The effects intimate partner violence has on children:

Addressing the effectiveness of interventions and therapy

Approved: Will LeSuer, Ph.D.

August 16, 2017

The effects intimate partner violence has on children:
Addressing the effectiveness of interventions and therapy

A Seminar Paper

Presented to

The Graduate Faculty

University of Wisconsin-Platteville

In Partial Fulfillment of the Requirement for the Degree

Master of Science in Criminal Justice

Jessica Carroll

August 2017

Acknowledgements

I would like to thank my partner Jeremiah for supporting me throughout this crazy journey and always being understanding. For uplifting me and encouraging me to keep pushing even when I didn't believe I could.

Thank you to my UW-Platteville Advisor Dr. Cheryl Banachowski-Fuller and Dr. Will LeSuer for all of your support and guidance throughout the year. You both have made this process a little bit easier, I can't thank you enough.

Table of Contents

I. Introduction

Overview of Intimate Partner Violence

Intimate partner violence (IPV) is a form of violence against both men and women, but more reports are attributed to abuse of women perpetrated by men. It can take the form of physical violence, sexual, emotional, and economic abuse of an intimate partner (World Health Organization, 2010). IPV can occur in all settings regardless of social economic status, religious background, sexual orientation and gender. Reports of intimate partner violence first surfaced in the mid-1800s, notably with the Fulgrahm vs. State case, 46 Ala. 143 in 1871 (Barner & Carney, 2011). Other states followed in Alabama's footsteps prohibiting spousal violence. By the early 1900s laws prohibiting spousal abuse existed in many states in the United States and actions were taken to ensure safety measures and services to the victims of IPV.

Brownmiller (1975) observed rape as the only crime in which a victim is required to resist being sexually assaulted. During the early 19th century until the 1970s, New York courts required rape victims to prove that they exhibited extreme resistance against their attackers. The case of People v. Abbot (1838) made the resistance test part of New York case law by insisting that victims display ''utmost reluctance and utmost resistance.'' By 1977, an ''earnest resistance'' standard replaced the requirement for ''utmost resistance,'' and by 1983 courts abandoned the resistance test altogether (Donovan, 2005). The resistance test was very critical to feminist critique of the rape law.

Intimate partner violence was considered to be a misdemeanor until the mid-1960s. Due to the growing problem of domestic violence, in 1962, the state of New York moved domestic violence cases to civil court (Barner & Carney, 2011). With this change, it meant that there were fewer arrest and jail time for individuals that committed acts of IPV. With the change there were

also more divorce, and a decrease in domestic assaults in the 1960s and 1970s. The Tracey Thurman (Thurman vs. City of Torrington, 1984) case is an example of an offender-based intervention, which showed that officers needed more training and cultural sensitivity in the matter of restraining orders, arrest and how they respond to domestic violence calls (Barner & Carney, 2011). The state of Connecticut agreed that officers have a duty to protect the safety of individual that are threatened by someone they had or may not have an intimate relationship with. If an officer is aware of such threats and the possibility of violence, they have an obligation to intervene as well as make an arrest. By 1990 more states realized the need to protect the victim and enforced restraining orders and mandatory arrest for incidents of IPV.

The 2nd-wave feminist movement which was initiated in the early 1970s, formerly named the Women Liberation Movement was one of the strongest theories that dealt with IPV (Ali & Naylor, 2013). The movement strived to advocate, empower women and ensure gender equality and raise awareness. The feminist movement has a lot to do with the start of women's shelters, initiated intervention programs and spearheading changes within the legal system (Ali & Naylor, 2013). Feminist believe that violence has a lot to do with gender and male dominance and that violence within heterosexual relationships are always perpetrated by men against women.

With the aim of preventing reoffending, there was an increase in involvement from the psychiatric and health community. The Duluth Model and Psychotherapeutic Intervention is a multi-disciplinary program designed to address IPV in Duluth, Minnesota (Barney & Carney, 2011). The program began in 1981 and was a treatment approach for perpetrators of IPV that included a team of emergency responders, prosecutors, various police departments, courts, women's shelters and other agencies. The Duluth Model followed a different approach from other programs before it, in that it used education as the main focus. Discussing with the

perpetrators about power and control and their beliefs on domestic abuse, was there way of getting to the root cause of "why people abuse"? The Duluth Model is used in court cases involving Intimate Partner Violence and is the idea intervention for victims and perpetrators of IPV in the U.S. (Barney & Carney, 2011).

Power Control Theory (Straus, 1976) suggests that the root cause of violence stems from one's culture as well as family structure (Bell & Naugle, 2008). Family conflict, social acceptance of violence, and gender inequality are all believed to interact with one another and lead to the development and continuation of IPV. Society's beliefs about family privacy are associated with the prevention of people outside the family being able to help in situations of IPV. The use of violence in order to deal with family conflicts is believed to be learned in childhood by either witnessing or experiencing physical abuse (Straus, 1976). Other stressors such as economic hardships can increase tension within the family and place the family at a higher risk for engaging in physical violence. An imbalance of power amongst cohabitating women and men can increase the amount of tension within the family, ultimately increasing the risk of intimate partner aggression (Bell & Naugle, 2008). A number of studies have found higher IPV rates in families high in conflict, with greater levels of stress, and from lower socioeconomic statuses.

Statement of the Problem

Intimate partner violence is present everywhere in the world. It can be defined as a pattern of behavior that one person in an intimate or familial relationship uses to control another. The behavior may be verbally, physically, emotionally, psychological, financially, or sexually abusive. The abuse can occur within any relationship rather heterosexual, bisexual, gay or lesbian. It can also occur among various religious backgrounds, ethnicities, and demographics

(Ali & Naylor, 2013). Studies show that there is a lack of treatment programs for young children affected by intimate partner violence.

Over 15 million children in the U.S. are exposed to IPV in their home and around 80-95% are eyewitnesses of violence (Graham-Bermann, Miller-Graff, Howell & Grogan-Kaylor, 2015). Studies show that 3-4 million children between the ages of 3-17 are at risk of exposure to intimate partner violence each year. As many as 10 million children and teens witness violence between their caregivers each year. Children see, hear, observe and are aware of domestic abuse that goes on in the home (American Academy of Child and Adolescent & Psychiatry, 2013). Children who are exposed to violence can become fearful and anxious. They are often worried for their own safety as well as their mother's and other siblings.

Children who witness domestic violence can suffer severe emotional and developmental difficulties that are similar to those of children who are direct victims of abuse. They may have fear, guilt, shame, sadness, anger and depression (McFarlane, Groff, O'Brien, &Watson, 2003). Interventions for children affected by domestic abuse needs to be in place both in and out of the home. These interventions need to involve not only the child that is affected by the abuse, but the entire family. The goal of this paper is to evaluate the effectiveness of programs and interventions for children affected by intimate partner violence.

Exposure to domestic violence can lead to children having behavior problems, including substance abuse, aggressive and anti-social behavior, and problems in school. Children in the U.S. around 10 million witness the violence that goes on in their home (McFarlane, Groff, O'Brien, & Watson, 2003). Children of all ages are affected in some form due to the exposure of IPV. Younger children display poor weight gain, poor eating/sleeping habits, irritability, stress

and regression. Preschool children display anxiety and fear, and are more aggressive than girls. School-age children tend to suffer from post-traumatic stress disorder and have more problems in school such as finding it difficult to focus, being disruptive and a decline in their academics. The higher the level of severity in abuse results in a higher level of dysfunction in children (McFarlane et al., 2003).

Many studies on children that are affected by IPV are ones that involve children and their mothers living in shelters (McFarlane et al., 2003). Due to economic hardships, domestic shelters have struggled to provide services for children affected by intimate partner violence. As a result children are not getting therapy and other medical services they may need (Thompson & Trice-Black, 2012). Counseling that is provided in schools help reduce barriers such as educational accessibility and transportation, but other barriers that arise when considering programs and interventions are funding, safety concerns, and needs of different cultures (Chamberlain, 2014).

Community Group Program for Children and Mothers Exposed to Woman Abuse (CEDV) is a program designed to help children suffering from posttraumatic stress disorder (PTSD) and other effects of intimate partner violence. The program included 17 mothers and 14 children. Scores for pre and post group test showed that there was a significant decrease in children's post intervention scores for externalizing/internalizing behaviors, a decrease in behavior problems, and attention problems (Chamberlain, 2014). As much as 74% of the mothers in the program stated that they have seen positive changes in their children after the program. Some of the changes include less violence among siblings, better listening and the child not being frustrated. "Ninety-two percent of the children in the program stated that they would recommend the intervention to a friend that has experience violence within the family" (Chamberlain, p.22, 2014).

Child and Family Traumatic Stress Intervention (CFTSI) is an early intervention program that aims to reduce traumatic stress and posttraumatic stress disorder. The program is for children 7-18 years of age along with their parent/caregiver. The children and their parents enter the program after they have experienced a traumatic event (CFTSI, 2011). The goals of the program are to reduce traumatic stress symptoms, provide skills to help master trauma reactions, reduce external stressors and to improve screening and identification of children impacted by traumatic stress reactions (Berkowitz, Stover, & Marans, 2010).

