

CHAPTER TWO THE RESEARCH EVIDENCE ON CHILDREN AND YOUNG PEOPLE EXPERIENCING DOMESTIC ABUSE *Cathy Humphreys and Claire Houghton*

This review of evidence on the impact of domestic abuse on children and young people provides the context for understanding the child protection, provision, participation and prevention issues involved. The emergent qualitative literature that provides recent evidence from children's *own* perspectives is reviewed in Chapter Three. A number of issues in relation to prevalence, conceptualisation and impact are pertinent to a discussion which explores both resilience and harm.

The prevalence of children and young people living with domestic abuse

The most significant challenge in responding to children and young people affected by domestic abuse lies in recognising that this is a widespread, chronic and serious social problem. The numbers are alarmingly high. Based on the British Crime Survey (Walby and Allen, 2004), the Department of Health estimated that at least 750,000 children in England and Wales were living with domestic abuse (Department of Health, 2002). While there is no Scottish study to draw from, an English national prevalence study of 2,869 young adults indicated that 26% had witnessed violence between their parents at least once, and for 5% the violence was frequent and on-going (Cawson, 2002). These figures reflect closely the Australian population based study of 5000 young Australians which showed that 25% reported witnessing violence against a parent (Indermaur, 2001).

The evidence suggests that domestic abuse is not only highly prevalent but also shows gendered patterns within the data. Reports of domestic abuse incidents and recorded crime show overwhelmingly gendered patterns, with 87% of incidents involving a female victim and a male perpetrator (Scottish Executive, 2006a). However, it has been argued that reported incidents bias the data against men who, it is said, are less likely to report². Turning to population based surveys however shows similar, though more nuanced, patterns emerging.

Within the UK, the most comprehensive survey is the British Crime Survey - a nationally representative sample of 22,463 men and women (aged 16-59), which contained a confidential self-completion section on interpersonal violence (Walby and Allen, 2004). A superficial analysis shows significant numbers of both women (13%) and men (9%) subjected to at least one incident of domestic violence in the past year. However, when the frequency of attacks, the range of forms of violence and the severity of injury are considered, women are overwhelmingly the most victimised. Among people subjected to four or more incidents of domestic violence by the perpetrator, 89% were women and 81% of all incidents were attacks on women (Walby and Allen, 2004). At least 54% incidents of rape and serious sexual assault are perpetrated by a current or former male partner (Walby and Allen, 2004). Domestic abuse is also a significant

² The Canadian prevalence survey (Statistics Canada, 2005) suggests that men and women call the police when abuse is severe and that the different proportion of men and women reporting violence reflects the differences in severity.

aspect of the mortality figures for women. In 2001, of the 125 victims of domestic homicide, 82% were women (Home Office, 2001). Of the 90 homicides in Scotland in 2006, 18% were committed by a partner or ex-partner and 11% by a relative (Scottish Executive, 2006b).

Crime surveys and prevalence surveys clearly provide a strong message about the extent and seriousness of domestic abuse. However they have limitations which arise from their incident based focus which will often fail to pick up coercive patterns of dominance and control which lie at the heart of the most severe forms of domestic abuse (Robinson, 2003). Risk assessment protocols (Robinson, 2004) and health and mental health research provide greater attention to these dimensions of domestic abuse. The recent and comprehensive study of the health consequences and response to domestic abuse (BMA, 2007) has outlined the significant and negative health impact on women. When the health issues are considered, women are twice as likely as men to be injured (Mirrlees-Black, 1999), a finding supported by Gadd *et al.* (2002) who analysed the Scottish data on male victims. This conceptualisation is supported by other research studies such as the Australian longitudinal population health study (Vichealth, 2004), which found that the highest risk factor in determining the physical health of women under 45 was whether they had experienced intimate partner violence. The health burden contributed by intimate partner violence was significantly greater than any other risk factor, including other well recognised contributors such as smoking and obesity (p.25).

However, acknowledging this dominant, gendered pattern of violence can give rise to problems in identifying minority patterns of abuse, many of which may be very dangerous to children and the adults involved. Women's violence towards their male partners, women's abuse of children, the abuse of women by other female relatives or the man's new partner, women's violence in lesbian relationships, male violence in gay relationships, relationships in which both the woman and man are violent and abusive towards each other, abuse by carers of disabled women, and non-domestic violence by unrelated people (usually, though not always men) all impact on children living in neighbourhoods where violence and abuse are common. Failing to acknowledge the diverse forms of violence in families and communities may limit professionals' capacity to safeguard children.

