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# A Study of the Adaptive Functioning and the Behavioral and Emotional Problems of Child Victims and Witnesses of Family Violence

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# A Study of the Adaptive Functioning and the Behavioral and Emotional Problems of Child Victims and Witnesses of Family Violence

(TITLE)

BY

Christine E. Rinkel

**THESIS**

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# Abstract

Behavior problems and adaptive behavior were evaluated in a sample of 30 children, mean age 9.5 years, whose mothers had been temporarily residing in a shelter or had been receiving shelter services during the 6 1/2 months of data collection. Using a sequential sampling design, the mother of every child exposed to family violence, was selected. Fifteen mothers were interviewed regarding the nature of the violence that their children had witnessed and/or experienced (including type, frequency, duration, and recency of the violence) as well as the nature of their children's adaptive behavior (Vineland Adaptive Behavior Scales). Mothers also rated their children's behavior on the Achenbach Child Behavior Checklist and completed a measure of maternal depression (Beck Depression Inventory). The results of the present study indicate a clinically significant prevalence of both behavior problems and diminished adaptive functioning as reported by the mothers. More than one third of the children in our study (36.67%) exhibited behavior problems that fell within the clinical range ($\underline{T} \geq 65$). In addition, 60% of the children's adaptive behavior scores fell into the "moderately low" to "low" category ($\bar{X} < 85$); and, across the areas of communication, daily living skills, and socialization, the

children in our sample were found to be performing an average 2.23 years below the level expected for their chronological age. Pearson product-moment correlations were computed between each of the assessed dimensions of both maternal and child functioning to delineate the relationship between the child functioning and the child's witnessing or experiencing of parental violence. A significant, negative association between the adaptive behavior composite and externalizing behavior scores was found, revealing that as adaptive behavior diminishes, externalizing behaviors increase. Adaptive behavior, in contrast, was not found to be significantly related to internalizing behaviors; however, maternal depression was significantly related to the internalizing behavior exhibited by the child. Multiple regression analysis revealed that 70% of the variance in internalizing behavior problems exhibited by the child is accounted for by maternal depression (BDI) and adaptive behavior, with maternal depression being the major predictor. Thus, in accordance with theoretical predictions, the impact upon the child of witnessing and/or experiencing family violence may be partially mediated by factors associated with maternal depression. Implications of these findings are discussed.

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Finally, my deepest appreciation goes to my parents, Robert and Esther, and my sisters, Stephanie and Dy Ann, for their love and constant support and confidence in me, without which, my accomplishments would be inconceivable.

# Author's Note

The scope of this thesis focuses exclusively on violence perpetrated by males against females in heterosexual relationships. Violence is perpetrated by females against males in heterosexual relationships and that violence occurs between same sex partners in homosexual and lesbian relationships. These other types of violence, however, are beyond the scope of this thesis.

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*continued*

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# Chapter 1

## *Purpose and Overview of the Problem to be Studied*

Violence increasingly affects all of us. According to a report by Langan and Innes (1985), three percent of Americans each year are victims of violent crime, the equivalent of approximately eight million people. During 1984 a violent crime-- murder, rape, robbery, or an aggravated assault-- occurred every 25 seconds. Of the total instances of violent crime, domestic violence is considered to be the most common. Prevalence data indicate that as many as 1.8 million women are beaten by their husbands each year (Straus, 1978); and nearly 30% of all couples report experiencing at least one violent episode during their marriages (Straus & Gelles, 1986). Due to the likelihood of underreporting, however, these figures probably underestimate the severity of the problem (Straus, Gelles, & Steinmetz, 1980). It has been suggested that actual estimates of physical abuse are closer to 50% to 60% (Straus, 1978). The statistics, cited by Straus and his colleagues, are based on a national survey conducted in 1976 and then readministered in 1985 with adults who were married or cohabiting with a member of the opposite sex (2,143 families in 1974 and 3,520 in 1985).

Although some couples may experience only a single violent episode, for others the abuse is a severe, chronic problem. On the basis of this national survey data, Straus and his colleagues reported that two-thirds of the women who reported a beating (which did not include pushing or slapping) also indicated that abuse occurred two or more times during the interview year (Straus et al., 1980); half of these women reported five or more attacks. The magnitude of the problem is underscored by the fact that an analysis of all criminally negligent homicides from 1976 through 1987 revealed that the deaths of 38,648 individuals aged 16 and above involved one partner killing another (Browne & Williams, 1993). Sixty-one percent were women killed by male partners.

Prominent among such victims of family violence are the children who directly witness interparental, physical aggression (Fantuzzo, DePaola, Lambert, Martino, Anderson, & Sutton, 1991). Carlson (1984) extrapolated from the Straus et al. (1980) survey data to estimate that 3.3 million children, at the minimum, annually witness spousal abuse. Research employing samples of battered women have established that the majority of their children had been observers of the violence (Pagelow, 1990). Walker (1984), for example, reported that 87% of the children in her study had been observers of the violence. Moreover, in examining demographic correlates of marital violence, Straus et al.

(1980) found that physical violence between partners is inversely related to income and age, such that young, low income couples, those most likely to have small children, report the highest levels of physical aggression. These findings are supported by a recent longitudinal study of couples showing overall high rates of interspousal physical aggression that were most intense during the early stages of the couples' relationships (O'Leary, Barling, Aris, Rosenbaum, Malone, & Tyree, 1989). However, like other family violence researchers, Straus and his colleagues (1981) emphasize that, although there are some demographic correlates of spousal aggression, such aggression clearly exists in all socioeconomic classes.

Marital discord has been found to be the strongest correlate of spousal aggression (Rosenbaum & O'Leary, 1981b). Such martial discord can be specifically attributed to certain characteristics of abusive partners. Spouses in physically aggressive relationships have been found to be less assertive, less socially skilled, and less adept in communication and problem-solving skills than those nonaggressive relationships (Telch & Lindquist, 1984; O'Leary & Curley, 1986). Thus, children from maritally aggressive homes appear to be exposed to more frequent and severe marital conflict than other children and less likely to model appropriate interpersonal and problem-solving skills for their children.

Behaviorally, what do these children actually observe? Rosenberg (1984a) used questionnaires and structured interviews with battered women and their children to determine the types and frequency of verbal and physical aggression witnessed by children. Despite one or both parents' intentions to protect the children from the violence, nearly all such incidents were seen and/or heard by the children. In some situations, parents believed that their children slept through most of the arguments and beatings; however, the children reported listening to these violent incidents and remaining in their bedroom because they were afraid to leave. In Rosenberg's sample, children observed repeated verbal threats of injury; verbal assaults on their mother's character; objects hurled across a room; suicide attempts; beatings; threats with and actual use of a gun or knife; and, in all too many instances, homicide (Rosenberg, 1984a).

## *History and Theory of the Problem*

For some time it has been recognized that witnessing violence-- children witnessing their parents engage in physical or severe verbal fights -- may have serious consequences for children (Carlson, 1984). Early laboratory studies demonstrated that children and young adults imitated the behavior of aggressive models in experimental situations. For example, Bandura and his colleagues (Bandura, 1973; Bandura, Ross, & Ross, 1963) showed that children who watched models attacking a Bobo doll were significantly more aggressive in their own play than the two control groups. Cummings, Iannoti, and Zahn-Waxler (1985) studied the influence of adults actors' simulated anger on the emotions and aggression of 2-year-old children. The children were exposed to a sequence of experimental manipulations of background emotions of warmth and anger. Typically the children responded to the angry verbal exchange with some form of distress, specifically in the girls. In boys, they found that exposure to angry adult interactions was associated also with subsequent increases in aggression between peers (Cummings et al., 1985).

Thus, the social learning theory as proposed by Bandura (1973), or modeling, provided a basic explanation for the elevated levels of aggression present in children who are

exposed to family violence. This theory has demonstrated repeatedly that children will readily imitate the behaviors of powerful, salient models, best exemplified by their parents. These studies, however, did not address the long-term consequences of such modeling. Similarly, questions remained about the generalizability of aggressive play in the laboratory to aggressive behavior in the street or in the home, or from primarily middle-class nursery-school children to abused children of different backgrounds (Widom, 1989).

A number of retrospective studies of violent juveniles, have cited the presence of family violence in their childhood. Bach-y-Rita and Veno (1974), in their study of 62 habitually violent patient/inmates from a prison population, reported that 53% of the population had observed their parents engaging in physical violence. Sorrells (1977) noted that the families of 31 youths charged with homicide or attempted homicide whom he studied in California were characterized as "violent and chaotic" and many of the parents had histories of crime, alcohol abuse, and violence. Lewis, Shanok, Pincus, and Glaser (1979) noted that 79% of the violent children they studied reported witnessing extreme violence between their parents, whereas only 20% among the nonviolent offenders witnessed such violence; and finally, Harstone and Hansen (1984) found that 23% of the fathers of violent youths had engaged in wife battering.

