DOMESTIC VIOLENCE IN HAWAII

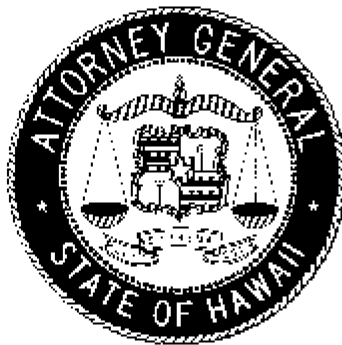
IMPACT ON MOTHERS AND THEIR CHILDREN

A report by

Pacific Behavioral Health Services Corporation

Department of Psychology
University of Hawaii at Manoa

Crime Prevention & Justice Assistance Division
Department of the Attorney General
State of Hawaii



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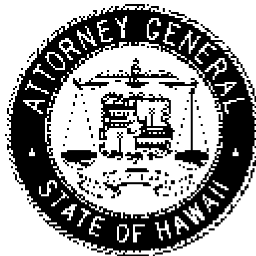

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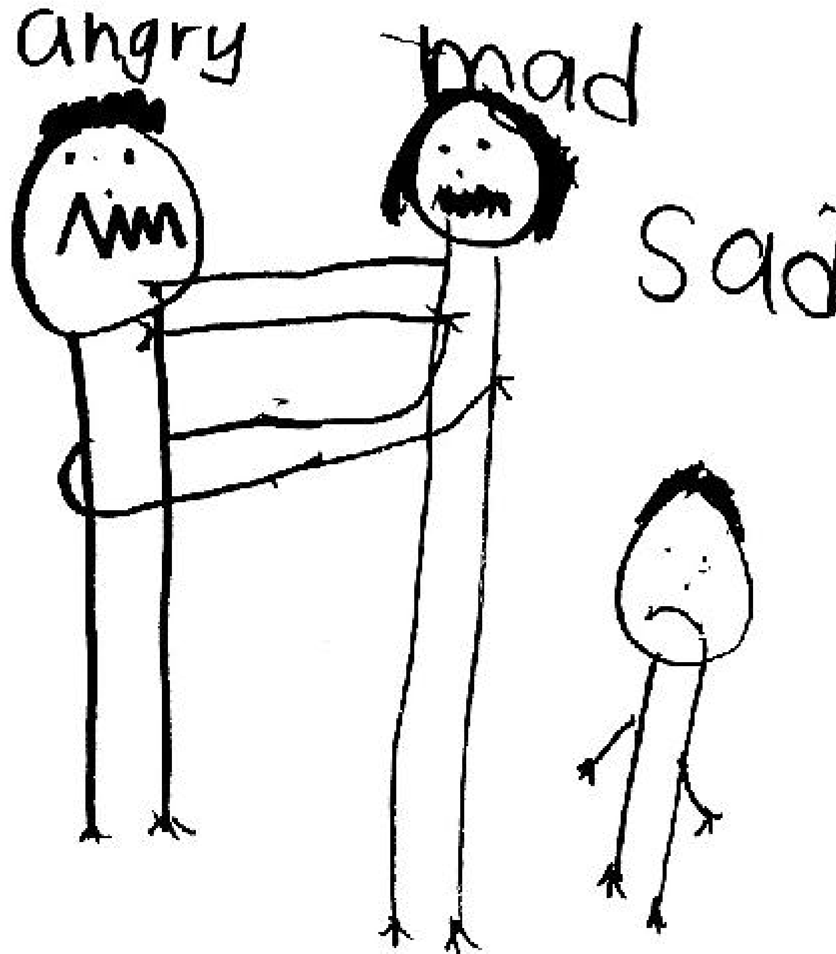

Drawing by study participant, age 11

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Executive Summary

Domestic violence figures prominently among social issues in Hawaii. While identifying and protecting children exposed to domestic violence is a high priority for Hawaii's justice system, there is a paucity of information regarding the specific needs of these children. Such information, however, is needed to effectively guide the development of policy and services within the justice system and related service agencies.

Objective

The major objective of this study is to objectively assess the psychological impact of domestic violence on victim-mothers and their children. This report is intended to be used to support the development and/or improvement of systematic procedures for protecting and rehabilitating children exposed to domestic violence. Several specific topics of inquiry are explored.

First, it is not known how concerns for their children's safety affects victim-mothers' decisions to remain in and, perhaps at some point, leave an abusive relationship. Relatedly, it is important to explore how other factors—such as a perceived need to maintain an "intact" family—may similarly affect an abused mother's decision-making.

Second, a concerted effort must be made to better understand the degree to which children experience psychological dysfunction as a result of witnessing their mothers being abused.

Third, research is needed to clarify the relationships that exist between victim-mothers' experiences in abusive relationships and their social skills both within the family, in particular parenting skills, and outside the family, such as in the workforce.

Method

This research assesses local victim-mothers and children for their perspectives on domestic violence they have experienced. A total of 25 mothers and 25 children were identified by domestic violence-focused service agencies in the community and referred for independent interviews and psychological assessment. Mothers and children were included in the study if they had been out of the abusive relationship for at least six months.

The study procedures included structured interviews to collect information on demographics, abuse experiences, maternal decision-making processes, and psychological difficulties. Psychological assessment of the mothers focused on their symptoms of depression, dissociation, and anger, and on assessing the psychological effects of exposure to abuse, including symptoms of posttraumatic stress disorder. In addition, the possible effects of exposure to domestic violence on parenting skills were formally assessed.

Children were interviewed about their memories of abuse, their own exposure to physical and sexual abuse, and their attempts to intervene in order to stop the violence. The psychological assessment of the children focused on assessing posttraumatic symptoms.