The risks of direct abuse and exposure to domestic abuse

The prevalence data suggests that there are very high numbers of children living with domestic abuse and that it is difficult to protect children from exposure to the effects of this violence. For instance, the reports from two different studies which interviewed adult participants reported 86% and 85% respectively of children either in the same or adjoining rooms during an incident of domestic abuse (Abrahams, 1994; Brookoff *et al.*, 1997). Other studies from the US have suggested that there may be greater variation than this. The overview of evidence by Edleson (2004) suggests that while there are very real dangers for children exposed to domestic abuse, there is also wide variation in children actually witnessing or hearing the violence. Studies varied from all children in Hughes's study based in a refuge (1988), through to 45% of children based on anonymous interviews with mothers (Edleson *et al.*, 2003), and numerous differences in between.

It is not only the exposure to living with domestic abuse that creates vulnerability in children and young people. Children living with domestic abuse are also more likely to be directly physically or sexually abused. Numerous studies report on this problematic co-occurrence. The meta analysis by Edleson (1999) of 31 high quality research studies showed that between 30% and 66% of children who suffer physical abuse are also living with domestic abuse. The variation is largely dependent upon research site and methodology. The severity of violence is also relevant. Ross (1996), for example, found that in a US study of 3,363 parents that there was an almost 100% correlation between the most severe abuse of women and the men's physical abuse of children.

Studies of child sexual abuse are less common. However, clear evidence is emerging that a significant group of children suffer child sexual abuse within a wider atmosphere of fear created through domestic abuse. Several UK (Farmer and Pollock, 1998; Hester and Pearson, 1998; Forman, 1991) and Australian studies (Tomison, 1994; Goddard, 1981; Goddard and Hiller, 1993) have explored this co-occurrence and have shown significant levels of child sexual abuse in qualitative case file studies. For instance the case tracking, hospital based study by Goddard and Hiller (1993) showed that 40% of sexually abused children were also living with domestic abuse.

However, there are problems which arise from drawing 'false' distinctions between exposure to, or witnessing domestic abuse and direct abuse, rather than responding holistically to the child's experience (Edleson *et al.*, 2003; Mullender *et al.*, 2002). Research is now showing that children are involved in a myriad of ways when they live with domestic abuse. For instance they may be used as hostages (Ganley and Schechter, 1996); they may be in their mother's arms when an assault occurs (Mullender *et al.*, 2002); they may be involved in defending their mothers (Edleson *et al.*, 2003). Stanley and Goddard (1993) and Kotch (2006) also refer to violence within the community of people surrounding the family which may also instil fear and may contribute directly to the abuse of the child and the impact on well-being. Irwin *et al.*, (2006) point out that describing this range of violent experiences as 'witnessing' fails to capture the extent to which children may become embroiled in domestic abuse.

Other issues also highlight the inadequacy of the division between direct child abuse and witnessing domestic abuse. The issue of violence during pregnancy is a case in point. This form of 'double intentioned violence' (Kelly, 1994), is both a form of child abuse and a serious aspect of domestic abuse and is supported by data which shows that there is more extensive injury to breasts and abdomen for women who are pregnant (cited BMA, 2007). The data on the extent of abuse during pregnancy varies. The Confidential Maternal and Child Health Enquiry in England and Wales indicates that 30% of domestic abuse began during pregnancy, while an Australian population survey (ABS, 2006) shows that 41% of women who experienced domestic abuse reported violence during pregnancy, and that 20% of these women who experienced domestic abuse reported that their first experience of violence was during pregnancy. This concurs with the study by Taft *et al.*, (2004) which draws on a longitudinal study of women's health which shows that pregnancy was a time of increased risk with a significant association between pregnancy, pregnancy losses and births and physical or sexual violence. The increase in miscarriage is shown in studies by Campbell (2002) and Schornstein (1997). The latter study showed that women subjected to domestic abuse in pregnancy were four times more likely to

miscarry than women who were not abused. In this sense, some aspects of violence during pregnancy represent the most serious forms of child abuse and the risks posed by these perpetrators to both women and the unborn child need to be taken extremely seriously.

