
Mothers and Children: Understanding the Links between Woman Battering and Child Abuse

Jeffrey L. Edleson jedleson@umn.edu, University of Minnesota

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Author's Notes

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Dr. Edleson is a Professor in the University of Minnesota's School of Social Work, Director of Evaluation and Research for the Domestic Abuse Project in Minneapolis, and of Evaluation and Planning for the Minnesota Higher Education Center Against Violence & Abuse.

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Executive Summary

The studies reviewed here suggest that in 32% to 53% of all families where women are being beaten their children are also the victims of abuse by the same perpetrator. A small but growing body of research also suggests that children who witness domestic violence, but who are themselves not physically abused, may suffer social and mental health problems as a result. Although several new initiatives are under way to integrate services that provide safety to both battered women and abused children, most state child protection, family preservation and private child welfare programs have done little to address this issue.

A review of existing literature suggests that our present understanding of the link between woman and child abuse would be enhanced by supporting studies that:

1. directly aim to describe in depth the cases in which woman abuse and child abuse jointly occur;
2. more clearly define and shed light on the incidence and experience of children who witness domestic violence in their homes;
3. more carefully examine the short- and long-term social and mental health effects on children of witnessing violence;
4. clarify what links may exist between violence at home and youth violence; and

5. enhance our understanding of the effectiveness and efficiency of programs that integrate the provision of safety to mothers and their children.

Mothers and Children: Understanding the Links between Woman Battering and Child Abuse

Twice over the past three decades social reform movements have called public attention to problems of family violence. Even though programs for the prevention of cruelty to children have long existed (see, for example Gordon, 1988), it was not until the 1960s when Dr. Henry Kempe "rediscovered" the battered child that a new wave of public concern took hold (Helfer & Kempe, 1968). On the heels of this work and the public attention it drew came legislation in every state to mandate the reporting of abuse and neglect and the protection of children.

A decade later, the resurgent women's movement rediscovered yet another hidden form of abuse: wife beating (see Schechter, 1982). In over two decades since the founding of the first American battered women's shelters, public interest in the issue of woman battering has grown dramatically, most recently expressed in 1994 passage of the federal Violence Against Women Act.

This paper focuses on an important gap in our current understandings of family violence: the link between woman battering and child abuse. It is surprising that after so many years of public attention it is only in recent years that a discussion of this link has begun to appear in the literature. At present, there is much more we need to know about the overlap between woman and child abuse.

1. Studies that describe the overlap between wife assaults and child abuse are needed.

A clear picture of the overlap between woman battering and child abuse has yet to emerge. There are, however, several studies that shed light on this overlap and raise serious concerns that we are overlooking an important arena of research, policy making, and intervention.

Estimates of the number of abused children who live in homes where their mothers are also being physically abused vary. For example, child protection workers in the Massachusetts Department of Social Services (Hangen, 1994) reported statewide that an average of 32.48% of their cases also involved domestic violence. A somewhat higher estimate was obtained in Straus and Gelles' 1985 national survey of over 6,000 American families (see Straus & Gelles, 1990). They found that 50% of the men who frequently assaulted their wives also frequently physically abused their children. They also found that mothers who were beaten were at least twice as likely to physically abuse their children than were mothers who were not abused. Walker's (1984) study of 400 battered women also revealed that 53% of the fathers and 28% of the mothers physically abused their children.

The risk of violence continues during separation and after divorce, raising concerns about safe custody visitation arrangements (see Saunders, 1994). For example, Minnesota police reported that almost half (47%) of battered women were victimized by an ex-spouse or friend, exceeding the percent of those married to their abuser (44%) (Minnesota Department of Corrections, 1987). In a Canadian study (Leighton, 1989) a quarter of the women reported threats against their lives during custody visitations.

Child abuse studies also show that while the majority of perpetrators are women, perpetrators of the most severe forms of child abuse are men. Pecora and his colleagues (1992) reviewed several sets of data and concluded that "most families involved in child fatalities were two-person caretaker situations where a majority of the perpetrators were the father of the child or the boyfriend of the mother" (Pecora et al., 1992). Data on 67 child fatalities in families previously identified by the Massachusetts Department of Social Services found that 29 (43%) were in families where the mother also identified herself as a victim of domestic violence (Felix & McCarthy, 1994).

The data reviewed above appears to establish a clear link between woman battering and child abuse in many cases. Future studies are needed to better document the child abuse cases that also involve wife abuse. What we do not currently understand is how these events play themselves out over a period of time. We don't know, for example, if one type of violence precedes the other or if they occur as part of the same violent incidents. We don't know the degree to which child neglect might be the result of a mother reeling from the results of her own victimization. We have little information on how family members and institutions such as criminal justice and child welfare agencies do or do not respond differently to families where both woman abuse and child abuse are occurring. Future studies might include examination of cases reported both before and after the states of Michigan and Massachusetts implemented identification and screening protocols and services to families where an overlap between woman and child abuse exists. Detailed qualitative studies of families in which woman and child abuse exist might also add greatly to our understanding of these cases.

