

Young Children's Exposure to Intimate Partner Violence: Towards a Developmental Risk and Resilience Framework for Research and Intervention

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Abstract This article employs a developmental risk and resilience framework to examine the impact of exposure to intimate partner violence on young children, particularly those facing economic hardship. In doing so, it reviews and weaves together two separate literatures, one on emotional and behavioral development in high-risk settings and the other on children exposed to adult domestic violence. The article ends by pointing to the need for further research and the promise that early interventions hold for helping children who are exposed to intimate partner violence and living in poverty.

Keywords Young children · Intimate partner violence · Developmental tasks · Risk factors · Resilience

According to a developmental psychopathology perspective (Rutter & Sroufe, 2000; Cicchetti & Cohen, 1995), a child's adaptive functioning results from a complex interplay among individual physical and mental capacities, developmental stage, and external factors in the social and physical environment (e.g., caregiver, family, community). This perspective views the relationship between antecedent risk experiences as moderated by an array of factors across multiple levels of

a person's environment. Hence, exposure to intimate partner violence can variably affect a child's development depending on other individual and environmental influences.

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

Protective factors, on the other hand, are those variables that buffer children from adversity. Research on protective factors originated with longitudinal studies of high-risk youth who, despite the odds, matured and adapted successfully (Werner & Smith, 1989, 1992; Garnezy & Masten,

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1994). Examples of protective factors include individual factors, such as positive temperament, the child's intellectual capacity, and social competence; family or interpersonal factors such as secure attachments to caregivers, caring adults and strong relationships with others, and cultural, ethnic or community factors such as living in a supportive, safe, close-knit community.

Risk factors act both directly and indirectly to render children vulnerable to poor developmental outcomes (Rutter, 1987; Luthar, 1993), and the relationship between risk factors and outcome may be affected by specific aspects of the child's environment. Similarly, protective factors may act directly to protect children from poor outcomes; they may also affect the impact that violence exposure has on a child's functioning. For example, since intimate partner violence occurs in the home, factors such as parenting, the home environment, and social support, will influence how exposure to intimate partner violence affects young children. (There is increasing evidence of the direct influence of shared genetic factors on poor outcome in high-risk environments (see, for example, Caspi et al., 2002) but a discussion of such factors is beyond the scope of this paper.)

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

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

who are living in poverty and exposed to intimate partner violence.

Methodological and conceptual issues

There is some confusion and lack of clarity within the literature around definitions of children's exposure to intimate partner violence (see Jouriles et al., 2001 for a discussion of this issue). Past research studies have been beset with methodological problems, including lack of clear definition of risk among sample populations (i.e. accurate and specific measures of witnessing vs. direct abuse, severity and chronicity of violence, exposure to other types of violence); lack of comparison groups and small sample sizes. This is in part due to the complexity of defining this population (e.g., distinguishing between direct victimization of children versus their witnessing of domestic violence) and to the ethical and methodological difficulties inherent in empirical research with abusers, victims and exposed children. Here, we attempt to distinguish between direct abuse of children and their witnessing of intimate partner/adult domestic violence, while using the term 'exposed' to describe children who witness the violence and who may also be directly abused.

Developmental tasks in early childhood

Every child, whether exposed to violence or not, must negotiate a series of milestones in order to achieve healthy development (e.g., Cicchetti & Cohen, 1995). Although many aspects of child behavior and parenting differ around the world, milestones are remarkably similar across different cultures and societies (e.g., van Ijzendoorn & Kroonenberg, 1988; McCabe et al., 2000). As there are many key milestones for children from birth to five years of age, we select those we think most relevant to understanding the impact of domestic violence exposure: (1) the development of a secure attachment relationship with a caregiver (usually the mother), (2) the beginning development of a self-regulatory system that enables a child to exercise control over emotions and behaviors (Sroufe, 2000), and (3) social and peer relationship skills that ready a child for entry to school (Oden, 1987).