The impact of living with domestic abuse

It is now evident that many children living with domestic abuse may be at risk of significant harm³. Throughout the 1990s, these risks to the well-being of children living with domestic abuse began to be documented and a comprehensive body of knowledge started to develop with substantial overviews provided in the UK (Hester *et al.*, 2000), Canada (Ministry of Children and Family Development, 2004) and Australia (Laing, 2001; Gevers, 1999). While there are some inconsistencies in the evidence, the research shows that children living with domestic abuse have much higher rates of depression and anxiety (McCloskey *et al.*, 1995), trauma symptoms (Graham-Bermann and Levendosky, 1998), and behavioural and cognitive problems (O’Keefe, 1995) than children and young people not living with these issues.

While some studies show that children who are directly abused are more likely to show more severe impacts on their health and well-being (Carlson, 2000; Edleson, 1999; Hughes *et al.*, 2001; Crockenberg and Langrock, 2001), other research shows little difference between witnessing domestic abuse and actual abuse (Mertin and Mohr, 2002). In this latter study, the experiences of 56 children living with domestic abuse were divided according to children witnessing abuse; being involved in the violence; and being a target of the violence. Little differentiation was found. Perhaps the most substantial evidence is provided by the meta-analysis of 118 studies by Kitzmann *et al.*, (2003), which evaluated the psychosocial outcomes of children living with domestic abuse. It showed significantly poorer outcomes on 21 developmental and behavioural dimensions for children witnessing domestic abuse than those not witnessing abuse. However, the witness outcomes were similar to those where children were also directly physically abused.

It would seem that issues such as age and severity may be intervening variables. For instance, the ‘LONGSCAN’ longitudinal studies in the US suggest that for children under 8, witnessing abuse towards their primary care giver is deeply traumatic. Psychological tests indicate children found this more disturbing than the effects of direct physical maltreatment (Runyan, 2006). Other research shows that problems for children can compound over time as they live with the multiple problems associated with the destructive effects of domestic abuse. A summary is provided by Rossman who states:

“Exposure at any age can create disruptions that can interfere with the accomplishment of developmental tasks, and early exposure may create more severe disruptions by affecting the subsequent chain of developmental tasks” (Rossman, 2001, p.58).

The impact on children at different developmental stages shows the broad range of ways in which children react to their environments. Babies living with domestic abuse are subject to high

³ ‘Significant harm’ is often used in a legal context to denote a threshold of harm which requires statutory intervention. It is recognised that this is not a clearly defined concept, but it is used in literature to denote a high level of seriousness and concern.

levels of ill health, poor sleeping habits and excessive screaming (Jaffe *et al.*, 1990) and disrupted attachment patterns (Quinlivan and Evans, 2005). While children of pre-school age tend to be the group who show the most behavioural disturbance (Hughes, 1988) and are particularly vulnerable to blaming themselves for adult anger (Jaffe *et al.*, 1990), older children and young people are more likely to show the effects of disruption in their school and social environments, particularly if they are the ones who are constantly 'on the move' (Mullender *et al.*, 2002).

An approach which takes into account developmental stage and vulnerability is compatible with the emerging evidence on the interaction between the child's environment and their neurological development (Teicher, 2002; Perry, 1997). This research draws attention to the vulnerability of babies in utero and infants to the effects of trauma. Potent chemicals are released in the brain as a response to fear which creates an over-active stress response. This over-arousal interferes with the development of other parts of the brain which mediate the development of more reflective emotional responses (Schoore, 2003). It is important to note, that in spite of these early biological effects, that these 'baby' studies also suggest that development is recoverable with early intervention in which babies are no longer in such a stressful environment (Perry, 1997).

It needs to be remembered that, at its most extreme, children (O'Hara, 1994) or their mothers (Hendricks *et al.*, 1993) may be killed. This highlights not only the lethality of abuse but also the trauma associated with children witnessing such events, even if not so extreme. More recent research highlights the symptoms of trauma in children and young people (Graham-Berman and Levendosky, 1998; Kilpatrick and Williams, 1997) though it has been pointed out that trauma in young children may be more difficult to identify when children are unable to describe their experiences. Instead, younger children may show more generalised anxiety, regression and loss of previously acquired developmental skills such as toilet training; sleep disturbance; separation anxiety; and constantly repeating themes of trauma incidents in their play. A significant issue lies in directly asking children themselves about their symptoms rather than relying on the indirect reports from their mothers (Kilpatrick and Williams, 1997). Recognition also needs to be given to factors which may protect and ameliorate the experience of trauma such as strong family support, less parental distress and the level of physical proximity to the traumatic event (Hughes *et al.*, 2001).