Lewis and his colleagues (1979) further found that a child's degree of violence was strongly associated with his having been abused. This hypothesis is further supported by a recent study of 189 juveniles under the supervision of the juvenile court in Murcia, Spain (Osuna, Alarcon, & Luna, 1992). Osuna and his colleagues found that 48.1% of his sample cited family violence, most commonly being physical aggression, as an antecedent of juvenile maladjustment.

Studies that address the impact of witnessing violence on children's later behavior fall into three basic types: (a) large-scale surveys that correlate self-reports of exposure to violence with adult approval of violence or marital violence, (b) clinical reports, and (c) studies of the children of battered women. A review of this literature will be discussed in the following chapter.

# Chapter 2

## Review of Relevant Literature

### *Survey Findings*

Owens and Straus (1975) analyzed data from a national survey, representing 1,175 interviews conducted in 1968 of persons 18 years of age and older. Respondents were selected by means of an area probability sampling procedure which involved 100 sampling points, or "clusters" of approximately 12 interviews each. The purpose of the survey was to examine the relationship between three aspects of early exposure to violence (observing violence, being a victim of violence, and committing violence) in relation to approval of violence as an adult. They hypothesized that the more a person experiences violence as a child, the more likely he is as an adult to approve of the use of violence as a means of social control. The intercorrelation of the three measures of violence approval ranged from .52 to .59, indicating that the three measures are clearly related to each other. Exposure to violence was also related to approval of interpersonal violence as an adult, although at a much lower level (correlations were .31 for commission of violence, .21 for being a victim, and .29 for observing violence). On the basis of these findings, Owens and Straus

(1975) concluded that the "amount of violence experienced in childhood by members of a society is one of the factors contributing to the development and maintenance of cultural norms supporting the use of violence in face-to-face situations" (p. 193).

Kalmuss (1984) analyzed data from another national representative sample of adults, representing 2,143 interviews conducted in 1976 by Straus (1980); the purpose of the analysis was to explore the relationship between two types of childhood family aggression (observed violence between parents and experienced violence between parent and teen) and severe marital aggression in the next generation (measured by the Conflict Tactics Scale (Straus, 1979). Having observed violence between one's parents was more strongly related to later involvement in severe marital aggression than was having experienced violence as a teenager; however, the probability of marital aggression increased when respondents had experienced both types of family violence. Kalmuss found that when neither form of exposure to teenage violence occurred, the probability of later violence between husband and wife was 1%. With only experiencing violence as a teenager, the probability increased to 3%. With only parental violence, it increased to 6%, and with both types, the probability increased to 12%. (A similar pattern was found for violence between wife and husband: 2%, 4%, 8%, and 17%, respectively.)

A serious limitation of this analysis is its reliance on retrospective accounts of family and marital aggression. Kalmuss theorizes that given the social disapproval of marital aggression, adults involved in such behavior may reconstruct their childhood families as aggressive to be consistent with and explain their present behavior. Similarly, adults who do not engage in marital aggression may be ashamed of an aggressive family of origin and, thus, may reconstruct their family as nonviolent. Despite this limitation, given the research of Bandura and others, these results do seem to indicate that children imitate family behaviors that are not directed at them and that certain aspects of parents' marital behavior are evidenced by children in their own marriages (Kalmuss, 1984).

Kratcoski (1985) explored violent behavior among youths by administering questionnaires to students from four high school classes and to youths referred to a juvenile justice center for engaging in delinquent behaviors. The self-report questionnaire asked for demographic data and information on the youth's family functioning, parental aggressive behavior toward the youth, peer-group relations, violence committed while in a peer-group setting, and school functioning. In addition, students were asked to give the number, types, and frequencies of various acts.

Kratcoski found that youths who were violent toward their parents (n = 62) had experienced violence from their

parents (78% vs. 30%), had expressed violence toward siblings (83% vs. 59%), and had observed their parents reacting in a violent way to each other (33% vs. 11%) to a much higher degree than those who were not violent toward their parents (n = 232). Thus, the findings support an interpretation of "low family functioning", or "a lack of integration" (characterized by disagreements over money matters, inappropriate disciplining of children, few shared activities, and alcohol abuse) as the better explanation of a youth's violent response against parents or caretakers (Kratowski, 1985). Because these findings are based on retrospective data, they suffer from the same limitations as those associated with Kalmuss' study, mainly an invalid, inflated estimate of the intergenerational transmission effects, due to measurement error.

Studies since the 1980s of juvenile maladjustment continue to examine the intergenerational influence of experiencing parental violence. Truscott (1992) attempted to assess the importance of psychological mechanisms in this transmission of violent behavior in adolescent males. Low self-esteem, internalizing and externalizing defense mechanisms, and psychotic personality disorganization were identified as potential mechanisms. Sixty-five consecutive male admissions to a Young Offenders Unit and 25 male high school boys were administered the Minnesota Multiphasic Personality Inventory (MMPI), the Culture-Free Self-Esteem

Inventory, an intelligence test, and a violence questionnaire. Violent adolescent behavior was found to be associated with being physically and verbally aggressed against by the father; furthermore, violent adolescents who had experienced parental violence did tend to exhibit more psychotic symptomatology than the other three groups. However, they were not found to have lower self-esteem, to employ externalizing defenses to a greater degree, or to employ internalizing defenses to a lesser degree. Thus, the hypothesis that violence is transmitted intergenerationally from parents to their adolescent offspring and that psychological mechanisms are, at least in part, a feature of this transmission was only partially supported (Truscott, 1992).

While evidence from studies of parental and marital violence such as these indicate that experiencing violence in one's family of origin is often correlated with later violent behavior, Gelles and Conte (1990) state that such experience is not the sole determining factor. The process by which violence is transferred from one generation to the next is more complex than simple modeling of behavior. When the cycle of violence occurs, it is likely the result of a complex set of social and psychological processes; thus, as Kalmuss (1984) suggests, instead of continuing the debate about whether family behaviors are transmitted across generations, we should instead examine the process of and

circumstances under which intergenerational transmission occurs. Thus, one of the purposes of this thesis is to explore the psychological mechanisms that mediate the association between the experience of domestic violence as a child and the pathology that is subsequently exhibited.

## *Clinical Reports*

Initial reports on the effects of domestic violence came from those providing services to the victims of spousal abuse. These reports most frequently came from staff at emergency shelters, for battered women and their children, and from others who work with these women in a therapeutic context (Carlson, 1984). The anecdotal reports provide evidence that, as a result of observing marital violence, young children are highly traumatized and exhibit a wide range of somatic and psychological symptoms as well as social, behavioral, and physical complaints (Alessi & Hearn, 1984; Hershorn & Rosenbaum, 1985; Levine, 1975). Although most data on children's responses to domestic violence have not been systematically collected, there is a remarkable degree of congruence among the observations (Carlson, 1984). Problems have been identified in a number of areas including health, socio-emotional development, and behavior with peers, parents, and teachers. In the area of health, complaints include headaches, stomachaches, diarrhea, ulcers, and other intestinal difficulties, asthma, and enuresis. They also experience sleep difficulties such as insomnia, sleepwalking, nightmares, and bed-wetting. School-aged children of battered mothers are intensely fearful, scream and resist going to bed, and identify

nighttime with the occurrence of violence (Hilberman & Munson, 1977-78). School-related problems such as erratic attendance, poor performance, distractibility, and school phobias are also commonly reported (Hilberman & Munson, 1977-78; Levine, 1975). Other common responses include excessive crying and extreme fear, withdrawal or extreme passivity and dependency, aggressiveness and impulsivity, confusion, tantrums, anxiety, depression, and self-mutilation (Hilberman & Munson, 1977-78; Levine, 1975; Prescott & Letko, 1977).

Children's responses appear to be related both to gender and age. Younger children, with limited cognitive, verbal, and emotional coping abilities, are most likely to respond with somatic complaints and to regress to earlier levels of functioning. School-aged children tend to respond in gender-stereotypic ways. Boys commonly react with aggressive behaviors, whereas girls respond with more passive, clinging, and anxious behaviors. A common response of adolescent boys is to run away, while adolescent girls may develop extreme distrust of men (Hilberman & Munson, 1977-78).

These findings constituted a first step in identifying the impact of marital violence on those children who were exposed to it; and, they set the stage for the design and implementation of studies to test the reliability and validity of such observations.

*Studies of the Children of Battered Women*

Clinical reports such as the ones described above, were followed by a series of studies that more directly investigated the psychological impact of witnessing interparental violence (Fantuzzo & Lindquist, 1989). These studies have attempted to offer a clear definition of these problems by using standardized behavior problem checklists to assess psychological functioning (e.g. parent ratings of internalizing and externalizing behavior problems, social effectiveness, and self-reports of self-esteem and perceived competencies) and comparison groups of children matched for age, sex and family income (Jaffe, Hurley, & Wolfe, 1990).