Attachment

Decades of research on attachment—the bonds of love between child and parents—have revealed the importance of a secure attachment relationship with a primary caregiver, usually the child's mother, for later healthy functioning (e.g., Bowlby, 1969, 1973, 1980; Cassidy & Shaver, 1999; Carlson & Sroufe, 1995). Attachment status reflects the balance

between exploratory and caregiver-seeking behaviors observed in response to periods of separation and reunion between child and caregiver (see Ainsworth et al., 1978). Research with normative populations has demonstrated that between 50% and 70% of 12 to 18-month olds are securely attached (Campos et al., 1983). The attachment behavior of infants who are not securely attached can generally be classified into one of three categories of insecure attachment: anxious-avoidant, anxious-resistant, and disorganized (acting in an odd and inconsistent manner). Estimates of secure attachment among high-risk samples (i.e. those exposed to several risk factors such as poverty, violence and/or abuse) vary, but are generally significantly lower than those found in the general population. In particular, maltreated children evidence disproportionately higher rates of disorganized attachment. For example, Egeland and Sroufe (1981) found fewer than 40% young children in a maltreatment sample to be securely attached, and Cicchetti and Tucker (1994) found only 20% of young children in a maltreatment sample to be securely attached. The development of secure attachments is a key task of the infant, toddler and preschool periods, and insecure attachment is a risk factor for later emotional and behavioral problems (Egeland & Erickson, 1993).

How might intimate partner violence exposure uniquely affect young children? Very little research has investigated attachment among infants and young children exposed to domestic violence, or the impact of such violence on attachment relationships. However, initial research has suggested that domestic violence might jeopardize the development or maintenance of such attachments (Zeanah et al., 1999). For example, a study of one hundred high-risk mother-infant dyads found that when fathers were physically violent with mothers, infants were more likely to be insecurely attached to their mothers (Sims et al., cited in Belsky, 1999).

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

Research with young children and their mothers has demonstrated that early intervention can be successful in promoting healthy attachment relationships (Egeland et al., 2000). In particular, focusing on promoting healthy relationships and sensitive and responsive parenting, combined with concrete support to help vulnerable mothers access needed

services and develop strong social support networks have been shown to be effective in increasing relationship functioning and mothers' enjoyment of their children. Programs focused on working with mother-infant/young child dyads who face multiple risk factors, such as poverty, teen parenting, and exposure to violence, have been validated with families from different cultures (Egeland & Erickson, 1993).

Further research is needed not only to look at the effects of exposure to violence on mother-infant attachment, but also the direct and indirect effects of abusive men and fathers on the development of infant-mother attachment relationships. In so far as the behavior of the abusive male disrupts the child and mother's sense of safety and security, and creates fright in addition to physical injury, the abuser may play a key role in the disruption of an attachment relationship. Disruptions to attachment relationships among children exposed to intimate partner violence may not, however, only occur as a result of the violence, but may also be the result of multiple stressors in a child's environment (such as poverty, homelessness and separation from a caregiver). Longitudinal studies (e.g., Egeland & Sroufe, 1981; Egeland, Carlson, & Sroufe, 1993) have shown that attachment status can change over time, with changes in environment. Some studies following battered women and their children (Wolfe, Zak, Wilson, & Jaffe, 1986; Holden et al., 1998) have documented improved parent-child relationships and/or child adjustment following cessation of intimate partner violence and increased stability of living conditions. Walker (1984) interviewed battered women who reported using less violence with their children, the further away they were from being victims of violence themselves. It is possible, that, in a parallel manner, attachment relationships between mothers and children may show improvement as a result of the cessation of the abuse.

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

Self-regulation

As a toddler enters her second and third years, a key set of challenges includes learning to modulate affective, behavioral and cognitive displays through internal control (e.g., Cicchetti & Tucker, 1994). The development of self-regulation across various domains of functioning is influenced by multiple factors—genetic and environmental—such as a child's temperament and experiences. A child is both influenced by, and influences his or her experiences, resulting in further modification of internal systems such as self-regulation (Cicchetti & Tucker, 1994). The development of self-regulation is a prerequisite to the development of social skills that allow individuals to

successfully negotiate complex social situations and to develop reciprocity and empathy, i.e. connections with others. For example, the development of attentional skills enables a child to focus on tasks and peer situations and to persist at challenges, while impaired self-regulation has been associated with conduct and behavior problems (Masten & Coatsworth, 1998). These problems are particularly detrimental during the preschool to school-aged years, when adherence to rules and prosocial behavior is emphasized.