Symptom severity within the group was assessed using repeated measures of intervention group, time and interaction of time. Logistic regression analyses were done to look at treatment condition and traumas as predictors of PTSD diagnosis at the three month follow up. After three months of being in the program; children had lower posttraumatic and anxiety scores. The CFTSI group was less likely to have PTSD at follow-up (Berkowitz et al., 2010).

Child-Parent Psychotherapy (CPP) is a relationship-based treatment for parents and young children. The goal is to help restore normal developmental functioning in regards to intimate partner violence. Restoring attachment relationships that are affected by violence, establishing safety and trust within the parent-child relationship are other goals of the program. A study of 100 high-risk mothers with infants found that when fathers were physically violent with mothers, infants were more likely to be insecurely attached to their mothers. Younger children in particular are very dependent on their mother and any form of violence can be very vulnerable to the child especially if the violence they are witnessing is coming from a person close in their life such as a caregiver, father or boyfriend (Gewirtz & Edleson, 2007).

There are sessions within the program that focuses on the treatment and planning on how to explain the treatment to the child and child-parent interactions. Children in the CPP group showed significant reduction in the number of traumatic stress disorder symptoms from the initial intake to the post treatment. The children also showed a decrease in behavior problems such as juvenile delinquency, alcohol, and drug abuse (Lieberman, Van Horn, & Ippen, 2005).

Project Support is a program that is aimed at reducing children's conduct problems and to enhance parenting effectiveness and to end the cycle of violence. The cycle of violence was initiated by Walker (1979) with the goal of explaining how and why abused women stay in abusive relationships. The cycle of violence consist of three phases: tension building; abuse or explosion; and the honeymoon stage (Ali & Naylor, 2013). In the first phase, tension builds up within the relationship and the abuser takes out his anger and frustration on his wife. The tension eventually gets to a point where the frustrations results in violence (Explosion Stage). The violence can be physical, emotional, sexual or psychological. The violence can last anywhere from seconds to days and afterwards the abuser feels relieved and can often regret his violent outburst. The abuser sometimes apologizes for his wrongdoing and the couple enters the honeymoon stage, where the victim believes that the abuse won't happen again.

The program is for mothers and children who have been affected by intimate partner violence and are in the process of leaving a shelter and lack financial support as well as transportation (Poole, Beran, & Thurston, 2008). The mothers in the program are given social support as well as referrals to community services. They are also taught skills such as how to reduce stress and problem solving. Mentoring for the children are provided weekly for over eight months and an assessment is done on each child to come up with an individualized intervention plan.

The assessments included questionnaires about the child's family dynamic, child's behavior, mother's use of child management skills and the mother's social support. The results of the program showed that the conduct problem of children in Project Support improved greatly. The stress of the mothers in the group decreased as well as an increase in the mothers parenting skills.

A Model Preventive Program is a program that works with children, mothers, and school and shelter staff. Children are worked with individually as well as in a group. Some of the individual services include recreational approaches as well as child psychotherapy (Poole et al., 2008). The group meeting discussed topics such as how to cope with change, developing friendships, exploring feelings about abusive people in the child's life and attitudes about physical punishment. Some other benefits of the program are that children are given a school liaison to help them through the transition. A staff is assigned to each child and works with them and is knowledgeable of appropriate ways on how to interact with children. The program was found to have lowered the levels of stress and anxiety by the end of the program.

Purpose of the Study

Not all victims of intimate partner violence are women they are men as well, but women are more likely than man to sustain injury from the violence and report it (Cunradi, Caetano & Schafer, 2002). For that reason the focus of this paper will be on the violence against women and the effects it has on children. I will identify through current research/programs the effectiveness of early interventions and therapy that aid in the healing process of women and children under the age of eighteen affected by intimate partner violence. I will be recommending the best methods to use when trying to work with children and their families to help them through the

process of recovering from intimate partner violence? This study will help policy makers, criminal justice professionals, and other professionals understand the prevalence and the lack of support for children who are victims of intimate partner violence. This study can be used as a guide to increase the awareness of the effects of intimate partner violence and help families, schools and other professions provide a program that is effective long-term.

Discussion on Treatment Programs

Woods Home is a comprehensive treatment service offering residential, clinical, educational and community services to adolescents as well as young adults ranging in age from 12-24 (Steward, Todd, & Kopeck, 2009). Habitat is a program offered through Woods Home, which helps teen boys with conduct issues. Adolescents are referred to the program after not being successful in other less intrusive programs. The goal of the program is to help the adolescents with their behavior issues as well as finding ways to help them cope with their experience with violence.

Intimate Partner Violence and substance abuse treatment has primarily been looked at separately (Capezza, Schumacher, & Brady, 2014). It is a good idea to focus on both substance abuse and IPV as pieces to a bigger picture. Having a better picture of both and providing individuals with the necessary tools will allow for a successful outcome and treatment outcome.

Intimate Partner Violence can be perpetrated by both women and men. Often it is the man that is the aggressor. In those cases where the women is the perpetrator, there are not any services provided to those men or any shelters for them (Stith & McCollum, 2011). Joint treatment for men and women raises many concerns. Group therapy can be beneficial to couples or the entire family, when everyone involved have equal responsibility in the issue. Providing

therapy for someone who is the abuser in intimate partner violence and someone who is the victim can make an inadequate recovery for all involved.

II. Literature Review

Types of violence

Experiences with physical and sexual violence by intimate partners have effects on individuals' mental and physical health, and their ability to live fulfilling and productive lives. Physical violence is defined as the intentional use of force with the potential to cause death, disability, injury, or harm (Krebs, Breiding, Browne, & Warner, 2011). Sexual violence includes using physical force to compel a person into sexual activity against his or her will and attempted or completed sexual acts with a person who is unable to understand the nature of the act, decline participation, or communicate that they are unwilling to participate in the act. Research in the past has included psychological, economic and emotional aggression as a part of physical and sexual abuse but now separates them. Psychological aggressions are acts, threats of acts, and coercive tactics such as humiliation, control, and isolation from friends and family. Stalking has also been associated with intimate partner violence. The National Violence Against Women Survey (NVAWS) defines stalking as repeated harassing or threatening behavior, such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property (Krebs et al., 2011).

Economic abuse occurs when your partner prevents you from having or keeping a job, sabotaging arrangements such as childcare, and transportation, harassing you while at work, not allowing you to have access to funds, and taking the money you make. Other forms of economic abuse includes not allowing you to discuss money with others, keeping track of everything you

purchase, destroying your homework (schooling), forcing you to put your name on an account and treating you differently because you make less money or are not working at all (stop relationship abuse, 2015).

Power and Control Wheel (www.theduluthmodel.org)

Studies of intimate partner violence have led some researchers to focus on specific types of IPV such as physical violence, marital rape, or psychological aggression. Recent research examining multiple types of victimization have led to focus on repeat victimization or "poly-victimization" experienced by children (Krebs et al., 2011), with their being less research examining poly-victimization experiences among adults. Risk factors and victims' response and long-term physical and psychological effects are often studied in isolation. Findings at a women's outpatient clinic showed a connection between all combinations of physical abuse, psychological abuse, and verbal abuse (Krebs et al., 2011). Psychological abuse is more frequent than other forms of IPV (Lovestad et al., 2017).

Many studies have found a relationship between physical violence and psychological aggression. For example, a longitudinal study of newlyweds, done by Murphy and O'Leary

(1989) found that psychological aggression predicted the onset of physical violence (Krebs et al., 2011). Further research found increase levels of psychological aggression and coercion among women who had experienced physical abuse in their marriage than among those who did not experience physical abuse. As levels of psychological aggression increased, so did the probability of physical violence by the husband.

Although not discussed as often as other tactics used in abusive relationships, isolation plays a major role in the daily functioning of many women that are involved in intimate partner violence. Isolation happens when the abusive partner controls what the women does, who she sees, who she speaks to, what she read and where she goes. The perpetrator may also limit the amount of time she spends outside the home and may refer to his actions as harmless jealousy acts (National Center on Domestic and Sexual Violence).

People who have mental health issues are at a higher risk of being victims of IPV, than individuals who do not have mental health issues (Gonzalez Cases et al., 2014). In a sample, 31.6% of women reported experience of at least two out of five symptoms of depression almost every day or once a week during the past 12 months (Lovestad, Love, Vez, & Krantz, 2017). The prevalence of intimate partner violence among severely mentally ill (SMI) women is higher than the prevalence in the general population (Friedman, Loue, Heaphy & Mendez, 2011). Mental health conditions such as personality disorders, depressive symptoms, anxiety disorders, substance use disorders, and schizophrenia all increases the risk of IPV victimization. Mentally ill women are at a greater risk because of their impairment and lack of sound judgment. They are often eager to please others due to stigma and being isolated from others. All of these factors contribute to their willingness to stay in an abusive relationship (Friedman et al., 2011). The abuse is not only perpetrated by men against women suffering from mental health issues, but

from women who are SMI against their partners. The cause behind the violence ranges from self-defense to mutual relationship violence to a paranoid response.

