

SCHOOL-AGED CHILDREN
WHO HAVE WITNESSED WIFE ABUSE:
A DESCRIPTIVE STUDY OF
SOCIAL, EDUCATIONAL, AND HEALTH ISSUES

by

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Dedication

It is with respect and gratitude that I dedicate this work to the children and the mothers who participated in this study.

Abstract

School-Aged Children who have Witnessed Wife Abuse: A Descriptive Study of Social, Educational, and Health Issues

Since the early 1970s, wife abuse has been recognized and studied as a major problem in the Western World. Until this decade, little attention has been directed to the effects of these battering relationships on the children who have witnessed them. This exploratory study described a group of children whose mothers had previously been physically abused by their intimate partners. Specifically, the school behavior and achievement, social behavior, and health concerns of the children were described.

Twenty school-aged children between the ages of seven and thirteen years formed the sample. A combination of quantitative and qualitative research modes were used in the study. The children and their mothers were interviewed separately using semi-structured interviews designed for the study. A standardized behavior checklist, the Achenbach Child Behavior Checklist, was also completed by each mother, which further described her child and allowed for comparisons between the children in this study and children in a normalized sample. Comparisons were made between gender groups within the sample. The data were also reviewed for indications of the modeling behavior described in Social Learning Theory.

Children in the sample were reported to have witnessed the abuse of their mothers for an average of 4.7 years. Child abuse as well as wife abuse

had occurred in a high percentage of the homes. There was a high incidence of intergenerational violence in the families of the children studied. Mother and child reports were highly consistent and comparisons based on gender showed no significant differences between boys and girls. Many school problems including a high percentage of school grade repeats were described. Aggressive behavior was reported for over half of the children. Few serious health problems were reported although many of the children complained of headaches and stomachaches. A large number of improvements occurred in the children after the abuse of the mother ended.

In spite of the many problems described, most of the children in the study seemed to be functioning well and the mothers were optimistic about their futures. It was concluded that with the help of such measures as supportive parenting and short-term counselling, these children should continue to function well. However, approximately one quarter of the children had more severe problems and will probably need long-term help.

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CHAPTER 1

Introduction

Since the early 1970s, wife abuse has begun to be recognized as a major problem in the Western World. Although it is difficult to assess the incidence, it has been estimated that severe forms of violence occur in one in every ten marital-type relationships in Canada (MacLeod, 1980). Based on available statistics from doctors, lawyers, social workers and police records, this is considered by some to be a low estimate (Pressman, 1984). Straus, Gelles and Steinmetz (1981) in a study of 2,143 American couples, found that violence occurred in one couple in six in a one year period.

In spite of a prolific publication of literature on wife abuse in the past two decades, researchers are still struggling to describe the problem and therapists have little evidence as to the best modes of treatment of spouse abusers (reviewed in Edwards, 1985). Until this decade, little attention has been directed to the effects of these battering relationships on the children who witness them. The anecdotal literature, usually based on observations of children at shelters for battered women, suggests that these children are at high risk for behavior, social development, and health problems (Elbow, 1982; Hilberman & Munson, 1977; Moore, 1977; Penfold, 1982; Pizzey, 1974). More rigorous research studies have just begun to appear in the literature (e.g., Benich, 1983; Bruner, 1983; Jaffe, Wolfe, Wilson & Zak, 1985; 1986a; 1986b; Rosenbaum & O'Leary, 1981; Stamm, 1983; Westra & Martin, 1981).

These studies report that the children have high numbers of behavior problems and difficulties in social competence, including increased somatic concerns, aggressive behavior, depression, and anxiety levels. Low school achievement has also been identified as a problem by some researchers.

The research studies completed to date have largely been conducted with children who were residents in shelters for abused women; only one study was found which addressed problems for the children after they had been away from the violence for an extended period of time (Wolfe, Zak, Wilson, and Jaffe, 1986). The mother has been the usual source of data; only a few studies have been reported which have observed or interviewed the children themselves (e.g. Benich, 1983; Bruner, 1983; Fromm, 1983; Hughes & Barad, 1982; 1983; Stamm, 1983). Findings regarding gender differences in the children have reported conflicting results (Benich, 1983; Jaffe et al, 1985). Research on somatic concerns of the children has also reported different results (Brown, Pelcovitz, & Kaplan, 1983; Bruner, 1983; Fromm, 1983).

There is clearly a need for more research to further describe the concerns for these children, to assist in planning preventions, and to guide the interventions. This study was directed at increasing the knowledge about children who witness spouse abuse by describing a sample of children whose mothers were previously abused by their intimate partners. In particular, social, educational, and health issues were addressed. Comparisons were made between gender groups within the sample.

Because these children have not been studied extensively and their problems are not well understood, the study was exploratory in nature. The three primary goals were as follows:

- 1 to describe the school behavior and achievement, social behavior, and health of a sample of children of women who were abused in a previous intimate relationship.

- 2 to develop instruments suitable for examining social, educational, and health issues of children of abused women.

- 3 to search for patterns in the data which may provide ideas for future research and suggest possibilities for prevention and intervention for these children.

The thesis study was nested in a larger study conducted by Dr. C. Coates and funded by the Social Sciences and Humanities Research Council of Canada (SSHRC). The larger study addressed the issues of personality styles of the mothers and children, parenting styles of the mothers, personalities of the children, attributions about the violence, and the children's modes of coping with social problem situations. The findings of the larger study are not reported in this thesis.

The subjects in the study were 20 school-aged children between 7 and 13 years of age whose mothers had been abused by their intimate partners, typically husbands. The last abuse of the mother had occurred an average of 15.5 months previously. Data was collected from the mothers of the children as well as the children themselves. The subjects were recruited

through support group leaders and counsellors for abused women in the cities of Calgary, Edmonton, and Lethbridge, Alberta.

A combination of quantitative and qualitative research modes were used in the study. Although a lack of sufficient funding prohibited the use of a comparison group, a standardized instrument was used which allowed for some comparisons to be made between the children in this study and a normed sample. The mothers rated the behavior of the children in the study on the Child Behavior Checklist (Achenbach, 1970). The Mother's Semi-Structured Interview, the Child's Semi-Structured Interview, and a Demographic Questionnaire, were the other instruments used in the study. They were designed for the study and consisted of structured questions as well as open-ended questions which provided the qualitative data for the study.

Wife abuse is a complex phenomenon and no one theoretical approach has been developed which adequately explains it. Much of the work done to date has been atheoretical. This thesis was not designed to directly test theory. However, Social Learning Theory was reviewed for its relevance to the study. Data related to abuse in families of origin and to aggressive behavior in the children in the study were reviewed for evidence which might support Social Learning Theory. A short description of Social Learning Theory as it relates to wife abuse, is found in the literature review.