In the first empirically based research study on the effects of witnessed parental violence in children, Rosenbaum and O'Leary (1981a) did not find a significant difference in behavior problems between male children of abusive marriages, nonviolent but discordant marriages, and satisfactorily married couples. They compared three groups of mothers who were asked to complete the Peterson-Quay Behavior Problem Checklist (BPC) to indicate the presence of behavioral and emotional problems in their male children. Fifty-two women-- self-referred victims of physical marital violence in treatment-- made up the battered-women group. Twenty satisfactorily married women were selected at random

from the county telephone directory to compose one comparison group, and a second comparison group was made up of 20 women who were not battered, but who were in discordant marriages and involved in marital therapy. The three groups were reasonably well matched for age, number of years married, number of children, and average family income. In this study, Rosenbaum and O'Leary failed to find significant differences between the three groups on the BPC. They suggest that their failure in finding significant differences may have been due to their small sample size within each group and/or to their selection of only male children (Rosenbaum & O'Leary (1981a).

These results were similar to those of Hughes and Barad (1983) who studied 65 child residents of a battered women's shelter. Specifically, they assessed the self-esteem, problem behavior, and level of anxiety of the children using self-report measures and checklists completed by mothers, staff, and teachers. Findings showed no significant differences in self-esteem or anxiety between normative groups and children exposed to domestic violence (Hughes & Barad, 1983).

A second investigation of Hershorn and Rosenbaum (1985), used a similar design to study the impact of marital violence on male children with information provided by three groups of mothers: maritally abused (n = 15); nonviolent, maritally discordant (n = 12); and satisfactorily married (n

= 18). Current behavioral problems were again assessed by maternal report on the BPC although mothers were also asked to complete a self-report questionnaire on marital adjustment, overt marital hostility, and childbearing style. Here, the abused and nonviolent but discordant groups differed significantly from the satisfactorily married group but did not differ from each other, suggesting that the detrimental effects of marital violence may be attributable to the martial discord inherent in such relationships, not to the marital violence per se (Hershorn & Rosenbaum, 1985).

On the basis of these two studies, researchers had failed to find significant differences on the levels of parent-reported child problems, as assessed by the BPC, when children from maritally aggressive homes were compared with children from nonaggressive, maritally discordant homes (Hershorn & Rosenbaum, 1985; Rosenbaum & O'Leary, 1981a). In a third study, however, utilizing a sample of 87 families seeking therapy for marital difficulties, marital aggression was found to contribute significantly to the prediction of three subscales of the BPC-- conduct problems, personality problems, and inadequacy-immaturity (Jouriles, Murphy, & O'Leary, 1989). Unlike the previous studies, ratings of martial aggression were obtained from both husbands and wives, and the frequency of martial aggression was assessed along a continuum rather than classifying families as "aggressive," "nonaggressive," or "maritally discordant".

After controlling for general marital discord, marital aggression significantly contributed to the prediction of child problems (Jouriles, Murphy, & O'Leary, 1989).

Using the Achenbach Child behavior Checklist, which provides ratings of a child's social competence (e.g., activities, social participation, school performance) and behavior problems (e.g. hyperactivity, aggression, withdrawal)-- Wolfe, Jaffe, Wilson, and Zak (1985) studied a sample of 198 children (ages 4-16 years) from violent and nonviolent families. Mothers rated their children's behavior and also completed measures of family violence and maternal stress. Children of battered women (in transition houses or shelters for abused women) were rated as significantly higher on behavior problems and lower in social competence than children in the comparison group. Among the sample of 102 children from violent families 34% of the boys and 20% of the girls fell within the clinical range of behavior problems. Using multiple regression analyses, maternal stress and family violence variables were found to account for 19% of the variance in child behavior problems and for 16% of the variance in social competence. On the basis of these findings, Wolfe and his colleagues suggested that the impact of witnessing family violence may be partially mediated by factors associated with maternal stress (Wolfe et al., 1985; Jaffe, Wolfe, Wilson, & Zak, 1985). This explanation is consistent with the Hershorn and

Rosenbaum (1985) findings described earlier, which found that the detrimental effects of marital violence may be attributable to the marital discord inherent in such relationships, not to the marital violence per se.

In a subsequent study by this research group-- Jaffe, Wolfe, Wilson, and Zak (1986b) found both boys and girls from violent homes to have significantly more behavior problems than children from a comparable nonviolent control group, while girls exhibited fewer behavior problems overall than boys. Boys from violent homes were found to show not only externalizing but also internalizing behavior problems that exceeded a normative sample by a factor of four. Many of the boys' problems were related to inappropriate social interactions, such as peer aggressiveness, destructiveness, mood changes, and disobedience (Jaffe, Wolfe, et al., 1986b).

In contrast to the above study-- Christopoulos and his colleagues (1987) found significant but more modest differences between the groups of children studied. Both the sons and daughters of battered women received scores more than one standard deviation above the mean of the normative sample on both the internalizing and externalizing subscales of the Child Behavior Checklist, but elevated externalizing scores were also found for a community sample of boys from similar socioeconomic backgrounds (Christopoulos, Cohn, Shaw, Joyce, Sullivan-Hanson, Kraft, &

Emery, 1987). Furthermore, while Jaffe, Wolfe, et al. (1986b) had found girls to exhibit less behavioral problems overall than boys, Christopoulos et al. found mothers were more likely than community women to report that their daughters were experiencing both internalizing and externalizing problems. Thus, for this sample, increased internalizing problems were more evident in both boys and girls.

Jaffe, Wolfe, Wilson, and Zak (1986a) compared the impact of direct and indirect exposure to family violence on school-aged boys. Boys who had witnessed violence between their parents (32 boys obtained from shelters for battered women) were compared with a sample of 18 male children from a provincial child welfare agency who had been physically abused by their parents. A third group of 15 children-- a community comparison-- was obtained through a newspaper advertisement asking women and children to participate in a study on family relations. Mothers rated their children's behavior on the Achenbach Child Behavior Checklist. Significant differences were found between the groups on measures of internalizing and externalizing problems, but not on social competence. Both the abused and the exposed-to-violence groups differed from the control groups on internal and external scores, being in the clinical range. Abused boys also showed more externalizing symptoms than the exposed-to-violence children. Thus, boys who were exposed

to family violence had behavior problems similar to those shown by abused children but different from those shown by children from nonviolent families (Jaffe, Wolfe, et al., 1986a).

The relatively few studies that have assessed the effects of witnessing or observing family violence have yielded fairly consistent but modest findings (Widom, 1989). In addition, they do not provide a coherent understanding of the sequelae of interparental violence (Fantuzzo et al., 1991). In general, the results seem to depend on the particular personality or behavioral characteristics selected for assessment (Kashani, Daniel, Dandoy, & Holcomb, 1992). Table 1 provides an overview of the results of 16 of these empirical studies. For the sake of clarity, the specific area of assessment, the measure of child functioning, and the pertinent findings are included.

As can be observed from the table, some of the studies found children from violent homes evidencing significantly more externalizing behavior than counterparts (Fantuzzo et al., 1991; Jaffe, Wilson, & Wolfe, 1986; Jaffe, Wolfe, et al., 1986a; Jouriles, Murphy, & O'Leary, 1989; Wolfe et al., 1985), while others found no such distinctions (Christopoulos et al., 1987; Hughes, 1988; Jouriles, Barling, & O'Leary, 1987; Wolfe, Zak, Wilson, & Jaffe, 1986). Some studies reported no group differences in internalizing behavior problems (Hershorn & Rosenbaum, 1985;

Jouriles et al., 1987; Wolfe et al., 1986), whereas others found violence-exposed groups experiencing substantially more emotional problems (Christopoulos, et al., 1987; Jaffe, Wilson, et al., 1986; Jouriles et al., 1989; Wolfe et al., 1985).

Also varied are conclusions drawn from research using social competency ratings and child self-reports (Fantuzzo et al., 1991). Hughes, Parkinson and Vargo (1989) found no significant relationship between witnessing interparental violence and social competence. However, Jaffe and his associates (Jaffe, Wilson, et al., 1986; Jaffe, Wolfe, et al., 1986a; Wolfe et al., 1986) found children from violent homes manifesting lower levels of social competence than comparison children. Kempton, McCombs and Forehand (1989) found that the father's use of verbal aggression not only contributed to lower levels of social competence but also to lowered levels of cognitive competence. Other researchers found that children in violent groups reported significantly more distress and lower self-esteem than control children (Hughes, 1982, 1988; Hughes & Barad, 1983), whereas still others found no differences in self-report of distress or competencies (Hughes et al., 1989; Christopoulos et al., 1987). Current research cited by Fantuzzo and his associates is consistent with prior research findings of significantly lowered social functioning in children residing in shelters who have experienced verbal and

physical conflict (Fantuzzo et al., 1991).