While there is no research on this topic related to intimate partner violence exposure, it may be that exposure to physical violence by a father or boyfriend of the child's mother provides a model of behavior that lacks regulation of negative emotions. In the subset of children who also experience direct abuse at the hands of a caregiver, this modeled lack of regulation may be even more apparent.¹

While exposure to risk factors can negatively affect the development of self-regulation, early efforts that successfully target the self-regulatory system may have lasting protective effects. Examples of such efforts include enriched childcare and preschool programs with curricula that focus on successful regulation of anger and negative emotions in young children as a precursor to the development of social and conflict resolution skills. In addition, home-based programs that enhance parenting skills offer techniques for modeling self-regulation by working with parents and children simultaneously.

The development of social and peer competence

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

Socialization (learning the values, language, and behaviors needed to function in society) and the development of social competence, begin in infancy, when babies learn that their social reactions (gaze, smiles, sounds) are responded

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

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

Evidence from research with maltreated children (Dodge et al., 1995) and children exposed to community violence (Schwartz & Proctor, 2000) does suggest a hypervigilant processing pattern. Among maltreated children, repeated victimization by parents may alter children's representations of relationships in a way that makes them hypervigilant to signs of threat in other social contexts (Dodge et al., 1995). This hypervigilant processing pattern, though adaptive in actual threat situations, might serve to fuel aggressive and hostile reactions in peer interactions, leading to negative feedback from peers that in turn serves to reinforce and nurture aggressive dispositions (Dodge, Pettit, Bates, & Valente, 1995). Yet there is no empirical evidence that such processes occur in children exposed to domestic violence.

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

¹ This is not to imply that modeled behavior is the only, or even the most salient influence on the child's behavior. Indeed, there is increasing evidence that shared genes may account for (in this example) self-regulatory deficits in both parent and child. Modern behavior genetics research has shown that many assumed ‘environmental’ measures (such as social support, parenting, or stress) may, in fact, be influenced substantially by genes (Plomin, 1994, 2004).

the positive development of young children exposed to intimate partner violence and other risk factors such as poverty.

The risk of violence in young children's lives

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

The risk of maltreatment and domestic violence exposure

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

A number of reviews currently exist on the co-occurrence of documented child maltreatment and adult domestic violence. Over 30 studies of the link between these two forms of violence show a 41% median co-occurrence of child maltreatment and adult domestic violence in families studied (Appel & Holden, 1998) with a wide range of findings depending on the samples examined (Edleson, 1999a). Children are not only direct victims of assault; but they are also frequently present when adult domestic violence is committed. In a recent study, Edleson, Mbilinyi, Beeman, & Hagemester (2003) found that 45% of the 111 mothers they anonymously interviewed reported their children came into the room where abuse was occurring at least *occasionally*, while 18% reported that their children *frequently* came into the room and 23% reported their children *never* came into the room.

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

Children's responses during violent events

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

Children of different ages show some variation in their responses to violent conflict at home. In one of the earliest studies on this subject, Cummings et al. (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 et al. (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.

The impact of intimate partner violence exposure

The past few decades have seen a significant increase in research on the impact of children's exposure to many different forms of violence and family conflict. These studies include exposure to media based violence (Griffiths, 1999; Paik & Comstock, 1994), school and community violence (Horn & Trickett, 1998), and non-violent marital conflict (Emery, 1982; Grych & Fincham, 1990). It is clear from this research that children are exposed to and affected by a wide range of violence and conflict in their social environments, from multiple murders on television or in video games to fights in schools, on the street, or in their homes.

Almost one hundred published studies report associations between exposure to intimate partner violence and current child problems or later adult problems. Only about one third of these studies have separated exposed children from those who were also direct victims of abuse, allowing one

to determine the unique impact on children of exposure separate from direct abuse. Few have examined how exposure differentially affects children of various ages.

A number of authors have produced partial reviews of this growing body of literature and its limitations (see Edleson, 1999b; Fantuzzo & Mohr, 1999; Holtzworth-Munroe et al., 1997; Margolin, 1998; Peled & Davis, 1995; Rossman, 2001). Recent meta-analyses have demonstrated significant associations between exposure to intimate partner violence and child behavior and emotional problems (Wolfe et al., 2003; Kitzmann et al., 2003), comparing child witnesses with non-witnesses and children from verbally aggressive homes. However, some studies reveal little or no differences between sizable groups of children exposed to adult domestic violence and their non-exposed peers in areas of social, emotional and behavioral functioning (Grych et al., 2000; Hughes & Luke, 1998; Sullivan et al., 2000a).

