & Kelly, 1999; National Council of Juvenile and Family Court Judges, 1998, 1999; Whitney & Davis, 1999). These internal responses should include safety planning and support for battered mothers and children as well as expanded intervention with perpetrators of adult violence.

Conclusion

This article has attempted to set forth both current knowledge about the risks to children being exposed to adult domestic violence and the concerns that some may be jumping to the conclusion that all children exposed to adult domestic violence should be redefined under the law

as maltreated children. It was argued immediately above that such conclusions are both faulty and also may not be the most useful response to these children.

There is no need to redefine child neglect to be inclusive of all children exposed to adult domestic violence. The children most harmed by exposure to domestic violence may already be reported to child protection agencies under existing laws. What are badly needed in this field are empirical and practice-based criteria for deciding whether or not a child is at an heightened risk of harm. These criteria, once established, must be developed into effective and psychometrically tested screening and assessment instruments for use in the field. In addition to screening criteria and instruments, there is also a dire need to develop greater expertise within child protection agencies, collaboration with domestic violence programs, and alternative forms of voluntary, community-based services for exposed children and their families, including specialized parenting and batterer intervention programs. Child protection agencies will be seen as the first intervention of choice until these alternatives exist in sufficient numbers across the country.

Endnotes

¹ Estimates may be even higher depending on the samples studied. For a more complete description of these and other estimates see Edleson, 1999b; Fantuzzo & Mohr, 1999; Jouriles, in press.

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