Findings

- The mothers were more than two years out of their relationships on average. This time frame allowed them to share more objective reflections and assessments. It also demonstrates the persistence of psychological effects related to domestic abuse.
- The mothers were mostly single and had an average of three children potentially affected by domestic violence, compounding difficulties experienced by the mothers themselves. The mothers were generally within child-bearing years, indicating the potential for parenting skill deficits and other difficulties to impact beyond the current family.
- Only a third of the mothers had sought psychological services for their children, indicating a general need to encourage early utilization of assessment and treatment services.
- The mothers reported exposure to very significant levels of verbal and physical abuse (and sometimes sexual assault) by their spouses.
- The mothers reported that their children were often present to witness domestic abuse. The presence of children only modestly reduced the abusers' tendencies for verbal and physical abuse.
- The large majority of mothers felt that physical abuse seriously affected their roles both inside and outside the home—as wives, mothers, and employees. Moreover, most of the mothers regarded the levels of distress suffered by their children to be extremely serious.
- The children's reports of abuse in their families substantiated those of their mothers and indicated substantial degrees of child abuse as well.
- A desire to keep the family intact (i.e., with a father) was the most frequent reason the mothers gave for initially remaining in their abusive relationships. Concern for the safety of their children (along with personal emotional degradation) ranked highest among their reasons for leaving the relationships.
- About half of the mothers and the children showed substantial signs of posttraumatic stress disorder (PTSD) two years on average after leaving the abusive relationship, demonstrating the need for effective mental health interventions with these families.
- There was no apparent relationship between the likelihood of PTSD in the mothers and the likelihood of PTSD in their children. This suggests the need for separate and independent assessments of each party, regardless of any symtomatology found in the other.
- Most mothers recognized that exposure to domestic violence could have negatively affected their children's psychological health. However, most did not seek mental health assistance for their children, despite having health insurance coverage (primarily through the state's Quest program). The importance of structured prevention and rehabilitation efforts directed specifically toward the needs of children cannot be overstated.
- PTSD in the mothers was associated with numerous other indicators of cognitive, emotional, and behavioral dysfunction, including depression, dissociation, anger, and reduced scores on measures of parenting skills, thus showing both the broad and specific effects of this disorder.

- Mothers with PTSD underestimated the distressing effects that witnessing abuse would have on their children. Moreover, these mothers were less likely to seek psychological assistance for their children.

- Children whose mothers had PTSD showed significant patterns of dissociation from their environments. These symptoms could affect behavior outside the home, such as in the classroom.

Conclusions and Recommendations

The prevalence of serious psychological disturbances and other difficulties observed in these abused mothers and their children lead to a number of suggested methods for interacting with this population.

First, traumatic exposure to domestic abuse disrupts wide areas of functioning. However, even among those who were receiving psychological services, there is evidence of pervasive negative effects. This suggests the need to develop specialized services to provide empirically-validated treatment. Such services might be provided by a domestic violence response team including psychologists, social workers, and other trained mental health professionals.

Second, an early detection policy aimed at identifying symtomatology in children who witness domestic violence should be fully implemented. This system should include (1) systematic training of law enforcement personnel because they are often the first outsiders to come into contact with a family in which there is domestic violence, and (2) initial psychological assessments of mothers and their children conducted by a domestic violence response team at the time of police intervention or initiation of temporary restraining orders. These assessments should minimally screen for evidence of acute stress disorder as a precursor to longer term dysfunction including posttraumatic stress disorder.

Third, psychological, emotional, and behavioral difficulties in abused mothers and their children should be treated at the earliest possible stage of intervention in order to forestall the emergence of more serious effects and problems. While access to health insurance is clearly a success on behalf of Hawaii's families exposed to domestic violence, the children in this study were not receiving these services.

Fourth, clearly, most of these women endured physical, sexual, and emotional abuse in the belief that they were sacrificing themselves to provide their children with the perceived benefits of growing up in a family with a father. It was often only when their children's safety became an issue that they decided to leave the abuser. Most women stated that they had little access to information regarding the effects of abuse on their children. This strongly suggests that media information efforts should be developed to inform mothers that the impact of domestic violence on their children vastly outweighs any perceived negative effects of leaving an abuser.

Introduction

The Problem

Domestic violence is one of the most serious social problems nationally and in Hawaii, not only for the immediate victim, usually a wife/mother, but also for her children. Related to this, the protection of children affected by domestic violence and abuse is an emerging priority of Hawaii's justice system (Coffee and Coffee, 1996). Existing research suggests that domestic violence affects children negatively in both physical and emotional terms (Strauss, 1992). Moreover, it is becoming increasingly evident that domestic violence and child abuse are very likely to co-occur (Strauss & Gelles, 1990). Clearly, the safety of mothers and their children in a family of violence and abuse are intertwined. How Hawaii mothers' concerns for the safety of their children affect their decision-making has not been well researched.

Relatively little is known about the psychological impact on children living in violent families (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997). It seems intuitively evident that when children suffer psychological symptoms it results in increased caretaking burdens on the mother. Moreover, given that mothers who leave abusive relationships are usually already psychologically burdened by the difficulties and effort of reestablishing themselves independently, it is possible that children's psychological symptoms negatively affect the ability of mothers to successfully transition to independence, including making effective use of the justice system.

This research provides preliminary data to guide the development of programmatic efforts in Hawaii to provide assistance and support for victims of domestic violence and their children. The primary research question is: To what extent do considerations regarding the safety of children in domestic violence situations influence a mother's decisions about leaving the perpetrator? A second question is: To what extent do mothers and children who are victims of domestic violence show evidence of trauma-related psychological dysfunction that negatively affects their thinking, feeling, and behavior? Other research concerns focus on how abuse and resulting psychological difficulties factor into a mother's decision-making and parenting skills. Information on these issues will aid in developing effective interventions and public education programs to assist domestic violence victims in Hawaii.

Background

It has been estimated that between 3.3 million (Carlson, 1994) and 10 million (Strauss, 1992) children in the United States live in households in which domestic violence is perpetrated. In Hawaii, perhaps as many as 44,000 children witness domestic violence each year (Coffee & Coffee, 1996). Exposure to domestic violence and child abuse occur in the same homes very frequently (Strauss, Gelles, & Steinmetz, 1980). Children exposed to domestic violence are often both primary victims of abuse and secondary victims through witnessing their mothers being abused.

Importantly, domestic violence may negatively affect the parenting capacity of mothers as a result of its deleterious effects on psychosocial functioning. Often mothers develop significant psychological disorders, including depression and posttraumatic stress disorder, that may impair their capacity to respond appropriately to the needs of their children (Crowell & Burgess, 1996; Famularo, Fenton, Kinscherff, Ayoub, & Barnum, 1994). For instance, a mother in a state of depression who conveys thoughts of suicide to her child, or a mother with posttraumatic stress disorder who experiences and expresses chronic anger, may further traumatize their children beyond the effects of witnessing the precipitating domestic violence.

Women who stay in abusive relationships often appear to outside observers to be doing so irrationally. The factors weighed by abused women in making their decisions are not well understood. It is likely that in considering their safety, abused women make complex tradeoffs which include

judgments about their own and their children's physical and psychological safety (e.g., Crowell & Burgess, 1996), and about basic needs (such as economic resources), maternal concerns (e.g., maintaining an intact family), relationship and social needs (e.g., companionship, opinions of other family members), and emotional concerns (such as personal degradation). Empirically, however, little is actually known about how the presence of children in the home affects these calculations about safety and other concerns. Accordingly, the current study sought to develop preliminary information regarding these issues through effective data collection methods including the use of structured interviews and objective instruments.