The ecological model is the largest and most widely used model in understanding violence. The ecological model separates general risk factors into four groups: individual, relationship, community and societal (World Health Organization, 2012). Factors that are associated with a man's likelihood of committing violence against his partner are: young age; low level of education; past experience of violence (Witnessing or experiencing); drug and alcohol abuse; personality disorders and an acceptance of violence. A women's likelihood of being the victim of violence mirrors that of their male perpetrators in that they often present with a low level of education; had exposure to violence amongst their parents; was exposed to other forms of abuse; was sexual abused as a child and views violence as acceptable.

Relationship factors that are associated with the risk of both victimization of women and perpetration by men include: conflict or dissatisfaction in the relationship; the males exertion of dominance in the family; economic stress; multiple partners (men) and a lack of higher education by the male partner (World Health Organization, 2012). Community and societal factors that contributes to stress within a relationship includes: poverty; notions of male dominance; low SES of women; lack of women's civil rights; such as divorce and marriage laws, social acceptance of violence and a high level of conflict/violence in society.

Variations of prevalence by demographics

The prevalence of intimate partner violence and sexual violence can be measured by both victimization as well as perpetration. The WHO multi-country study on women's health and domestic violence against women (Garcia-Moreno et al., 2005) provides a picture of the patterns

of intimate partner violence and sexual violence victimization in low and middle-income settings. “The study found that over 24,000 women between the ages of 15 and 49 were interviewed in rural and urban areas in 10 countries. The findings showed that between 1 and 21% of those interviewed reported experiencing child sexual abuse under the age of 15 years; l physical abuse by a partner at some point in life up to 49 years of age was reported by 13–61% of interviewees across all study sites; l sexual violence by a partner at some point in life up to 49 years of age was reported by 6–59% of interviewees; and 1 Child maltreatment (World Health Organization, pp.12, 2010).”

A survey done by World Health Organization, found that between 15 and 71% of women had suffered physical and/or sexual abuse at some point in their lives at the hands of their intimate partner or ex-partner (Gonzales Cases et al., 2014). The United States National Violence Against Women Survey (Tjaden & Thoennes, 2006) shows that most rape victims in the United States know their rapist. All of the females that were identified in the survey were raped by a stranger (16.7%) and 43% of all female victims were raped by a current or former intimate partner (WHO, 2010).

Abuse that is experienced at a young age can contribute to abuse as an adult. Women who have suffered physical abuse in childhood are at 2.22 time’s higher risk of being victims of IPV (Gonzales Cases et al., 2014). In the WHO Multi-country study on women’s health and domestic violence against women, 3–24% of women reported that their first sexual experience was forced, and that it occurred during adolescence (Garcia-Moreno et al., 2005). A study done in Nigeria found that 45% of females and 32% of males aged 12–21 reported having had forced sexual intercourse. In South Africa, a survey of over 280,000 school children showed that up to

the age of 15 around 9% of both girls and boys reported having forced sex in the past year, which increased to 13% for males and 16% for females by age 19 (Garcia-Moreno et al., 2005).

Some of the health risks that may stem from abuse are depression and suicidal thoughts (Decker et al., 2014). The National Violent Death Reporting System (2010) found that IPV was a factor accounting for 32% of men and 27% of female suicides (Sugg, 2015). Suicide is a high increase reality amongst African American women living in poverty who experience intimate partner violence (Meadows, Kaslow, Thompson, & Jurkovic, 2005). Women that report IPV are also likely to report a history of suicidal thoughts compared to women who do not have a history of IPV. The same follows for women who are abused by a relative or an intimate partner. IPV doubles the risk of suicide attempts among low-income African American women. When a woman has low social support and has severed ties with relatives and friends it can lead to suicidal attempts (Guillen, Panadero, Rivas, & Vazquez, 2015). Having some protective factors versus not having any at all can lead to resilience against suicide attempts. A resilient individual is less likely to be effected by traumatic events and are more capable of coping with the stress of IPV and are more equipped to take advantage of resources that are available to them (Meadows et al., 2005).

Intimate partner violence and non-partner sexual assault are experienced by both men and women, but differences are in gender prevalence and severity of abuse (Decker et al., 2014). Although woman are more often the victims of IPV compared to their male counterparts, men make-up about two thirds of those affected by IPV who did not receive any services (Sugg, 2015). In a study on the effect of exposure to IPV on the outcomes of children and adolescents, what was found was that gender was a predictor of externalizing behavior (Bayarri, Ezpeleta, & Granero, 2011), with boys scoring higher than girls. Sternberg (2006) found that girls presented

at a higher risk than boys for internalizing behavior and girls also had more externalizing behaviors than boys within the victim/witness group but not for abuse and nonviolent groups (Bayarri et al;, 2011).

Women are more likely than men to first experience IPV between the ages of 11-17 years (Sugg, 2015). Adolescents are at high risk for both IPV and non-partner violence. An adolescent's age can contribute to their risk for being a victim, particularly with females that are sexually or romantically involved with older men (Decker et al., 2014). Individuals between the ages of 16 and 24 experience the highest rates of intimate partner violence. The CDC Youth Risk Behavior Surveillance Survey (Sugg, 2015) found that 10% of adolescents had experience physical violence while dating within the last year. Females adolescents had higher rates (13%) compared to male adolescents (7.4%). Age and exposure to IPV has an effect on externalizing behavior problems, and children ages 7-14 had a greater risk of externalizing behavior than younger children (Bayarri, Ezpeleta & Granero, 2011).

African American women, particularly lesbians are more likely to suffer from various forms of trauma during their childhood such as physical and sexual abuse (Hill et al., 2012). These various forms of trauma can all lead to mental health issues when they become adults. Being a minority woman (i.e., African American) place them at a greater risk of facing oppression. Although unnoticed, IPV amongst lesbian African Americans are 25% to 40%. The NISVS found that the highest rates of physical violence, rape and stalking are amongst bisexual women (61.1%) compared to lesbians who have a lower rate (43.8%) and heterosexual women who have an even lower rate (35%) than bisexuals and lesbians (Sugg, 2015). Bisexual men had a higher rate of IPV compared to gay and heterosexual men.

Multicultural women experience a higher lifetime prevalence of IPV (53.8%) and Asian-Pacific Islanders experience a lower rate (19.6%) compared to white women (34.6%). (Sugg, pp. 631, 2015). Among men who experience rape, stalking or physical violence, Native American and Alaska Native men experienced higher rates compared to Hispanic men. African American woman are 35% more likely to experience IPV compared to their White peers (Hills et al., 2012). Alarmingly, Black people represent about 12% of the U.S, population, but represents 40% of domestic homicide victims. More than 25% of African American woman will experience IPV at some point in their life (Hill et al., 2012). Factors that contribute to this statistic are poverty, economic status, childhood abuse, substance abuse, mental health issues and discrimination. Having such factors does not mean one will automatically experience intimate partner violence, but increases the chances of it occurring. How individuals cope with their trauma is critical to their health and growth. Some people experiences lead them down a path where they themselves are violent and others with the support of family, friends and other resources find ways to cope with the trauma they have witnessed and experienced. When social economic status (SES) has a role in the family, ethnic differences in the prevalence of IPV are reduced and sometimes eliminated (Mitchell et al., 2006). Women that are from a background of low SES are more likely to be abused by their partners. They often lack support and resources to help them with their present situation. Women that are abused feel that they have loss control and they don't have the tools and resources necessary to cope with IPV (Mitchell et al., 2006). Women who are unemployed, financially unstable, economically dependent on their abuser, and have children from the relationship have a higher chance of being abused multiple times. African American women in particular with low SES are represented at a disproportionately higher rate than their peers of other ethnic backgrounds and suffer IPV at a higher rate.

Statistics and effects on children

IPV is more likely to occur within married or cohabitating relationships that have children (Bowen, 2015). Children that are under the age of six are disproportionately exposed to IPV than older children. A study done by Silverman found that adolescent girls in grades 9-12th whom have experienced forms of violence such as physical abuse and sexual abuse are more likely to experiment with alcohol, prescription pills, and other drugs , have attempted suicide and are sexually active at an early age (Sugg, 2015). Individuals between the ages of 16 and 24 experience the highest rates of intimate partner violence.

Indirect observation of violence includes witnessing physical violence as well as sexual assaults (Holt, Buckley, & Whelan, 2008). Research that was done on 54 children and 48 mothers found that 71% of children witnessed the assault of their mother and 10% witnessed the rape of their mother. Other forms of witnessing violence includes, overhearing arguments, witnessing the aftermath of arguments and seeing broken furniture as well as cuts and bruises on the abused person (Holt et al., 2008).

DeBoard-Lucas and Grych did a study involving children ages 7-12 and their feelings towards IPV (Huang, Vikse, Lu, & Yi, 2015). The children during the interviews expressed their thoughts on the consequences as well as the reasons their mother and her partner were fighting. The study also showed that the children experienced negative affect and were more sad and angry than other emotional states. The study suggests that children not only try to understanding what's going on during IPV altercations, but that they are emotionally affected.