An attack on the mother-child relationship

Attacks during pregnancy highlight a further issue. This is the emerging conceptualisation of domestic abuse which recognises that the tactics of abuse and violence used against women can significantly undermine their relationships with their children (Irwin *et al.*, 2002; Radford and Hester, 2006; Mullender *et al.*, 2002; Humphreys *et al.*, 2006a). In this sense, domestic abuse represents an attack on the mother-child relationship and goes beyond understanding the effects on children as due to witnessing domestic abuse.

The reports by women in three studies (Mullender *et al.*, 2002; Irwin *et al.*, 2002; Humphreys *et al.*, 2006) document the indirect and direct strategies through which mothering is undermined. Women described the ways in which high anxiety and depression affected their ability to care for

their children, and highlighted their pre-occupations with trying to control the domestic environment so that the man's needs were prioritised at the expense of the children's. Other studies have identified the ways in which, either in the short or long term, women have been disabled by the severity of the violence they have experienced, either needing hospitalisation or being temporarily unable to provide physical care (Stark and Flitcraft, 1996; Radford and Hester, 2001). Belittling and insulting a woman in front of her children undermines not only her respect for herself, but also the authority which she needs to parent confidently. Women describe being sexually assaulted and humiliated in front of their children. In Abraham's (1994) and McGee's (2000) studies, 10% of women interviewed reported that they had been raped with their children present - a disturbing violation of boundaries which seriously distorts the environment in which mothering occurs (not to mention fathering).

There is also controversy about the extent to which women who are being abused themselves are inclined to be more abusive and neglectful of their own children. Some studies suggest that women living with domestic abuse are no more likely than other women to abuse and neglect their children (Holden *et al.*, 1998; Radford and Hester, 2006), while other research shows that, in households where there is domestic abuse, both mothers and fathers are more likely to physically abuse their children (Ross, 1996). This needs to be placed in the context of research (Holden *et al.*, 1998) which suggests that parenting can show very significant improvements in the first six months following separation if the abuser's violence is curtailed.

This conceptualisation of the attack on the mother-child relationship can also be taken a step further. This is namely, that the violence may force women and children to leave their communities and families and hence can represent an attack on their cultural identity and location. These are issues raised by indigenous (Thiele, 2006) and black and minority ethnic research (Mullender *et al.*, 2002) and require addressing in the aftermath of domestic abuse.

Children's 'Resilience'

The lengthy discussion of the harmful effects of domestic abuse on children, and their relationships with those around them, appropriately highlights the significance of taking their vulnerability and risks to their safety seriously. However, within the evidence base, studies are emerging that also highlight children who are doing as well as other children, in spite of living with the serious childhood adversity created by domestic abuse. Sometimes this is referred to as 'resilience' (Margolin and Gordis, 2004). Such terminology suggests an individual trait and hides rather than elucidates the fact that children live in different contexts of both severity and protection. Laing (2001) in her overview of research draws particular attention to the incomplete state of our knowledge of protective contexts for children. Higher rates of distress shown across a range of clinical measures should not be conflated with the notion that *all* children show these elevated levels of emotional distress and behavioural disturbance. It highlights the maxim that 'correlation is not causation' (Magen, 1999).

The point is exemplified by research that shows that in any sample of children there are generally about 50% who do as well as the control group (Magen, 1999; Edleson, 2004). This is a slightly different proportion from Kitzmann *et al.*, (2003) who, in a meta analysis of 118 studies, showed

63% of children witnessing violence doing worse than those who do not witness violence, but 37% whose well-being is comparable or better than other children. The study by Hughes and Luke (1998) of 58 mothers living in a refuge showed 26% of children with few behavioural problems, high levels of self-esteem and no anxiety recorded. There was also a group (36%) who had mild anxiety symptoms and above average self-esteem. Other research studies point to similar findings (Margolin and Gordis, 2004; Sullivan *et al.*, 2000; Hughes *et al.*, 2001; Jaffe *et al.*, 1990).

This research data seriously challenges over-pathologising all children living with domestic violence. There is a substantial proportion of children who are managing in a situation of adversity. This *must not be read* to mean that children do not have a right to live free from violence or need a service in these circumstances. However, it does raise questions about whether all children need a statutory referral or referral to the Reporter.

There are many factors which moderate the risks and experiences of children. Children will be affected by the severity of violence with which they are living and for a particular group of children, whether they are being directly abused (Edleson, 1999), as well as by the extent to which their needs have been neglected (Brandon and Lewis, 1996). The mother's ability to maintain her parenting abilities under such adverse conditions and mothers who are perceived by their children to be positively supportive are particular important moderators of the abuse impact (Cox *et al.*, 2003). 'Resilience' may be strongly influenced by the level of family and community support which children experience and this factor is particularly evident for black and minority ethnic children (Mullender *et al.*, 2002; Blagg, 2000).

