Children Who See Too Much

Lessons from the Child Witness to Violence Project

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When Home Isn’t Safe

Children and Domestic Violence

When we speak to groups of parents or professionals about our work with children who witness violence, they frequently ask about our findings: What kinds of violence are children being exposed to? What is the worst form of violence for children? As we have accumulated experience with many children and families, we have reached conclusions about the answers to those questions. Despite the fact that the Child Witness to Violence Project began as a response to children’s exposure to community violence, we have learned that children are most affected by exposure to the more private and insidious violence that occurs inside their homes. Domestic violence, violence that occurs between adult caregivers in the home, seems to be the most toxic form of exposure to violence for children. Furthermore, we now believe that young children are far more likely to be exposed to violence in the home than to violence on the street. For many children, the first lessons they learn about violence are not from television or from the streets, but from their parents. These lessons are generally the wrong lessons: that it is acceptable to use threats or force to get one’s way, that violence has a place in an intimate relationship, that adults can hurt one another and not apologize or take responsibilities for their actions.

This is not to say that exposure to murder or mayhem on the streets does not affect children. Children talk extensively about their fear of going outside or going to school, their worries about their parents and families, and their sense of vulnerability. Parents speak with frustration and hopelessness about not being able to let their children go to the park or having to impose limits on their children, not because they do not trust them, but because they do not believe the environment is safe. Sometimes these limits become the source of conflict, as young children want to spend time with peers and parents are frightened to allow their children to pursue this age-appropriate desire.

The violence that occurs within the home, however, is worse for children. They are more intensely affected and the consequences last longer. This form of violence has been hidden from the public eye. There has been little media attention to domestic violence unless it was a fatal or particularly horrific episode of abuse. In retrospect, as we looked back upon our initial expectations of whom we would serve in the Child Witness to Violence Project, we realize that we, too, underestimated the prevalence of domestic violence. It was easier to look at the violence on the street than to face the horrors of what people who ostensibly love one another could do to each other within the seclusion of their homes.

The conspiracy of avoidance was particularly obvious in the case of Charles and Carole Stuart in 1989. This case, which drew national attention, involved the murder of a young pregnant woman. Her husband reported that they had been assaulted and robbed by armed black men as they drove home from childbirth classes at a local hospital. The murder occurred in a predominantly black neighborhood of Boston. The coverage of the case played on stereotypes: Black men are dangerous, especially to white women; black neighborhoods are notoriously unsafe for white people. Police began a massive hunt for the assailant and arbitrarily rounded up many young black men to interview. They made a quick arrest and were prepared to close the case when the husband committed suicide by jumping off a bridge. It was then revealed that Charles Stuart had murdered his wife as part of a scheme to
collect insurance money. The aftermath of that highly publicized event was a soul-searching debate about the assumptions we make about people and behavior.

In a similar manner, we discovered that it was easier for the Child Witness to Violence Project to focus on the effects of community violence on children than to look at the violence within children's homes. We wanted to disbelieve or minimize the stories that children told. These cases of domestic violence raised complex and difficult issues. They almost always involved other systems: police, children's protective services, and the courts. Sometimes it was hard to tell the "good guys" from the "bad guys." We found ourselves angry with mothers for staying in the relationships, for not protecting their children. We felt helpless because there were no easy solutions for most of these cases. We were forced to look at our own attitudes and beliefs about relationships, conflict, and what is best for children.

Domestic violence (also termed spousal abuse, partner violence, family violence, intimate partner violence, and wife beating) technically refers to any act of interpersonal violence between or among family members, including child abuse. For the purpose of this book, domestic violence refers to threats of intimidation or violence or actual acts of violence between adult partners. In our project, the large majority of cases involve acts of violence or threats made by men against women. The national statistics of reported domestic violence incidents bear out this trend. According to the Bureau of Justice Statistics at the U.S. Department of Justice, 85 percent of the victims of domestic assault are women. Domestic violence is sometimes described as a "women's issue" or a "feminist concern." From our experience, we believe that it is everyone's problem and a critical issue for children. For anyone who is concerned about youth violence or violence prevention, the issue of domestic violence must be among the first to receive attention.

Wife abuse is not a new phenomenon. The current attention paid to this issue, however, is a result of the resurgence of the feminist movement in the 1960s and 1970s. In her book, *Heroes of Their Own Lives: The Politics and History of Family Violence*, Linda Gordon provides a fascinating historical perspective on the evolution of domestic violence as a social problem. Her book provides an analysis of 1,500 child abuse and neglect records from Boston-area social service agencies between 1880 and 1960. During this time, there was no systematic protocol for inquiring about or documenting the presence of domestic violence. Even without systematic assessment, however, as many as one-third of the records surveyed mentioned abuse of women. Nevertheless, the primary focus was always on the direct abuse or neglect of the children. Case records elaborately documented children's cleanliness, injuries, illnesses, and malnutrition. Wife abuse was neither identified as a problem in its own right nor directly addressed by social service agencies. At varying times, caseworkers responded with moral judgment of mothers and fathers, with efforts to reform behavior, or with psychological condemnation, particularly of women for their failures as parents. The fact that they were also being abused was simply overlooked, even by the women themselves. In Gordon's findings, women came forward for help with their children, but rarely mentioned their own abuse.

Throughout much of the twentieth century, the courts routinely upheld sexually discriminatory laws reflecting what was understood to be the proper relationship between men and women, relationships that were based on English common law. This body of law held that women (and children) were the husband's property. These laws had far-reaching implications for women in terms of divorce law, domestic relations, and definitions of marital rape. The abuse of women was not acknowledged, much less labeled as criminal behavior. World War II set the stage for dramatic changes in relationships between women and men. As many men left to fight overseas, women took more responsibilities at home. With this shift and with postwar prosperity, women became less dependent on men, both financially and psychologically. The seeds of the women's movement were sown.