Growing up in an abusive household can damage the development of a child, with early prolonged exposure creating problems in not only their childhood, but adolescence as well (Holt

et al., 2008). Infants and toddlers rely on adults to take of their needs and it's critical for them to form an attachment to the people in their lives that are caring for them. Children can pick up on the stress in their environment and become irritable, regress in language; potty training, sleep disturbance and can express anxiety about being alone (Holt et al., 2008). Children exposed to IPV often have cognitive, psychological, and emotional impairments (Huang et al., 2015). These children also have behavior issues and difficulty functioning in school. They have very poor social skills compared to other children their age. Children exposed to IPV have higher rates of depression, and anxiety. The effects of the exposure is shown in their negative behaviors such as getting involved in substance use, skipping school, hanging around with other children that are a bad influence and other delinquent acts. Children typically witness IPV at an early age, but the younger the child, the more chance they will have a sleep disorder, nightmares, difficulty falling asleep, and bed wetting incidents. Older children and teens are more likely than younger children to become depressed and experience post-traumatic stress disorder (Izaguirre and Calvete, 2015). Children were found to be at a greater risk of having behavior problems if the IPV involved guns and knives than violence that did not use any weapons. The severity and occurrences of various forms of violence that children are exposed to has an effect on the outcome (Holt et al., 2008).

Intergenerational transmission of violence theory suggest that witnessing and experiencing violence as a child leads to a greater tolerance of violence as an adult (Holt et al., 2008). Evidence suggests that some children that are brought up in violent/abusive families go on to be violent or even abused in their adult relationships. A longitudinal study by Amato (2000) spanned for twelve years, examining children's exposure to violence and the effects it had on them later in life. What was found was that young adults that had been exposed to violence in their home were 189% more likely than individuals not exposed to experience violence in their

own adult relationships (Holt et al., 2008). There were also an increase in the likelihood of one that have been exposed to violence as a child to be involved in anti-social behavior, violent crimes, substance abuse, peer aggression, bullying, delinquency and adult crimes.

Protective factors are skills and coping strategies that one possesses in order to cope with stressful events. A secure attachment to a positive caregiver in a child's life is a great resource (Holt et al., 2008). A longitudinal study (Cox et al., 2003) found that 6-7 year olds found the greatest protective factor to be the support of other family member such as grandparents and aunts and uncles that spent time with them and were able to confront them. Resilience can prove to be beneficial when children have strong positive connections with their friends and siblings, whom they can rely on to be supportive and understanding. Self-esteem can also be very beneficial to children exposed to violence. When a child has a positive self-esteem about their self, they are better equipped to handle stressful situations and are less affected by the violence they witness. Children who possess a high self-esteem can do better in one area such as school, allowing them to focus less on the negative aspects of their lives.

Historical social movements and feminist thought

Feminist Theory proposes that gender inequality influences gendered violence and violence are commonly attributed to men abusing women (Whaley & Messner, 2002). Daly and Chesney-Lind (1988) argues that crimes do not need to be regulated in order to explain female victimization at the hands of males (Whaley & Messner, pp. 189, 2002). Daly and Chesney-Lind (1988) both suggest that structure of male dominance is a driving force for men to be successful, control others and maintain power. Feminist regards the gender system as patriarchal and that masculinity is regarded as being superior over femininity. This type of system has the beliefs that

women (associated with femininity) are inferior in society and the tolerance of violence by men is deemed acceptable (Whaley & Messner, 2002). Violence is seen as acceptable in order for man to maintain their dominance and in regards to sexual assaults (rape), the rate will continue to be high in a society where men have a majority of power. Gender roles defined by society and taught to individuals during childhood can place men in positions of power over women (Bell & Naugle, 2008). These socially-defined gender roles lead to victimization of women and perpetration of violence against women by men (Walker, 1984).

The *backlash hypothesis* proposed by Williams and Holmes (1981) suggest that instead of initially reducing violence against women, movements toward social equality result in violence against those gaining equality. This hypothesis suggests that men feel threatened by women's increase growth of equality and they lash out on women in order to maintain their position of privilege and social dominance (Whaley & Messner. 2002). This theory, rooted in *feminist theory*, suggests that violence is a tool used by men to protect men's dominance over women, but can be applied to men in relationships with other men.

The Women's Shelter Movement played a large part in the feminist movement and came about in the 19th to mid-20th century. The focus was to advocate for the rights of victims of IPV. Women's right to vote, feminism and many other social roles emerged, making a way for the voices of women to be heard in domestic violence situations (Barner & Carney, 2011). Many other shelters emerged in the U.S. providing services for victims of IPV, notably Women's Advocates in Minnesota, and Haven House in California in the 1970s. By 1977, the "Battered Women's Movement" was well known for not only providing shelter, but establishing funds to keep shelters up and running as well as broadening the services they provided and raising public awareness (Barner & Carney, 2011). By the late 1970s, shelters made strides in not only focusing

on victim interventions, but ways in which they can collaborate with other officials such as, law enforcement, health care providers and other agencies to provide funding.

Why women stay

There are many barriers to why women stay in abusive relationships. Most college students, unlike women living in shelters, do not live with their partners, are not financially dependent on their partners, and do not have children with their partners (Edwards et al., 2012). Previous research consisted of both undergraduate and graduate students with and without a history of domestic violence. The students were interviewed about their own or a friends experience with domestic violence. The study showed that women's decision to leave involved multiple factors and considerations. For example, the women must first acknowledge that the violence will not end. Studies also show that 31% to 85% of college women remain in abusive relationships even after the first incident of abuse (Edwards et al., 2012).

A study done by Rosen and Stith (Edwards et al., 2012) showed that there are stages that a woman goes through when considering leaving an abusive relationship. The stages are "seeds of doubt, turning points, reappraisals, objective reflections, self-reclaiming actions, last straw events and paradigmatic". Studies have also been done on abused college students to find predictors in a women's decision to stay or leave. What was found are that many variables come into play, such as if a woman experienced abuse as a child and how often and how badly they were abused.

Intimate partner violence by both men and women has shown that many people feel that it is a situation that should be kept behind closed doors and that they should try to make it work and not seek help (Eckstein, 2010). Men and women have been blamed by professionals for not

leaving abusive relationships (victim blaming). There is a tendency to blame victims of intimate partner violence both through societies lens as well as on an individual level (Bryant & Spencer, 2003). “In a study at a college university, male students were more likely than female students to attribute blame to victims of domestic violence, and male students who used violence in their dating relationships were more likely to attribute blame in domestic violence incidents to the victim” (Bryant & Spencer, pp. 374, 2003). The results supported prior research in that males are more likely to blame females during altercations more so than females and the findings are even greater for males that hold more traditional attitudes and beliefs about relationships.

Many women leave their abusive relationships, but many women are judged from members of society, questioning them on why they didn’t leave or why they didn’t leave sooner. Men are judged on their masculinity and society’s view of a man being the one with the power and control. Leaving is a tough process and the stigma that is attached to individuals that are involved and the feelings that are a part of the relationship makes the decision more complicated than one would like it to be. Men that feel that they are the only ones that should be in control often deny women access to their friends, family, and other support services (Bliss et al., 2007). African American women stay in abusive relationships because they want their friends and family to continue to view them as “a strong black woman”, they do not want to be viewed differently and they do not want to be put in a situation where they have to find shelter for themselves and their children (Bliss et al., 2007).

Although some women do leave their abusive relationships, they often return many times before actually leaving for good (Eckstein, 2010). The struggle between their personal thoughts, making it work for the children, outsiders’ thoughts, and the control their intimate partner has on them are all contributing factors (Eckstein, 2010). Women often feel guilty, ashamed, know their

financially unstable and have a deep feeling of love towards their partner even though they are abused (Bliss et al., 2008). Due to the abuse being by someone you love and trust, makes it harder in that it's tough to imagine that someone you are significantly close to can cause you pain, but the love and ties you have within the relationship makes it difficult to leave. Some women decide to stay, because they believe they will be stalked, the abuse will only get worse, and due to psychological abuse they are made to feel as if nobody will want them. While men's reasons for staying in violent relationships overlap with women's reasons, some reasons are more common among men. Men feel that they made a commitment to marriage and that they should work through the troubles. They feel that they will be shamed if they claim to be a victim of IPV and they want the relationship to work for the sake of the children (Eckstein, 2010).

Social learning theory

Akers' (1985) social learning theory (SLT) is comprised of four elements: imitation, definitions, differential associations, and differential reinforcement (Sellers, Cochran & Branch, 2005). Imitation refers to an individual s ability to copy the behavior of role models in their life (i.e. significant other). Definitions are ones attitudes and beliefs on have regarding the wrongfulness of deviant behavior. They can be the disapproval of, approval of or the belief of being neutral with a particular deviant act. A person's thought process in regards to engaging in deviant acts stems from their upbringing and what they deem to be worthy as acceptable at that given time. If an individual approves of deviant behavior, they are more likely to engage in it. If a person disapproves of it, they are less likely to engage in it. All acts and behaviors in life are associated with many factors that occurred in one's past, present and that may occur in the future. If a person grew up with no boundaries and was not taught right from wrong and didn't witness any consequences from there wrong doings, they may feel invincible. Also if a person

grew up witnessing violence between their mothers and father that occurred quite often, they may feel that it is the norm and acceptable behavior (Sellers et al., 2005). Similar to SLT, Social Rational Theory (SRT) deals with children as well as parents as contributing factors to the family dynamics (Neustifter, Rhijn, & Pitman, 2015). Children are considered to play an important role in the parent-child relationship and depending on age can make sense of their environment as well as make choices. When an individual is taught that there are consequences for their behaviors and are taught that certain behavior are not acceptable, they are more willing to do things that are aligned with society's way of thinking. The exception is that everyone will function accordingly to what's going on in their immediate environment. The best-behaved, child, adolescent and adult can have a moment of lapse judgment. A man who had a good paying job, but recently lost it and is not able to provide food for his family, might consider the need to steal food from the grocery store as being necessary. At that moment the need to feed his family outweighs the consequences of him getting caught.