Definitions of Terms

The following terms are used in the thesis and their definitions for the purposes of this study are explained here:

Abuse

The definition of abuse is accepted by the researcher as a multifaceted problem which includes psychological abuse, physical abuse, and sexual abuse, as well as abuse of property and pets (Germain, 1984; Sonkin & Durphy, 1982). However, for the purposes of this study, abuse referred to acts of physical aggression that carried a high risk of serious injury which Kalmuss (1984) termed "severe aggression". Thus when the term abuse was used in the study it contained a component of physical aggression. Although the study was limited to mothers who had been physically abused; this was not intended to minimize or deny the effects of verbal or psychological abuse.

Wife Abuse

For the purposes of this study, wife abuse referred to physical abuse of a woman by a man within an intimate relationship, typically a marriage. Although it is recognized that there are men who are abused by women, husband abuse accounts for only a small percentage of the reported incidences of spouse abuse and carries much less threat of serious injury. (Berk, Berk, Loseke, & Rauma, 1983; Dobash & Dobash, 1979). For this

reason and because the subjects in this study were children of mothers who were abused by their male partners, the term wife abuse was chosen over the genderless term of spouse abuse. In this study the term wife referred to a woman in an intimate, marital-type relationship with a man but did not necessarily mean the couple was married.

Witnessing

The children in the study were described as witnessing the abuse of their mothers, if they were living in the house at the time of the abuse and were aware of its occurrence. They may have been direct observers of the abuse or they may have been present in another part of the house or yard. The term witnessing has been used by other researchers (e.g., Benich, 1983, Jaffe, Wolfe, Wilson, & Zak, 1986b) to describe children who have been observers of their mother's abuse without being physically abused themselves. Other recent research (Scanlon, 1985) has indicated that many of the child witnesses have been physically abused themselves.

Child Abuse

Child abuse is accepted by the researcher as including the four components of physical violence, physical and emotional neglect, emotional abuse and sexual exploitation (Kempe & Kempe, 1978). However, for the purposes of this study when the mother was asked about child abuse in her home, it was more narrowly defined to include only acts of physical aggression that carried a high risk of serious injury as explained in the previous definition of abuse. In this study this included a range of aggressive acts from spankings which left bruises, to sexual abuse.

Intimate Partner

For the purposes of this study, the term intimate partner referred to a man who lived in an intimate relationship with, and physically abused the mother of, a child in the study. Although some of the mothers were abused by more than one intimate partner, the term in this study refers to the most recent partner who abused her. In all cases the child was living with the mother and the intimate partner when the abuse occurred. The term intimate partner has been shortened to partner in some instances but still refers to the person described here.

Health

Health is recognized by the researcher as a multi-faceted condition, which is subject to change, and which has mental and social components

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as well as physical (Urdang & Swallow, 1983). However, for the purposes of this study it was narrowly defined as related to somatic complaints. Its meaning in the study, particularly in the responses to the open-ended questions regarding health in the semi-structured interviews, was subject to the perceptions of the mother and the child in the study. That is, questions regarding the child's health would have been answered according to their own definitions of health. For the most part, this emerged as physical or somatic complaints.

Limitations of the Study

In interpreting the results of this study, the following limitations must be considered:

- 1 The sample was not randomly selected and was selected from only three cities in Alberta. This may affect the generalizability of the results.
- 2 The participants in the study were volunteers, recruited through agencies and support groups, and some self-selection may have occurred.
- 3 The women in the study had received some type of supportive counselling so results may not generalize to children whose mothers had received no help.
- 4 The sample was small and no comparison groups were used.

Organization of the Thesis

Chapter one included the introduction and purposes of this study as well as definitions of some of the terms used in the thesis. Limitations of the study were listed. Chapter two includes a review of literature relevant to the study, including theoretical perspectives and a review of anecdotal and research literature on children who have witnessed wife abuse. At the end of Chapter two the present study is outlined with the research questions which were addressed. Chapter three describes the method of the study including the sample, procedure, and instruments. Chapter four presents the results of the study. It begins with a discussion of the abuse followed by the results for each research question and a section on other findings. Chapter five includes a discussion of the findings and the implications for further study.

CHAPTER 2

Literature Review

This chapter includes a review of literature relevant to this study. It begins with a discussion of theoretical perspectives related to wife abuse and the children who witness it. It is followed by a review of the current literature related to children who have witnessed wife abuse.

Theoretical Perspectives

A number of different theoretical frameworks have been adopted by family violence scholars to explain the phenomena of spouse abuse. Breines and Gordon (1983) presented a careful essay reviewing several world views used to describe wife beating. The feminist school of thought was explained as viewing the problem as only one aspect of the long-standing societal relations between the sexes. Non-feminists were described as viewing the problem as gender-neutral or as a mutual problem between the sexes. Previous to 1970, the dominant explanation for wife abuse outlined by Breines and Gordon, was that of psychopathology, which often saw the victim as the cause of her own batterings.

Two theoretical frameworks which have emerged more recently in relationship with family violence, appear to have special relevance to the study of children and wife abuse. Conceptual Systems Theory (Harvey,

Hunt and Schroder, 1961) which is relevant to parenting issues and attributions about the violence, was used to guide the larger study in which this study was nested. It predicts that there are different personality styles that, under a condition of strong personal involvement, will be an important factor in determining responses in a highly involving or stressful situation. Coates & Leong (in press) have applied it to describe the conceptual systems of men and women involved in family violence. The second theoretical framework, Social Learning Theory, has been adopted by many family violence scholars attempting to understand the mechanism by which violence is transmitted. Since data related to behavioral consequences of witnessing wife abuse were being collected for this study, Social Learning Theory was reviewed for its relevance to the research and it is outlined in the following paragraphs.

Social Learning Theory

Many of those involved in alleviation of the problem of wife abuse subscribe to the theory that aggression is learned behavior (e.g., Roy, 1977; Taylor, 1984). The classic research of Bandura (1977), which reported a relationship between witnessed aggression and the subsequent expression of aggression in children, has been the cornerstone of this approach. The family has been studied to determine whether intergenerational transmission of family violence occurs through the social learning principles of modeling and vicarious reinforcement. The work of

Straus et al. (1981) has been important in furthering the acceptance of social learning theory by scholars in family violence. Following a national survey of 2,143 American families, Straus et al. concluded that men and women who had observed their parents hitting each other were approximately three times more likely to hit their mates. From the same survey they reported that when a male child grows up in a violent home the chances are one in ten that that child will be a wife beater. Although Straus et al. accepted that all violence was not accounted for by family background, they suggested that the violence not explained by intergenerational links could be explained by the effects of living in a violent society.

Gelles (1979) found that intergenerational effects differed by sex; men were more likely to abuse and women were more likely to be victimized if there had been physical aggression in their childhood families. Pagelow (cited in Kalmuss, 1984) found that exposure to their fathers beating of their mothers was related to men later beating their own mates but not to women becoming victims. In a study of 188 men who were physically abusive to their mates, conducted by Fitch and Papantonio (1983), 71% of the men reported having witnessed physical violence between his parents. In another study of 1183 women and 960 men, Kalmuss (1984) found that adults were more likely to model hitting behavior which they had observed in their families of origin, but which had not been directed towards them. She suggested that studies of the cross-generational patterns of marital aggression have been shown to be consistent but weak.