2. Better definitions and a more in-depth understanding of child witnessing of domestic violence are needed.

A related area of research that has more recently gained attention concerns the degree to which children in a home witness wife assaults and to what extent such witnessing influences child social development and mental health. The most widely cited estimates of the number of children who witness violence (but are not themselves abused) come from the works of Carlson and Straus. Somewhere between 3.3 million (Carlson, 1984) and 10 million (Straus, 1991) children in the United States are said to be at risk of witnessing woman abuse each year. These estimates appear to be computed by taking either the number of battered or of severely battered women estimated in national surveys of family violence (e.g. Straus, Gelles & Steinmetz, 1980 ; Straus & Gelles, 1990) and computing the expected number of children residing in those homes. No nationally representative survey has been conducted of children who witness domestic violence.

Widely accepted survey data on both physical violence against women and child assaults have resulted in more or less standardized measures of these forms of violence. These measures are not without controversy (see Straus & Gelles, 1990) but tend to be widely used in a variety of studies allowing some comparisons. This is not the case in studies of children who witness violence. The term "witness" is defined differently in each of many studies and may include viewing or hearing an actual violent event as well as seeing the aftermath (e.g. injuries to mother, police intervention) of such violence. Similarly, there is no consensus on whether a child who witnesses violence in his or her home is a victim of child abuse and neglect. Does witnessing violence involve "mental and emotional injury," a reportable form of child abuse in the majority of U.S. jurisdictions (Younes & Besharov, 1988)? Child witnessing is reported to child protection in some jurisdictions and

sometimes children are placed in temporary care outside of a home if the mother discloses she is a victim of domestic violence. In other localities, the mother's victimization is not a determining factor in out of home placements and a child who witnesses domestic violence is seldom reported to authorities.

Taking definitional issues even further, Peled (1993a) argues that the manner in which child witnessing is socially constructed as a problem will determine public responses. She suggests that a medical or mental illness oriented construction of the problem would focus on the negative developmental effects, parent-child relations, and psychological reactions to witnessing violence. On the other hand, a social-structural or more contextual construction of the problem, may lead to a greater focus on social mechanisms that foster violence and to greater prevention efforts.

Future studies might test different definitions and measures of witnessing abuse by examining it in one locality using multiple sources of data (e.g. newly created measures and/or secondary analyses of child protection, police, and shelter data) and varying definitions of the phenomenon (e.g. visual, audio, aftermath). Studies that clarify the child experience in witnessing violence and the context of family and institutional responses to witnessing violence are also needed.

3. Controlled studies are needed on the effects of witnessing violence on children.

A literature has developed in the area of children's exposure to multiple forms of violence from war to street violence (see Garbarino et al., 1991 , 1992). Within the specific arena of children exposed to domestic violence, there is a small but growing literature that includes approximately 20 published studies.

Studies have found that child witnesses exhibit more aggressive and antisocial (externalized) as well as fearful and inhibited (internalized) behaviors (Christopheropoulos et al., 1987 ; Jaffe et al., 1986), and to show lower social competence than other children (Wolfe et al., 1986). Children who witnessed violence were also found to show more anxiety, depression and temperament problems (Christopheropoulos et al., 1987 ; Forsstrom-Cohn & Rosenbaum, 1985 ; Holden & Ritchie, 1991 ; Hughes, 1988 ; Westra & Martin, 1981), less empathy and self-esteem (Hinchey & Gavelek, 1982 ; Hughes, 1988) and lower verbal, cognitive, and motor abilities (Westra & Martin, 1981), than children who did not witness violence at home. There is also some support for the hypothesis that children from violent families of origin carry violent and violence-tolerant roles to their adult intimate relationships (Cappell & Heiner, 1990 ; Rosenbaum & O'Leary, 1981 ; Wisdom, 1989).

Great caution should be used in interpreting these findings. First, it is clear that a number of factors mediate the degree to which children are influenced negatively by the violence they witness. Mediating factors include the severity of the abuse witnessed, whether or not the child was also physically abused, the child's age, family situational factors, and the time since exposure (Peled & Davis, 1995). Children may also show resilience in the face of violence and learn to cope in constructive ways (Peled, 1993b).

Second, while some existing studies show careful design, many are characterized by a variety of methodological weaknesses that limit the conclusions one might draw from them. For example, a

number of studies have not differentiated between children who witness abuse and those who were also abused. Many studies have also drawn samples primarily from children residing in shelters for battered women, a time of great family crisis and dislocation for these children. Studies have also relied on measures such as the Child Behavior Checklist (Achenbach & Edelbrock, 1983) that have been developed as general measures of child mental health but lack the sensitivity to measure specific effects of witnessing violence.