Differential association refers to the influences of attitudes (definitions) and behaviors of significant others. A person can easily pick up on the behaviors and attitudes of others (friends, family, significant others) around them and adapt the behaviors as their own (Sellers et al., 2005). In regards to intimate partner violence, social learning theory proposes that there is a higher risk that one will engage in physical violence if they are around friends, family and significant others that engage in such behaviors. Differential reinforcement is the coast and reward that is associated with a given behavior. Social learning theory proposes that any act/behavior that is expected to have a greater balance of reward than cost is more likely to be engaged in. The need to have all the power and to feel in control over another person is a reward that outweighs the cost. On the other end, intimate partner violence has a lower chance of

occurring if the person believes that the cost outweigh the reward. For example knowing that they may be arrested, the loss of their relationship, embarrassment and physical injury (Sellers et al., 2005).

A repeat of IPV is less likely to occur among individuals who view the costs to exceed any given reward (Cochran, Sellers, Wiesbrock, & Palacios, 2011). These costs can include the loss of a relationship, embarrassment, injury and self-worth. When focusing on repeat IPV, social learning theory deals with the prevalence of repeat victimization. The likelihood of IPV to occur more than once is greater for those that they have witnessed around them using violence against someone, tolerating violence against them, and approves of IPV in general (Cochran et al., 2011).

Attachment theory

Attachment theory has been viewed as a way in which relationship factors impact IPV (Lawson & Malnar, 2011). People have the need to be close with a caregiver or significant other in order to feel safe, nurtured and protected. This attachment starts at infancy, by the repeated and consistent care that is provided to secure that attachment (Lawson & Malner, 2011). A child learns about managing thoughts, feelings and behaviors through positive relationships, which continue through adolescents and adulthood. When the behaviors provided by caregivers are inconsistent and are negative in nature, children pick up on those cues as well and process them accordingly. For example, if an adult had a troubled childhood and remember many adult caregivers in his/her life that were not there to provide safety, stability, care and presented with negative behaviors, they may grow up to have trust issues and avoid intimate relationships at any cost (Lawson & Malnar, 2011).

Attachment theory as it relates to IPV includes an insecure attachment to one's partner and can cause anxiety and avoidance (Belanger et al., 2015). Fournier and Shaver (2011) states that the anxiety portion of the attachment is the fear of rejection and abandonment and that avoidance has more to do with independence, self-sufficiency and the ability to cope with threats (Belanger et al., 2015). Abusive men compared to non-abusive man tend to present with insecure attachment style. These men have anxiety, anger and lack of impulse control, due to their attachment to their partner. The fear of separation or being abandoned by their partner is enough to bring about these characteristics. Woman's attachment issue is similar to that of men in that they are often very anxious about their current situation, but unlike men, woman believe the abuse to be the cause of something they did and believes it is justifiable (Belanger, 2015). Researchers have found that abandonment anxiety was related to physical and psychological abuse. Adults with interpersonal problems can cause issues within their relationships. Many adults dealing with interpersonal problems have a hard time letting other be in control and giving up that place of dominance (Lawson & Malnar, 2011). Adults that have experience abuse as a child often do not know how to set boundaries in their life, further leading them to be vulnerable in relationships.

III. Defining Key Variables of Intimate Violence Programs for Children

The existence of other risk factors in the child's family

Children who are exposed to intimate partner violence are at risk for other negative outcomes because of the likelihood of being maltreated themselves. Meta-analyses on children with chronic exposure to IPV have shown that these children have more behavior problems such as being aggressive, destructive behavior, defiant, and depressed compared to children who are

not exposed to IPV (Zebell, 2010). Childhood family violence exposure is a risk factor for adult perpetration of IPV (Lee, Walters, Hall, & Basile, 2012).

Research has found a connection between experiencing violence as a child and the quality of an adult relationship (Lee et al., 2012). Men whom experienced physical maltreatment as a child associated that abuse with their current relationships and were more likely to abuse in their adult relationships compared to others whom have not experience maltreatment. Research done by DiLillo et al. (2009) found that a history of childhood abuse and neglect was a predictor of low marital satisfaction. Children who have experienced maltreatment as a child have a sense of powerlessness, which leads them to feel that they need to be in control and have power over others.

Substance abuse has been connected to intimate partner violence as well as maltreatment (Lee et al., 2012). Studies show high rates of physical and sexual abuse amongst individuals that abuse alcohol compared to those who don't. Roustit et al. (2009) found a correlation between adults that were exposed to IPV as a child having a higher risk of alcohol dependency (Lee et al., 2012). A study on newlyweds by Leonard and Quiegly (1999) found the use of alcohol by husbands was significantly correlated with IPV (Curadi, Caetano, & Schafer, 2002). However accounts of the wife drinking were not shown to be significant in correlation of IPV. Another study was done on both men and women that were dating and the results showed that the severity of IPV was far greater for those that indulged in alcohol as well as drugs compared to those who didn't (Curadi et al., 2002).

A sample of children and adolescent done in 2006 by Turner et al. (2006), showed that maltreatment was a predictor of anger and aggression and that people with a history of childhood

maltreatment had higher levels of hostility in their adult life (Lee et al., 2012). Men who have a childhood history of maltreatment are more likely to be arrested for violent behavior (Lee et al., 2012). Gilbert et al. (2009) found that experiencing maltreatment as a child also increased the chances of both adolescents and adults for being arrested for violent incidents.

A study was done in Texas including 351 men. The men had been selected from a probation department to be part of the study because they have been arrested for intimate partner violence (Lee et al., 2012). The study took place from January 2005 to April 2006. The men were both English and Spanish speaking and were over the age of 18 and had been charged with assaulting a female intimate partner. The men were differentiated by Childhood Family Violence History a measure that was adapted by Straus et al. (1996) to find out if they experienced physical or emotional maltreatment or witnessed violence. If they did not experience any maltreatment they were not categorized as having a history of childhood family violence. The participants were asked several questions regarding their mother and father and to rate their responses. Individuals that were perpetrators of IPV with and without childhood family violence were compared to others in regards to behavior and attitude factors such as, binge drinking, drug dependency and substance abuse.

The study reaffirmed that exposure to childhood family violence is not the only criteria for IPV to occur, but it does increase the likelihood of it happening. The abuse that is endured as a child does effect men in many ways (e.g., behavior & attitudes) that continue on into adolescents and adulthood (Lee et al., 2012). These men have a higher rate of being aggressive in their relationships.

Risk factors such as post-traumatic stress disorder are greater inside the home as well as in the community after being exposed to IPV compared to individuals not exposed to IPV. When a child has been exposed to IPV, the support that is provided to the child or lack thereof affects the child's outcome. A parent's reaction after a traumatic event may be more supportive to that child's adjustment than being exposed to the people and environment they were in. Other factors that can contribute to IPV are: individuals that get married early, lack of social support, economic dependence, living in a large family, low education level, and alcohol/drug abuse (Karakoc et al., 2015). When people live in poverty, general life stresses are high and can cause stress within relationships. Arguments arise about money, clothes, shelter and food which can lead to fights. Also the lack of economic independence cause personal hardship. When one partner feels they are the sole breadwinner and the other feel that they can only rely on their partner and be independent, violence in the relationship can occur due to the power imbalance. A higher rate of IPV in these families can be due partially to individuals not having the coping skills to deal with their giving situation. Events that manifest in a person life such as being unemployed, living in poverty, and failing in school can make home life very difficult. These stressors can show up in how everyone in the family behaves as well as their attitudes. Having a great support system elevates some of that stress, allowing everyone to deal with the functions of everyday living in a better light (Theobald & Farrington, 2012).

One's attitude can be a strong predictor of how they behave and react to interpersonal conflict. A study done in New Zealand by Magdol et al. (1998) found that of people who are involved in IPV more often have difficulty controlling their anger and frustration, are often very aggressive and can be antisocial (Theobald & Farrington, 2012).

Parenting styles can be a contributing factor of how children develop in childhood, adolescent and adulthood. Children that exhibit these behaviors respond the same at home as well as at school and at other functions outside of the home and can carry on these same traits into adolescent and even adulthood. Children and adolescents who present with antisocial behaviors are more likely to struggle in school and have difficulties with stability in their careers (Theobald & Farrington, 2012). Hardships in these areas can lead to low socioeconomic status, low paying jobs and even unemployment.

Current Treatment Programs.

The London Community Group Treatment Program for Children Exposed to Woman Abuse is a program aimed at helping children and adolescents cope with the experience of witnessing woman abuse in an environment that is positive and supportive (Sudermann, Marshall, & Loosely, 2000). Children and adolescents are offered opportunities to talk about their experiences of witnessing violence in their homes, discuss common myths about IPV violence, teaching skills to be safe, and practice ways to be respectful to others. Other goals of the program are for the children and adolescents to evaluate their self-esteem, learn about other resources in their community, and prevent sexual abuse as well as dating violence. Art play and various other activities are promoted in the group intervention. Some goals that are more long term and will help the children reach their full potential and further their progress are dealing with emotional and behavioral problems, as well as aiming towards breaking the cycle of violence.