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

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

or insult them, and to bite, hit or slap their peers during play interactions.

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

The effects of adversity on development

One of the findings from existing longitudinal studies of children is that adversity may accumulate over time. In the subsections below, we examine some of the findings on cumulative risk, and how these might relate to the literature on intimate partner violence exposure.

Studies of cumulative risk

There is a significant body of longitudinal research indicating how exposure to multiple risk factors—particularly poverty—is harmful to children’s development. For example, Rutter (1985, 1987) identified six familial variables that proved to be significantly associated with poor adaptive outcomes in children. These included severe marital discord, low socio-economic levels, overcrowding or large family size, paternal antisocial disorder, maternal psychopathology, and removal of the child from the home. The presence of two

risk factors increased the probability of problems fourfold, and those children with four or more risk factors showed a 21% chance of exhibiting diagnosed disorders, as opposed to 6% in children experiencing two or three. Sameroff and Seifer (1990) studied the effects of cumulative risk on children of schizophrenic mothers. Each of the 10 familial factors studied was estimated to cost the child the equivalent of four IQ points at age four, compared to the development of other children. The cumulative risk factors were associated with fewer competencies necessary for success later in life. Follow-up at age 13 indicated significant associations between chronicity of exposure and amount of risk factors, and decrements in child's cognitive and social-emotional development. Similarly, Masten and Sesma (1999) found that as the number of risk factors present in a homeless child's life increased, the level of negative outcomes (i.e., problem behaviors and hunger) increased accordingly.

Cumulative risk in the context of domestic violence

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

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

Other risk factors that detrimentally affect children are often closely associated with exposure to intimate partner violence and poverty. These may include shelter placement, school disruptions, or separation from extended kin. For example, in their study of homeless children, Masten and Sesma (1999) found that 40% of mothers revealed domestic violence to be a major cause of their homelessness. In gen-

eral, among these children, exposure to further risk factors such as domestic violence in addition to homelessness was associated with poorer functioning on school-based cognitive tasks.

Finally, a number of authors have discussed the mother-child relationship and parental functioning as key factors that may mediate or moderate the impact of violence on children's functioning. Some have conjectured that a mother's poor mental health would negatively affect a child's experience of violence but the data are conflicting. Levendosky and Graham-Bermann (1998) found that the children of mothers exhibiting stress showed more problem behaviors themselves. Holden and Ritchie (1991) also found that as maternal stress increased so did children's problems. On the other hand, McClosky et al. (1995) found that a mother's poor mental health did not affect her child's response to violence in the home.

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

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

Resilience

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

intellectual resources, social competence, and easy temperament.

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

Drawing from longitudinal data on high-risk children, Masten and colleagues (e.g., Masten & Sesma, 1999; Masten & Reed, 2002) have demonstrated a positive relationship between the level of adversity to which children are exposed, and the likelihood of negative outcomes. In the reverse, Masten and Reed (2002) have proposed that as assets in a child's environment increase, the problems she experiences may decrease. For example, Diener, Nievar, and Wright (2003) found that greater cumulative assets were related to more secure attachment relationships in a sample of mother-young child dyads. This supports the notion that minimizing the number of risk factors to which children are exposed, while simultaneously encouraging protective processes can be highly effective in reducing negative outcomes.

Resilience among children exposed to domestic violence

There is limited research on how children cope with exposure to intimate partner violence despite the fact that at least three recent studies have shown variability in children's experiences. For example, a study of 58 children living in a shelter and recently exposed to domestic violence found great variability in problem symptoms exhibited by the children (Hughes & Luke, 1998). Over half the children in the study were classified as either "doing well" or "hanging in there." Children "hanging in there" were found to exhibit average levels of problems and of self-esteem and some mild anxiety symptoms. The remaining children in the study did show problems: 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, 71 exhibited no problems, another 41 showed only mild distress symptoms, 47 exhibited externalizing problems and 70 were classified as multi-problem. Finally, Sullivan et al. (2000b) studied eighty 7 to 11 year old children of 80 mothers with a recent history

of domestic violence. The children self-reported as being happy with themselves (83%), liking their physical appearance (83%), and feeling they often do the right thing (73%). Their mothers also reported their children to be relatively healthy on a behavioral checklist. It appears that at least half the children in these studies were surviving the experience with few or no problems evident.