There is a great need for more carefully designed, larger scale and longer-term studies on the effects witnessing violence has on children's social development and mental health. Basic definitions and large-scale incidence studies of child witnessing are non-existent and need to be conducted. Controlled studies focused on determining the effects of witnessing violence on children's social and mental development would also allow stronger conclusions to be drawn regarding effects and should provide guidance for future policy and program efforts. These studies should examine both the short and long-term effects as well as the coping skills of child witnesses.

4. The link between violence at home and youth violence must be more clearly understood.

A few studies have begun to establish a link between prior victimization and youth violence. For example, Carlson (1990) found that males who witnessed spouse abuse were significantly more likely to use violent behavior than non-witnesses. There were no significant differences for females. DuRant et al. (1994a) found the strongest statistical predictor of the use of violence by 225 urban black adolescents was their previous exposure to violence and victimization (which included family conflict as measured by the Conflict Tactics Scale). But in another published report on the same data set, Durant et al. (1994b) found that fighting behavior was not associated with family conflict. In the largest study to date, Singer et al. (1995) conducted a survey of 3,735 students in six urban and suburban public high schools in two different states. They found that "being a recent victim or witness to home violence...were strongly associated" with total trauma symptoms and four of five trauma subscales: anxiety, depression, stress, and dissociation. (p. 481).

The link between violence at home and youth violence is mostly unexplored at this point. A full range of studies from incidence to in-depth understanding of the linkage are needed.

5. Demonstration projects that provide joint safety to mothers and children are needed.

The field is currently characterized by severe fragmentation in delivery of services to battered women and abused children. Various factors create tension between battered women's, family preservation, and child protection programs. There are, however, several demonstration projects that integrate safety for mothers and children. Most notable are: (1) the collaboration between Michigan's Families First and its Domestic Violence Prevention & Treatment Board (DVPTB); (2) one in which the Massachusetts Department of Social Services has integrated a domestic violence unit within its child protection services; and (3) AWAKE at Children's Hospital in Boston. These initiatives are more fully described elsewhere (see Schechter, 1994) and will be briefly summarized here. Michigan's initiative, called "Finding Common Ground," began in 1993 with a dialogue between Families First and the DVPTB. Within six months a training for Families First staff was provided by the DVPTB. This quickly led to cosponsorship (with Homebuilders) of a national curriculum on domestic violence for family preservation workers recently developed by the Family Violence

Prevention Fund in San Francisco. This dialogue further blossomed with \$635,000 in funding to initiate the first family preservation effort within domestic violence programs in the United States. This effort is placing five family preservation teams within collaborating battered women's shelter programs to work to provide joint safety to women and children referred from the shelter. The Domestic Violence Unit of the Massachusetts Department of Social Services (DSS) evolved from responses to several child fatalities in 1989 in which the murdered children's mothers were also victims of domestic violence. DSS has assigned domestic violence specialists to six regional offices. Specialists provide case consultation, training, and work for systems changes aimed at providing greater safety to mothers and children. Domestic violence working groups support the work of specialists by reviewing system-wide practices that might be changed to be more sensitive to issues of domestic violence. DSS has also established several pilot projects in which child protection workers and domestic violence specialists work closely together on teams that are handling severe cases of woman and child abuse. DSS has also supported the establishment of supervised visitation centers, a children's evaluation service, and the development of training materials.

AWAKE (Advocacy for Women and Kids in Emergencies) was established in 1986 and was the first program in a pediatric setting to work with both battered women and their children. The hospital created a program that offered support and advocacy services to battered women at the same time the hospital was working with their children. Battered women and their children work with an AWAKE advocate who has also had personal experience with family violence. Advocates, hospital staff, and outside agencies collaborate to provide safety for both mothers and their children. AWAKE currently employs three advocates and project director who, in 1993, offered services to 346 women and 179 children.

These programs are but two of a number that are being established across the country. Very little data exists on their effectiveness and efficiency. For example, a review of the average duration of Massachusetts cases receiving services from a joint child protection and domestic violence team showed such cases to be closed in approximately one-third less time than the state average (Hangen, 1994). Contrary to expectations, including concerns for the mother's as well as the child's safety seemed to shorten, rather than lengthen work with the family. Funding for and evaluation of demonstration projects such as those being undertaken in Michigan and Massachusetts would help us to better understand the consequences of linking mother's and children's safety in social interventions. An ongoing forum in which programs exchange information about demonstration projects should be supported.

6. A national research agenda on the link between woman abuse and child abuse/witnessing is needed.

This review suggests that our present understanding of the link between woman and child abuse would be enhanced by supporting studies that:

1. directly aim to describe in depth the cases in which woman abuse and child abuse jointly occur;
2. more clearly define and shed light on the incidence and experience of children who witness domestic violence in their homes;

3. more carefully examine the short- and long-term social and mental health effects on children of witnessing violence;
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5. enhance our understanding of the effectiveness and efficiency of programs that integrate the provision of safety to mothers and their children.

Progress on this national agenda would go a long way toward informing the public and policy makers of the problem and its extent. Such progress should also provide important clues to program developers and service providers about the best practices for improving the safety of women and child victims of violence.

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