An additional purpose of this research was to evaluate mothers and children to establish their psychological status both post-abuse and outside the context of the abusive relationship. This enabled the investigators to obtain information regarding abusive experiences that was potentially more objective, owing to psychological distance from the events, as well as more pertinent to the study of the long-term effects of abuse on mothers and their children.

Method

Participants

The participants in this study were mothers and their children from families in which domestic violence—for present purposes to include verbal, physical, and/or sexual abuse—was severe enough to lead the mothers into leaving the abusive relationship. The mothers were identified in several ways. In keeping with efforts to recruit mothers who had been out of their abusive relationships for some period of time, the Domestic Violence Clearinghouse and Legal Hotline and other agencies reviewed their files for mothers who met the criteria below, and requested permission for the study investigators to contact them.

Every effort was made to ensure that the following criteria for inclusion were met: 1) the mother was the victim of domestic violence; 2) the mother was no longer in the abusive relationship and lived separately with her children; and 3) at least one child age 7 or older was in the home at the time of the abuse and was willing to participate in the study. Reimbursement of $100 was given immediately at the end of the study interviews and questionnaires. Twenty-five mothers and their children (one child for each interviewed mother) participated in the study. In families with multiple children, the mother selected a child to be interviewed in accordance with the above criteria.

Instruments - Mother

The following instruments were included in the procedures:

Demographic Questionnaire: Adult. A short questionnaire was designed by the investigators to determine the mother's age, most recent contact with the abuser, current marital situation, names and ages of children, personal childhood abuse experiences, other aspects of abusive experiences with previous partners, and other demographic information.

Exposure to Domestic Violence/Abuse-Adult Scale. A structured interview designed by the investigators was aimed at determining aspects of 1) verbal abuse sustained by the mother (e.g., worst episode, frequency/intensity, effects on the children, motivational dynamics, among other features); 2) physical abuse sustained by the mother (along the same dimensions); 3) sexual abuse sustained by the mother (along the same dimensions); 4) abuse of a child (frequency/intensity); 5) child(ren)'s witnessing of abuse sustained by the mother (frequency/intensity), including by the target (interviewed) child; and 6) temporary restraining orders issued, if any.

A second section of the structured interview focused on the mother's decision-making processes (basic, maternal, relationship, emotional, and other needs) in regard to leaving, versus remaining in, the abusive relationship. This section of the interview concluded with the mother's view of possible physical, psychological, behavioral, and emotional effects suffered by the target (interviewed) child who witnessed the abuse.

Posttraumatic Diagnostic Scale (PTDS). This paper and pencil questionnaire (Foa, Cashman, Jaycox, & Perry, 1997) assesses posttraumatic stress disorder in both clinical and nonclinical populations and was used here to determine the presence of posttraumatic stress disorder (PTSD) in the mother. The scale is keyed to standard diagnostic criteria (listed in the Diagnostic and Statistical Manual IV, American Psychiatric Association, 1994) and provides a continuous measure of PTSD symptoms. This 49-item instrument has high internal consistency and test-retest reliability. Posttraumatic stress disorder is an anxiety disorder owing to exposure to events that threaten life or injury and evoke intense fear or helplessness. It is characterized by a pattern of responses including: (a) reexperiencing trauma events in the form of memories or flashbacks, along with psychological and physiological distress (arousal) when exposed to stimuli that relate to the trauma; (b) avoidance of stimuli that are trauma-relevant and/or periods of emotional detachment; and (c) physiological arousal characterized by such problems as hypervigilance, sleep disorders, or inappropriate anger (American Psychiatric Association, 1994).

Dissociative Experiences Scale (DES). This instrument (Bernstein & Putnam, 1984) is a 28-item self-report measure of the frequency of dissociative experiences in adults. Dissociative experiences include daydreaming, fantasies, thinking about other activities, and the like. The scale has been used extensively in research and clinical settings.

Parenting Scale. This 30-item scale (Arnold, Leary, Wolff, & Acker, 1993) is a measure of dysfunctional parenting in disciplinary situations. The factors of the scale include laxness (e.g., neglect of the child), overreactivity (e.g., impulsive criticism of the child), and verbosity (e.g., overuse of verbal controls). The scale and its factors appear to be reliable and valid (Arnold et al., 1993).

State-Trait Anger Expression Inventory (STAS). The STAS (Spielberger et al., 1985) is a reliable instrument designed to measure anger, both at the time of the questionnaire administration ("state anger") and more generally ("trait anger"). Validity for the scales has been found in patterns of correlations with a variety of physiological and personality measures.

Beck Depression Inventory (BDI). The BDI (Beck, Rush, Shaw, & Emery, 1980) is a 21-item paper and pencil questionnaire aimed at determining depressive states. Substantial reliability and validity data have been summarized by Beck, Steer, and Garbin (1988).

Instruments - Child

The 25 children who participated in the interview process were administered the following instruments:

Exposure to Domestic Violence/Abuse-Child Scale. A structured interview designed by the investigators for use with the participating child was aimed at determining the frequency and intensity of 1) verbal abuse sustained by the child; 2) physical abuse sustained by the child; 3) the child's witnessing of his/her mother being abused; 4) experiences related to police intervention; 5) the child's attempts to intervene in the abuse; 6) sexual abuse sustained by the child; 7) whether or not the child was separated from the mother because of abuse; and 8) the number of shelter stays.

Clinician-Administered PTSD Scale for Children and Adolescents for DSM-IV (CAPS-CA). This structured interview instrument (Nader et al., 1996) is used to determine children's "intrusive

experiencing" of domestic-violence/abuse incidents (such as flashbacks, nightmares); avoidance of material that would remind the child of the abusive incidents; evidence of bodily arousal (e.g., difficulty sleeping); and associated symptoms (e.g., guilt). The instrument provides for ratings of the frequency and intensity of these symptoms.

Procedure

Potential participants appeared on a list provided by the referring agencies, and were contacted and scheduled by the Interviewer/Program Coordinator. Upon arrival at the scheduled interview, the participants were read an informed consent form that described the study in terms of its purpose, methods, legal rights, and where to obtain additional information. Both mothers and children were asked to sign their respective forms and were provided copies.

Mothers and children were interviewed in separate rooms. Following the structured interview, the mother then completed the written questionnaires. During this time, the child was interviewed separately. Both participants were then debriefed and instructed on how to contact the Principal Investigator if psychological difficulties were experienced as a result of having reviewed memories of past domestic abuse. Where indicated, the mothers were provided with a referral resource to obtain additional clinical services for their children or themselves. The mothers were then given the monetary reimbursement and the session was concluded.