Socialization, of course, occurs from sources other than the family. Although many authors have referred to a violent society having contributed to the socialization of violence (e.g., Deschner, 1984; Dobash & Dobash, 1979; Straus et al., 1981), the effects of violence occurring within a culture do not appear to be well understood. Breines and Gordon (1983) reported that sociologists in the field have generally not looked at the collective cultural meaning and the control of marital violence by the community. They suggested that we must also consider the role of social networks in prescribing and regulating the use of violence. This study was not designed to directly test theory. However, data were collected on the families of origin of the mothers in the study and their intimate partners in order to search for intergenerational links. Such links, although not necessarily a result of social learning, could be a result of the modeling behavior described by advocates of Social Learning Theory. The data were also examined for indications of aggression in the children which could also suggest that the children have modeled the aggressive behavior they have witnessed in their homes.

The Children

Historical accounts containing descriptions of wife abuse suggest that it has been a problem since the inception of the patriarchal family in pre-Biblical times (Davidson, 1977; Dobash & Dobash, 1979; Graulich, 1984; Roy, 1982; Steinmetz, 1980). The escalation of the women's movement and the

subsequent advent of women's shelters have accounted for the problem coming into public awareness in the last two decades (e.g., Bowker, 1983; Breines & Gordon, 1983; Browning, 1984; Dobash & Dobash, 1979; Roy, 1982; Straus et al., 1981; Walker, 1979). Although there have been numerous publications on wife abuse since that time, the problem is still not well understood and more research studies are needed in this area.

There is a particular lack of research on the effects of these battering relationships on the children who witness them. However, research done to date which concerns these children suggests that they are at high risk for problems related to neglect and abuse as well as problems related to witnessing battering. One recent study conducted in the battered women's shelters in Edmonton, Alberta, reported that of 336 children who were in residence in the shelter over a one year period, 87% were found to be abused or neglected (Scanlon, 1985). Research with adult batterers has also suggested that they often come from families where spouse abuse has occurred, or where they have experienced physical abuse themselves (Deschner, 1984; Rosenbaum & O'Leary, 1981; Roy, 1982; Star, 1983).

The literature on the children who have witnessed spouse abuse falls into two categories: descriptive accounts of the children written in anecdotal form, and more rigorous research studies. In the following section the descriptive literature on the children will be reviewed and problem areas which have been suggested by this literature will be identified. This will be followed by a review of the research studies.

Anecdotal Literature

The anecdotal accounts of children who have witnessed spouse abuse are usually collected incidently during observations made in shelters for battered women. They suggest that the children who witness spouse abuse are a population at risk for a variety of problems.

Carlson (1984) presented vignettes on mothers and children who entered shelters. One typical finding which she described was the aggressive, violent behavior of the male children of batterers. Penfold (1982), from her caseload as a psychiatric consultant to a pediatric referral center for multihandicapped children, discovered that some children from homes in which spouse abuse occurred displayed predominantly aggressive behavior similar to that of the batterer. Martin (1976) described the children who came to shelters, as passive and withdrawn, as well as aggressive and destructive.

Elbow (1982) reported problems with gender identification occurring in the children who witnessed battering. She suggested that they "begin to equate maleness with hurting women; femaleness with being hurt by men" (p. 468) and that some male children reacted by becoming aggressive. Others avoided identification with that side of their father's behavior by denying the violence and exaggerating the positive characteristics of the father. A further problem identified by Elbow was the children's blaming of themselves for the violence and for the breakup of the marriage.

Rhodes and Zelman (1986), in their work with families residing in shelters, assisted mothers to deal with behaviors in their children which

were described as symptomatic of stress. These mothers reported behaviors such as insomnia, sleeping too much, bed wetting, fecal incontinence, clingy and demanding behavior, withdrawal, hyperactivity, underactivity, decrease in appetite, overeating, overtly hostile or aggressive behavior, or overly compliant behavior.

Carlson (1984) described a situation of role reversal in which the oldest girl in one family assumed parental responsibility of the younger children. Elbow (1982) also described situations where the children became the parents in a dysfunctional family. The children acted as intermediaries or protectors of the actual parents.

In summary, the anecdotal reports on children who have witnessed spouse abuse have described a population with problems of elevated aggression and violence among male children, withdrawal among female children or among both sexes, role reversal, and many behaviors which indicate emotional problems. These problems have been identified in graphic descriptions in these reports. However, it is only in this decade that systematic, rigorous research on the children who have witnessed spouse abuse, has begun to be reported in the literature.

Research Studies

The research studies which have been conducted on these children as they relate to the areas of social behavior, school behavior and competence, and health of the children are reviewed in this section. The research

studies are also reviewed for findings related to gender differences in these children and differences according to severity of abuse of their mothers.

Social Behavior

A number of researchers (e.g., Benich, 1983; Emery & O'Leary, 1982; Hughes & Barad, 1982; Jaffe, Wolfe, Wilson, & Zak, 1985; Stamm, 1983) have administered standardized behavioral checklists to mothers of children who have witnessed spouse abuse in order to examine behavior differences between these children and a normative sample. Jaffe et al. (1985), in a study of 50 school-aged children and their mothers from shelters for battered women and their children, found that boys from violent families had significantly more difficulties in social competence and presented more behavior problems than boys from nonviolent families. Especially noteworthy were increases in the reported aggressive behavior of boys from violent families.

Brown, Pelcovitz, and Kaplan (1983), using the same Child Behavior Checklist (Achenbach, 1970) used by Jaffe et al (1985), as well as other standardized instruments, studied 24 school-age children of battered women, half of whom were residents in shelters and the other half living at home. Significant differences were found between these children and a control group on variables of somatic concerns, depression, separation anxiety and aggressive behaviors.

Benich (1983), in a study of 17 school-aged children from violent families found significantly more behavior problems among children of battered women than among children from a control group of children from

discordant but nonviolent marriages. There was an increase in inhibition in the children from violent homes as well as increased unlikeability, vulnerability, somatization and impulsivity under stress. Increased anxiety was also shown, as well as adoption of victim-prone interpersonal styles in relationships. Aggressive behavior problems were not apparent in her sample.

It is interesting to note that not all researchers have found that children who witness spouse abuse experience behavior problems. Barad, Hughes, ~~and~~ and Hampton (1984), in a study of 78 children temporarily residing in a battered women's shelter, using parent and self-report measures, found average adjustment for school-age children, with self-concept, anxiety, aggressiveness, submissiveness, assertiveness, and behavioral problems all falling within normal limits. However, they also suggested that the children distorted their reports in a socially desirable direction and actually may have presented a facade of well-being while suffering internal distress. This facade was also alluded to by Fromm, who found the children in her study tended to minimize and deny the extent of the abuse, indicating that "they did not think the people in their family became angry more often or with greater intensity than did members of other families" (1983, p. 142).

In the only study identified which included children who had been away from the violence for a period of time (Wolfe, Zak, Wilson, & Jaffe, 1986), three groups of children were compared. The three groups were current residents of shelters for battered women, former residents of shelters for battered women who had last been exposed to marital violence at least six

months prior, and a nonviolent control group. The researchers found that the former residents group who had been away from the violence an average of two years, had no more behavioral or emotional symptoms than the children from the nonviolent control group.