In the London Community Group Treatment Program, the children ranged in age from 4-16 and they had to be within this age bracket in order to be accepted into the program. Some of

the children were in groups with other children that were at similar developmental stages. The groups consisted of 4 and 5 year olds, 6-8 year olds, 7-9 year olds, 10-12 year olds and a teen group. Gender was not a factor in placement of the younger groups, but more so with the older children and teens. When the gender of the group was more balanced the participants felt more comfortable to discuss issues related to gender (Sudermann et al., 2000). Group therapy has many benefits which includes the opportunity for the children to talk amongst their peers about the experiences they've been through, it allows for comfort and enjoyment (Sudermann et al., 2000). The Minneapolis Domestic Abuse Project Children's Program is another group oriented program for children exposed to and affected by violence. The group consist of ten session that focuses on getting the children to be comfortable about discussing domestic violence, share their personal experiences, learn ways in which to protect themselves, and learn conflict resolution (Sudermann et al., 2000). The program had its share of both positive and negative outcomes. Some positive take a ways of the program were that the children at the end of the program knew how to define abuse, they understood how to deal with conflict with siblings in a positive way, and they learned how to protect themselves if the abuse happened again. Some negatives about the program were that children didn't feel comfortable enough to talk to their mother about domestic violence because they misunderstood the meaning behind keeping group discussions confidential. Some of the children didn't feel comfortable talking about sexual abuse that occurred and the witnessing of domestic abuse. Overall, the group sessions were positive and the children seemed to benefit from them greatly.

Some of the topics discussed in the Community Group Program were definitions of different language and terminology used to describe violence, such as emotional, physical and sexual violence. Other topics included recognizing and understanding feelings, discussing

violence with family, strategies to cope with conflict, power control, myths about family violence, self-esteem and dating violence (Sudermann et al., 2000). The study suggested to be heading in the right direction. Children and teens were learning the knowledge that was presented in the group sessions and their attitudes and beliefs about woman abuse had changed. Their attitude about violence against peers and other forms of violence had also changed. The children and teens had acknowledged that the violence between their parents was not caused by anything that they have done. An example is prior to the sessions 55% of the children and teens felt that they were the cause of their parent's abuse, but after the intervention, 84% felt that they understood that the violence was no fault of their own.

The Change A Life program is a program that is designed to aid in the support of children affected by IPV. The goals of the program are to educate the community about the effects of exposure to IPV and educate the community about their ability to help children that are exposed to IPV. The idea is that by promoting awareness and education on the effects of IPV and ways in which the community can be involved, will allow for growth in this area of concern (Sargent, McDonald, Vu, & Jouriles, 2016) and show that IPV is a community problem.

The program was designed as an interactive online program that is geared towards adults in the community (Sargent et al., 2016). The benefits of the program being online versus face-to-face are that face-to-face programs can be very time consuming and costly, whereas online provides the flexibility and comfort of engagement while being in the comfort of your home. The study was done on two randomized controlled trial that studied the effectiveness of Change A Life from two different demographic samples. One sample was from adults living in a large urban area and the other was from undergrad students from a private university. Some of the hypothesis and goals of the program were that participants would show greater knowledge of the

effects of IPV and how to help children whom have been exposed and have a greater awareness and the tools to help a child affected by IPV. Another goal is that individuals that have experience with exposure to IPV will have better knowledge of the effects and how to help compared to individuals who were not exposed to IPV as a child.

Everyone involved in the study were required to participate in a 60-90 minute lab where they had to complete questionnaires and look at an online program (Sargent et al., 2016). A follow-up questionnaire was given a week later and all participants in the community sample were paid for their time, while students from the psychology class were given credit in their class. The program used videos, quizzes and informational tools to educate the participants on the prevalence and impact IPV has on children and ways in which they can teach children exposed to IPV resilience. The results of the online program showed that participants had an increase in knowledge over a period of time. As for the ability to help a child that has been exposed to IPV participants in the community group showed an increase in knowledge but there were not any change in knowledge awareness for participants in the undergrad sample. The results of the study shows that online programs for children exposed to IPV can be effective. The online program can reach many people and can be inexpensive and people are able to complete the program at their own pace.

Trauma-Focused Cognitive Behavioral Therapy (Crime solutions, 2011) is a treatment intervention designed to help children and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse. The treatment group had fewer PTSD symptoms, scored lower on the internalizing behavior and total behavior profile, sexualized behavior and problem behaviors. Parents in the treatment group showed lower rates of depression and emotional response, but higher rates of support. The goal of the program is to

help children and adolescents ranging in ages 3-18 as well as their parents overcome negative effects such as witnessing and experiencing violence. The therapy sessions allow the children to talk with their parents about traumatic experiences where they can openly discuss any questions, concerns and feelings they may have (Crime solutions, 2011).

Age, completion of the program, referrals, resources, participation

Child-parent psychotherapy is a 50-week attachment-based treatment model for children presenting with PTSD symptoms relating to IPV (Cohen, Mannarino, & Iyengar, 2011). Parents and their preschool children were recruited at a hospital and have already been separated from their IPV perpetrator. Since the mothers were already separated from their abuser, they were more committed to the program long-term. The families that sought treatment through the Women's Center and Shelter (WCS) an IPV center were affected by issues of finance, safety, emotions and legal problems. The WCS provided shelter, counseling, legal assistance and a hotline to the families. Mothers were referred to the program that had children between the ages of 7-14 with mental health issues (Cohen et al., 2011). Screenings and evaluations were performed on the children to determine if they were eligible for the program. Other requirement of the program were that the children had to have English as their first language as well as their parents and their parent had to have been a victim of direct IPV.

Children were split into two randomized groups. One group was evaluated using the trauma focused cognitive behavior therapy and the other group used the child centered therapy. Out of the 140 children referred to the program 124 participated. Neither groups differed amongst demographics nor was there a difference in demographics with children that dropped out from children that completed the program (Cohen et al., 2011). There was greater

improvement with the TF-CBT group when including factors such as age, sex and race. The study showed great improvement of PTSD symptoms with the TF-CBT group compared to the CT group.

Many interventions for abusers take on the form of the Duluth model, either a cognitive behavioral therapy, anger management or couples therapy (Babcock, Green, & Robie, 2004). Many treatment groups using the CBT model discuss the attitudes of the perpetrator and the use of violence toward women, the Duluth Model focuses more on learned aspects of violence. Group therapies are a way for men to confront their actions and discuss victim blaming, but many in the field of domestic violence do not see the effectiveness of male only groups. Alternatives such as couple's therapy have gotten mixed reviews. Some feel that having both the women and men in the same treatment setting can allow both parties to discuss freely their feelings about the abuse and reduce victim blaming, whereas others view the open dialogue will only make IPV worse for the women (Babcock et al., 2004).

There are not many studies on intervention programs for batterers and the ones that do exist have shown a small sample of effectiveness. Effective programs that are being used usually mirrors the Duluth Model as well as some form of Cognitive behavioral therapy (Eckhardt et al., 2013). Randomized controlled trials (RCT) are used to measure the effectiveness of interventions for children affected by violence. The problem is that most of these trials focus on the symptoms and disorders a child may have instead of the outcomes that are a reality for these children and their families (Howarth et al., 2015). A small amount of programs exist that are geared towards helping children effected by IPV, which is a hindrance to children's well-being and more efforts need to be made to change traumatic events such as IPV to have a positive outcome.

IV. Recommendations

Recommendations for Alternative Programs

In order for programs to work for the individual child various steps must be set in place from the start. Upon identifying a presence of intimate partner violence exposure, children need to be evaluated and provided the needed services that are a direct result of the evaluation. Children as well as their parent (non-abuser) should be voluntary participants in the planning and treatment of their care.

Children may often present at school with academic performance and learning disabilities due to exposure of intimate partner violence. Programs such as Early Head Start are used across the U.S. to get a better picture of family dynamics inside and outside of the home (World Health Organization, 2010). The ability for teachers to be able to communicate with parents and children in their home setting, will allow them to observe parent-child interactions and to get to know the family on a more personable level and be that support system and provide resources as needed (Mikton & Butchart, 2009).

Social and emotional skills that can be incorporated in school curriculum as well as bullying prevention can all be an effective tool in reaching young children, older children and adolescents as well as tackle incidences of maltreatment. Preventing child maltreatment has the potential to reduce subsequent intimate partner and sexual violence (Foshee, Reyes & Wyckoff., 2009). Treatment on conduct and emotional disorders in childhood and adolescence has shown signs of reducing the occurrence of IPV and sexual abuse. Children and adolescents that are

exposed to IPV have a higher risk of being a victim of IPV but also a perpetrator and interventions in this area is greatly needed.