Results and Discussion

Descriptive observations in this study are based on the entire samples of mothers and children, respectively. For purposes of subsequent analysis, as outlined below, the mothers were classified in accordance with their responses to the Foa Posttraumatic Diagnostic Scale, which enabled a nearly equal split in terms of those who met and those who did not meet criteria for posttraumatic stress disorder. Other related analyses are described below.

The mothers' responses to the demographics items are shown in Tables 1 and 2. As seen in Table 1, the mothers were on the whole about 35 years of age and had three children (in addition, Table 2 shows that 72% of the mothers had three or fewer children). The interviewed children ranged in age from 7 to 17 and were on average approximately 11 years old. The mothers had the last contact with their abuser on average 26 months previously; fully three-quarters of them had not had contact with the abuser for 9 months or longer. In other words, the mothers were somewhat distant in time from their abusive relationship, likely contributing to more objective perspectives on events that occurred during the relationship.

Table 1:
Characteristics of the Mothers

Characteristic	Average
Age of mother (years)	35.4
Number of children	3.0
Age of child participant (years)	11.2
Last contact with abuser (months)	26.4
Number of prior marital / co-habitating partners	2.4

Table 2 reveals that 48% of the mothers indicated being physically abused, and the same percentage sexually abused, as a child, suggesting a long-term pattern of dysfunctional relationships and the importance of early preventative intervention. More than 9 out of 10 (92%) of the mothers had sought psychiatric services in their lifetime, and a full 28% had been hospitalized for psychiatric reasons. However, less than a third (32%) of the mothers had sought psychiatric services for a child. ***The latter observation indicates the importance of programs designed to encourage abused mothers to obtain early mental health interventions for their children. The probable link between childhood and adult abuse indicated in these data again emphasizes the need for early services*.**

Table 2:
Additional Characteristics of the Mothers

		Number	Percent
Marital status	Divorced	9	36
	Single	4	16
	Separated	7	28
	Remarried	2	8
	Other (co-habitating, widowed)	3	12
Number of children	one	3	12
	two	7	28
	three	8	32
	four or more	7	28
Was physically abused as a child	Yes	12	48
	No	13	52
Was sexually abused as a child	Yes	12	48
	No	13	52
Was hospitalized for physical illness	Yes	15	60
	No	10	40
Was hospitalized for psychiatric illness	Yes	7	28
	No	18	72
Sought psychiatric services	Yes — a little	10	40
	Yes — extensive	13	52
	No	2	8
Sought psychiatric services for a child	Yes — a little	5	20
	Yes — extensive	3	12
	No	17	68

Table 3 summarizes some of the dimensions of verbal, physical, and sexual abuse sustained by the mothers during the relationship in question. All of the mothers reported being the victims of verbal abuse. The majority (56%) of them were verbally abused on a daily basis and almost three-quarters (72%) reported that the intensity of verbal abuse was "extreme." All but one of the mothers said that she had been physically abused during the relationship. While it occurred less frequently than verbal abuse, physical abuse was experienced by many mothers weekly (32%) or monthly (28%). Again, the majority of mothers (80%) stated that the physical abuse was "extreme" in intensity. Less frequent was sexual abuse, although nearly half (48%) of the mothers reported being sexually abused during the relationship. All but one of the12 victims of sexual abuse reported that the intensity was severe.

In many instances, the likelihood of the mother being verbally or physically abused was not affected (64% and 44%, respectively) if a child was present. However, in 36% of the cases the presence of a child reduced the likelihood of a sexual assault. The reports of mothers and their children did not totally agree on the occurrence of child sexual abuse—one child reported sexual abuse not reported by the mother, and three mothers reported sexual abuse not reported by the child, again demonstrating the importance of independently assessing abused mothers and their children.

Overall, the mother's reports indicate that children were often present during episodes of verbal and physical abuse, and that the presence of children did not generally decrease the likelihood that abuse would occur. In short, there were ample opportunities for the children to experience and psychologically respond to extreme instances of abusive interactions directed at their mothers.

Another important aspect of the physical abuse described by these mothers is the extent to which it affected their perceptions of their roles as wives, mothers, and members of the workforce. Some information on these points is also contained in Table 3. The large majority of mothers felt that physical abuse "seriously or extremely" affected all three spheres of their lives: as wives, 80%, as mothers 60%, and as employees, 68%. Thus the effects of physical abuse extend beyond various domestic roles to impair the ability to function as a contributing member of the workforce.

Table 3:
Characteristics of Domestic Abuse Directed Against the Mothers

			Number	Percent
VERBAL ABUSE	Frequency of verbal abuse	Once or twice	1	4
		Bimonthly	1	4
		Monthly	3	12
		Weekly	6	24
		Daily	14	56
	Intensity of verbal abuse	Moderate	2	8
		Severe	5	20
		Extreme	18	72
	Likelihood of verbal abuse with child present	Less Likely	2	8
		More Likely	7	28
		Did Not Matter	16	64
PHYSICAL ABUSE	Frequency of physical abuse	None	1	4
		Once or twice	3	12
		Bimonthly	5	20
		Monthly	7	28
		Weekly	8	32
		Daily	1	4
	Intensity of physical abuse	None	1	4
		Moderate	1	4
		Severe	3	12
		Extreme	20	80
	Likelihood of physical abuse with child present	More Likely	1	4
		Less Likely	11	44
		Did Not Matter	11	44
		Other	2	8
	Mother's roles severely or extremely disabled as a result of physical abuse	As a Wife	20	80
		As a Mother	15	60
		As a Worker	17	68
SEXUAL ABUSE	Frequency of sexual abuse	None	13	52
		Once or twice	5	20
		Monthly	3	12
		Weekly	4	16
	Intensity of sexual abuse	None	13	52
		Moderate	1	4
		Extreme	11	44
	Likelihood of sexual abuse with child present	Not applicable	13	52
		Less Likely	9	36
		Did Not Matter	3	12

Additional information regarding the perceptions the mothers had concerning their children witnessing domestic violence is shown in Table 4. The mothers indicated that ***80% of the children witnessed domestic violence at least monthly, and that 40% witnessed it on a daily basis. Moreover, 80% of the mothers felt that the level of related distress in their children was "extreme."*** Most of the mothers (56%) recalled that their children attempted to intervene in instances of violence. The severity of experienced violence was further documented by the likelihood of intervention by police (84%), by other adults (48%), or by the need for the mothers to obtain temporary restraining orders (64%).