School Behavior and Competence

Some of the standardized instruments used in research studies, as well as occasional interview questions, have measured the areas of school behavior and competence of the children who witness spouse abuse. The Child Behavior Checklist (Achenbach, 1970) used by Jaffe et al. (1985) included "school" under the heading of Social Competence Factors. Significant differences were found in this area between boys from violent homes and control group boys but no differences were found between the groups of girls.

Fromm (1983), in a study of 30 school-age children whose mothers had been physically abused, found that girls' school achievement, as reported by the mothers, was below average and was also lower than the level of school achievement of the boys whose mothers had been abused. She found that for children whose mothers had been abused, the rate of absenteeism from school was no higher than it was for other children in the county. However, children of the less severely abused mothers were more likely to be absent due to illness while children of the more severely abused mothers were more frequently absent due to difficulties arising from the violence.

Health Concerns

All studies which have examined the health of the children who witness spouse abuse have not supported the anecdotal evidence that these children experience somatic complaints and have a high level of absenteeism (Hilberman & Munson, 1977). Bruner (1983), in a study of 20 preschool children of battered women, hypothesized that a significantly greater number of experimental children would be reported as having chronic illnesses than would members of a control group of children from nonviolent homes. This hypothesis was not supported as there were no significant differences between numbers of reported chronic illnesses in the two groups. Fromm (1983), in her study of 30 children from a shelter for battered women, also questioned the mothers regarding the health of the children. She also found that the data did not reveal frequent or chronic health problems or a significant incidence of stress-related illnesses among the children studied.

The study of 24 child witnesses to wife abuse, conducted by Brown et al. (1983), did find significant differences in somatic concerns between these children and a control group of children from nonviolent homes. These differences were measured using the somatization scale of the Child Behavior Checklist (Achenbach, 1970) and the Personality Inventory for Children (Lachar & Gdowski, 1979) somatic concerns scale.

Gender Differences

The area of gender differences in children who witness wife abuse has been addressed by researchers but results have been inconclusive. In the

study described earlier which was conducted by Jaffe et al. (1985), it was found that boys who had witnessed violence between parents were reported to display significantly more behavior problems than girls from similar settings. In particular, boys were found to have a deficit in social skills and to display more aggressive behavior in contrast to boys from nonviolent families, while girls from violent families appeared not to differ from the girls from nonviolent families. However, another large study by the same authors (Jaffe et al., 1986a) found that girls were reported as showing more internalizing behavior problems and a lower level of social competence than their nonviolent comparison group. Boys from the sample were reported as "demonstrating both internalizing and externalizing behavior problems in addition to having a lower level of social competence" (p. 74).

Rosenbaum and O'Leary (1981) citing evidence that male children were more adversely affected by marital discord (Eme, 1979) chose to study male children. They did not find significant differences between their sample of boys from homes where the mother was abused, and comparison groups from satisfactorily married couples and discordant marriages without abuse. In this same study, the authors did find that, based on reports by their wives, there was a strong and significant tendency for husbands who had witnessed parental abuse to beat their own wives. However, the battered wives were not necessarily from homes in which their mother had been beaten. Hershorn and Rosenbaum (1985) using some of the same measures, also studied male children, and this time found significant differences between the groups studied. Their results supported the

hypothesis that increased exposure to marital discord and violence was associated with childhood problems.

In the study by Brown et al. (1983) described previously, aggression scores on the Child Behavior Checklist (Achenbach, 1970) were significantly higher for both male and female child witnesses. However, conduct disorders, which involve aggressive behaviors that bring the child into contact with authorities outside of the family, were found only in the male children who had witnessed violence. Hughes and Barad (1983), in a study of 65 child residents of a battered women's shelter, found that school-aged boys were rated as more aggressive than girls by their mothers and shelter staff.

Benich (1983) in a study of 17 school-aged children from violent families, had an unexpected finding of an absence of gender differences. Males had no greater aggressive behavior problems than their female counterparts and females had no greater difficulties with inhibition than their male counterparts. However, the Louisville Behavioral Checklist (Miller, Hampe, Barrett & Noble, 1971), used to assess these areas, detected more problems with inhibition in both males and females than in the normative samples.

Severity of Abuse

Severity of abuse of the mother has been shown to be an important variable in some studies. Wolfe, Jaffe, Wilson, & Zak (1985) in a study of 102 children from shelters for abused women, found that measures of social competence and behavior problems of the children from the shelters were

more elevated among children who were exposed to a higher frequency of violence. In another study by these same authors (Jaffe et al., 1986a) 58 boys and girls from violent families were compared to 68 children from nonviolent families. This study reported that boys from violent families displayed a higher degree of both externalizing and internalizing symptoms as well a lower level of social competence which was significantly associated with the degree of violence to which they had been exposed.

Fromm (1983) in her study of 30 school-aged children assessed severity of abuse of the mothers, through questions asked in an interview with the mothers, and established two levels of severity. She then compared children of the less severely abused mothers to children of the more severely abused. Significant differences were found between reasons for absenteeism for school, activities of interest to the children, feelings about intervening in the parental disputes, frequency of fighting with friends, and the types of pictures which the children drew.

The Present Study

The review of the literature on the children who have witnessed wife abuse has shown it to be a beginning area of research with many gaps. It is only in this decade that rigorous research studies have begun to appear in the literature. Few replications of previous research have been done. Few studies have been conducted to test theory. Conflicting results have been

reported regarding behavior problems of children who witness wife abuse. Few studies have examined the school behavior and performance of the children. Studies on the health of the children who witness wife abuse have disagreed as to whether the children have more somatic complaints than children from nonviolent homes. Research studies on gender differences have reported different findings. More research has been conducted with boys who have witnessed wife abuse than with girls. Only two researchers were identified who studied differences in the children related to levels of severity of abuse of the mothers. Nearly all the research has been conducted on children who were residents of shelters for abused women; only one followup study was identified. Differences between children who have witnessed the abuse of their mothers, and children who have been physically abused themselves have been identified but this area needs more research. The mother has been the usual source of data for most of the studies; the children themselves were seldom directly involved in the research.

Nearly every study reviewed, identified children who witness wife abuse as a population at risk for a variety of problems, but there is limited understanding as to the best means of helping them. Few programs have been developed in Canada to help these children. Those which have been developed are usually operated in conjunction with shelters or transition houses for abused women (Watson, 1986) with little available for children of women who do not seek help from a shelter.

This study attempted to add to the descriptive information on school-aged children who have witnessed the abuse of their mothers and to address some of the gaps identified in the literature review. The social, educational, and health issues of a group of school aged children were described. These children had all been away from the abusive situation for some time and were not in the immediate crisis of leaving their home and living in a shelter. The children as well as their mothers were interviewed for the study. Although this study was not designed to directly test theory, the data on aggressive behavior and intergenerational violence were reviewed for their relationship to Social Learning Theory.