A number of studies point to the mother's mental health as a source of resilience for children (Moore and Pepler, 1998). For example, an overview of three studies of children's resilience when living with domestic abuse showed that the children of women who did not experience moderate or severe depressive symptoms showed much fewer emotional problems (Hughes *et al.*, 2001). Children also may learn very positive aspects of 'survivorship' from those mothers who model assertive and non-violent responses to violence (Peled, 1998).

Like their mothers (Holden *et al.*, 1998), many children will recover their competence and behavioural functioning once they are in a safer more secure environment (Wolfe *et al.*, 1986) and with support have even proved to be effective social and political actors in securing resources for similarly affected children and young people (Houghton, 2006). In particular, children who are not continually subjected to post-separation violence (Mertin, 1995) and protracted court cases over child contact (Buchanan *et al.*, 2001) show a much stronger pattern of recovery.

Summary

This overview highlights some of the issues which impact on children living with domestic abuse and has implications for intervention

- *It suggests that there are thousands of children in Scotland who have lived with, or are living with, domestic abuse*
- *Many of these children are living in fear and show very negative effects evidenced in their cognitive, emotional and behavioural development, while others will be in a context of protective factors where they are able to show resilience in the face of this form of childhood adversity*
- *The division between direct and indirect abuse of children living with domestic abuse may not be the most effective means of assessing risk and severity*
- *Pregnancy is a time of increased vulnerability and assault at this time represents a dangerous form of both women abuse and child abuse*
- *The attack on the mother-child relationship which is an aspect of domestic abuse highlights the need to link the protection and support of women with the protection and support of children*
- *In any sample which looks at the impact of domestic abuse on children, there is a significant group who are doing as well as control groups. It is important to resist over-pathologising all children living with domestic abuse and also to recognise the capacity of children and their mothers to recover from the effects of domestic abuse in safe, secure, violence free environments*

References

Abrahams, C (1994) *Hidden Victims: Children and Domestic Violence*, London: NCH Action for Children

ABS (2006) *Personal Safety Survey, Australia*, ABS, Catalogue No 4906.055.003, Canberra.
<http://www.abs.gov.au/ausstats/abs@.nsf/cat/4906.0>

Blagg, H (2000) *Crisis Intervention in Aboriginal Family Violence: Strategies and Models for Western Australia*, Canberra: Partnerships Against Domestic Violence

BMA (2007) *Domestic Abuse – A Report from the BMA Board of Science*, BMA: London
<http://www.bma.org.uk/ap.nsf/Content/domesticabuse>

Brandon, M. and Lewis, A (1996) 'Significant Harm and Children's Experiences of Domestic Violence', *Child and Family Social Work*, Vol. 1, No. 1, pp33-42

Brookoff, D, O'Brien, K, Cook, C, Thompson, T and Williams, C (1997) Characteristics of Participants in Domestic Violence. Assessment at the Scene of Domestic Assault, *The Journal of the American Medical Association*, Vol. 277, No. 17, pp1369-1373

Buchanan, A, Hunt, J, Bretherton, H, and Bream, V (2001) *Families in Conflict: Perspectives of Children and Parents on the Family Court Welfare Service*, Bristol: Policy Press

Campbell, J (2002) 'Health Consequences of Intimate Partner Violence', *Lancet*, Vol. 359, pp1331-1336

Carlson, B (2000) 'Children Exposed to Intimate Partner Violence: Research Findings and Implications for Intervention', *Trauma, Violence, and Abuse*, Vol. 1, No. 4, pp321-340

Cawson, P (2002) *Child Maltreatment in the Family: The Experience of a National Sample of Young People*, London: NSPCC

Cox, C, Kotch, J and Everson, M (2003) 'A Longitudinal Study of Modifying Influences in the Relationship Between Domestic Violence and Child Maltreatment', *Journal of Family Violence*, Vol. 18, No. 1, pp5-17

Crockenberg, S and Langrock, A (2001) 'The Role of Specific Emotions in Children's Responses to Interparental Conflict: A Test of the Model', *Journal of Family Psychology*, Vol. 15, No. 2, pp163-182

Department of Health (2002) *Women's Mental Health: Into the Mainstream*, London: The Stationery Office