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

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

Implications for research, practice and policy

How does research on risk and resilience among high-risk children aid us in ameliorating the impact of exposure to intimate partner violence on young children living in poverty? Children and families can best be helped through a continuum of supports, from naturally-occurring supports within the family and the community to more intensive interventions offered by domestic violence advocates, social service and mental health agencies. Children's and families' needs vary widely, not only because of differing individual and family risk and protective factors, but also because of differences in race, ethnicity, cultural and community factors. (For example, in close-knit communities which prioritize children and provide strong social support, children may be more supported outside the nuclear family than in other communities.) Similarly, programs whose values 'fit' the culture or community in which they are embedded are more likely to be accepted, and effective in promoting competence in children and families. From a resilience framework, efforts

that target the major developmental tasks of early childhood, as well as those that directly reduce the impact of the stressors faced by children exposed to intimate partner violence (i.e. violence, homelessness, poverty, loss or separation from caregivers) should be effective in helping young children negotiate developmental challenges. Masten and Coatsworth (1998) propose that such strategies fall into three major categories: (1) risk-focused (focusing on reducing or preventing risk and its impact), (2) protection-focused (adding resources to counterbalance risk) and (3) process-focused (strategies that focus on the processes underlying competence, such as parent-child relationships, social skills, and self-regulation) (Masten & Coatsworth, 1998). Examples of risk-focused strategies might include legal strategies such as orders for protection, more stringent sentences and mandatory arrest policies to deter offenders. Domestic violence shelters and safety planning with victims and their children are examples of protection-focused strategies aimed at increasing protection for victims. Process-focused strategies might include social development curricula in preschools, or relationship-based interventions with battered mothers and their children to help repair the damage violence has wrought (with the latter aimed at enhancing attachment and effective parenting; e.g., Lieberman, & Van Horn, 1998).

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

For high-risk young children and their families, multi-level interventions—that may combine all three of the intervention strategies listed above—are among the most effective in preventing and ameliorating the effects of cumulative risk (Masten & Gewirtz, *in press*). These programs (for example, Head Start, nurse home visitation programs, and parent-child interventions) target multiple skill domains in young children and families. Head Start has a core educational component that offers the child structured social skills development and educational opportunities outside the home, with additional family support activities, including home-based interventions. Effective home visitation programs offer mothers support and guidance with healthcare, nutrition, housing and other 'concrete' issues, and emotional support with the tasks

of parenting under stress. Additionally, programs that focus on promoting healthy attachment relationships between young children and their non-abusive caregivers can help to alleviate the potentially damaging effects of intimate partner violence by supporting mothers to understand the impact of violence on parent-child relationships, and to enhance responsive parenting that may serve to buffer their children against stressful life events such as violence and poverty (e.g., Egeland & Erickson, 1993; Erickson & Egeland, 1999).

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

Many battered women's shelters and community-based domestic violence programs have long provided services to children who have witnessed violence. These may include support groups for children exposed to intimate partner violence (see Graham-Bermann & Edleson, 2001; Peled, Jaffe, & Edleson, 1995; Peled & Davis, 1995), violence prevention curricula, and therapeutic interventions. Several other promising community-based programs providing trauma treatment also serve exposed children and their families (e.g., the Child Witness to Violence Project; Groves, Roberts, & Weinreb, 2000).

Other ways of supporting battered mothers and their children include domestic violence advocacy aimed at empowering and supporting battered women, and legal interventions aimed at holding the batterer accountable for his behavior. Protecting and supporting women through effective advocacy helps to protect and support children (Sullivan & Bybee, 1999) and focuses on providing tangible assets for families to meet basic needs and minimize risks to the child. For any intervention to be successful, it must attend to the family's economic and cultural context and needs, and build on the natural supports around the child and family.

Unfortunately our thinking about these issues occurs in a research vacuum. At this point in time, there are (1) few standardized measures for understanding or assessing the impact of violence exposure on young children, (2) few program evaluations on the impact of early childhood supports for children who have experienced domestic violence, and (3) few longitudinal studies to help us understand the interaction of these events over time. There are many relevant research questions embedded within each of these research

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

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

Conclusion

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

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