Finally, researchers have studied the types of problem-solving strategies that children of battered women are learning. Rosenberg (1984a, 1984b) studied the social problem-solving abilities of a group of children, 5 to 8 years old, who had witnessed battering and a comparison group of children from nonviolent families. A paper-and-pencil measure of social problem-solving was used that measured a range of social-cognitive skills and problem-resolution strategies in three situations involving peer conflict (e.g., a child wanting to use another child's paintbrush) and one situation involving parental conflict (i.e., a child witnessing a parental argument). Rosenberg found that children from violent homes tended to display less interpersonal sensitivity, having difficulty taking another person's perspective, or seeing the situation from another person's point-of-view. Secondly, they chose either passive or aggressive strategies to resolve interpersonal conflict, depending on the level of battering witnessed, and were less likely to choose assertive strategies. Rosenberg (1987) hypothesizes that because these children's choices of passive-aggressive strategies are similar to findings reported by clinicians working with male abusers, who respond either passively or aggressively toward their wives-- that the children are modeling these passive-aggressive methods of problem-solving exhibited.

Table 1

Summary of Empirical Studies of the Children of Battered Women

| Study | Age of children (N) | Area of Assessment | Measure of Child Functioning | Findings |
|---|---|---|---|---|
| Rosenbaum & O'Leary (1981) | M = 10.4 (52) | Conduct Emotional | Behavior Problem Checklist (BPC) | No significant group differences on any trends suggesting that the violent group manifested more problems. |
| Hughes & Barad (1983) | 2.9-12.7 (65) | Conduct Emotional Self-Esteem Anxiety | BPC Piers-Haris, Mc Daniel-Piers and the Maryland Children's Self-Concept Scales What I Think and Feel Scale | No significant differences between normative groups and sample. Higher anxiety for girls than boys. More aggressive behavior in school-aged boys than girls and below average self-concept for preschool children. |
| Rosenberg (1984a) (1984b) | 5.0-8.0 | Social Problem Solving Abilities | Social Problem Situation Analysis Measure (SPSAM) | Children who had witnessed high levels of battering performed significantly lower on a measure of interpersonal sensitivity and they tended to employ passive or aggressive strategies. |
| Hershorn & Rosenbaum (1985) | M = 8.46 (15) | Conduct Emotional | BPC | Both violent and nonviolent (NV) marital discord groups evidenced more conduct problems than control, but did not differ significantly from each other. |
| Wolfe et al. (1985) | M = 8.9 (102) | Conduct Emotional Social | Child Behavior Checklist (CBCL) | Violence group evidenced significantly more social, emotional, and conduct problems than controls. Maternal stress and family violence variables accounted for 19% of variance in child behavior problems and 16% of variance in social competence. |
| Jaffe, Wolfe, et al. (1986a) | M = 10.03 (32) | Conduct Emotional Social | CBCL | Both the exposed-to-violence and and the abused groups differed significantly from the control on internalizing and externalizing behaviors. No group differences in social competence were found. |
| Jaffe, Wolfe, et al. (1986b) | M = 8.9 (58) | Emotional Conduct Social | CBCL | Both girls and boys in violent group showed lowered levels of social competence than control group. Girls in violent group showed more emotional problems. Boys showed more conduct and emotional problems. Level of exposure to violence was associated with greater adjustment problems for boys only. |
| Wolfe et al. (1986) | 4-13 (40) | Emotional Conduct Social | CBCL | Violent group-current residents of shelters showed significantly lower social competence than former residents or nonviolent groups. No between group differences on ratings of conduct or emotional problems were found. |
| Carlson & Davis (1987) | Not reported (61) | Emotional Conduct Social | CBCL | Abused group were found to have significantly more internalizing and externalizing problems and lower social competence than the exposed to violence only group. |

Table 1 (continued)

| Study | Age of children (N) | Area of Assessment | Measure of Child Functioning | Findings |
|---|---|---|---|---|
| Christopoulos et al. (1987) | M = 7.9 (40) | Emotional<br>Conduct<br>Social and Cognitive Competence | CBCL<br>Perceived Competence Scales (PCS)<br>WISC-R | Both boys and girls of the violent group experienced significantly more internalizing problems than controls. No between group differences were found in IQ or perceived competence. |
| Jouriles et al. (1987) | M = 8.55 (87) | Emotional<br>Conduct | BPC | Marital aggression was found to contribute significantly to the prediction of clinical levels of problematic child behavior after controlling for marital discord. |
| Hughes (1988) | M = 6.5 (97) | Conduct<br>Anxiety<br>Self-esteem | Eyberg Child Behavior Inventory<br>Revised Children's Manifest Anxiety Scale<br>The McDaniel-Piers & Piers-Harris Child-Self-Concept Scale<br>Children's Depression Inventory | Significantly more distressed and lowered levels of self-esteem in the abused-witness children than the comparison group, with non-abused nonabused children's scores falling between the two. Age of child and types of violence were medicating factors. |
| Hughes et al. (1989) | M = 7.0 (84) | Conduct<br>Emotional<br>Social<br>Anxiety<br>Depression | CBCL<br>Inventory<br>Revised Children's Manifest Anxiety Scale<br>Children's Depression Inventory | Significantly more distressed and higher levels of internalizing externalizing for the abused-witness children than the control group, with non-abused children's scores falling between the two. Age of child, type of behavior assessed and form of violence experienced were mediating factors. |
| Jouriles et al. (1989) | M = 8.45 (45) | Conduct<br>Emotional<br>Depression | Revised Behavior Problem Checklist<br>Children's Depression Inventory | The witnessing of interspousal aggression was highly associated with parental aggression directed toward children, which was related to attention problems, anxiety-withdrawal, motor excess, and conduct problems. However, the witnessing of interspousal aggression was not significantly related to child behavior problems. |
| Kemptom et al. (1989) | M = 13.08 (48) | Cognitive & Prosocial Competence<br>Internalizing<br>Externalizing Problems<br>Conduct<br>Emotional | Teacher's Rating Scale of Child's Actual Competence<br>Revised Behavior Problem Checklist (RBPC) | Either father's physical or father's verbal aggression accounted for 17-48% of the variance across the four dependent measures. |
| Fantuzzo et al. (1991) | M = 5.03 (80) | Conduct<br>Emotional<br>Social<br>Perceived Competence<br>Social Acceptance | CBCL<br>Pictorial Scale of Perceived Competence & Social Acceptance for Young Children (PCSA) | Verbal plus physical conflict plus shelter residence was associated with clinical levels of conduct problems, higher levels of emotional problems, and lower levels of social functioning and perceived maternal acceptance. |

## *Methodological Weaknesses of Prior Research and Suggested Changes*

Fantuzzo and Lindquist (1988) in a recent review of this literature, identified four major methodological issues that may account for the above reported disparate findings. (1) Many of the studies did not determine whether the child witnesses were also victims of child maltreatment. This aspect is especially important to note because the frequency and severity of marital aggression has been found to covary with the frequency and severity of parental aggression toward children (Jouriles et al., 1987), particularly mothers' and fathers' aggression toward sons (Jouriles & LeCompte, 1991); thus, it is increasingly likely that child witnesses are also victims of parental abuse. A small number of studies that assessed for child abuse reported that there were significant differences between groups of abused and nonabused child witnesses (Hughes, 1988; Hughes et al., 1989). Researchers report that children who have witnessed their parents abusing one another sometimes resemble abused children, sometimes resemble comparison children, and sometimes, fall between the two (Christopoulos et al, 1987; Hughes, 1988; Hughes et al, 1989; Wolfe et al., 1986).

Hughes et al. (1989) improved upon previous child

witnessing studies by dividing children into more homogeneous subgroups based on whether they were subjected to multiple abuse. Abused and nonabused child witnesses to parental violence (residing in a shelter) were compared with children from a similar economic background on various measures, using information collected from mothers and self-reports. Results showed significantly greater distress in the abused-witness children than in the comparison group, with non-abused-witness children's scores falling between the two. Hence, physically abused children who have witnessed parental violence may be less well adjusted than witnesses who have not been physically abused (Hughes, 1988; Hughes et al., 1989). Sternberg and her colleagues (1993) found similar results to Hughes and his colleagues and hypothesizes that "perhaps the experience of observing spouse abuse affects children by a less direct route than physical abuse, with cognitive mechanisms playing a greater role in shaping the effects of observing violence than the effects of being its victim" (Sternberg, Lamb, Greenbaum, Cicchetti, Cortes, Krispin, & Lorey, 1993, p. 50).

(2) Most studies did not consider the age of the witnessing child as an important mediating variable. The majority of studies grouped all ages together, studying children ranging from 2-12 or 4-16 years of age as if they constituted homogeneous groups. Again, the few studies that investigated age as a variable found significant age

differences. Davis and Carlson (1987) found that more preschool- than school-aged boys were reported to exhibit behavior problems at clinical levels (74% vs. 53%) while the opposite was true for girls: more school-aged girls evidenced problems at clinical levels than preschool-aged girls (88% vs. 60%). Hughes (1988) found that preschool children in shelter residence that had been exposed to interparental violence evidenced more behavior problems than two groups of older children who were living in shelters and exposed to comparable levels of violence (ages 6-8 and 9-12). A second study with the same populations (Hughes & Barad, 1983; Hughes, 1982) found that preschool children reported significantly lower levels of self-esteem than other groups of school-age children. Butterworth and Fulmer (1991) suggest that younger children, toddlers and pre-schoolers are by definition more limited in their cognitive abilities and resources for adaptation to an unstructured environment. Thus, very young children with limited cognitive and verbal functioning appear to be most likely to experience delays in their development.