Edleson, J (1999) 'Children Witnessing of Adult Domestic Violence', *Journal of Interpersonal Violence*, Vol. 14, No. 4, pp839-70

Edleson, J (2004) 'Should Childhood Exposure to Domestic Violence be Defined as Child Maltreatment Under the Law?' in Jaffe, P, Baker, P.L. and Cunningham, A (eds) *Protecting Children From Domestic Violence: Strategies for Community Intervention*, New York: Guilford Press

Edleson, J, Mbilinyi, L, Beeman, S, and Hagemester, A (2003) *How Children are Involved in Adult Domestic Violence: Results From a Four City Telephone Survey*, St Paul, Minnesota: University of Minnesota

Farmer, E and Pollock, S (1998) *Substitute Care for Sexually Abused and Abusing Children*, Chichester: Wiley

Forman, J (1991) *Is There a Correlation Between Child Sexual Abuse and Domestic Violence? An Exploratory Study of the Link Between Child Sexual Abuse and Domestic Violence in a Sample of Intrafamilial Child Sexual Abuse Cases*, Glasgow: Women's Support Project

Gadd, D, Farrall, S, Dallimore, D and Lombard, N (2002) *Domestic Abuse Against Men in Scotland*, Central Research Unit, Edinburgh: Scottish Executive

Ganley, A and Schechter, S (1996) *Domestic Violence: A National Curriculum for Children's Protective Services*, San Francisco: Family Violence Prevention Fund

Gevers, L (1999) *Models of Service for Working with Children and Young People Who Have Lived with Domestic Violence*, Report prepared for Partnerships Against Domestic Violence, Queensland Department of Families, Youth and Community Care, Brisbane

Goddard, C (1981) *Child Abuse: A Hospital Study*, Unpublished Masters Thesis, Department of Social Work, Monash University, Melbourne

Goddard, C and Hiller, P (1993) 'Child Sexual Abuse: Assault in a Violent Context,' *Australian Journal of Social Issues*, Vol. 28, No. 1, pp20-33

Graham-Bermann, S and Levendosky, A (1998) 'Traumatic Stress Symptoms in Children of Battered Women', *Journal of Interpersonal Violence*, Vol. 13, pp15-25

Hendricks, J, Kaplan, T and Black, D (1993) *When Father Kills Mother: Guiding children through trauma and grief*, London: Routledge

Hester, M, Pearson, C and Harwin, N (2000) *Making an Impact: Children and Domestic Violence. A Reader*, London: Jessica Kingsley Publishers

Hester, M and Pearson, C (1998) *From Periphery to Centre – Domestic Violence in Work with Abused Children*, Bristol: The Policy Press

Holden, G, Stein, J, Retchie, K and Jouriles, E (1998) 'Parenting Behaviours and Beliefs of Battered Women', in Holden, G, Geffner, R and Jouriles, E (eds) *Children Exposed to Marital Violence: Theory, Research and Applied Issues*, Washington DC: American Psychological Association

Home Office (2001) *Criminal Statistics*, London: Home Office

Houghton, C (2006) 'Listen Louder: Working with Children and Young People', in Humphreys, C and Stanley, N (eds) *Domestic Violence and Child Protection: Directions for Good Practice*, : London: Jessica Kingsley Publications

Hughes, H (1988) 'Psychological and Behavioural Correlates of Family Violence in Child Witnesses and Victims', *American Journal of Orthopsychiatry*, Vol. 58, pp77-90

Hughes, H and Luke, D (1998) 'Heterogeneity in Adjustment Among Children of Battered Women', in Holden, G, Geffner, R and Jouriles, E (eds) *Children Exposed to Marital Violence American Psychological Association*, Washington, DC, pp185-221

Hughes, H, Graham-Bermann, S and Gruber, G (2001) 'Resilience in Children Exposed to Domestic Violence' in Graham-Bermann, S and Edleson, J (eds) *Domestic Violence in the Lives of Children: The Future of Research, Intervention and Social Policy*, Washington DC: American Psychological Society

Humphreys, C, Mullender, A, Thiara, R.K. and Skamballis, A (2006), 'Talking to my Mum: Developing Communication Between Mothers and Children in the Aftermath of Domestic Violence', *Journal of Social Work*, Vol. 6, No. 1, pp53-64

Indermaur, D (2001) 'Young Australians and Domestic Violence', *Trends and Issues in Crime and Criminal Justice*, No 195, Canberra: Australian Institute of Criminology