Dating violence is an early form of partner violence, occurring mostly with adolescence and young adults whom are dating. School-based programs that are designed to prevent violence usually try to reach individuals early to prevent factors that can lead to sexual violence that can occur later in their relationships (Smith, White, & Holland, 2003). A dating violence prevention program called Safe Dates has shown positive effects in reducing perpetration as well as victimization. The program showed significant reductions in psychological and physical and sexual dating violence perpetration, but did not prevent individuals from experiencing psychological abuse. The program also did not affect conflict-management skills and showed higher rates of prevention in the beginning but not with re-offending (Foshee & Langwick, 2016).

The Youth Relationship Project is a community-based program aimed at helping 14–16 year-olds who had been maltreated as children to develop healthy non-abusive relationships with dating partners (Wolfe et al., 2003). . The program educated participants on both healthy and abusive relationships and helped them to acquire conflict resolution and communication skills. A randomized-controlled trial showed that the program was effective in reducing incidents of physical and emotional abuse and the symptoms of emotional distress over a 16-month period after the program (Wolfe et al., 2003). The program suggested being effective in preventing physical, sexual and emotional violence in dating relationships in adolescents, and aid in helping prevent intimate partner and sexual violence among adults.

Comparison of the trends that emerged between the successful programs and the unsuccessful programs.

Counseling interventions showed improvements in behavior problems, self-esteem, attitudes and knowledge about their anger in regards to violence (Rizo, Macy, Eementrout & Johns, 2011). Crisis interventions also have shown improvements in areas such as a change in behavior with children as well as safety and coping skills. Several crisis interventions were successful in making sure that the families involved had ties to any resources they needed (Rizo et al., 2011). Another trend that differed among effective programs and non-effective programs were the outcomes based on participation. It was found that especially with adolescents and adults, voluntary participation in programs had a higher rate of successfully completing the program. Everyone involved had better attitudes and self-awareness of their own progress when they were allowed to come and go on their own free will versus being required to participate (Rizo et al., 2011).

Analysis of the strengths and weaknesses of treatment programs

There are both strengths and weaknesses that are found in counseling programs. Some limitations of programs were that they did not utilize a randomized or comparison group, they didn't report any changes that occurred and there were no follow-up with participants of the program (Rizo, Macy, Eementrout, & Johns, 2011).

Parenting interventions focus on mothers, fathers and children in both separate and combined settings. The goals of the interventions were to reduce the stress among parents and improve their relationships with their children (Rizo et al., 2011). The results of these types of

interventions were effective in reducing parental stress and children showed improvements in compliance and behavior problems.

The Kids' Club is a program involving 181 school-aged children and their mothers. The randomized efficacy trial evaluated children and their mothers that received treatment as well as those that did not receive services. The program was successful in reducing internalizing and externalizing behavior problems when the child and their mother participated (Vickerman & Margolin, 2007).

V. Conclusion

Intimate partner violence is an issue that is prevalent not only in the U.S., but all across the world and the effects are damaging not only to adults that are involved, but the children as well. There is very limited information and programs that are available to protect children that are affected. Programs and interventions that are available mainly aim at providing services for the abuser and the adult victims. Children that are exposed to violence can have many problems such as academic problems, behavior conduct, attachment, social/emotional, alcohol/substance abuse and aggressive behaviors. A lack in programs for children lead them to grow up internalizing the violence that they witness and experience and even be perpetrators of violence themselves. Many factors in a child's life such as living in poverty, divorce, and unemployment can lead to stress within the family and contribute to IPV.

This seminar paper identified the effects that intimate partner violence has on not only mothers, but children. There is a strong need for education in schools in regards to teaching children to be comfortable enough to talk with a trusting adult about what may be going on at home. Educators also need to be aware of signs of abuse and have resources in place to children in need. There is a strong need for interventions to happen early in a child's life that will set forth a path of support from positive role models in a child's life. There is much needed work to be done to make changes to already existing programs as well as policies and the invention of programs that will prove to be the most effective in protecting children affected by intimate partner violence.

VI. References

Ali, P., and Naylor, P. (2013). Intimate partner violence: A narrative review of the feminist, social and ecological explanations for its causation. *Aggression and Violent Behavior*. Vol 18:611-619

Barney, J and Carney, M. (2011). Interventions for Intimate Partner Violence: A Historical Review. *Journal of Family Violence*. Vol 26(3): 235-244

Bayarri, E., Ezpeleta, L., & Granero, R. (2011). Exposure to Intimate Partner Violence, Psychopathology, and Functional Impairment in Children and Adolescents: Moderator Effect of Sex and Age. *Journal Of Family Violence, 26*(7), 535-543. doi:10.1007/s10896-011-9390-4Belanger, C., Mathieu, C., Dugal, C., and Courchesne, C. (2015). The Impact of Attachment on Intimate Partner Violence Perpetrated by Women. *The American Journal of Family Therapy*, 43:441-453.

Bell, K., and Naugle, A. (2008). Intimate partner violence theoretical considerations: Moving towards a contextual framework. *Clinical Psychology Review*, Vol 28(7): 1096-1107

Berkowitz, S., Stover, CS,. Marans, SR. (2011). The Child and Family Traumatic Stress Intervention: secondary prevention for youth at risk of developing PTSD. *Journal of Child Psychology and Psychiatry*. Vol. 52(6):676-685. Bliss, M. J., Ogley-Oliver, E., Jackson, E., Harp, S., & Kaslow, N. J. (2008). African American Women's Readiness to Change Abusive Relationships. *Journal Of Family Violence, 23*(3), 161-171. Bowen, E. (2015). The impact of intimate partner violence on preschool children's peer problems: An analysis of risk and protective factors. *Child Abuse and Neglect*. Vol 50: 141-150

Brownmiller, S. (1975). Against Our Will: Men, Women and Rape. Simon and Schuster.Bryant, S., and Spencer, G. (2003). University Students' Attitudes About Attributing Blam in Domestic Violence. *Journal of Family Violence*. Vol 18(6):369-376

Capezza, N., Schumacher, E., and Brady, B. (2014). Trends in Intimate Partner Violence Services Provided by Substance Abuse Treatment Facilities: Findings from a National Sample. *Journal of Family Violence*.

Chamberlin, Linda (2014). Comprehensive Review of Interventions for Children Exposed to Domestic Violence. Futures without Violence. Retrieved February 9th, 2017 from www.promisingfutureswithoutviolence.org

Chesney-Lind, M. (2013). Transformative Feminist Criminology: A Critical Re-thinking of a Discipline. Critical Criminology, 21(3), 287-304. Doi:10.1007/s10612-013-9187-2

Cohen, J., Mannarino, A., and Iyengar, S. (2011). Community treatment of posttraumatic stress disorder for children exposed to intimate partner violence: a randomized controlled trial. *Pediatric Adolescent Medicine*. Vol 165(1):16-21

Cox, C., Kotch., J., and Everson, M. (2003). A Longitudinal Study of Modifying Influences in the Relationship Between Domestic Violence and Child Maltreatment. *Journal of Family Violence*. Vol 18(1): 5-17

Cunradi, C., Caetano, R., and Schafer, J. (2002). Alcohol-Related Problems, Drug Use, and Male Intimate Partner Violence Severity Among US Couples. *Alcohol Clinical Experimental Research*. Vol 26(4): 493-500

Decker, M., Peitzmeier,, S., Olumide., A., Acharya,., R., Ojengbede,., O., Covarrubias., L., Gao., E., Cheng., Y., Delany-Moretlwe.,S. and Brahmbhatt., H. (2014). Prevalence and Health Impact of Intimate Partner Violence and Non-partner Sexual Violence Among Female Adolescents Aged 15-19 Years in Vulnerable Urban Environments: A Multi-Country Study. *Journal of Adolescent Health*. Vol. 55(6).

DiLillo, D., and Panuzio, J. (2009). Physical, Psychological, and Sexual Intimate Partner Aggression among Newlywed Couples: Longitudinal Prediction of Marital Satisfaction

Domestic Violence and Children (2013). American Academy of Child & Adolescent Psychiatry. Vol 109. Retrieved from www.aaacap.org

Donovan, B. (2005). Gender Inequality and Criminal Seduction: Prosecuting Sexual Coercion in the Early-20th Century. *Law & Social Inquiry*, *30*(1), 61-88.

Eckstein, J. (2011). Reasons for Staying in Intimately Violent Relationships: Comparisons of Men and Women and Messages Communicated to Self and Others. *Journal of Family Violence*, *26*(1), 21-30. doi:10.1007/s10896-010-9338-0

Edwards, K. M., Murphy, M. J., Tansill, E. C., Myrick, C., Probst, D. R., Corsa, R., & Gidycz, C. A. (2012). A Qualitative Analysis of College Women's Leaving Processes in Abusive Relationships. *Journal Of American College Health*, *60*(3), 204-210. doi:10.1080/07448481.2011.586387

Foshee, V., Reyes, L., and Wyckoff, S. (2009). Approaches to preventing psychological, physical and sexual partner abuse. *American Psychological Association*.

Friedman, S., Loue, S., Goldman Heaphy, E., & Mendez, N. (2011). Intimate Partner Violence Victimization and Perpetration by Puerto Rican Women with Severe Mental Illnesses. *Community Mental Health Journal*, *47*(2), 156-163. doi:10.1007/s10597-009-9270-z

Garcia-Moreno C, Jansen, H., Ellsberg, M., Heise, L & Watts, C. (2005). WHO Multi-Country study on women's health and domestic violence against women. Geneva, World Health Organization.