The following research questions were addressed in the study:

Social Issues

Is the behavior of the children in the study, as reported by their mothers, more aggressive than the behavior of children their ages when a normed checklist is used ?

Are there other reported indications of behavior problems in the children in the study?

Education Issues:

How do the mother and the child describe the school behavior of the child?

How do the mother and the child describe the school performance of the child?

Are the mother and child consistent in their reports of the child's school experiences?

Health

Do the children in the study have higher reported incidences of somatic complaints than children from a normed sample of the population?

How do the mother and the child describe the health of the child in the study?

Are the mother and child consistent in their reports of major health information about the child?

Comparisons within the sample were attempted in two broad areas which were termed pattern issues. The pattern issues were gender

differences and differences in level of severity of abuse of the mothers. Comparisons were made between the gender groups in the study. The abuse reported by the mothers in the study was examined to determine if distinct differences emerged in sufficient numbers to compare two groups of children on the basis of severity of abuse of the mothers.

CHAPTER 3

Method

This chapter includes a description of the sample including the requirements for participation in the study and how the subjects were recruited. The procedure which was followed in conducting the study is outlined. The instruments which were used are described, including the scoring and coding procedures and the methods of data analysis.

Sample

Twenty Alberta school-aged children whose mothers had been physically abused by their intimate partners, formed the sample in this study. Data for the study were collected from the children themselves and from each of their mothers.

The criteria for eligibility for the study were that:

- 1 the age of the child was between 7 and 13 years.
- 2 abuse of the mother was no longer occurring, that is mother and child were not in immediate crisis.
- 3 no more than 2 1/2 years had passed since mother and child had lived with the abusing partner or, if the couple was still together, since the abuse had stopped.
- 4 the abusing partner had lived with the child for at least six months, although it was not necessary that he be the child's biological father or legally married to the mother.

5 the mother had the support of a counsellor or was a member of a support group for abused women.

The children were ten boys and ten girls between the ages of 7 and 13 years inclusive. This age group was chosen as being old enough to be amenable to the interview style and able to describe their school experience, but not yet in the tumultuous teen years. Furthermore, previous research on children whose mothers had been abused had focused on this age group, making comparisons possible.

The abuse of the mothers had stopped an average of 15.5 months prior to the study. Other research on children of abused women has typically studied children who are residents in shelters for abused women. The children in this study were recruited after they had been away from the violence for a longer period of time in order to rule out some of the effects of being in the immediate crises of living in a shelter, and being away from home, school, friends, and possessions. This also made it possible to describe behavior which may represent follow-up effects of living in a violent home. Furthermore, it allowed for inclusion of women and children who had not used the shelters for abused women. The mothers of the children from this group were also less likely to be in emotional crises.

Although many of the studies conducted with children of abused women have ruled out children who were suspected of being physically abused (e.g., Benich, 1983, Bruner, 1983), children who had been physically abused themselves were not excluded from this study. It was eliminated as a criterion early in the research process when a research study was

published which reported that 80% of children who entered shelters for abused women in Edmonton in a one year period were either neglected or abused (Scanlon, 1985). Screening out abused children could mean the study would represent as few as one fifth of the children who had witnessed wife abuse. This was substantiated by a number of counsellors for abused women interviewed early in the study, who suggested that ruling out child abuse would be very difficult and would not present a true picture of the children who witness wife abuse. Table 1 provides demographic data about the children in the study which was obtained from the report of their mothers.

Table 1

Age and School Levels of the Children

Group	Category			
	Mean Age	Age Range	Mean Grade	Grade Range
Girls ($n = 10$)	9.3	7-12	3.5	2-7
Boys ($n = 10$)	9.7	7-13	4.0	2-8
Total Group ($n = 20$)	9.5	7-13	3.8	2-8

Physical abuse of the mother was determined by her presence in a support group for abused women or in individual counselling for problems related to being abused in an intimate relationship. This was verified, as well as the severity of the abuse determined, by the mother's responses to items which were similar to those on the Conflicts Tactics Scale (Straus et al., 1981) which were included in the Mother's Semi-Structure Interview. The mothers in the study were reached through counsellors for abused women and through leaders of support groups for abused women in Lethbridge, Calgary, and Edmonton. They were recruited from three cities

the study. Referrals from support groups or counselling agencies assured that the women in the study had supportive counselling available to them. Within the period of November, 1986, to March, 1987, twenty women volunteered with their children to participate in the study. Seven of the mothers heard about the study through their support group leader or therapist at Alberta Mental Health Services in Lethbridge. Six women were referred through the Pastoral Counselling Institute in Calgary. Seven of the women were from Edmonton and learned of the study through a YWCA support group or through their counsellors or support group leaders at Edmonton Social Services.

Seven of the mothers (35%) reported that they were employed. Although this information was not solicited, the mothers who were unemployed usually indicated that they received social assistance. The term partner in this study refers to the intimate partner, typically husband, who abused the mother most recently. The mean age of the mothers in the study was 33.1 years. Their age range was 26 through 41 years. The mean age of the intimate partners was 35.8 years. Their age range was 25 through 46 years. Further demographic information about the mothers and their intimate partners is provided in Table 2.

Table 2

Demographic Information - Mothers and Partners

Category	Frequencies	
	Mothers (n = 20)	Partners n = 20)
Education:	a	
Less than grade 9	1 (5.3%)	1 (5%)
Grades 9 - 11	4 (21.1%)	6 (30%)
High School Diploma	6 (31.6%)	4 (20)%
Community College/Tech	6 (31.6%)	2 (10%)
Undergraduate Degree	2 (10.5%)	3 (15%)
Ethnicity:		
Anglo	19 (95%)	17 (85%)
Native American	1 (5%)	-
Metis	-	3 (15%)
Occupation:		b
homemaker	11 (55%)	-
childcare	2 (10%)	-
professional/manager	3 (15%)	3 (16.6%)
clerical/skilled trade	1 (5%)	8 (44.4%)
unskilled/labor	1 (5%)	5 (27.8%)
student	2 (10%)	-
inmate/jail	-	2 (11.1%)
Employed	7 (35%)	10 (50%)

a n = 19. Missing data for one mother's education. b n = 18. Missing data for two partners' occupations.

The abusive relationship referred to in this study was the mother's most recent intimate relationship in which she was physically abused by her intimate partner, typically her husband. Sixteen of the mothers were married to that partner for most of the time of the physical abuse. Four mothers were living with the partner without being married.

At the time of the interview, two of the mothers in the study were still living with the intimate partner who had previously abused them but the physical abuse had stopped. One woman who had been separated from her abusive husband for four months was being reunited with him. One woman was now married to another man. The remainder of the mothers ($n = 16$) were separated or divorced from the partner who had abused them and functioned as single parents, although new boyfriends played a prominent role in at least two of the homes. Table 3 provides information about the abusive relationship.