(3) In the majority of studies, control groups were not carefully matched on significant variables such as socioeconomic status, family composition, ethnicity, and family stress. The violence groups typically represent young, distressed, low income families with little resources. Failure to control carefully for the impact of

class, culture, and resources presents a serious threat to claims that group differences are due to exposure to interparental violence (Fantuzzo et al., 1991). For example, Wolfe et al. (1985), as cited above, found that statistically accounting for family stress variables across violent and nonviolent groups reduced the child adjustment differences to nonsignificant levels. Thus, the cumulative effects of multiple stressors, as opposed to the effects of any single stressor, may be responsible for causing problematic behavior in children of maritally aggressive parents (Jouriles, Bourg, & Farris, 1991). Additionally many studies do not control for nonviolent interparental conflict. Hershorn and Rosenbaum (1985), also cited previously, found no difference between violent and nonviolent groups when families display comparable levels of marital stress.

(4) Nearly all of the child witnesses that were studied were temporarily living in shelters for battered women. This fact raises two major questions: (a) How representative are shelter children of the general population of children exposed to interparental violence (i.e., including children who witness violence but whose mothers never leave the home)? (b) Given the amount of disruption in the home environment experienced by children living with their mothers in shelters, are the identified problems merely a result of this temporary shelter residence and not uniquely

related to the degree of family violence? Wolfe et al. (1986) when comparing current and former residents of shelters found that children recently witnessing violence evidenced lower levels of social competence.

Fantuzzo and Lindquist (1989) suggest that since this area of investigation is in an early stage of development, researchers should be cognizant of both the hypotheses generated and the methodological shortcomings of this small but growing data base and consider the following issues in planning future research. First, central to any empirical investigations of the effects of marital violence on witnessing children is a careful detailed description of the family violence and the extent of the child's exposure to the violence. Minimally, standardized instruments should be routinely used to standardize reports for comparison purposes and to improve validity (Jaffe, Wilson, & Wolfe, 1988).

At present, the Conflict Tactics Scale (CTS) (Straus, 1979) is the only standardized measure of family violence available. However, the CTS has been reevaluated (Straus, 1982) and limitations of this instrument have been identified: (1) it is restricted to violence that occurs over a conflict; (2) it includes a limited list of violent acts; (3) there are some questions regarding the accuracy of self-reports, especially using a 1-year time frame. For example, Jouriles & O'Leary (1985) report low to moderate

agreement between spouses on the report of martial violence using the CTS. Specifically, they report that husbands tended to underreport their own violent behavior, while wives tended to overreport the violence performed by husbands. (4) The CTS equates acts that differ greatly in seriousness; (5) the context of the violent or reasoning behavior is not identified with the CTS; and (6) the CTS does not provide data on the antecedents or consequences (e.g., injuries, court action) that resulted from the violence. A more careful detailed description of the family violence and the extent of the child's exposure to the violence should be implemented in future research, including type of violence, rate of violence (frequency over time), duration of violence (how long has this been occurring), and recency (last episode prior to assessment).

Defining the violence the child has been exposed to is especially important, because, as Jaffe and his colleagues have noted, children who observe wife assault may also be affected in ways other than those revealed through standard mental health assessment procedures. Their witnessing of violent acts between the parents may have an impact on their self-perceived views of violence as an appropriate means of resolving conflict (Jaffe et al., 1990). To address these issues, a child interview form, Child Witness to Violence Interview, was developed by Jaffe and his colleagues to better assess the presence of more subtle symptoms (Jaffe,

Wilson, & Wolfe, 1988). Results of research with this instrument showed that latency-aged children exposed to wife battering have more pronounced inappropriate attitudes about violence as a means of resolving conflict than children not exposed to violence. Furthermore, they indicate a greater willingness to use violence themselves compared with children not exposed to wife assault. Also, these children hold themselves responsible for the violence and, in many cases, responsible for their mother's safety. Davis (1988) in her review of the literature agrees that future research should measure the effects of duration of exposure versus degree of conflict and/or violence witnessed by children.

Second, demographic variables such as gender, age, and socio-economic status should be included in any thorough investigation in this area. Third, because of a growing understanding of the complexity of the socio-emotional development of children, it is essential that researchers evaluate children's functioning across multiple domains. Not all forms of domestic violence are the same, nor are all children similarly affected. Various factors may ameliorate or aggravate the child's response to a high-risk situation (Moore et al., 1990). Wolfe and Jaffe (1991) further state that the behavioral problems often seen among these populations should be recognized as part of a pattern of behavior that emanates from children's attempts to adapt to inappropriate and extreme situational circumstances in their

families. Thus, the behavior should not be viewed in isolation, but as a part of the adaptive behavior of the child. A more multi-modal assessment of child functioning should be implemented in order to determine more completely the effects of violence (Fantuzzo & Lindquist, 1989).

In consideration of Fantuzzo and Lindquist's recommendations for future research, the purpose of this thesis will be to provide a more multi-modal assessment of the child's functioning by incorporating both the construct of adaptive behavior into the research design and including a measure of maternal depression. Adaptive behavior has been used in assessment to identify an "individual's effectiveness in meeting the standards of maturation, learning, personal independence, and/or social responsibility that are expected for his or her age level and cultural group" (Grossman, 1983, p. 11). Thus, it is a measurement of a child's current development and abilities (developmental age) in relationship to his/her chronological age. By incorporating this construct into the design, the researcher will be able to assess the child's current functioning across multiple domains in relation to the degree of the violence that the child has experienced.

Secondly, in order to validly correlate the observation of violence with the child's level of functioning, a measure of maternal depression must be included in the analysis. This measure should be included for two reasons. First,

Christopoulus et al. (1987) incorporated a measure of maternal depression into their research design and found a significant difference between the level of depression exhibited by battered women and that of a community control sample, indicating that battered women are more depressed. Furthermore, depression ranks foremost among parental characteristics that have been shown to be associated with poor functioning by children and adolescents; thus, this leaves us with a question. Is the significantly higher level of behavior problems, that has been evidenced in past research, a result of the violence the child experiences or the result of depression the mother experiences due to the violence she is experiencing?

Authors of several recent reviews (e.g. Forehand, McCombs, & Brody, 1987) have found that a strong negative relationship between maternal depression and child functioning does exist. A negative result indicates that as parental depressive mood increases, adaptive child functioning decreases significantly. In particular, the review of 34 studies by Forehand et al. (1987) provided a examination of the relationship between maternal depression and each of four areas of child/adolescent functioning: internalizing problems, externalizing problems, prosocial behavior and cognitive functioning. The results indicated that 55% of the time a negative relationship was found between parental depression and child/adolescent

functioning, suggesting that all areas are equally related to maternal depression. In addition, Forehand and McCombs (1988), in a subsequent study, provided directionality to the association of maternal depression and child functioning finding that maternal depression appears to serve as an antecedent for adolescent functioning rather than vice versa; thus, maternal depression has been found to be a predictor of poor child functioning (Forehand & McCombs, 1988).

## *Research Questions*

In summary, the purpose of the present thesis is to go beyond prior efforts to further delineate the relationship between the child's witnessing and/or experiencing of parental violence and child functioning by incorporating both the construct of adaptive behavior and including a measure of maternal depression. The following questions will be addressed.

1. Do children who have witnessed or been the victims of family violence exhibit clinical levels of internalizing and/or externalizing behavior problems? Previously cited literature does suggest that children who witness or are the victims of family violence do exhibit clinically higher levels of both internalizing and externalizing behaviors in comparison to community, control samples.

2. Do the levels of externalizing and internalizing problems significantly differ as a function of the nature of the violence they witness or experience (including type of, frequency, duration, and recency) and also as a function of the age, gender, race, or socioeconomic status of the child? Previously cited literature has suggested a relationship between the nature of the violence and the level of total problems experienced by the child. This thesis will attempt to define the violence more precisely and further delineate

the effects of age, gender, race, and SES.

3. What is the nature of adaptive behavior in children who have witnessed or been the victims of family violence and how does the level of externalizing and internalizing problems correlate with adaptive behavior? The construct of adaptive behavior has not been used in previous literature; thus, it will be used to provide a more multi-modal assessment of the child functioning and is hypothesized to be a mediating factor of child pathology. An inverse relationship between total problems and adaptive behavior is hypothesized.

4. To what degree does the adaptive behavior of the child and the level of depression exhibited by the mother account for the variation in the total problems exhibited by the child? Based on the previously cited literature of Forehand et al. (1987), it is further hypothesized that the adaptive behavior of the child will contribute significantly to the variance found in the levels of both internalizing and externalizing behavior problems and that this effect will be mediated by the maternal depression of the mother.

# Chapter 3

## Method

### *Description of the Sample*

The sample was composed of the 15 mothers of 30 children who were either temporarily residing in a shelter for battered women or receiving shelter services from one of three shelters located in Central Illinois. Using a sequential sampling design (Yaremko, Harari, Harrison, & Lynn, 1982), we selected (over a period of 6 1/2 months) the mother of every child who had been exposed to marital violence. Tables 2 and 3 display the results from the Demographic Information Sheet.