Table 4:
Mothers' Perceptions of Children Witnessing Domestic Abuse, and Related Observations

		Number	Percent
Frequency of child witnessing domestic violence	Not at all	2	8
	Bimonthly	3	12
	Monthly	5	20
	Weekly	5	20
	Daily	10	40
Perception of mother of child's related distress	None	2	8
	Severe	3	12
	Extreme	20	80
Police intervention	No	4	16
	Yes	21	84
Temporary restraining order issued	No	9	36
	Yes	16	64
Children ever attempted to intervene	No	11	44
	Yes	14	56
Another adult ever attempted to intervene	No	13	52
	Yes	12	48

Table 5 presents some related data on the occurrence and effects of abuse directed at the victim-mothers' children. A full 72% of the mothers reported their children to have been abused physically, generally on a monthly or more frequent basis. In addition, 56% of the mothers perceived the intensity of abuse to be extreme. Moreover, 12% of the mothers reported instances of sexual abuse of their children, all at a level of moderate to extreme intensity. Therefore, ***beyond the direct abuse of the mothers, the substantial majority of these women reported very serious physical abuse of their children, to the extent of sexual assault in some cases. Most mothers regarded the levels of distress suffered by their children to be extremely serious.***

Table 5:
Mothers' Perceptions of Domestic Abuse Directed Against Their Children

		Number	Percent
Was child ever physically abused?	Not at all	7	28
	Once or twice	2	8
	Bimonthly	4	16
	Monthly	7	28
	Weekly	2	8
	Daily	3	12
Intensity of physical abuse of the child	None	7	28
	Mild	2	8
	Moderate	1	4
	Severe	1	4
	Extreme	14	56
Was child ever sexually abused?	Not at all	22	88
	Once or twice	1	4
	Monthly	1	4
	Weekly	1	4
Intensity of sexual abuse of the child	None	22	88
	Moderate	1	4
	Extreme	2	8

Another section of the interview dealt with the reasons the mothers stayed in, and then left their abusive relationships. The data reflecting the reasons for remaining in the relationship are shown in Table 6, showing decisions categorized by: 1) basic needs; 2) maternal needs; 3) relationship needs; and 4) social needs (related to family and friends, respectively). The table shows that all four categories were important in the mothers' decision to remain in their relationships. On the whole, shelter ranked as the number one reason among basic personal needs. Among maternal needs, having a father for the children was the prime concern. Companionship was the top concern among relationship needs. Family feelings and being considered a failure in the marriage were equally important among social needs, whereas the attitudes of friends were generally less a concern. (Note: the subsection columns in some cases do not total 100 percent. The numbers listed represent how often each specific need was chosen as being of primary importance; some mothers did not select any of the needs as such.)

Table 6:
Mothers' Reasons for Remaining in the Abusive Relationship

Mother's Needs Category	Specific Needs	Percent Mothers Rating it as Most Important Need
Basic needs	Shelter	40
	Food	8
	Health insurance	0
	Pregnancy	12
	Other	24
Maternal needs	Shelter for children	24
	Food for children	0
	Health insurance	0
	Father for children	72
	Other	0
Relationship needs	Companionship	44
	Sexual needs	4
	To be a good wife	16
	Other	32
Social needs related to parents	Their feelings about you	24
	Shame	8
	Failure	24
	Embarrassment	4
	Guilt	8
	Other	12
Social needs related to friends	Their feelings about you	12
	Failure	12
	Embarrassment	8
	Guilt	4
	Other	4

The mothers' reasons for ultimately leaving their relationships were rated in terms of importance on 10-point scales (Table 7). Safety of the children (a maternal need) was rated higher in importance than was personal safety. Giving up on the relationship was a factor, as was specific information from others concerning the availability of resources and means for leaving the relationship. However, emotional concerns (such as suffering degradation) were rated as somewhat more critical overall than these other factors, as has been found by others (Gornter, Berns, Jacobson, & Gottman, 1997).

Table 7:
Mothers' Reasons for Leaving the Relationship (10-point scale)

Characteristic	Average Score
Emotional concerns (e.g., degradation)	8.9
Safety of the children	8.8
Personal safety	7.1
Victim resource information & means for leaving	7.0
Gave up on the relationship	6.4

A final portion of the mothers' interview dealt with (1) whether they tried to protect their children from abuse, and (2) their perception that their children's witnessing of abuse had physical, psychological, or emotional effects. All but one of the mothers (96%) indicated that they had tried to protect their children from abuse. As shown in Table 8, a substantial majority of the mothers also saw the abuse as having psychological and emotional effects on their children (88% and 96%, respectively) and a lesser majority (56%) believed there were also physical effects (perhaps correlated with instances of physical abuse). ***These data, showing that almost all of the mothers tried to protect their children and believed that the children suffered from the effects of witnessing abuse, are in direct contrast to data cited earlier indicating the relatively small percentage of these mothers who had sought psychiatric services for their children (32%). Of substantial importance, mothers with PTSD were significantly less likely than other abused mothers to seek services for their children.***

Table 8:
Mothers' Perceptions of the Effects of Domestic Abuse on Their Children

		Number	Percent
Abuse had physical effects on child	No	11	44
	Yes	14	56
Abuse had psychological effects on child	No	3	12
	Yes	22	88
Abuse had emotional effects on child	No	1	4
	Yes	24	96

An assessment of the effects of abuse and witnessing abuse in the children, including a structured interview for the presence of PTSD (the CAPS-CA), was accomplished by an interview of one child for each mother. Table 9 indicates that 92% of the children reported witnessing verbal abuse and 68% reported that the abuse was moderate to extreme in intensity. Similarly, 84% reported witnessing physical abuse of their mothers and 68% stated that this intensity was moderate to extreme. Three-fifths (60%) of the children indicated that they themselves had experienced physical abuse, but very few admitted to experiencing sexual abuse. The majority of the children (64%) remembered the police intervening and 56% reported their own attempts to intervene. These data are fairly close to those reported by the mothers with respect to their children overall (Table 4, above). ***In sum, the children's reports regarding the abusive relationship closely paralleled those of the mothers and indicated very high levels of exposure to traumatic situations in terms of frequency and intensity. As reported below, one result of this exposure was a high rate of PTSD (40%) among the children.***

Table 9:
Aspects of Domestic Abuse as Reported by the Children

		Number	Percent
Frequency of verbal abuse witnessed	Once or twice	1	4
	Less than monthly	2	8
	Monthly	3	12
	Weekly	7	28
	Daily	10	40
	No response	2	8
Intensity of verbal abuse witnessed	None	3	12
	Mild	3	12
	Moderate	4	16
	Severe	6	24
	Extreme	7	28
	No response / other	2	8
Frequency of physical abuse witnessed	None	2	8
	Once or twice	6	24
	Less than monthly	3	12
	Monthly	5	20
	Weekly	6	24
	Daily	1	4
	No response	2	8
Intensity of physical abuse witnessed	None	1	4
	Mild	3	12
	Moderate	6	24
	Severe	6	24
	Extreme	5	20
	No response / other	4	16
Child was physically abused	No	10	40
	Yes	15	60
Witnessed sexual abuse	No	24	96
	Yes	1	4
Did police ever intervene?	No	6	24
	Yes	16	64
	Can't remember / other	3	12
Did you ever try to intervene?	No	9	36
	Yes	14	56
	Can't remember / other	2	8
How many times did you stay in shelters?	None	13	52
	Once	8	32
	Two or more times	4	16