In the early sixties, with the beginning of the feminist movement, a new consciousness arose about violence within marital re-
relationships. For the first time, this problem was framed as a social problem, as opposed to a psychological or interpersonal one. This important shift in definition laid the groundwork for the beginning of the battered women’s movement in the 1970s. By this time, marital violence was defined as an abuse of power, to be viewed in the context of our tradition of patriarchal law.

This shift in the definition of marital violence from personal to social problem redrew the lines between private behavior and public interest. Victims of domestic violence were heard in many forums. Laws were created to protect their rights and to criminalize wife abuse. An array of services, shelters, and counseling programs were created to serve victims and perpetrators of domestic violence. In short, the notion of a man’s house being his castle dramatically changed as his private behavior landed in the public domain.

The history of public awareness of children as the hidden victims of domestic violence is even shorter than the history of awareness of domestic violence. Before 1990 there is scant mention in the child mental health literature of child witnesses to domestic violence. Even within the battered women’s movement, there was little mention of children and few programmatic resources for them. The early advocates for victims of domestic violence believed that the focus should be on women’s safety. Diverting resources to children reinforced the patriarchal attitudes of women’s needs being placed last. In addition, there was the pressure of limited resources. Shelters operated on limited budgets and there was understandable reluctance to divert money to children’s programming.

Services for the children of battered women began to grow in the early 1990s. This growth was probably due to two influences. First, there was a growing awareness in the child mental health community of the devastating impact of environmental trauma on children. Second, research yielded valuable findings about the impact of early experiences on brain development and child functioning. The second factor that supported the growth of children’s services was the influx of federal and state money for services to battered women. Perhaps the largest amount of money was made available by the federal government through the passage of the Violence Against Women Act in 1994, which provided more than one billion dollars for increased funding to battered women’s shelters, training for police and prosecutors, and legal resources for prosecuting domestic violence cases. This increase in resources has spilled over into children’s services. Children of battered women are no longer the hidden victims.

**DOMESTIC VIOLENCE:**
**A LEGACY OF SECRET AND SHAME**

Today, domestic violence is widely recognized and accepted as a pressing family problem. Extensive media campaigns, television dramas, novels, and magazine articles have made domestic violence an issue for our society. However, women continue to tell us that they are ashamed to admit that they are in abusive relationships, particularly if children are involved. Obstacles to seeking help include the fear of being judged a failure, fear of losing one’s children, the sense of deserving the abuse, and the fear of being blamed for not leaving the relationship. In our interviews with women, they express deep shame; they listen carefully to our questions to find evidence of our judgment or condemnation. As they recount instances of abuse, they look to see if we are repulsed or disbelieving. Despite the increasing societal recognition of domestic violence, many women continue to find it unacceptable to disclose their personal struggles.

In a pattern that is consistent with this sense of self-blame and self-hate, some women make their way to our services precisely because children are involved. When we ask why a woman is seeking services now, she tells us that she is concerned about the children. In other words, some women cannot seek help for themselves, but they will go public about the violence on behalf of children. This is the same pattern Linda Gordon found in her research on the late 1800s.

Another important dimension of a woman’s decision to seek help is the way in which her culture views marital relationships.
and efforts to seek help outside the family. Several women seen in the Child Witness to Violence Project have told us that their religion prohibits leaving their husbands or that their marriage vows dictate that they stay in the relationship at any cost. In some cultures, spousal separation is shameful and divorce is rare. The notion of counseling is unheard of. To talk about family problems outside the home brings disgrace on the family.

Children and Conflict in the Home
Conflict is an inherent part of family relationships. Most if not all parents have raised their voices toward their spouses or children. Couples argue, children fight, parents yell. How does this conflict affect children? At what point does parental arguing become abusive or harmful to children? This question has been carefully studied and the findings are interesting. According to Mark Cummings and his colleagues, who have published extensively in this area, children, even in their infancy, show reactions of distress when they are exposed to "background anger," defined as adults verbally arguing and yelling. In one series of experiments, twenty-month-old toddlers showed increased amounts of aggression with their playmates after they had been exposed to anger or loud arguing between adults. This research underscores the fact that even very young children are aware of conflict in the home and that the conflict affects their behavior.

Another interesting dimension of this research is children's response to conflict. Children are likely to become involved in marital conflict by attempting to distract, comfort, or solve problems for the arguing parents. These responses can be seen in children as young as age two. By age five or six, children actively attempt to mediate parent arguments.

One might assume that children who grow up in homes where there is constant arguing or yelling would adapt. They would get used to it, and therefore be less affected. Contrary to expectations, however, Cummings discovered that repeated exposure to parent arguing does not diminish children's reactions. Children react more strongly by becoming more anxious and aggressive. The notion of becoming desensitized to parental fighting was not supported by this research.

Finally, Cummings and colleagues have found that if parents resolved the arguments, children were much less likely to be affected. Even partial resolution, such as changing the subject or agreeing to drop the argument, seemed to dramatically reduce the impact on children. In their simulated experiments with children, they instructed some of the adults to resolve arguments in front of children and others to leave the room and return with indications that the fight was over. Although children who had heard the resolution to the argument benefited the most, the stress of all children was markedly reduced.

The take-home message for all parents from this series of studies is that marital conflict is not inherently bad for children. Children may even learn positive and prosocial lessons from seeing their parents argue and then resolve the conflict. If the argument is resolved, children can cope. If the arguments are chronic and unresolved, however, children react negatively. In Cummings's research, fighting that included physical aggression was much more psychologically harmful for children than verbal arguing. This is not surprising, but the consistency of their findings builds a powerful case for the ways in which physical fights or even threats of personal injury overwhelm children's abilities to cope. Children who lived with physical aggression were more likely to blame themselves and to see themselves negatively. This distorted self-appraisal affected children in all areas of social functioning.