The children ranged in age from 4 to 18, with a mean age of 9.5 years old. Fifteen girls and 15 boys were included in the sample. Approximately 47% of the children were White, and 53% represented minority groups (33.33% Black, 13.33% Native American, and 6.67% Hispanic).

The socioeconomic status (SES) of each participating mother was determined using the Four Factor Index of Social Status (Hollingshead, 1975). The social status score for each mother was calculated according to the educational level and occupational level of the mother. The

Hollingshead classification system yields possible scores ranging from 8 to 66, with lower scores indicating lower social status. Scores from the mothers in this study ranged from 11 to 29, with a mean score of 18, indicating that the sample was predominantly of the lowest social class. In addition, 33.3% had partially completed college; 26.67% had received a high school diploma; 33.3% had completed only eleventh grade; and 6.67% had completed only ninth grade. Eighty-seven percent were unemployed.

Seventy percent of the mothers interviewed stated that their children had witnessed or experienced family violence on a daily basis (frequency ranging from daily to once a week) for an average duration of the past nine years (duration ranging from 1 year to 22 years). The type of violence most frequently reported by mothers was both physical and emotional abuse which was experienced by 60% of the sample.

### *Instruments*

The Vineland Adaptive Behavior Scales (VABS; Sparrow, Balla, & Cicchetti, 1984) is an adaptive behavior instrument. It provides norms from birth to 18 years and uses an interview format between the examiner and a knowledgeable adult, such as a parent or caregiver. The VABS assesses the child's behavior in five domains: Motor

Skills (with gross and fine subdomains), Communication (with receptive, expressive, and written subdomains), Socialization (with interpersonal relationships, play and leisure time, and coping skill subdomains), Daily Living Skills (with personal, domestic, and community subdomains), and Maladaptive Behavior. The Adaptive Behavior Composite, an overall performance score, is derived by administering and combining information from all 11 adaptive behavior subdomains. Reliability and validity estimates are excellent for overall score but less adequate for individual domain scores (Sattler, 1992). Test-retest reliability for the Survey Form (2-to 4- week retest interval) are in the .80s and .90s. Interrater reliability coefficients range from .62 to .75 and standard errors of measurement range from 3.4 to 8.2 over the four domains, and from 2.2 to 4.9 for the Adaptive Behavior Composite. Concurrent validity was established by correlating the Vineland Adaptive Behavior Scales with various tests. An r = .55 was reported with the original Vineland (Sattler, 1992).

The Child Behavior Checklist (CBCL) is a standardized rating instrument that provides a parental report of the extent of a child's behavior problems and social competencies (Achenbach & Edelbrock, 1983). The measure yields scores on two factors of behavior problems, indicating levels of internalizing and externalizing behavior problems, and one factor indicating a child's

overall level of social activity and involvement with peers. The Child Behavior Checklist is well standardized and has adequate reliability, and validity (Sattler, 1992). This has been the rating scale most recently used in defining the level of adjustment and behavior problems in children who have witnessed or been the victims of domestic violence.

The Beck Depression Inventory (BDI) is a 21-item instrument used to assess individual depression in adults (Beck, 1967). For each item the respondent is asked to choose one of four statements reflecting increasing levels of depressive symptomatology. The BDI has been found to have an acceptable level of internal consistency (Cronbach's alpha=0.89), and evidence for discriminant validity of the BDI, as well, appears quite good (Pehm, 1976). Scores on the BDI have been found to correlate significantly with both the Hamilton Rating Scale and objective behavioral measures of depression (Williams, Barlow, & Agras, 1972). In addition, Pehm (1976) states that concurrent validity is moderate to good.

### *Procedure*

The researcher or other shelter staff members informed the women at the shelter of the nature of the project. They related to the women that the study was designed to assess characteristics of children exposed to family conflict and

would require the participation of the mothers. The author did not monetarily compensate the mothers for their participation but rather asked them to participate as a means of compensating the shelter for the services it had rendered to them and in the interest of their children. In return, the author offered to provide confidential feedback from the assessment findings, including recommendations for referrals to community agencies where appropriate. If the mother consented to participate in the study, the author or staff member scheduled an interview three to five days after she had entered the shelter regarding the nature of the violence that her children had witnessed and/or experienced (including type, frequency, duration, and recency of the violence).

In addition to being a client of the shelter, the author identified the woman as having been abused if she had experienced one of the three defined types of abuse. Physical abuse between couples is defined by Davis (1988) as the repeated, forceful physical behavior exhibited by one partner in order to control the other partner in the presence of either partner's child(ren) which does or does not result in injury. The criteria for emotional abuse between couples as defined by Walker (1984) includes excessive possessiveness or jealousy; extreme verbal harassment, or the expression of comments of a derogatory nature with negative value judgments; the impediment of

freedom of movement by restricting activities, withholding money, or constant surveillance; and/or threats of future abuse that may or may not result in self-blame for the abuse they suffer. The criteria for sexual abuse includes the use of force to sexually touch the partner's body or to force the partner to touch the abuser sexually (Walker, 1984) or the nonconsensual penetration obtained by force, by threat of bodily harm, or by the incapability of the partner to give consent (Searles & Berger, 1987). The author also collected demographic information including age of the child, gender, and socio-economic status as assessed by the Four Factor Index of Social Status (Hollingshead, 1975). The author recorded this information on a structured data sheet to ensure that the researcher consistently presented and obtained information (See Appendix B).

Using the Vineland Adaptive Behavior Scales Survey Interview, the author interviewed the mother to obtain a measure of the adaptive functioning of the child; the author then asked her to complete the Child Behavior Checklist and the questions included in the Beck Depression Inventory. The researcher informed all the participants of their right to decline the interview, while emphasizing the confidentiality of the results; and, the participant signed the Informed Consent for Participation (See Appendix A). The interview was completed within 1 to 2 hours.

# Table 2

Demographic Features of Participating Children and Their Mothers

| Feature | n | % of sample |
|---|---|---|
| Child's Age | | |
| Mean | 9.5 | |
| Standard Deviation | 3.94 | |
| Sex of Child | | |
| Male | 15 | 50.00% |
| Female | 15 | 50.00% |
| Child's Race | | |
| White | 14 | 46.67% |
| Black | 10 | 33.33% |
| Native American | 4 | 13.33% |
| Hispanic | 2 | 6.67% |
| Maternal Employment | | |
| Employed | 2 | 13.33% |
| Unemployed | 13 | 86.67% |
| Maternal education | | |
| 9th grade | 1 | 6.67% |
| 10th or 11th grade | 5 | 33.33% |
| High school diploma | 4 | 26.67% |
| Partial college | 5 | 33.33% |

# Table 3

Characteristics of the Violence Experienced by Participating Children

| Characteristic | n | % of sample |
|---|---|---|
| Type of Violence Experienced | | |
| Emotional | 2 | 6.67% |
| Physical and Emotional | 18 | 60.00% |
| Physical, Emotional, and Sexual | 10 | 33.33% |
| Frequency of Violence Experienced | | |
| Daily | 21 | 70.00% |
| Three to four times per week | 1 | 3.33% |
| Once per week | 8 | 26.67% |
| Duration of Violence Experienced | | |
| Mean Number of Years | 8.97 | |
| Range | {1,22} | |

# Chapter 4

*Results*

Table 4 presents the mean T-scores and standard deviations of both the Internalizing and Externalizing Factors of the CBCL, and the Social Competence Scale, as well as the percentage of children with scores falling within the clinical range ($\underline{T} \geq 65$). Table 4 also includes the results of seven other empirical studies that have used the CBCL to assess the levels of internalizing and externalizing behaviors in their samples. As can be seen in Table 4, the average T-scores for the factors are most comparably similar to the results of Fantuzzo et al. (1991) which found a higher level of externalizing behaviors ($\underline{M}$ = 60.80) than internalizing behaviors ($\underline{M}$ = 57.8) and a lowered average level of social competence ($\underline{M}$ = 42) than the normative sample.

Table 4 also addresses the first question posed in the thesis. Do the children who have witnessed or been the victims of family violence exhibit clinical levels of internalizing and/or externalizing behavior problems? Our study found that 36.67% of our sample received scores falling within the clinical range ($\underline{T} \geq 65$) of externalizing behaviors and 30% of internalizing behaviors. These

percentages are comparably similar to Christopolous et al. (1987), which reported that 32.5% of their sample fell above a T-score of 70 overall and Wolfe et al. (1985) finding 42.2% of their sample falling within the "high range of behavior problems" ($\underline{T} > 65$). In addition, these percentages considerably differ from the normative sample estimates in which a T-score greater than 65 would include only 7.5% of the sample (Achenbach & Edelbrock, 1983).