A guiding premise for this research, as outlined in the introduction, was that exposure of mothers and their children to domestic abuse constitutes a form of psychological traumatization that deleteriously affects functioning within and outside the family. Given the descriptions of the extent and seriousness of the various forms of abuse directed at the mothers and their children in this study, the conditions for the development of serious psychological disorders were clearly present. As the primary measure of the effects of possible traumatization, the Foa et al. Posttraumatic Diagnostic Scale (PTDS) was administered to the mothers and the Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA) was given to the children. Both scales were aimed at determining the prevalence of posttraumatic stress disorder (as defined under Instruments, above) in this sample of women and their children, and permitted analyses of a number of aspects of functioning and decision-making in relation to this disorder.

Table 10 shows the most important results of these assessments, the prevalence of PTSD in both the mothers and their children, according to scores on the respective instruments. Also shown is the result of a statistical term, "chi-square," in order to test for the scientific significance of the differences. The test shows that the differences were "nonsignificant," that is, there was no clear difference in the number of PTSD cases between children whose mothers had, or did not have, PTSD.

Table 10:
Number of Mothers and Children with Diagnosed Posttraumatic Stress Disorder (PTSD)

	Mothers w/o PTSD	Mothers w/ PTSD	Total Children
Children w/o PTSD	7	7	14
Children w/ PTSD	6	4	10
Total Mothers	13	11	24

Pearson Chi-Square = .235, $df = 1$, $p < .628$; one case not scoreable

Two conclusions are drawn from this table: ***First, there was substantial evidence of PTSD in these participants; approximately half of both the mothers and their children were diagnosed with PTSD (46% of mothers, 42% of children). This observation is particularly important in light of the fact that, the participants were out of the abusive family relationship for more than two years on average, thus demonstrating the persistence of the psychological effects of domestic abuse. Second, surprisingly, there was no apparent relationship between the likelihood of PTSD in the mothers and the likelihood of PTSD in their children. This indicates the important need for independent psychological diagnoses of mothers and children for determination of the need for mental health services.***

Of additional interest are relationships between a victim-mother's diagnosis of PTSD and the outcomes of the other assessments. These are shown in Table 11. The table contains the average scores on each of the scales and tests between the mothers with PTSD and those without PTSD. As shown, the PTSD status of the mothers was related to scores on many of the other instruments. As expected, PTSD predicted depression scores, a common associated symptom of this disorder. Also as expected, PTSD diagnoses were related to scores on the dissociation scale. This result indicates that the mothers with PTSD tended to "dissociate" more than those without PTSD. This kind of response is a common "avoidance" aspect of this disorder that includes emotional detachment and blunting of affective responses. These two results validate the PTSD diagnosis in this sample. The table also shows that the parenting scale total score and, more specifically, the subscale of the parenting instrument termed "reactivity" were significantly higher in the mothers with PTSD. This indicates that these mothers are more quick or impulsive in their actions toward their children and in this

respect perhaps less effective parents. Additionally, both the state (current) and trait (general) expression of anger scores were predicted by the mothers' PTSD scores. In the column labeled " ***t*** ", the scores with an asterisk reflect those in which a statistically significant difference was found; for the purpose of this study, a statistically significant difference refers to one which is 95% or more likely to have not occurred by mere chance. ***In sum, PTSD in these mothers was associated with their tendencies to be seriously depressed, to dissociate from reality, to have high levels of anger, and to show deficits in certain areas of parenting skills. The PTSD in these abused women is associated with broad dysfunctional patterns of emotion and behavior that could be expected to affect their children long after the abuse has ended.***

Table 11:
PTSD Diagnosis of Mothers and Scores on Assessment Instruments

Instrument	Diagnosis	Average Score	*t*
Beck Depression Inventory-Total	No PTSD	7.77	4.86*
	PTSD	26.45	
Dissociative Experiences Scale-Total	No PTSD	32.98	3.35*
	PTSD	106.33	
Parenting-Laxity Subscale	No PTSD	2.85	1.74
	PTSD	3.69	
Parent-Reactivity Subscale	No PTSD	2.91	2.87*
	PTSD	3.99	
Parent-Verbosity Subscale	No PTSD	3.92	0.19
	PTSD	4.43	
Parent Scale Total	No PTSD	3.16	2.34*
	PTSD	3.92	
Anger Expression-State Subscale	No PTSD	18.85	2.36*
	PTSD	25.82	
Anger Expression-Trait Subscale	No PTSD	23.92	3.94*
	PTSD	31.82	

Note: No PTSD, N = 13; PTSD, N = 11
*$p < .05$ or better; $df = 22$

The diagnosis of PTSD in these mothers was also associated with age. The mothers with PTSD were younger overall than those without PTSD (average age = 31.7 versus 38.7 years, respectively), possibly indicating more effective methods of coping with stress in the older mothers. (Interestingly, PTSD in other clinical samples, such as combat veterans, shows similar age-related patterns (Carlson, Chemtob, Hedlund, Denny & Rusnak, 1994). The likelihood of PTSD was also positively related to the frequency (but not perceived intensity) of sexual assault by the abuser, with 9 of the 13 women without PTSD (69%) never having been sexually assaulted by the abuser versus only 4 of the 11 women with PTSD (36%) (Pearson Chi-Square = 81, $df = 3$, $p < .05$). Importantly, there was a

tendency for the mothers with PTSD to underestimate the distress experienced by their children. In an analysis of the intensity of child distress reported by PTSD mothers (average rating = 3.91 on a scale of 5 = maximum distress) by comparison with that reported by mothers without PTSD (average rating = 4.92), the resulting effect approached statistical significance ($t = 1.84$, $p < .08$, i.e., a 92% likelihood that the effect was not due to chance). Also, while a full 91% of the mothers with PTSD indicated that they did not seek help for their children, just 46% of the mothers without PTSD failed to seek help (Pearson Chi-Square = 6.21, $df = 2$, $p < .05$).