Since 1990, nearly 100 studies of the effects of exposure to domestic violence on children have been published, most focusing on children between the ages of six and seventeen. These studies thoroughly analyzed the risks of domestic violence for children. It is quite clear that exposure to domestic violence affects children in a range of deleterious ways. It affects their emotional development, their social functioning, their ability to learn and focus in school, their moral development, and their ability to negotiate intimate relationships as adolescents and adults. It is associated with greater rates of juvenile delinquency, antisocial behavior, sub-
stance abuse, and mental illness. It also increases the risk of direct physical injury. Children who are bystanders to conflict often become the direct victims of abuse. Young children lack the ability to remove themselves from the fighting: A toddler clings desperately to his mother; an infant is held by her mother who is being beaten. Older children may try to intervene and are injured as a result of their attempts to mediate or protect.

Why is domestic violence so toxic for children? Researchers who have studied this question enumerate several characteristics. Exposure to a violent event is more psychologically threatening for children, especially young children, if the child perceives him- or herself to be in danger, if the child perceives that the caretaker is in danger, and if the child is physically close to the violent event. All these attributes apply to situations involving domestic violence. In one study, researchers looked at records of children who had been diagnosed with PTSD. Because these children were in the court system, the researchers had access to detailed and extensive records on the children, some of which extended over a number of years. They were curious to learn more about what stresses might be most strongly correlated with the child’s diagnosis of PTSD. They found that two factors were the strongest predictors: a history of sexual abuse and witnessing chronic domestic violence. In fact, exposure to domestic violence seemed to be more harmful overall than being a direct victim of child abuse. This reminds us that if the violence is close at hand, if it involves caretakers, if it puts the child at harm, the child is much more likely to suffer serious and long-lasting emotional consequences.

Another powerful by-product of domestic violence between parents is the lesson children learn about the use of force and intimidation. Young children learn social roles by imitating what they see and hear. They dress up like Dad, do housework with Mom, practice the moves of cartoon figures on television. If children observe that physical force is a part of their parents’ relationship, they will also imitate this behavior. In violent homes, children learn that aggression is a part of intimate relationships, or that it is acceptable to relieve stress by yelling or threatening another family member. It is normal to use force to get one’s way, and no apologies are necessary. When these children enter day care or preschool and hear rules such as “Use your words, not your hands” or “No hitting allowed,” they have no context to rely on. These rules make no sense. Instead, these children have constructed their own understanding of the social order: Might makes right. An accidental bump from another child is interpreted as purposeful aggression. One must always be on guard for violence. Thus, a child who grows up with violence behaves in a distrustful, aggressive fashion. This stance works at home, but fails miserably in preschool settings.

Perhaps the greatest distinguishing feature of domestic violence for young children is that it psychologically robs them of both parents. One parent is the terrifying aggressor; the other parent is the terrified victim. For young children, who depend exclusively on their parents to protect them, there is no refuge. These situations are different from those of families who face community violence. In most of those cases, parents are not fearful for their own lives and can be both heroic and resourceful in their efforts to protect their children. (This is not to imply that women who are victims of domestic violence are not heroic and resourceful; however, if they are fighting for their own survival, there are limits on what they can do to protect their children.) Parents’ emotional availability makes a big difference in how children respond to the trauma of a violent event. In the Child Witness to Violence Project we learned about the buffering effects of parents in memorable ways.

One of the first cases referred to us was that of Lisa, a nine-year-old girl who lived with her family in a tough Boston neighborhood where street crime was common. Lisa woke one night to see a man at her window, attempting to open her screen. She was terrified by this vision and began to scream for her mother. By the time her mother entered the room, there was no sign of the intruder. The mother reassured Lisa that it must have been a bad dream. Lisa was not convinced, and spent the remainder of the night in a terrified state. The next morning, her mother checked
the window and found signs of an attempted forced entry. Lisa's nightmare had been real.

Within a week of that incident, Lisa became afraid to go out of the house. She begged her mother to change bedrooms; she could not sleep at night. When she began to miss school, her mother took Lisa to her pediatrician. The mother was exasperated, saying that she needed help in convincing Lisa to forget about this incident. The mother had bought strong latches for all the windows and she thought the house was safe from intruders. She believed that the best thing to do was to stop thinking and talking about the incident. It was apparent, however, that no amount of security could help Lisa feel safe. The pediatrician asked for a consultation from our program and I agreed to sit in as the doctor talked with Lisa about her fears.

Before the meeting, the doctor and I agreed that he should be the person to interview Lisa since he had known her for many years. With her mother and me in the room, he gently asked her to talk about what had happened. Lisa talked about waking up to see this scary face at the window. She became animated as she remembered the man's face and the sounds of him cutting the screen. She reviewed her confusion and disbelief when he disappeared. Maybe it had been a dream, she speculated. However, with the corroborating evidence, she now felt terrified that he would return. She tried to imagine what he would have done if he had entered the room. She talked about seeing scary movies where girls are kidnapped and killed. Within a few days, she had begun to worry that he was following her, and she was afraid to go to school. She also talked about how hard it was to close her eyes at night. We understood that she was not sleeping, which further contributed to her reluctance to go to school. The doctor asked many questions about how often she thought about the man at the window, when she was most afraid, and what her greatest fears were. In short, he allowed her to talk openly about the incident from her perspective, and he validated her feelings. He neither minimized her feelings nor attempted to give reassurance. He just listened.