Table 3

The Abusive Relationship

Category	Length of Time in Years	
	Mean	Range
Mother with partner	9.7	1 - 21
Mother abused	6.4	1 - 15
Mother Separated from partner	1.2	0 - 2.5
Child witnessed abuse	4.7	1 - 10

Procedure

Prior to the development and choosing of instruments for the study, interviews were conducted by the researchers with women who had observed violence as they were growing up, and with physically abused women who had school-aged children. Counsellors who were working with abused women and their children were also interviewed. These people were asked to share their experiences related to wife abuse and in particular, their experiences with children whose mothers had been abused. From these interviews, open-ended questions were generated which addressed the research questions. These open-ended questions would guide the children's and the mother's semi-structured interviews which were used in the study to collect qualitative data. These interviews

were the major source of data for this study and the larger study in which it was nested. They were designed with a combination of open-ended and more structured questions which resulted in a combination of qualitative and quantitative data similar to part of a study conducted by Tripp-Reimer (1985).

When the semi-structured interview questions had been drafted and some standardized instruments had tentatively been chosen, the instruments to be used for the mothers in the study were piloted with a number of abused women who were mother's of school-aged children. The instruments to be used with the children in the study were piloted initially with school-aged children from non-violent homes and later with children from homes where the mother had been abused.

The process of recruitment of subjects was begun by initial meetings being held by the researchers to explain the research project to a number of support group leaders and social workers who were working with abused women in Lethbridge, Calgary, and Edmonton. These people were also given a Letter of Explanation of the Study (Appendix A) as well as a Recruitment Letter (Appendix B) for the mothers. They then approached women in their groups and/or in their case load who were eligible for the study. Any woman who expressed an interest in participating in the study was telephoned by one of the individuals conducting the research and given a further explanation of the study. If she and her child were willing to participate, appointments for mother and child were arranged. The

interviews were conducted simultaneously in two offices in a location convenient to the women and children in the study.

Since the interviews were conducted simultaneously, it was necessary to have two interviewers at each site where subjects were being interviewed so interviewers were recruited in Lethbridge, Calgary, and Edmonton. The forty interviews were conducted by five female interviewers, each of whom had a counselling or human services background. They were prepared for the interviews by training sessions with the researchers in which the study was explained and the instruments were reviewed. A written set of instructions for the interviewer was also provided (Appendix C).

A number of safeguards were provided for the mothers and the children in the study. Initially the ethical concerns in the research proposal received approval from the University of Lethbridge Ethics Committee for Research on Human Subjects. Informed consent from the mother was assured by further explaining the study and the procedures which would assure confidentiality of the information given by herself and her child. These included code numbers replacing the name on all copies of the data except the consent form. The consent forms were held by the researcher in a locked file. Interviews were conducted in private offices and the nature of the interviews being conducted were not disclosed to those working in the vicinity of those offices. The mother was also assured that no identifying details would be included in any report of the research and that the tape recordings would be used by the researchers only.

The mother was told that she would receive a report of the total study but not an individual report on her child. The child was told that what he/she said would not be shared with anyone outside of the researchers including his/her mother. The mother and child were each assured of the voluntary nature of their participation in the study and their ability to withdraw, or decline to answer a question, at any time.

At the appointment with the mother informed consent was obtained before the interview began (see Appendix D). Following the informed consent procedure the mother completed the written components of the interview: the Demographic Questionnaire, the "This I Believe" Test (used for the larger study), and the Child Behavior Checklist. These initial steps took approximately one hour, following which the interviewer asked the open-ended questions from the Mother's Semi-Structured Interview and the responses were written by the interviewer and audiotaped. The semi-structured interview lasted approximately one and one half hours.

None of the mothers withdrew from the study or refused to answer a question. Most seemed anxious to talk about their children and several of the mothers stated that they wanted to participate in any project that might help their child. At the end of the interview the mother was given twenty-five dollars to assist with any expenses incurred by her participation in the study. Arrangements were made for a copy of the report of the study to be forwarded to the mother at a later date.

During the interview with the mother, another interviewer met with the child. Initially the child was shown where his/her mother was being

interviewed and told she was available at any time she was wanted or needed. The study was then explained further to the child and the interviewer questioned the child to be sure of his/her voluntary participation. It was explained that whatever the child said in the interview would be held in confidence and that he/she could withdraw from the study or refuse to answer any question at any time. The child was given the opportunity to ask questions about the study. Verbal consent to audiotape the interview was obtained and the child was given the opportunity to operate the tape recorder and generally become comfortable with the surroundings. The open-ended questions were asked and the responses were written by the interviewer and audiotaped.

Although the arrangement of reaching the children through mother's support groups or counsellors assured that the mothers had counselling help available, the children in the study did not necessarily have a relationship with a counsellor or a support group. The questions were worded very cautiously because of this. They were largely behavioral in structure and were not designed to press for details about the violence. Several times during the interview the child was asked if he/she wanted to go on, and the child's comfort was assessed repeatedly throughout the interview. All of the interviewers were sensitive to the needs of the children, taking breaks when necessary and chatting about other things if the child digressed. All of the children seemed at ease with the interviewer; no child became visibly upset or resistant. No child withdrew from the study but a few children did decline to answer certain questions.

The children who refused to answer a question, simply told the interviewer to go on to the next question.

At the end of the interview, while waiting for the mother, the child completed a series of pencil drawings to be used in the larger study. In the remaining time the child was given paper and colored marking pens to draw pictures to take home, or the time was used chatting informally with the interviewer. The child received five dollars for participating in the interview.

Instruments

Demographic Questionnaire

At the beginning of the interview with the mother she was asked to complete a one page Demographic Questionnaire. This questionnaire was constructed for the study. It provided information on the age, ethnicity, education, occupation and employment of the mother and the intimate partner who had physically abused her.


Child Behavior Checklist (CBCL)

A standardized instrument chosen for the study was the Child Behavior Checklist (CBCL) designed by T. Achenbach in 1981. Following completion of the Demographic Questionnaire the mother rated the behavior of her children on this checklist which provides ratings of a child's social competence and behavior problems. This instrument has been shown to be highly reliable (test-retest > .95; interrater > .92) in normative samples. The normative data for the instrument was obtained by the authors through


interviews with randomly selected families in the eastern United States. From each family one child who had received no mental health services in the previous year was selected and fifty children from each sex/age group were included in the normative group (Achenbach & Edelbrock, 1983). In addition to having a large body of normative data available, this instrument has also been used extensively in studies of children of battered women in London, Ontario (e.g., Jaffe et al., 1985; Jaffe et al., 1986a; & Jaffe et al., 1986b; Wolfe et al., 1985; Wolfe et al., 1986). It was designed to provide standardized descriptions of behavior rather than diagnostic inferences.

The Child Behavior Checklist was chosen over the Louisville Behavioral Checklist (Miller et al., 1971) used in similar studies (e.g., Benich, 1983; Stamm, 1983) because the 3-step scoring response for the behavior problems allowed for more flexibility in responding than did the true/false format... used by the Louisville Checklist. Another widely used instrument, the Quay Behavior Checklist (Speer, 1971) was examined and rejected because it was suggested that it may be less sensitive to gender differences in aggressive and withdrawing types of behaviors (Benich, 1983).