On the other hand, a number of related analyses showed that PTSD in the mothers was not related to the following variables:

- physical abuse as a child
- time since last contact with abuser
- verbal abuse in the relationship
- physical abuse in the relationship
- psychiatric hospitalization
- reasons stated for remaining in the relationship

Another look at the relationship between PTSD and other assessed variables in the mothers is presented in Table 12 in the form of intercorrelations among the results of the various assessment instruments. This table also shows three measures made on the children, as discussed below. In the table, the higher the value of the correlation (maximum = 1.00), the greater is the relationship between the two measures. The table shows that, in addition to the above mentioned relationships for the mothers, it is notable that the mothers' depression and dissociative experiences are both correlated with laxness in parenting and overall deficits in parenting skills. These relationships probably indicate that the tendencies of some of the mothers to withdraw and show low levels of motivation, among other characteristics, increased their neglect of their children's needs.

As in the earlier example, scores marked by an asterisk denote that the threshold for statistical significance was achieved, thus indicating a 95% or greater likelihood that the result did not occur due merely to chance.

Table 12:
Correlations Between Primary Assessment Instruments for Mother and Child

	Beck Depression Inventory Total	Dissociation Experience Total	PTDS Scale Mother	Parent scale Laxness	Parent scale Reactivity	Parent scale Verbosity	Parent scale Total	State Anger Mother	Trait Anger Mother	PTSD Child	Anger Child
Dissociative Experience Total	**.59***										
PTDS Scale Mother	**.77***	**.66***									
Parent scale Laxness	**.42***	**.44***	.39								
Parent scale Reactivity	.33	.34	.33	**.60***							
Parent scale Verbosity	.24	.25	.32	**.57***	**.65***						
Parent scale Total	**.41***	**.41***	.39	**.89***	**.86***	**.79***					
State Anger Mother	**.53***	.36	**.46***	.33	**.44***	.24	**.40***				
Trait Anger Mother	**.69***	**.53***	**.60***	.16	**.45***	.34	.35	**.55***			
PTSD Child	.02	.08	-.18	.03	-.02	.08	.01	-.15	-.09		
Anger Child	-.03	.06	-.17	.39	.03	.08	.20	.06	-.08	**.58***	
Dissociation Child	**.53***	**.47***	.26	.14	.15	.07	.16	.19	**.63***	**.44***	.29

* $p < .05$ or better

The presence of PTSD in these mothers showed some relationship with age and with likelihood of sexual assault by the abuser, but little relationship with a substantial number of other variables including, notably, reported childhood abuse, physical abuse, and psychiatric hospitalization. ***In addition, there is evidence that mothers with PTSD made errors in judgment with regard to the impact of abuse on their child and, coupled with data reported above, in general these mothers do not seek adequate mental health assistance for their children. These data further support the importance of independent psychological assessment of abused mothers irrespective of the reported history or the severity of abuse. The potentially debilitating impact of PTSD on wide areas of social and occupational functioning as well as the direct negative effects on judgments regarding the impact of abuse on children argues for early and preventative assessment and treatment.***

With further regard to PTSD in the children in this study, as shown in Table 12, it is apparent that the presence of this disorder was not a significant function of any characteristics of the mothers, including most importantly, their parenting skills and evidence of psychological disturbance. Therefore, serious psychological dysfunction in these children owes more directly to the witnessing or experiencing of abuse. On the other hand, the significant correlation between child anger and PTSD indicates potential links between domestic violence in the home and violence in children beyond that owing strictly to modeling of abuser behavior. The children who were psychologically disturbed by their exposure to violence are possibly more likely to show angry outbursts both in the family and in the outside community.

A final way of examining the data obtained from the children in addition to the analyses of overall PTSD results was to construct a subscale based on items that assess tendencies to "dissociate." Dissociation is a common strategy in children that functions to emotionally dampen aversive environmental conditions. In the current analysis, dissociation in the children was assessed by six items on the CAPS-CA that measured: 1) a reduction in awareness of the child's surroundings; 2) "derealization," or a sense of confusion about what is real; and 3) "depersonalization," or a feeling of being outside of one's body. This subscale was predictive of a number of other measures used in this study, as shown in Table 12. Children's dissociative tendencies were significantly correlated with mothers' depression, dissociation, and trait anger (but not with measures of their mothers' PTSD). It is of some importance, therefore, that while maternal symptomatology is not significantly related to traditional PTSD symptoms in the children, it is related to the children's dissociation. ***This reflects the possibility that maternal depression, anger, and dissociation interfere with an abused mother's ability to provide a sufficient context of safety, thus leading to her child's major defense mechanism of profoundly withdrawing (dissociating). This is of substantial clinical concern on the one hand because child dissociation—"mere" withdrawal—may be entirely missed by some adults in the outside environment but, on the other hand, may compound serious problems of attention and concentration in some settings, such as the classroom.***

In summary, while many of the children developed symptoms of PTSD, these were not related to their mothers' PTSD, parenting behaviors, or other symptoms. However, there was a significant tendency for the children to emotionally dissociate from their environment to an extent that was related to their mothers' tendencies to be depressed, to dissociate, and to be angry. Tendencies for children to show dysfunctional levels of dissociation outside of the home environment are often reflected in failures of attention and concentration, daydreaming, and similar disruptive behaviors in school classrooms and other settings.

Conclusions and Recommendations

Conclusions

This study of mothers and children who have left seriously abusive relationships yielded significant findings with immediate implications for initiatives and services relating to the problem of domestic violence in Hawaii.

- Most of the mothers in this study were single, on average 35 years of age, and had an average of three children. These results indicate that these women were still of child-bearing age and had the potential for problems of transition, settlement, and more children that would be compounded by residual effects of their experiences of domestic violence.

- The mothers were on average two or more years outside of the abusive relationships. This allowed the investigators greater opportunity for an objective assessment and demonstration of the duration of psychological effects due to abuse.

- Only about one-third of the mothers had attempted to obtain psychological services for their children. Therefore these results clearly indicate a current need to encourage and provide early assessment and treatment services for this population.

- Overall, the abused mothers reported having experienced very significant verbal and physical abuse as well as sexual assault in the intimate relationship in question, causing possibly serious psychological effects that would require psychological treatment.

- These mothers also reported that their children often directly experienced and/or witnessed abuse in the relationship. Moreover, from the mothers' reports it was apparent that the presence of children had little or no effect on the likelihood of verbal and physical abuse directed at their mothers.

- Most of the mothers felt that physical abuse seriously or extremely affected their multiple roles within and outside the family—that is, as wives, mothers, and active members of the workforce.

- The large majority of the mothers regarded the levels of distress suffered by their children to be extremely serious.

- In the interviews with the children it was apparent that their mothers' reports of abuse in the family and directed at the children were valid, despite the inability of some of the children to remember all of the details.

- The mothers provided substantial insight on the reasons for remaining in their abusive relationships, indicating that their attempt to keep the family unit together with the father was the most important factor in their decision-making.

- Personal emotional degradation and concern for the safety of the children ranked highest among the reasons the mothers ultimately left their relationships.