As the mother heard her daughter explain what this incident had done to her, she became visibly upset. Speaking through her guilt, she explained that she had thought it would be best if they didn't dwell on what had happened, and therefore, she had not allowed her daughter to express how scared she was. As Lisa spoke directly about the aftermath of this incident, her mother also became angry. She revealed for the first time that she had a good idea of who the intruder was. By her report, their house bordered an area that was known for drug selling, and the suspected intruder was a drug dealer who was known in the neighborhood. In an animated and determined voice, she told her daughter that she would make sure that this did not happen again. Lisa's mother was a large woman who by her own description could be forceful if necessary. I began to worry that she might take matters into her own hands in ways that were potentially dangerous for her. She was resolute, however, that she would take care of matters. As she provided reassurances, I observed that Lisa, who had been tense and withdrawn, was now relaxed.

The doctor then asked Lisa what she thought might be helpful in a plan to get her back to school. He discussed a plan with Lisa and her mother to change her bedroom around so that her bed was facing away from the window. (This was Lisa's request.) He asked them to return in two weeks for a follow-up session. The family did not return, but phoned instead to say that Lisa was much better and had returned to school.

How did this encounter help Lisa? I observed Lisa's nonverbal behavior carefully during the interview and was struck by her connection to her mother. Although the doctor was asking the questions, Lisa talked to her mother about her feelings. She wanted her mother to know what this experience had been like for her. I was also impressed by the power of this mother's reassurances. It was evident that Lisa savored her mother's fury. Her mother's absolute confidence that she could take care of this situation was the optimal intervention for Lisa. Children want (and need) to believe that their parents can protect them. This mom was eloquent in that regard. I believe that her strength was contagious and helped Lisa conquer the fears she had developed.

This case shows how parents can psychologically help their
children cope with the aftermath of trauma. If the parents are themselves traumatized, however, their capacity to emotionally protect their children is often compromised. The double jeopardy of exposure to domestic violence is that children are both directly traumatized by their exposure to trauma and robbed of the refuge of their parents. Consider the following story.

Michelle, a twenty-eight-year-old mother of three children—Mark, age seven, Sally, age six, and Eric, age four—brought her children to the Child Witness to Violence Project for counseling services at the suggestion of the local battered women’s shelter where she had been staying. The shelter staff was concerned about the children’s behavior, and particularly about Mark, who was very aggressive and moody in the shelter. At the first evaluation session, we began by seeing the mother and children together. This standard practice gives children a chance to feel more comfortable in the setting and to discuss with all family members the reason for seeking services from us. We decided to assign two therapists to this family because of the number of children. My colleague asked the mother to tell us something about why she had brought the children in. The mother began by telling us that they had lived in a small town about forty miles from Boston until two weeks ago, when she fled from her husband and came to Boston. Michelle, who sat hunched in the chair, then told a horrific story about the abuse that led to her decision to leave home. She described that her husband had hit her for years, culminating in an incident in which he attempted to strangle her with an extension cord. This incident happened one morning after the older children had gone to school. Eric was at home and witnessed the event. Michelle recounted every detail of what led up to this assault and told us about how she had been able to break loose by kicking her husband. She grabbed Eric and fled from the house, hailing a taxi that took her to the older children’s school. From the school she called the police. The police transported her and her children to the domestic violence shelter. She later learned that her husband had been arrested and charged with attempted murder.

As she told the story, I observed the children. They began the session by sitting quietly in three chairs. However, as Michelle began to talk, the children fidgeted and began to bicker with each other. Mark reached over and hit Sally. Eric moved to the play area and looked at the toys. Soon all three children were in the play area. The older children began to pull toys off the shelf. A dispute broke out over one toy. In a flash, they began to throw them at each other. Eric sat in the corner, looking stunned. This escalation in action and aggression took place within a five-minute span. The children became so disruptive that I could not hear Michelle talk. She made no attempt to intervene or calm her children. She finally stopped talking when Mark threatened to pull a bookcase over onto the floor.

As difficult as it was for me to sit passively, I knew that the children’s behavior was communicating a powerful message and that I should refrain from intervening unless the situation was dangerous. This unfolding of events gave us rich information about the family. We later realized that the increasing chaos that the children produced was their way of telling their mother that they could not bear to hear the story she was telling. It was too overwhelming. They got her to stop by using the time-honored strategy of escalating their misbehavior to the point of danger. Obviously they had used this strategy before and it was a familiar sequence of interactions for them. It worked. Michelle stopped talking and began to yell at the children to clean up the mess they had made.

Equally striking to me was Michelle’s single-minded focus on retelling her story to the extent that she seemed completely unaware of her children. As she told the story, she was reliving the horror and was unable to tune in to her children’s distress. She was so traumatized that she could not see how scared and upset her children were to hear the story told again. We have learned from many of the women we work with that this numbness and decreased ability to recognize when children are frightened or distressed is a hallmark of their trauma. Despite her good intentions, Michelle’s ability to emotionally protect her children was compromised by her own experiences with violence.

This case illustrates the particular risks of exposure to domes-
tic violence for children and how parental response makes a difference. When parents are overwhelmed, they are unable to read their children's cues of distress, and the situation often deteriorates rapidly.

The following stories show how individuals in families struggle with the existence of violence within the home, particularly the relentless toll that this behavior takes on children. In addition, these stories provide a reminder that domestic violence cuts across all social classes.

**THE STORIES OF JENNA AND BEN**

We received a request from a family court judge to help determine what kind of visitation schedule should be established for two children who had witnessed physical violence between their parents. They were in the custody of their mother; their father was seeking access to his children by asking the court to set up a schedule for visits. The judge wanted to impose a schedule that was fair to the parents but that also took into account the children's emotional reactions to the violence. In order to make informed recommendations, we arranged to spend time with each child and each parent to get to know them, to hear from each member of the family about their perspectives on the parents' conflict and their ideas for how the visits should be scheduled.