The CBCL has 20 social competence items which form the three scales of Activities, Social, and School, which together form a Social Competence Profile of the child. The scores of each of the scales can be added together to reach a total social competence score. A further 118 behavior problem items have been factor analysed to form nine first order behavior problem scales which vary according to the age group and sex of the child. The nine first order factors are subsumed by the second order, broad-band factors of



Internalizing and Externalizing. Together they form a Child Behavior Profile. The total behavior problem score is reached by adding the scores from the 118 behavior problem items including those items which are not included in any of the nine first order behavior problem scales but form a list of Other Problems.




Semi-structured Interviews

A semi-structured interview for the children and another for their mothers which were constructed for the study, were the major sources of data for this study and for the larger study in which it was nested. The questions were asked orally by two interviewers working simultaneously with the mother and the child. The interviews were audiotaped but the answers were also handwritten by the interviewers to obviate any problems which might occur with the audiotapes.

Mother's Semi-structured Interview

The interview with the mother, conducted following completion of the CBCL, was used to collect qualitative data for the study. It was guided by the questions on the Mother's Semi-Structured Interview which was designed for the study. Its open-ended questions asked about the history of the violence between the mother and the abusing partner, the school experience of the child in the study, the general health of the child, the social behavior of the child, the child's involvement and reaction to the



abuse of the mother, and the history of abuse in the family background of the mother and the abusing partner. It also included situations with questions on parenting styles which provided data for the larger study in which this study was nested.

The section on the history of the violence between the mother and the abusing partner included questions on the length, frequency and type of abuse, which were used to determine whether groups of less severely abused and more severely abused mothers existed in the sample. These questions were similar in content to the items on the Conflicts Tactics Scale (Straus et al., 1981).

The section on the school behavior of the child included questions which were not included on the CBCL or which gave the mother an opportunity to expand on areas which were included. This section included such areas as the child's favourite and least favourite things about school, willingness to attend school, report card remarks regarding school behavior, and content of parent-teacher interviews.

Questions on the general health of the children also included areas not included in the CBCL or gave the mother an opportunity to expand on areas which were included. These questions asked about areas such as absenteeism from school, occurrence of minor and more severe illnesses and accidents, and incidence of nutritional problems.

Questions on the social behavior of the child also included questions which were not on the CBCL or gave the mother an opportunity to expand on areas which were included. These questions asked such things as: if the

child was different than other children, how the child coped with daily problems or frustrations, if the child looked after or worried about the mother, and if he/she fought with his/her siblings.

In the section on the child's involvement in the abuse of his/her mother, the role of the child as a witness to the abuse was verified as well as the child's reaction to the abuse explored. She was asked if the child was present in the room or in another part of the home when the violence occurred, and about the frequency of each of these situations. There were also items which questioned the child's reaction to the violence including whether he/she talked about the violence.

The section of the questionnaire which questioned the history of abuse in the family of origin of both the mother and the abusing partner, included items on types of violence and who was involved. Also in this section were items on child abuse in the home of the child in the study.

Child's Semi-Structured Interview

The child's interview lasted an average of one hour. It was guided by the Child's Semi-Structured Interview which was designed for the study. The open-ended questions asked about the school experience of the child, the child's time at home, and the child's perceptions of his/her health. The child's interview also included situations and questions on parenting styles of the mother and the abusing partner, as well as the Child Self-Image Scale, which provided data for the larger study in which this study is nested and are not reported in this thesis.

Items which questioned the school experience of the child asked such things as what the child liked best about school, what things he/she did especially well, what things the child didn't like, and if he/she had special friends at school. Items on the child's home life encouraged the child to talk about what he/she did at home, whether the child took care of or worried about the mother and whether he/she worried about other things. Items regarding the health of the child included questions on whether the child perceived him/herself as "pretty healthy" or "sick a lot", if the child had had serious illnesses or accidents, and if he/she had headaches or stomachaches. Open-ended questions at the end of the interview allowed the child to say anything further that he/she wished about the abusive situation. He/she was asked about changes which have occurred since the abuse stopped as well as types of help he/she might want.

Coding and Scoring Procedures

The responses to the CBCL were scored according to the Manual for the Child Behavior Checklist (Achenbach & Edelbrock, 1983). These scores were plotted on the Revised Child Behavior Profile (Achenbach, 1982). This allowed for comparisons between the scores of the children in the study and the normalized data for the instrument. The normal range established for the instrument is shown on the profile as are normalized T Scores for each percentile.

Although the sample for the study was small, there was a large amount of information on each mother and child. Initially the data were examined

using a wholistic approach. The audiotapes were listened to and the written data were examined for a broad picture of the children in the sample. From there, to provide organization of the data and easier access to the information, each piece of data was assigned a numerical code if it was not already in a numerical form, and entered in a computer. A detailed coding guide was developed for this procedure for the semi-structured interviews.

For most of these items from the interviews, the coding was a straight forward procedure since there were many structured questions which called for a specific response. ~~Many of the open-ended questions~~ also had very clear responses which involved simply translating into a numerical code. For example, this occurred when the child was asked about his/her favourite things at school. Other responses to open-ended questions which were not as straight forward were simply listed and the lists searched for patterns. If groups of similar-type responses emerged, they were categorized and coded with a name which represented the main theme of the responses. At least two similar type responses made up each category. A numerical code was assigned to each group or category to facilitate computer entry.

Since the coding of the data from the semi-structured interviews was relatively straightforward and left little room for coding errors, it could be completed by one person. However, to check for coding reliability, two sets of the data were coded by a second coder and the coding of the two sets was compared. Since there were different numbers of categories developed for

different questions, the data didn't lend itself to traditional methods of testing for inter-rater reliability. Instead a simple percentage agreement method was used.

Agreement was found on the coding of 91.6% of the items on the first set of data and 88.9% on the second set. Most of the differences were accounted for by errors on the part of one of the two coders, with differences in interpretation of responses to open-ended questions accounting for the remaining differences. With these figures agreement was considered to be high enough for the data to be coded by one coder. It should be noted that the coding manual was developed for the total set of data including some data from the larger study; reliability of coding has not been established for the thesis data alone.

Data Analysis

Following the coding procedures, most of the data was in nominal or categorical form although there was some continuous data such as the age of the child. The primary goal was the description of the data and in most cases the whole sample was being described, so a set of descriptive statistics was used, which included frequencies and means. Included in this frequency data where possible, was the qualitative data from the open-ended questions in the semi-structured interviews. When put in this form, this data could be quickly examined. If the analysis of the frequency data suggested that further clarification was needed, case by case analysis was conducted.

Comparative tests were conducted on the data to determine if statistically significant gender differences were present in any of the variables. For continuous variables, there were not enough subjects for T-tests to be performed so the Mann Whitney U Test was used which is appropriate for smaller samples. For nominal data, Fisher's Exact Test was used in place of the chi square test which is only appropriate for larger numbers of subjects than were available in this study.

Because of the differences in the mean ages of the boys and girls, comparative tests were also done on the basis of age of the children within the sample. This was to assure that there were no significant differences in the ages of the boys and girls in the sample which might influence the comparisons which were being made on the basis of gender.