- About half of the mothers and about half of the children were diagnosable for posttraumatic stress disorder. The symptoms had persisted for about two years on average after leaving the abusive relationship, thus demonstrating the need for well-organized, early, and effective mental health interventions with these families.

- There were a number of indicators of cognitive, emotional, and behavioral dysfunction in the mothers, including depression, dissociation, and anger, associated with measures of PTSD. Also, certain measurable parenting skill deficits indicated the broad patterns of PTSD's impact.

- Surprisingly, there was no apparent relationship between the prevalence of PTSD in the mothers and that assessed in their children. This suggests a critical need for separate and independent assessment of both mothers and children in families where domestic violence has occurred. Additionally and importantly, although almost all of the mothers believed that exposure to the abuse had serious psychological effects on their children, most of them did not seek mental health assistance for their children.

- While mothers with PTSD generally had less effective parenting skills, there was no relationship between the mothers' parenting skills as assessed in this study and the prevalence of PTSD in the children. This indicates that posttraumatic stress disorder in the children does not owe to the mothers' parenting interactions but, rather, directly to the abusive experiences the children directly experienced and/or witnessed.

- On the other hand, a separate class of important clinical symptoms in these children *was* related to the mothers' parenting skills. Specifically, the children showed significant patterns of dissociation from their environments that were related to their mothers' psychological difficulties (e.g., depression, anger). These patterns of dysfunction could affect other behavior outside the home, such as in the classroom.

- PTSD in the mothers did negatively affect maternal parenting. Not only did PTSD mothers have reduced scores on a formal measure of parenting skills, these mothers underestimated the effects of abuse on their children, and were less likely than the other victim-mothers to seek help for their children. This underscores the importance of treating PTSD in these mothers.

Recommendations

The prevalence of serious psychological disturbance and other difficulties observed in these abused mothers and their children lead to a number of suggestions for interacting with this population.

First, a specialized team of mental health workers, including psychologists, social workers, and other trained personnel, should be established with a focus on the potential problems and disorders of the mothers and children in families where domestic violence has occurred. The team would be available to respond early and sustain focus on the somewhat transient population, thereby providing continuity of critical preventative and additional services.

Second, it can be assumed that traumatization due to domestic violence and abuse will alter patterns of thinking, behaving, and feeling and will disrupt wide areas of functioning. Such problems would best be addressed professionally by a domestic violence response team.

Third, systematic training of law enforcement personnel, including those involved in the issuance of temporary restraining orders, should be aimed at increasing awareness of the psychological problems and needs of mothers and their children who are victims of domestic violence.

Fourth, initial psychological assessments of mothers and their children should be conducted by a domestic violence response team at the time of police intervention or initiation of temporary restraining orders. These assessments should minimally screen for evidence of acute stress disorder as a precursor to longer term dysfunction, including posttraumatic stress disorder.

Fifth, psychological, emotional, and behavioral difficulties in abused mothers and their children should be treated at the earliest possible stage of intervention to forestall more serious effects and problems that will be evident outside the family, such as in the workplace or schoolroom.

References

American Psychiatric Association, Committee on Nomenclature and Statistics. (1994). *Diagnostic and statistical manual of mental disorders*, Ed. 4. Washington, D. C.: Author.

Arnold, D. S., O'Leary, S. G., Wolff, L. S., & Acker, M. M. (1993). The Parenting Scale: A measure of dysfunctional parenting in discipline situations. *Psychological Assessment*, *5*, 137-144.

Beck, A. T., Rush, J. A., Shaw, B. F., & Emery, G. (1980). *Cognitive therapy of depression*. New York: Guilford Press.

Beck, A. T., Steer, R. A., & Garbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, *8*, 77-100.

Bernstein, E. M., & Putnam, S. W. (1984). Development, reliability and validity of a dissociation scale. *Journal of Nervous and Mental Disease*, *174*, 727-735.

Carlson, B. E. (1994). Children's observations of interparental violence. In A. R. Roberts (Ed.), *Battered women and their families*. New York: Springer.

Carlson, J. G., Chemtob, C. M., Hedlund, N. L., Denny, D. R., & Rusnak, K. (1994). Characteristics of veterans in Hawaii with and without diagnoses of post-traumatic stress disorder. *Hawaii Medical Journal*, *83*, 314-318.

Coffee, J., & Coffee, A. W. (1996). An intervention model for child witnesses to domestic violence. *Hawaii Medical Journal*, *55*, 174-176.

Crowell, N. A., & Burgess, A. W. (1996). *Understanding violence against women*. National Research Council. Washington, D. C.: National Academy Press.

Famularo, R., Fenton, T., Kinscherff, R., Ayoub, C., & Barnum, R. (1994). Maternal and child posttraumatic stress disorder in cases of child maltreatment. *Child Abuse and Neglect*, *18*, 27-36.

Fantuzzo, J., Boruch, R., Beriama, A., Atkins, M., & Marcus, S. (1997). Domestic violence and children: Prevalence and risk in five major U.S. cities. *Journal of the Academy of Child and Adolescent Psychiatry*, *36*, 116-122.

Foa, E. B., Cashman, L., Jaycox, L., & Perry, K. (1997). The validation of a self-report measure of posttraumatic stress disorder: The Posttraumatic Diagnostic Scale. *Psychological Assessment*, *9*, 445-451.

Gornter, E., Berns, S. B., Jacobson, N. S., & Gottman, J. M. (1997). When women leave violent relationships: Dispelling clinical myths. *Psychotherapy*, *34*, 343-352.

Nader, K. O., Kriegler, J. A., Blake, D. D., Pynoos, R. S., Newman, E., & Weathers, F. W. (1996). *Clinician-Administered PTSD Scale for Children and Adolescents for (DSM-IV)*. Boston: National Center for PTSD.

Spielberger, C. D., Johnson, E. H., Russell, S. F., Crane, R. J., Jacobs, G. A., & Worden, T. J. (1985). The experience and expression of anger: Construction and validation of an anger expression scale. In M. A. Chesney & R. H. Rosenman (Eds.), *Anger and hostility in carrdiovascular and behavioral disorders* (pp. 5-30). New York: Hemisphere.

Strauss, M. A. (1992). Children as witnesses to marital violence: A risk factor for lifelong problems among a nationally representative sample of American men and women. *Report of the Twenty-Third Ross Roundtable*. Columbus, OH: Ross Laboratories.

Strauss, M. A., & Gelles, R. J. (1990). *Physical violence in American families*. New Brunswick, NJ: Transaction Publishers.

Strauss, M. A., Gelles, R. A., & Steinmetz, S. K. (1980). *Behind closed doors*. Garden City, NY: Anchor/Doubleday.

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