The family lived in a wealthy suburb of Boston. Both parents worked full-time. The father was an attorney; the mother, a college professor. The children—Jenna, age nine, and Ben, age seven—attended private day school. The third child, six-month-old Jacob, was not part of the request for visitation. Both parents agreed that he was too young to be a part of the visitation plan for the immediate future. Before we met the family, we learned from the court that there had been at least one incident of physical violence between the parents that had resulted in police intervention. In fact, Ben had called 911 during the fight. A police report was sent to us, along with a copy of the judge's temporary custody order. The report documented injuries to the mother and the resulting arrest of the father. He was held for a few hours. His wife asked that he be released, on the condition that he not stay at home. Other than this meager information, we knew little about the family.

We interviewed the father and the mother separately, asking them each the same questions: Could they tell us about the marital conflict? What was it about? How long had it been going on? What did the children understand about the conflict? Who talked with the children about it? How did the children seem to be affected? We also asked each parent about his or her relationship with their children. We asked them to describe the children, to talk about what they liked to do with the children, about each child's strengths and talents, what concerns they had about the children, and what their ideas were about a good plan for visitation.

As is often the case with parents who are locked in struggle, their perspectives and recommendations were dramatically different. The father, whom I interviewed first, was bitter and angry about being denied access to his children. He saw this refusal as an attempt by the mother to gain power and turn his children against him. He admitted that the parental relationship had been stormy, with angry fights and poor communication. When asked about the physical violence, he was dismissive. He told me that things got out of hand once in a while, but that she was an equal participant. He explained that the incident involving the police had been overblown. They had had a fight, she had picked up a knife, and he had tried to protect himself, resulting in injuries to both of them. When asked specifically about other incidents of physical fighting, he said that there had been one or two times when they had pushed or grabbed each other. There had been no injuries and to the best of his knowledge, the children had not been aware of these fights because they usually happened in the evening after the children were in bed.

I then asked him about his children and how he saw their strengths. He described them both as smart, doing well in school, and enjoying sports. However, as I asked more specific questions, he said that he actually did not spend much time with them be-
cause of the demands of his job. His description of his children was vague and without animation. He wanted to change the subject to address his anger at being denied access to the children. I also asked in some detail about his work and his background. By his report, he was a hard-working and successful lawyer. When he was a child, his family had had little money; he was the first member of his family to graduate from college. He worked hard to get through law school. He was particularly proud that he had been able to afford to buy a new home in the past year in an expensive neighborhood. He mentioned also his satisfaction in being able to send his children to private school, an advantage he had not had.

I then interviewed the mother. As I expected, her story was quite different. She said that their relationship had begun to deteriorate when he was in law school. She taught part-time and provided most of the care for their young daughter Jenna. Her husband had little to do with Jenna and provided no support at home. She resented his lack of involvement. They argued about this from time to time. Occasionally the arguments were heated. She recalled the first time he pushed her. She was shocked and left home for a couple of days to stay with her mother. By the time Ben was born, she described her marriage as “miserable.” She barely saw her husband; their only communication seemed to be through their fights. There were occasional episodes of fighting that escalated to physical abuse. She reported that he would berate her, and sometimes she would be so angry that she slapped him. On one occasion, he pushed her against the kitchen cabinets and bruised her arm badly. She remembered being worried that her colleagues would ask about the bruises, but she knew that she could easily make up a story. She also remembered being relieved that the bruises weren’t on her face. It would have been more obvious and harder to lie if the injury had been on her face.

The mother described the incident involving the police. By her report, her husband had listened to a telephone message for her from a male colleague. He became suspicious, accusing her of having an affair. The fight, which began in the kitchen, quickly escalated. He grabbed her by the hair and took out a kitchen knife.

She was terrified and called to the children to summon the police. The baby was asleep upstairs; she did not know where the older children were at the time, but she remembered that she was afraid for her life. She managed to kick the knife out of his hand and run out the door. The police arrived as she was running from the porch. They saw evidence of the fight in the kitchen and made an arrest on the spot. The father was removed and put in jail.

Afterward, she collected the children, who were terrified. She made the decision at that point to leave her husband. She told me that the intensity of his anger was unlike anything she had experienced before, and she knew that she could stay with him no longer. Despite her fear and anger at her husband, she also felt guilty about having him arrested. She knew that the arrest would affect his career, and she did not want to bring shame or dishonor to him. Because of her worry about his status at work, she wanted to drop charges if he would agree to leave the household. He was released the following day. The police accompanied him back home to pick up his belongings, and he moved into an apartment in the neighboring town.

The mother reported that her husband had contacted a lawyer to begin separation proceedings and requested visitation with the children. Meanwhile, she had talked to the children about what had happened. She was surprised to learn from the children that they had heard their parents fighting for the past year or so, and that they were terrified of their father. They had no interest in seeing him. At that point, she hired an attorney and the case went to court.

The next step in this evaluation involved direct interviews with the children. I decided to interview them separately. I knew that this approach would be more stressful for the children, but I wanted to give each of them the chance to tell the story from his or her perspective and to do so in private. I interviewed Jenna first. She was a mature and verbal nine-year-old. She came calmly into the office, sat across from me, and looked directly at me. I asked her some initial questions about school, her favorite subjects and television shows. This preamble was both to put her at ease and to as-
sess her mood and communication skills. She did not want to
color or draw, but wished to get to the point of the interview. I
asked her what she had been told about why she was here. She re-
plied that she knew that I was the person who would tell the judge
whether she should see her father, and she wanted to let me know
that she did not want to see her father “ever again.” As I asked
Jenna to tell me more about this decision, she explained to me that
her father and mother had been fighting for as long as she could
remember. She fell asleep every night to the sounds of their
fighting. When I asked her about what the worst part of the
fighting was, her voice dropped and she said that she was afraid her
mother would get killed. This was the first sign of emotion from
this calm and mature little girl. I then asked her to tell me about
the fight to which the police had responded. Again, her facial ex-
pression changed. She sat forward in her chair and began to fiddle
with the papers in front of her. For the first time, she looked away
as she began to talk. Soon, she had forgotten I was there and was
reliving the fight.