Secondly we assessed whether the externalizing and internalizing problems significantly differed as a function of the nature of the violence they witnessed or experienced and also as a function of the age, gender, race, or socioeconomic status of the child. The results of a One-way ANOVA indicate that neither externalizing behaviors nor internalizing behaviors differed significantly according to the type of violence witnessed and/or experienced ($\underline{F}(1, 27) = 0.30$, $\underline{p} > .05$) and ($\underline{F}(1,27) = 0.02$, $\underline{p} > .05$), respectively, nor according to the gender of the subject ($\underline{F}(1,27) = 1.03$, $\underline{p} > .05$) and ($\underline{F}(1,27) = 3.10$, $\underline{p} > .05$), respectively. While internalizing behaviors did significantly differ according to race ($F(3,27) = 3.65$, $\underline{p} < .01$); these significant differences were found to be incorrectly drawn due to the presence of outliers in the data. The effect on externalizing behaviors as well was insignificant ($\underline{F}(3,27) = 3.65$, $\underline{p} > .05$). Age, however, proved to positively correlate with externalizing behaviors

($r$ = .45, $p$ < .05), indicating that as children became older they tended to externalize their behaviors more; however, this association was not significant for internalizing behaviors ($r$ = .08, $p$ > .05). Due to the lack of variation in socio-economic status, tests of significance were not performed.

Thirdly, we wanted to know what the nature of adaptive behavior was in children who had witnessed or been the victims of family violence. We found that the overall mean for adaptive behavior was below the adequate level ($M$ = 79.43, $SD$ = 21.63), and that 60% of the children's scores in our sample fell into the "moderately low" to "low" category ($\bar{X}$ < 85) according to the norms of the Vineland Adaptive Behavior Scales (Sparrow et al., 1984); and each subdomain score was significantly lower than the population average ($t$ = 3.5, $p$ < .0001). In addition, the age equivalent scores corresponding to the adaptive behavior composite scores were found to be, on average, 2.23 years below the chronological age of the child; thus, across the areas of Communication, Daily Living Skills, and Socialization, the children in our sample were found to be performing below the level expected for their chronological age.

As the purpose of the present thesis was to delineate the relationship between the child's witnessing and/or experiencing of parental violence and child functioning, Pearson product-moment correlations were conducted between

each of the assessed dimensions of both maternal and child functioning. The resulting Pearson correlational matrix based on a sample size of 30 is presented in Table 5. The most salient feature of these analyses is the significant, negative association between the adaptive behavior composite and externalizing behavior scores ($r$ = -.39, $p$ < .05), meaning that as adaptive behavior decreases, externalizing behaviors increase. Adaptive behavior, in contrast, was not significantly related to internalizing behaviors ($p$ > .05); however, maternal depression was significantly related to the internalizing behavior exhibited by the child ($r$ = .68, $p$ < .05). This relationship was calculated by randomly selecting one child per mother, and thus, is based on a sample size of 15. This resulting correlational matrix is also presented in Table 6.

The relationship between children's adaptive behavior (ABC) and the children's level of pathology (INTERN and EXTERN) is apparently mediated by the effect of maternal depression (BDI). Table 7 presents the partial correlation coefficients between ABC and both Internalizing and Externalizing behaviors, respectively, while controlling for the effect of maternal depression. Although ABC is apparently unrelated to Internalizing behaviors, when we controlled for the effect of BDI, we found that the BDI contributes significantly to the relationship between adaptive behavior and internalizing behaviors, but not

externalizing behaviors. In Table 7, of partial correlation coefficients, BDI and ABC correlate at $\underline{r}_{(ABC)(BDI)*INT} = .51$ ($\underline{p} < .01$) and $\underline{r}_{(ABC)(BDI)*EXT} = .25$ ($p > .05$).

The prediction of pathology from adaptive behavior and maternal depression yielded substantial variance accounted for. The regression of internalizing behavior on the BDI and ABC accounted for 70% of the total variance in internalizing behavior problems ($\underline{R}^2_{INT} = .70$) ($\underline{F}(2,14) = 13.65$, $\underline{p} = .0008$) and, the regression of externalizing behavior on the BDI and ABC accounted for 50% of the total variance in externalizing behavior problems ($\underline{R}^2_{EXT} = .05$) ($\underline{F}(2,14) = 6.13$, $\underline{p} = .02$).

## *Discussion*

The results of the present study indicate a clinically significant prevalence of both behavior problems and diminished adaptive functioning as reported by mothers of children who have witnessed and/or experienced parental violence. More than one third of the children in our study (36.67%) exhibited behavior problems of such severity that they fell within the clinical range ($\underline{T} \geq 65$) according to the norms of the Child Behavior Checklist. These percentages are comparably similar to the results reported by other empirical researchers (Christopolous et al., 1987;

Wolfe et al., 1985) and are almost five times greater than the normative sample estimates of clinical behavior problems in the general population (Achenbach & Edelbrock, 1983). In addition, we found that 60% of the children's scores in our sample fell into the "moderately low" to "low" category ($\bar{X}$ < 85), according to the norms of the Vineland Adaptive Behavior Scales (Sparrow et al., 1984), and that across the areas of Communication, Daily Living Skills, and Socialization, the children in our sample were found to be performing below the level expected for their chronological age by 2.23 years on average. Thus, we can conclude that in addition to exhibiting clinical behavior, the overall development of the child is diminished.

While we found a significant correlation between age and externalizing behaviors, our results did not concur with previous research finding more significant internalizing and lowered social competence in younger children (Hughes, 1988; Davis & Carlson, 1987; Hughes & Barad, 1983; Hughes, 1982). We attribute these differences in findings to the fact that we chose to treat the variable of age as a continuous variable, rather than dichotomizing subjects into discrete age groups as was done in past research. Thus, we were able to look for associations between age and other assessed measures of child and maternal functioning.

Our data confirms the results of studies revealing no gender differences for children exposed to interparental

conflict (Hughes & Barad, 1983; Christopolous et al., 1987; and Fantuzzo et al., 1991). Both sons and daughters of battered women experience increased externalizing and internalizing problems relative to children from matched comparison groups (Christopolous et al, 1987). The most obvious implication of this finding is that it fails to support a simple modeling explanation for the effects of parental conflict on children. Neither children in general nor boys in particular appear to be directly imitating what they have observed in their parents' interactions (Christopolous et al., 1987). These findings also do not support the argument that the tendency to become an abuser or to tolerate abuse as an adult is transmitted intergenerationally by modeling influences (Hotaling & Sugarman, 1986; Kalmuss, 1984; Straus et al, 1980). Boys in the present study did not exhibit significantly elevated levels of aggression, nor did girls exhibit significantly greater levels of anxiety or depression than the opposite gender. Thus, our research is consistent with Gelles and Conte's assumptions (1990) stated earlier: the process by which violence is transferred from one generation to the next is more complex than simple modeling of behavior and that when the cycle of violence occurs, it is likely the result of a complex set of social and psychological processes.

These psychological processes are what we sought to delineate. Analyses of the relation of child behavior to

predictor variables revealed that factors associated with adaptive functioning inversely predicted the level of externalizing behaviors exhibited. Thus, as the child's adaptive functioning diminishes, s/he will tend behave in more disruptive ways toward others. Such externalizing behaviors include aggression, noncompliance, tantrums, stealing, drug use, and conflict with parents and others (e.g. legal authorities (Forehand, et al., 1987).

The level of internalizing behaviors, in contrast, was found to be predicted by the level of maternal depression. This conclusion is supported by the earlier cited studies of Forehand and McCombs (1988) who found that a negative relationship does exist between parental depression and child/adolescent functioning and that, in addition, maternal depression appears to serve as an antecedent, or predictor of poor child/adolescent functioning (Forehand & McCombs, 1988). Forty percent of the mothers in our sample evidenced a "mild" to "moderate" level of depression ($\underline{TS} \geq 11$), according to the norms of the Beck Depression Inventory (Beck, 1967). The women in this study may be projecting their depression, which is a common reaction to physical abuse by a male (Hilberman & Munson, 1977-78; Stark & Flitcraft, 1988) onto the child; and, thus the child is modeling behaviors in which s/he is inhibited or uncomfortable. Such internalizing behavior problems include depression, anxiety, sadness, nail biting, and nightmares

(Forehand & McCombs, 1988).

If simple modeling of behavior does not provide an adequate explanation, what accounts for the association between interparental aggression, maternal depression, and both diminished child functioning and child behavior problems? Researchers have found that marital aggression is often accompanied by social isolation (Stark & Flitcraft, 1988). This social isolation limits both the mother's and the child's exposure to valuable social support systems and to appropriate models of interpersonal and problem-solving skills. Without these social support systems, which can provide emotional support, protection from the effects of stress, and feedback about appropriate parent/child behaviors and reinforcement (McDonald & Jouriles, 1991), the mother often feels helpless and powerless to change her situation. For the child, the isolation from appropriate models of prosocial behavior limits the child in his/her knowledge of alternative methods of problem-solving. Thus, because both the mother and child are isolated, they have not learned other methods of coping, and it is this lack of knowledge that leads to the maintenance of anti-social behavior in the child (McDonald & Jouriles, 1991) and feelings of depression and powerlessness in the mother (Walker, 1984). Furthermore, the presence of maternal depression interacts with the exposure to interparental violence to diminish the child's functioning.