Gewirtz, A., and Edleson, J., (2007). Young Children's Exposure to Intimate Partner Violence: Towards a Developmental Risk and Resilience Framework for Research and Intervention. *Journal of Family Violence*. Vol (22):151–163 DOI 10.1007/s10896-007-9065-3Gilbert, R., Widom, S., Browne, K., Fergusson, D., Webb, E. and Janson, J. (2009). Burden and Consequences of child maltreatment in high-income countries

Gonzalez Cases, J., Polo Usaola, C., Gonzalez Aguado, F., Lopez Girones, M., Rullas Trincado, M., & Fernandez Liria, A. (2014). Prevalence and Characteristics of Intimate Partner Violence Against Women with Severe Mental Illness: A Prevalence Study in Spain. Community Mental Health Journal, 50(7):841-847. Doi:10.10007/s10597-0149703-1

Graham-Bermann, S., Miller-Graff, L., Howell, K., Grogan-Kaylor, A., Graham-Bermann, S. A., Miller-Graff, L. E., & Howell, K. H. (2015). An Efficacy Trial of an Intervention Program for Children Exposed to Intimate Partner Violence. *Child Psychiatry & Human Development*, *46*(6), 928-939. doi:10.1007/s10578-015-0532-4

Guillén, A. I., Panadero, S., Rivas, E., & Vázquez, J. J. (2015). Suicide attempts and stressful life events among female victims of intimate partner violence living in poverty in

Nicaragua. *Scandinavian Journal Of Psychology*, *56*(3), 349-356. doi:10.1111/sjop.12207

Hill, A., Woodson, K., Ferguson, A., and Parks, C. (2012). Intimate Partner Abuse among African American Lesbians: Prevalence, Risk Factors, Theory, and Resilience. Journal of Family Violence, 27: 401-413. Doi.10.1007/s10896-012-9439

Holt, S., Buckley, H., and Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A Review of the literature. *Child Abuse & Neglect Vol 32*

Huang, C., Vikse, J., Lu, S., & Yi, S. (2015). Children's Exposure to Intimate Partner Violence and Early Delinquency. *Journal Of Family Violence*, *30*(8), 953-965. doi:10.1007/s10896-015-9727-5Izaguirre, A., and Calvete, E. (2015). Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children. *Journal of Child Abuse and Neglect.*

KARAKOÇ, B., GÜLSEREN, L., ÇAM, B., GÜLSEREN, Ş., TENEKECİ, N., & METE, L. (2015). Prevalence of Intimate Partner Violence and Associated Factors. *Archives Of Neuropsychiatry / Noropsikiatri Arsivi*, *52*(4), 324-330. doi:10.5152/npa.2015.7535

Krebs, C., Breiding, M.J., Browne, A., & Warner, T. (2011). The Association between Different Types of Intimate Partner Violence Experienced by Women. *Journal of Family Violence*, 26(6), 487-500. DOI:10.1007/s10896-011-9383-3

Lawson, D., & Malnar, S. (2011). Interpersonal Problems as a Mediator between Attachment and Intimate Partner Violence. *Journal Of Family Violence*, *26*(6), 421-430. doi:10.1007/s10896-011-9376-2

Lee, R., Walters, M., Hall, J., & Basile, K. (2013). Behavioral and Attitudinal Factors Differentiating Male Intimate Partner Violence Perpetrators With and Without a History of Childhood Family Violence. *Journal Of Family Violence*, *28*(1), 85-94. doi:10.1007/s10896-012-9475-8

Liberman, A., Van Horn, P., and Ippen, C. (2005). Toward evidence-based treatment: child-parent psychotherapy with preschoolers exposed to marital violence. *Journal of American Academy of Child Adolescent Psychiatry*. Vol 44(12): 1241-8

Lovestad,S., Love, J., Vaez, M,. and Krantz, G. (2017). Prevelance of Intimate Partner Violence and its Association With Symptoms of Depression; A Cross-Sectional Study Based on a Female Population Sample in Sweden. BMC Public Health. Vol. 17(1)

Marshall, A. D., & Holtzworth-Munroe, A. (2002). Varying forms of husband sexual aggression: predictors and subgroup differences. *Journal of Family Psychology*, 16(3), 286–296

McFarlane, J., Groff, J., O'Brien, J., and Watson, K. (2003). Behaviors of Children Who Are Exposed and Not Exposed to Intimate Partner Violence: An Analysis of 330 Black, White, and Hispanic Children. Pediatrics Vol. 112(3)

Meadows, L., Kaslow, N., Thompson, M., and Jurkovic, G. (2005). Protective Factors Against Suicide Attempt Risk Among African American Women Experiencing Intimate Partner Violence. *American Journal of Community Psychology, Vol.36*.

Mikton, C., and Butchart, A. (2009). Child maltreatment prevention: a systematic review of reviews. Bull World Health Organization. Vol 87(5): 353-61

Miller, J., and Mullis, C. (2011). The Status of Feminist Theories in Criminology

Mitchell, M., Hargrove, G., Collins, M., Thompson. M., Reddick., and Kaslow, N. (2006). Coping Variables That Mediate the Relation Between Intimate Partner Violence and Mental Health Outcomes Among Low-Income, African American Women. Journal of Clinical Psychology, Vol. 62(12): 1503-1520.

Neustifter, R., Rhijn, T., and Pitman, R. (2015). Intimate Partner Violence and Social Relational Theory: Examining the Influence of Children and Important Others on Mothers' Transitions Out of Violent Relationships. *Children and Society*. Vol 29: 651-661

Poole, A., Beran, T., & Thurston, W. (2008). Direct and Indirect Services for Children in Domestic Violence Shelters. Journal of Family Violence 23:679-686 Rizo, C., Macy, R., Ermentrout, D., and Johns, N. (2011). A review of family interventions for intimate partner violence with a child focus or child component. *Aggression and Violent Behavior* Vol 16:144-166

Sargent, K., McDonald, R., Vu, N., & Jouriles, E. (2016). Evaluating an Online Program to Help Children Exposed to Domestic Violence: Results of Two Randomized Controlled Trials. *Journal Of Family Violence, 31*(5), 647-654. doi:10.1007/s10896-016-9800-8

Sellers, C., Cochran, J., & Branch, K. (2005). Social Learning Theory and Partner Violence: A Research Note. *Deviant Behavior, 26*(4), 379-395. doi:10.1080/016396290931669

Smith, P., White, J., and Holland, L. (2003). A Longitudinal Perspective on Dating Violence Among Adolescent and College-Age Women. American Journal of Public Health

Steward, J., Todd, N., and Kopeck, C. (2009). A Clinical Model in Action in Intensive Residential Treatment: Meeting the Needs of Aolescent Boys who have Experienced Domestic Violence. *Journal of Child and Family Studies*. Vol 19(4): 419-428

Stith, S., McCollum. (2011). Systemic Perspectives on Intimate Partner Violence Treatment. *Journal of Marital and Family Therapy*. Vol 38(1); 220-240.

Sudermann, M., Marshall, L., & Loosely, S. (2000). Evaluation of the London (Ontario) Community Group Treatment Programme for Children Who Have Witnessed Woman Abuse. *Journal Of Aggression, Maltreatment & Trauma*, *3*(1), 127-146.

Sugg, N., (2015). Intimate Partner Violence: Prevalence, Health Consequences, and Intervention. Vol, 99(3):629-49. doi: 10.1016/j.mcna.2015.01.012. Retrieved June 24th, 2017

Theobald, D., & Farrington, D. P. (2012). Child and adolescent predictors of male intimate partner violence. *Journal Of Child Psychology & Psychiatry*, *53*(12), 1242-1249. doi:10.1111/j.1469-7610.2012.02577.x

Theobald, J. (2013). Feminist Oral History and the Victorian Domestic Violence Services Movement. *Australian Feminist Studies*, 28(78), 364-374. Doi:10.1080/08164649.2013.858654

Thompson, H. and Trice-Black, S. (2012). School-Based Group Interventions for Children Exposed to Domestic Violence. *Journal of Family Violence*

Tjaden P, Thoennes N (2006). Extent, nature, and consequences of rape victimization: findings from the National Violence Against Women Survey. Washington DC, US Department of Justice. Available at: www.ojp.usdoj.gov/nij/pubs-sum/210346.htm

Vickerman, K. A., & Margolin, G. (2007). Post-traumatic Stress in Children and Adolescents Exposed to Family Violence: II. Treatment. *Professional Psychology, Research and Practice, 38*(6), 620.

Whaley, R., and Messner, S. (2002). Gender Equality and Gendered Homicides. Homicide Studies, Vol. 6(3): 188-210

Wolfe, D., Wekerle, C., Scott, K., Straatman, A., Grasley, C. and Reitzel-Jaffey, D. (2003). Dating Violence prevention with at-risk youth: Acontrolled outcome evaluation. Journal of Consulting and Clinical Psychology, 71, 279-291.

World Health Organization/London School of Hygiene and Tropical Medicine. Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva, World Health Organization,

2010**http://www.ncdsv.org/images/PowerControlwheelNOSHADING.pdf**

http://stoprelationshipabuse.org/educated/types-of-abuse/economic-abuse/