She was waiting to go to school when the fight began, sitting
in the living room, which was next to the kitchen. From where
she sat, she had seen everything. She saw her parents yelling and
saw her father grab her mother. He then turned and picked up a
“big knife.” “I thought he was going to cut her throat,” she said.
Her mother began to scream at the children to call the police. Her
father yelled to Jenna, “If you call the police, I’ll beat you.” Jenna
described being frozen with fear and indecision. In a panic she had
run out of the house. As Jenna concluded the story, she burst into
tears and sobbed uncontrollably. I gave her Kleenex, and when she
had regained her composure, I asked her what the worst part of
this experience had been for her. She cried quietly and said, “I left
my mom. I was too scared he would hurt me and I couldn’t call
the police.”

The response was heartbreaking. This brave and frightened
girl was wrenched with guilt over her perceived failure to protect
her mother. As we discussed this episode further, the depth of her
shame and self-blame were striking. She replayed the event over
and over in her head, she said, to try to figure out why she had “run
away.” The fact that her father had made a direct threat to her
safety wasn’t enough to assuage her guilt. In her eyes, she had
failed her mother.

When I asked about her ideas for current visits, she again said
that she had no interest in seeing her father. She said that the house
was peaceful now, and she didn’t care if he ever came back. While
I doubted that her emotional reactions to her father were quite
that simple, I was struck with how adamantly she reacted to the
idea of visits.

My final interview was with seven-year-old Ben. As I would
have predicted with someone his age, he was less verbal and had a
shorter attention span. Instead of one longer interview, I decided
to interview him twice for shorter periods of time. In the first in-
terview, he seemed very nervous, fidgeting in his seat and avoid-
ing eye contact. He declined the offer to draw a picture. I asked
about what his understanding was of our visits, and he said that it
was to decide about seeing his father. I asked why his parents were
separated. He said that they fought a lot. I asked if he could tell me
about the scariest fight, and he began to talk about the time the
police had come.

His description was somewhat different from his sister’s, both
because of his age and because he had actually seen little. As he
told the story, he was upstairs playing in his room when he heard
shouting and arguing downstairs. He stayed in his room because
he did not like the sounds of what he was hearing. Then he heard
his mom screaming to call the police. He got “very scared” and
thought about what he had learned at the school about calling
911. He placed the call. He could hear his father yelling. He said
that he was so scared that he went back into his room, barricaded
the door, and hid in the closet. I asked what he was most afraid of.
He replied that he thought his father would hurt him. The police
found him in his closet a short while later. As Ben told this story,
he looked more and more anxious. He stopped talking and asked
if he could leave the room. I commented that it must have been
very scary for him and that he didn’t have to talk about it any more
school. Jenna, as I could have predicted, was an excellent student and a leader in the classroom. The teacher, who spoke with great affection about Jenna, was surprised to hear from the mother that the parents had separated. Ben's teacher gave a more mixed report. Ben was quite aggressive at times and had trouble focusing on his work. He seemed preoccupied with fighting, bringing action figures of wrestlers to school and engaging in pretend battles with them in the classroom. In fact, the teachers had recommended a learning evaluation for him. Not unexpectedly, the mother did not tell either teacher about the abuse. She didn't want anyone at school to know. Although one can readily understand the mother's reticence to confide in the teachers, it ultimately made their job more difficult, and limited their abilities to help the children. I could imagine that Jenna's teacher could have been an important refuge for Jenna if she had known. Jenna desperately needed to talk with someone about what was going on in her parents' home. The secrecy resulted in Jenna's feeling more singularly responsible for the situation. If Ben's teacher had received more complete information, she could have understood his aggressive behavior and his short attention span in a different light.

Another lesson from this family's story is about how differently children react to an event. This abuse had very distinct meanings for Jenna and Ben, and they showed their reactions in different ways. Jenna assumed responsibility for protecting her mother, and her mother's injuries were visible symbols of failure. I speculate that this assumption of responsibility was Jenna's because she was the oldest child. She was bright, verbal, and mature. These attributes made her both vulnerable and strong: vulnerable because she was burdened with expectations she could not fulfill; strong because these attributes helped her cope with the stress at home. Jenna is doing well in school. I hope that her intellect and engaging personality will continue to benefit her.

Ben, on the other hand, appears to be more vulnerable. Perhaps this is because of age (boys at this age usually lag behind girls in cognitive and social development), and because of gender (the role model of a father who is abusive presents complications for
Ben in his own development). Ben has already been identified in school as a troublemaker. He is both intrigued with aggression and frightened by its consequences. Perhaps his fascination is an attempt to neutralize his fear.

Both children have been affected in ways that their parents do not fully understand. The stigma of domestic violence in this comfortable community makes it difficult for anyone to talk openly about these occurrences.