These findings may have important implications for treatment. Current treatment interventions with the child emphasize various areas of assessment. These areas include (1) cognitions regarding the legitimacy of aggression as a conflict resolution tactic, (2) knowledge of and competency in employing nonaggressive strategies in conflict resolution, (3) attributions about why their parents are in conflict, (4) fears concerning their own safety and that of their parents and siblings, and (5) fears of abandonment by parents or separation from a particular parent (McDonald & Jouriles, 1991). While these areas of assessment are invaluable, it seems likely to conclude from our research, that the child's progress in accomplishing these intervention goals will be mediated by the mother's mental health, specifically her level of depression. Thus, a thorough assessment of the mother's mental health is warranted throughout the intervention process to monitor the progress of the child. Additionally, while children's problems should be addressed in individual treatment, the parent's involvement in treatment has implications for the child and should be strongly encouraged (McDonald & Jouriles, 1991).

# Table 4

Group Means and Standard Deviations for Assessed Areas of Child Functioning in Comparison to other Empirical Studies Using the Child Behavior Checklist

| Study | N | Total T | | External T | | Internal T | | Social T | | % |
|---|---|---|---|---|---|---|---|---|---|---|
| | | M | SD | M | SD | M | SD | M | SD | Clinical |
| Rinkel (1994) | 30 | 59.83 | 12.06 | 61.47 | 11.45 | 57.8 | 13.04 | 37.68 | 6.88 | 36.67% |
| Wolfe et al. (1985) | 102 | Not reported | | Not reported | | Not reported | | Not reported | | 42.20% |
| Jaffe et al. (1986a) | 32 | Not reported | | 67.78 | 9.99 | 65.16 | 7.91 | 45.06 | 16.59 | 75.0% |
| Jaffe et al. (1986b) | 58 | Not reported | | 62.69 | 12.14 | 63.22 | 11.36 | 40.77 | 9.39 | Not Reported |
| Wolfe et al. (1986) | 40 | Not reported | | 62.07 | 9.19 | 65.47 | 11.47 | 37.24 | 7.79 | Not Reported |
| Carlson & Davis (1987) | 61 | Not reported | | 61.97 | 10.15 | 66.38 | 9.47 | 47.66 | 10.31 | 70% |
| Christopolous et al. (1987) | 40 | Not reported | | 63.55 | 9.14 | 64.01 | 8.52 | Not reported | | 32.5% T > 70 |
| Hughes et al. (1989) | 84 | 58.8 | 8.8 | 58.0 | 8.6 | 59.1 | 8.5 | 38.4 | 12.4 | Not Reported |
| Fantuzzo et al. (1991) | 80 | Not reported | | 60.8 | 9.9 | 58.83 | 10.2 | 42.0 | 10.7 | Not Reported |

# Table 5

Pearson Product-Moment Correlations Between Assessed Dimensions of Child Functioning (n = 30)

| | ABC | CBC TOT | INTERN | EXTERN |
|---|---|---|---|---|
| ABC | ---- | -.34 | -.06 | -.39* |
| CBC TOT | | ---- | .85* | .89* |
| INTERN | | | ---- | .56* |

* $p < .05$

ABC = Vineland Adaptive Behavior Composite

CBC TOT = Child Behavior Checklist Total Problem Scale

INTERN = Child Behavior Checklist Internalizing Behavior Scale

EXTERN = Child Behavior Checklist Externalizing Behavior Scale

# Table 6

Pearson Product-Moment Correlations Between Assessed Dimensions of Both Maternal and Child Functioning (n = 15)

| | ABC | BDI | CBC TOT | INTERN | EXTERN |
|---|---|---|---|---|---|
| ABC | ---- | .01 | -.66* | -.47 | -.66* |
| BDI | | ---- | .47 | .68* | .26 |
| CBC TOT | | | ---- | .85* | .93* |
| INTERN | | | | ---- | .61* |

* $p < .05$

ABC = Vineland Adaptive Behavior Composite

BDI = Beck Depression Inventory

CBC TOT = Child Behavior Checklist Total Problem Scale

INTERN = Child Behavior Checklist Internalizing Behavior Scale

EXTERN = Child Behavior Checklist Externalizing Behavior Scale

# Table 7

Partial Correlation Coefficients Between Adaptive Behavior and Both Internalizing and Externalizing Behaviors With Maternal Depression

| | BDI | ABC | EXTERN |
|---|---|---|---|
| BDI | ---- | 0.25 | 0.35 |
| ABC | | ---- | -0.69* |
| EXTERN | | | ---- |

| | BDI | ABC | INTERN |
|---|---|---|---|
| BDI | ---- | 0.51* | 0.78 |
| ABC | | ---- | -0.65* |
| EXTERN | | | ---- |

* $p < .01$

ABC = Vineland Adaptive Behavior Composite

BDI = Beck Depression Inventory

INTERN = Child Behavior Checklist Internalizing Behavior Scale

EXTERN = Child Behavior Checklist Externalizing Behavior Scale

## *Limitations of the Present Research and Suggestions for Future Research*

These above stated conclusions are restricted by certain limitations that should be addressed in future research. First, it is important to bear in mind the restriction of our sample. These were all children who were in shelter with their mothers or who were currently receiving services from the shelter. Most battered women do not seek shelter. Those who do are likely to experience more serious battering and lack family supports (Berk, Newton, & Berk, 1986). Thus, our results are generalizable only to those children whose mothers seek shelter services.

Secondly our study lacked a control sample. Thus, comparisons of our data are limited to the normative samples from which our instruments were standardized and other empirical studies employing control groups and similar instruments. Our sample differed from the original norming sample of the CBCL in one important regard: on average, our children were lower in socioeconomic status (as assessed by the mother's occupation) than the original norming sample of the CBCL. For example, 7% of the norming sample were unemployed or unskilled workers in contrast to 87% of our sample. According to Achenbach and Edelbrock (1983), however, the effects of SES on the CBCL results are small

enough to be of little concern.

Third, because our study was a static group assessment, there are no data indicating preshelter and postshelter maternal and child functioning. Such information would help researchers determine whether apparent adjustment problems are brief reactions to the crisis of temporary shelter residence or indications of a more enduring set of problems that characterize families who seek out shelter residence (Fantuzzo et al., 1991). Wolfe et at. (1986) cited previously found fewer child adjustment problems evident after shelter residence. More extensive follow-up studies of shelter groups compared with groups exposed to similar levels of violence that were living at home and groups of families that seek temporary shelter residence for reasons other than violence (e.g., homelessness) would more thoroughly assess these questions.

Fourth, like the majority of studies in this area, our study relied solely on maternal report of behavior problems. This procedure raises the concern of a possible bias in reporting. Parents who report the occurrence of marital aggression may also report higher levels of child behavior problems (McDonald & Jouriles, 1991). Confidence in the ratings should be increased by adding ratings of the child's behavior from additional sources, such as teachers and shelter staff, or by systematic observations conducted at home or school.

Finally, while we attempted to implement a more careful detailed description of the family violence and the extent of the child's exposure to the violence by including the type of violence, the frequency of violence, the duration of the violence, and the recency of the last episode prior to assessment, we did not find significant differences on these measures. This is most likely due to the small sample size, lack of variability in some measures (e.g. Type and Frequency) and too much variability in others creating floor and ceiling effects in the data (e.g. Duration and Recency). In future research we encourage the replication of this method, pending the development of a standardized measure of family violence.

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# Appendix A

*Informed Consent for Participation*

I give permission for myself to participate in this project. I understand that I will be asked to complete a questionnaire about the my child(ren)'s current behavior and that I will also be asked questions about how my child(ren) feel and react to situations. The purpose of the study is to find out how women and children feel when they come to the Shelter. I understand that I don't have to participate in this project just because my children and I are staying at the Shelter. No Shelter staff member will be allowed to see my answers. I understand that the information I provide by filling out the questionnaires is confidential, and my name will not be on any of the forms. The children's names will not be on any of the forms either, so no one who is not involved in the research would be able to figure out who had filled the forms out. After the questionnaires are filled out they will be kept in a secure place. When the results are discussed with other people, all the results from the whole group will be talked about, not results and answers from individual people. I also understand that if I decide not to finish the questionnaires or the interview at any time during the project, it is my right to terminate the interview.

_____ _____

Signature of Mother Date

# Appendix B

*Demographic Information Sheet*

ID# _____

I. Demographics of Child:
Age: _____ Birthdate: __/__/__
Gender: _____
Race: _____

SES: Highest grade completed by mother: _____
Occupation: _____

II. Type of violence witnessed or experienced by child:

Physical
Emotional
Sexual

III. How often did the violence occur?

_____ per day
_____ per week
_____ per month
_____ per year
_____ other

IV. How long has the violence been occurring?

_____ days
_____ months
_____ years
_____ other

V. When was the last incidence of violence prior to this assessment?

_____