Irwin, J, Waugh, F and Bonner, M (2006) 'The Inclusion of Children and Young People in Research on Domestic Violence', *Communities, Children and Families in Australia*, Vol. 1, No. 1, pp17-23

Irwin, J, Waugh, F and Wilkinson, M (2002) *Domestic Violence and Child Protection Report*, Sydney: School of Social Work and Policy Studies

Jaffe, P, Wolfe, D and Wilson, S (1990) *Children of Battered Women*, Newbury Park, Ca: Sage

Kelly, L (1994) 'The Interconnectedness of Domestic Violence and Child Abuse: Challenges for Research, Policy and Practice', in Mullender, A and Morley, R (eds) *Children Living With Domestic Violence*, London: Whiting and Birch

Kilpatrick, K and Williams, L (1997) 'Post-Traumatic Stress Disorder in Child Witnesses to Domestic Violence', *Am J Orthopsychiatry*, Vol. 67, No. 4, pp639-44

Kitzmann, K, Gaylord, N, Holt, A and Kenny, E (2003) 'Child Witnesses to Domestic Violence: a Meta-Analytic Review', *Journal of Consulting Clinical Psychology*, Vol. 71, pp339-352

Kotch, J (2006) 'Listening to Children from LONGSCAN Studies of Child Abuse and Neglect: What do 12 Year Olds Tell us About Witnessing Community Violence?' Conference Paper, *XVI the ISPCAN International Congress on Child Abuse and Neglect*, York, 3-6 September

Laing, L (2001) *Children, Young People and Domestic Violence Issue Paper 2*, Sydney: Australian Domestic Violence Clearinghouse <http://www.austdvclearinghouse@unsw.edu.au>

Magen, R (1999) 'In the Best Interests of Battered Women: Reconceptualising Allegations of Failure to Protect', *Child Maltreatment*, Vol. 4, No. 2, pp127-135

Margolin, G and Gordis, E (2004) 'Children's Exposure to Violence in the Family and Community', *American Psychological Society*, Vol. 13, pp152-161

McCloskey, L, Figueredo, A and Koss, P (1995) 'The Effects of Systemic Family Violence on Children's Mental Health', *Child Development*, Vol. 66, pp1239-61

McGee, C (2000) *Childhood Experiences of Domestic Violence*, London: Jessica Kingsley Publishers

Mertin, P (1995) 'A Follow-Up Study of Children and Domestic Violence', *Australian Journal of Family Law*, Vol. 9, pp76-85

Mertin, P and Mohr, P (2002) 'Incidence and Correlates of Post-Trauma Symptoms in Children from Backgrounds of Domestic Violence', *Violence and Victims*, Vol. 17, p5

Ministry of Children and Family Development, Canada (2004) *Best Practice Approaches: Child Protection and Violence Against Women*, www.mcf.gov.bc.ca./child_protection/pdf/cp_vaw_best_practice_2004-07-22.pdf

Mirrlees-Black, C (1999) *Domestic Violence: findings from a new British Crime Survey self-completion questionnaire*, London: HMSO

Moore, T and Pepler, D (1998) 'Correlates of Adjustment in Children at Risk', in Holden, G, Geffner, R and Jouriles, E (eds) *Children Exposed to Marital Violence*, Washington DC: American Psychological Association

Mullender, A, Kelly, L, Hague, G, Malos, E and Iman, U (2002) *Children's Perspectives on Domestic Violence*, London: Routledge

O'Hara, M (1994) 'Child Deaths in the Context of Domestic Violence: Implications for Professional Practice', in Mullender, A and Morley, R (eds) *Children Living With Domestic Violence*, London: Whiting and Birch

O'Keefe, M (1995) 'Predictors of Child Abuse in Maritally Violent Families', *Journal of Interpersonal Violence*, Vol. 10, pp3-25

Peled, E (1998) 'The Experience of Living with Violence for Preadolescent Children of Battered Women', *Youth and Society*, Vol. 29, pp395-430

Perry, B (1997) 'Incubated in Terror: Neurodevelopment Factors in the 'Cycle of Violence'' in Osofsky, J (ed) *Children, Youth and Violence: The Search for Solutions*, Guildford Press, New York, pp124-248

Quinlivan, J and Evans, S (2005) 'Impact of Domestic Violence and Drug Abuse in Pregnancy on Maternal Attachment and Infant Temperament in Teenage Mothers in the Setting of Best Clinical Practice', *Archives of Women's Mental Health*, Vol. 8, pp191-199