**CARMEN, ANNA, AND BILLY**

Carmen, a twenty-five-year-old mother of two children—Anna, age five, and Billy, age three—was referred to the Child Witness to Violence Project by the children’s pediatrician because he was concerned about their behavior. In a health visit, Carmen had told him that Billy was impossible to manage and that she was worried that he might get hurt. As an example of his behavior, Carmen reported an occasion when Billy got out of his bed at night and left their apartment. Fortunately, Carmen had heard him open the door and stopped him immediately. She was quite worried, however, that he might try to leave again. They live in an urban neighborhood that Carmen described as unsafe. His day care provider was also frustrated with him because he hit other children and would not heed limits in school. When the doctor asked about stresses at home that might be contributing to Billy’s behavior, Carmen confided that she had obtained a restraining order from the court for protection against her abusive husband. The pediatrician was surprised; despite the fact that he had cared for the children since their birth, he had not known about these family problems. As he asked about the abuse, Carmen told him that it had been severe at times. She then pulled up her skirt to show scars on her legs from cigarette burns, inflicted by her husband. The doctor told her about the Child Witness to Violence Project and made a referral.

At the Project, as we discussed the referral in our team meeting, we decided that this case was urgent. The mother had been seriously abused. The three-year-old child was behaving in ways that were dangerous to himself, and we worried that this mother might not be able to keep him safe. One of the counselors called Carmen to set up an initial evaluation. Despite her apparent interest in coming to see the counselor, she failed to keep the appointment. The counselor called her back, this time spending more time with her on the telephone to assess the level of crisis. She found out that Carmen had been a victim of abuse for the past three years and that the children had witnessed numerous episodes of violence, including one instance of rape. It was this horrifying event that had propelled Carmen to go to court to seek protection. However, even after a restraining order was issued, her husband continued to come to the neighborhood. He was frequently seen outside their house. One morning, Carmen discovered that someone had broken into her basement; she suspected her husband. She called the police each time she or the children saw him; however, he would flee before the police arrived, thus avoiding arrest. Carmen also stated that she had little money and could not afford to move. In fact, she barely had enough money to feed and clothe her children. She had depended on her husband’s income. Without it, she was desperate. Again, the counselor scheduled an appointment for Carmen to bring the children to our program. Carmen did not keep this appointment.

This pattern of making appointments and failing to keep them lasted for several weeks. We were very worried about the situation and struggled as a team to decide whether or not we should notify the state children’s protective services about our safety concerns for the children. However, more information about the family emerged as the counselor continued to talk with Carmen on the telephone, convincing us to hold off on notifying children’s protective services. First, Carmen told the counselor that she had gone to stay with her mother in another part of the city. She believed that she was safe. There were other adults in the home, and she would not be at this home alone. Second, Carmen confided that she had been in foster care as a child because her father was abusive to her. She hated the system and felt that it had created many more problems for her than it had solved. Because of
her time in this system, she refused to consider a battered women's shelter as an option for safety. She told the counselor that she had lived in group homes before and felt that they were terrible places for children. Her worst fear was that her children would eventually be removed from her care and put into the foster care system. Ironically, Carmen believed that keeping herself and her children out of a shelter was the best way to ensure their safety. This fear also kept Carmen from bringing her children to see us.

The counselor explained her dilemma to Carmen: If she could not meet the children and get some sense of their well-being, she would be legally mandated to notify children's protective services. The counselor assured Carmen that she understood her fears and that as a program, we were dedicated to helping mothers establish safe environments for their children. The counselor's patience and respect for Carmen, along with her genuine empathy for Carmen's dilemma, paid off: Carmen brought her children in for an evaluation approximately three weeks after the first call to the program.

In the first interview Carmen was exhausted and overwhelmed. She had enrolled in a vocational training program, and it was important to her that she finish so that she could get a job. However, she was forced to commute long hours from her mother's home, and the children were not faring well. Billy was in day care. The center director had communicated her concern about his behavior, along with the warning that if things did not improve, Billy would be asked to leave. The day care staff worried that they could not protect the other children from Billy's aggression. Carmen thought about going to a shelter, but decided against it. In addition to her memories of her own shelter experiences, a move to a shelter would result in losing the day care slot for Billy.

The counselor interviewed both children. Billy was very active and unfocused in the session, running from one toy to another, but not able to engage with any specific activity. He said to the counselor that his dad hit his mom, but that she would be OK because he would protect her. When the counselor asked how he would do so, he replied that he had a knife. Anna, the five-year-old girl, was subdued and shy. She sat quietly in the room as the counselor talked with the mother. When she was interviewed alone, she was at first reluctant to talk. Her mother had said that Anna had trouble sleeping at night. The counselor began with that topic, asking Anna about nighttime. Anna replied that she was scared. When pressed to say more about her fears, Anna replied that she worried that her mother would die. She thought about this fear in school, and it made her sick to her stomach. She looked very sad as she talked about this fear. It was clear that she was suffering as much as Billy, only in a less obvious way.

Within three days of that interview, Carmen called to say that her husband had appeared at the school bus stop as she picked Anna up. She also said that Billy had climbed out the window of her second-story apartment early that morning. With this news, the counselor was convinced that the situation had deteriorated to a dangerous level and urged Carmen to take Billy to the local hospital's emergency room for a psychological evaluation. The counselor also told Carmen that she was so concerned about the children that she must notify children's protective services about the crisis. The counselor worried that Carmen would be angry and frightened and would cut off contact with everyone. Although Carmen told the counselor that she was angry and felt betrayed, she took Billy to the hospital, and he was admitted for an inpatient stay. The counselor made a report to the local children's protective services office, and an investigation began.

The counselor heard nothing from Carmen for the next three weeks. Finally, Carmen called to tell the counselor that although she had been very angry, she knew that the counselor was doing her best to help the family be safe. She agreed to come in again to talk. This exchange seemed to be crucial in helping Carmen accept help and commit to a relationship with the counselor. She and our counselor worked together for the next year. Progress was slow and erratic. Billy was released from the hospital and enrolled in a therapeutic day care program. His behavior improved dramatically. Carmen left her vocational training program, but later took pleasure in becoming a room parent at Billy's school. Children's
protective services helped Carmen secure an apartment in another part of the city. This move was a great relief to everyone: They could now feel safer at home. As the initial crisis subsided, however, Carmen grew more depressed and immobilized. She began to confide in the counselor her own history of abuse, something she had never before discussed with anyone. Together, Carmen and her counselor decided that Carmen should be hospitalized to help manage her sense of hopelessness and desolation. This hospitalization was somewhat helpful for Carmen, but devastating for the children. Their fears and worries about their mother were vividly revived.

Anna continued to have significant difficulty in school. She was afraid of other children and began to fall behind in her work. She begged her mother to be allowed to stay at home. Carmen once commented that Anna seemed to prefer punishment to going to school. She developed chronic headaches and stomachaches. During one session with the counselor, Anna explained that she was particularly afraid to ride the bus to school. The counselor was curious about this fear. Anna told her that she had been struck by a ball that someone had tossed around the bus. In addition, a girl sitting near her had recently been hit with a rock that was thrown into the window by a person on the street. She also said that the bus was often late picking her up and that there were too many children on the bus. In short, Anna began each day by feeling scared and vulnerable. With her previous exposures to dangerous violence, Anna was highly sensitive and fearful about random or unexpected danger in her environment. It was no wonder she had trouble focusing on her work in school. The counselor helped the mother contact school officials about the bus situation. Although it finally improved, Anna lost most of that academic year in terms of achievement in school. Because she was quiet and caused little trouble, neither her teachers nor the school officials were aware of her distress.

At the end of fifteen months of counseling, Carmen and Billy were greatly improved. Anna was no longer afraid at school, although she continued to have academic difficulties. Stable and safe housing was perhaps the most important component of the family’s improvement. High-quality day care made a dramatic difference for Billy. Carmen re-enrolled in the vocational program, which led to job placement. Throughout this time, the counselor continued to provide a steady, warm, and accepting relationship with Carmen and the children. She provided great stability throughout much of the initial crisis. Carmen articulated the value of this relationship in a letter she wrote to the counselor, thanking the counselor for caring about her family and believing that they could make it through the crises they had endured.

This case is a grim reminder of the intermingling effects of exposure to domestic violence and poverty. Unlike the first family, Carmen and her children lacked the basic necessities of safe housing. Carmen had no safety net of savings. She could barely feed her children. She had few friends and did not use community resources. For reasons that are quite different from those of the first family, Carmen also refused shelter. Her own history of abandonment and abuse made her distrustful of most people and institutions. Perhaps because she was poor and lived in a high-crime neighborhood, the police were also less responsive. They failed to apprehend her husband, thus making it possible for him to continue a reign of terror over the family. In short, neither the legal nor the community support system worked for Carmen. What began as a problem between Carmen and her husband grew to include each family member. Anna, who was perhaps most seriously affected by the violence, displayed the least obvious symptoms and therefore initially did not get the help she needed. The schools were particularly unresponsive to Anna’s needs.

These cases illustrate both the immediate and long-lasting effects of exposure to domestic violence on children. We see that children are affected in unique ways that depend partially on their personalities, their strengths, their ages, and their relationships with their parents. We can also understand how the effects of chronic trauma on adults affect their capacities to parent their children. Carmen’s extensive history of abuse affected her ability to make good judgments about keeping her children safe. It wasn’t
until she began to recognize the severity of her own trauma that she could improve her parenting relationships with her children.

These cases also raise complex intervention and policy questions. In the case of Ben and Jenna, the question of what contact they should have with their father is unresolved. How does the court balance the children's rights to feel safe with the right of a parent to have access to his children? How does the court weigh the importance of children maintaining an ongoing connection with both parents with the need of the mother to be free from her abusive husband? In the second case, the counselor struggled with the definition of child abuse or neglect. Is it abusive or neglectful on the part of parents to physically hurt one another in front of the children? Who should be charged with the neglect in this case: the father for his terrifying and dangerous behavior or the mother for her failure to protect the children? There are no easy answers to these questions.

In conclusion, the problems that face children and women affected by domestic violence are complex. The particular horror of domestic violence for children is that it robs them of the basic sense of home as a safe haven. They learn at an early age that it may not be safe to depend on adult caregivers for refuge. These lessons are learned behind closed doors, away from the eyes or ears of the community. The adult victim and the perpetrator of the violence each has his or her own reasons for keeping the silence. A complex interplay of fear of escalating violence, economic dependence, as well as fear of judgment and shame keep the victim quiet. Fear of sanction and the need for control silence the perpetrator. In order to create interventions that help in these situations, we must create a social climate that breaks the code of silence and brings the devastating phenomenon of domestic violence into the public light.

CHAPTER 4

What We Can Do to Help Children Who Have Witnessed Violence

The first chapters of this book are sobering. Children are profoundly affected by violence in their environments. There seems to be no age at which a child is immune to the effects of exposure to violence. Exposure to domestic violence, the kind of violence that is most private and difficult to acknowledge, seems to be particularly harmful to children. In the face of the evidence, many of us begin to despair. What can we do to help children? How can we raise awareness and begin to think as parents and professionals about prevention? These next three chapters focus on these questions.

When we provide training to professionals about the effects of violence on young children, we always allow time for questions and reflections. We solicit questions from the audience and there is usually silence. People's expressions are drawn. Sometimes, a person may be in tears. Frequently, someone will take this opportunity to say that he or she has personal experience with the issue. We hear these stories no matter where we are: a large city, a small suburban town, a rural area. Our audiences tell us that it is hard to hear this information about children because it makes their work seem futile. How could they possibly help? What could they do to make a difference? We are quick to stress that just as we have learned about how violence affects children, we have also learned that there is a great deal we can do to help them.