Radford, L and Hester, M (2001) 'Overcoming Mother Blaming? Future Directions for Research on Mothering and Domestic Violence', in Graham-Bermann, S and Edleson, J (eds) *Domestic Violence in the Lives of Children: The Future of Research, Intervention and Social Policy*, Washington, D.C.: American Psychological Association

Radford, L and Hester, M (2006) *Mothering Through Domestic Violence*, London: Jessica Kingsley Publications

Robinson, A (2004) *Domestic violence MARACS (Multi-Agency Risk Assessment Conferences) for very high-risk victims in Cardiff, Wales: A process and outcome evaluation*, Cardiff: Cardiff University <http://www.cf.ac.uk/socsi/whoswho/robinson.htm>

Robinson, A (2003) *The Cardiff Women's Safety Unit: A Multi-Agency Approach to Domestic Violence*, Cardiff: Cardiff University <http://www.cf.ac.uk/socsi/whoswho/robinson.htm>

Ross, S (1996) 'Risk of Physical Abuse to Children of Spouse Abusing Parents', *Child Abuse and Neglect*, Vol. 20, pp589-98

Rossman, B (2001) 'Longer Term Effects of Children's Exposure to Domestic Violence', in Graham-Bermann, S. and Edleson, J (eds) *Domestic Violence in the Lives of Children: The Future of Research, Intervention and Social Policy*, Washington, D.C.: American Psychological Association

Runyan, D (2006) 'Listening to Children From the LONGSCAN Studies on Child Abuse and Neglect: Comparing Child Self-Report and Adult Report of both Exposures and Outcomes' Conference Paper, *XVI the ISPCAN International Congress on Child Abuse and Neglect*, York, 3-6 September

Schore, A (2003) *Affect Dysregulation and Disorders of the Self*, New York, USA: Norton and Co

Schornstein, S (1997) *Domestic Violence and Health Care*, Thousand Oaks, Ca: Sage

Scottish Executive (2006a) *Recorded Crime in Scotland 2005/06*, Statistical Bulletin, Criminal Justice Series, Scottish Executive: Edinburgh <http://www.scotland.gov.uk/Resource/Doc/146288/0038291.pdf>

Scottish Executive (2006b) *Homicide in Scotland 2005/06*, Statistics Published, Scottish Executive: Edinburgh <http://www.scotland.gov.uk/Publications/2006/11/17112458/0>

Stanley, J and Goddard, C (1993) 'The Association Between Child Abuse and Other Family Violence', *Australian Social Work*, Vol. 46, No. 2, pp3-8

Stark, E and Flitcraft, A (1996) *Women at Risk: Domestic Violence and Women's Health*, London: Sage Publications

Statistics Canada (2005) *Family Violence in Canada: A statistical profile*, Ottawa: Statistics Canada

Sullivan, C, Nguyen, H, Allen, N, Bybee, D and Juras, J (2000) 'Beyond Searching for Deficits: Evidence that Physically and Emotionally Abused Women are Nurturing Parents', *Journal of Emotional Abuse*, Vol. 2, pp51-71

Taft, A, Watson, L, and Lee, C (2004) 'Violence Against Young Australian Women and Association with Reproductive Events: A Cross-Sectional Analysis of a National Population Sample', *Aust N Z J Public Health*, Vol. 28, pp324-9

Teicher, M (2002) 'The Neurobiology of Child Abuse', *Scientific American*, Vol. 286, No.3, p70

Thiele, D (2006) *What's Needed to Improve Child Abuse/Family Violence in a Social and Well-Being Framework in Aboriginal Communities*, National Aboriginal Community Controlled Health Organisation (NACCHO) Position Paper, Braddon, ACT

Tomison, A (1994) *An Evaluation of Child Abuse Decision Making in the Barwon Region: A Report for the Victorian Health Promotion Foundation*, Volumes I & II, Department of Social Work and Human Services, Monash University, Melbourne

VicHealth (2004) *The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence*, A summary of findings, Victorian Health Promotion Foundation, Melbourne

Walby, S and Allen, J (2004) *Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey*, London: Home Office Research Study 276, Home Office Research, Development and Statistics Directorate

Wolfe, D, Zak, L, Wilson, S and Jaffe, P (1986) 'Child Witnesses to Violence Between Parents: Critical Issues in Behavioural and Social Adjustment', *Journal of Abnormal Child Psychology*,