To determine if there were distinct groups of more severely abused and less severely abused mothers in the study, the following numerical formula (Fromm, 1983) was used:

$$\text{Severity of Violence} = \text{frequency} \times 2 [\text{length}] \times \text{type}.$$

The resulting scores were sorted into groups of similar scores.

When the formula was applied to the data, three distinct groups of scores emerged. Five women were in a most severely abused group; six women were in a group with a lower level of severity, and nine of the women were in a group with the lowest level of severity. Because of this 3-way division of the sample of 20, systematic comparison of children of mothers with different levels of abuse was not pursued in the thesis.

CHAPTER 4

Results

This chapter begins with a report of the abuse experienced by the women and children in the study. It includes findings on violence in the background homes of the women and the intimate partners who abused them. Results for each of the research questions addressed in the study are then presented. Since this study was part of a larger study, only the responses to selected items from the instruments which are most relevant to the thesis research are reported.

Following the results related to the research questions, further important findings are presented. These include changes in the children which occurred after the abuse of their mothers ended, and findings on the help which is perceived as needed by the children and their mothers. Findings on gender differences in the children in the study will be reported as they relate to each research question.

The Abuse

Abuse in Families of Origin

Several questions in the Mother's Semi-Structured Interview asked about violence which had occurred in her own family home and in her partner's background home. Two of the mothers did not know about their

partner's background. Fourteen of them (70%) reported that physical violence had occurred in their partners' family of origin. According to the mother's report, in eight (40%) of the homes the partner's mother had been physically abused by his father. Twelve of the partners (60%) were physically abused themselves. The mother was aware of her partner being a witness to the abuse without being abused himself in only one case.

Thirteen of the mothers (65%) in this study reported having come from a home in which there had been violence. Their mothers had been abused by their fathers in 10 (50%) of their homes. Twelve of the mothers (60%) reported being physically abused themselves, with five of them (25%) reported being a witness only.

Abuse of Mother by Intimate Partner

Major categories from the Conflicts Tactics Scale (Straus, et. al., 1981) were used in the Mother's Semi-Structured Interview to verify the abuse of the mothers in the study by their intimate partners. The women in the study reported having received the full range of types of abuse, from having had things thrown at them, to being injured by a knife or gun. Frequency of abuse ranged from every day, to less than once a year. Although they were not asked about verbal abuse, nearly every woman volunteered that the verbal abuse she received continued during times when she was not being physically abused. As one woman stated, a long period of time might pass between beatings, but the threat was always there.

Injuries reported by the women were significant and included bruises, (85% of the women), broken bones (30%), teeth damaged (20%), cuts (35%), miscarriages (5%) and other injuries (55%). None of the women said that the relationship was mutually combative, but 13 (65%) had tried hitting back and found that it was either ineffective or resulted in escalation of the beating. It was reported by the women that 60% of the abusing partners were usually drinking when the violence occurred while 45% were usually taking drugs. One woman reported that her worst beatings occurred when her partner used a combination of alcohol and marijuana.

In response to the items which questioned previous intimate relationships, 11 (55%) of the mothers reported that they were aware of their intimate partners having abused women in previous relationships. Eight of the mothers in the study (40%) had been abused by a former intimate partner.

The Child in the Study

Child as Witness

Several questions on the Mother's Semi-Structured Interview asked about the child's witnessing of the violence in the home. Eight of the mothers (40%) reported that they were abused when they were pregnant with the child in the study. Seventeen of the children in the study (85%) were reported to have been present in the room when their mothers were physically abused. This happened more than once a month for eight of the children (40%) and more than once a week for five (25%) of the children. All

of the children were reported to have been present in another part of the home when the mother was abused. For over half of the children this occurred more than once a month.

The mean number of years that the children in the study were exposed to the abuse of their mothers by their intimate partners, as reported in the Mother's Semi-Structured Interviews, was 4.7 years. The long exposure to abuse that these children have had becomes evident when this figure is compared to the mean age of the children. It then becomes apparent that the children in the study were witnesses to the abuse of their mothers an average of approximately half of their lives. It is noteworthy that this high figure represents only the abuse of the mothers by their most recent intimate partner. Six of the children in the study (30%) were reported by the mother to have been living in the home when she was abused in a previous intimate relationship.

This data from the Mother's Semi-Structured Interviews provided evidence of the witnessing of wife abuse by the children in the study. Although the children themselves were not asked many direct questions about the violence, at the beginning of the interview they were asked to confirm that they had seen some "hitting or ~~pushing~~ or something like that at home" between the mother and her abusing partner. All of the children said that this was true. It was further verified when situations containing marital violence, which were part of the larger study, were presented to the child.

There was one noteworthy difference between the mother and child report. In a few homes the child reported observing more wife abuse than the mother reported that the child had seen. One mother reported that the child slept while the mother was being beaten and only knew about the physical abuse when the mother told her about it later. However, during the child's own interview, she described how she would get out of bed in the night and observe the abuse. In another situation the mother described how she was preoccupied with being beaten when it happened and "didn't really notice the kids", whereas the child reported having seen the physical abuse of his mother. Table 4 provides details of the childrens' exposure to the abuse of their mothers.

Table 4

Childrens' Exposure to Abuse of Their Mothers

Category	Frequencies	
	Mean	Range
Years Exposed to Abuse	4.7	1 - 10
Months Since Last Violence	15.5	4 - 42
Age When Abuse Started	3.5	0 - 11
Age When Abuse Ended	8.3	5 - 12

Child Physical Abuse

During the Mother's Semi-Structured Interview the mother was asked if physical abuse of her own children had occurred in her home. Physical abuse of the children was reported to have occurred in 16 (80%) homes. Although the child in the study was not always the target of the abuse, eleven (55%) of the children in the study were reported by their mothers to have been physically abused themselves. In 15 of the homes where abuse had occurred (93.8%), the mother's intimate partner was reported to be the perpetrator. The mother herself admitted to abusing her children in three of the cases. It was indicated by the mothers that there had been reports to Social Services for treatment of the children in 9 (45%) of the families in the study. Some underreporting of child abuse may have occurred since the mother was initially reminded that by law the interviewer must report child abuse which was ongoing.

The mothers described types of abuse of the children in the study which ranged from hard spankings resulting in bruises, to more severe types of physical abuse and sexual abuse. One mother stated that her daughter was beginning to be physically abused by the partner at the time they left. Like several other mothers in the study, the abuse of her child became the incentive for her to leave her abusing partner.

In summary, there was a high reported incidence of violence in the background homes of both the women in the study and the men who abused them. Witnessing without being a recipient of the abuse was infrequent. The abuse of the mother by her intimate partner was verified in the

mothers' interviews as was the role of the child as a witness to the abuse of his/her mother. The children in the study had witnessed many years of wife abuse with the mean number of years of witnessing being 4.7. This figure would be even higher if witnessing of abuse of their mothers by previous intimate partners had been included in the calculation. Child abuse also occurred in 80% of the homes of the children in the study although sometimes siblings and not the child in the study, were the target of the physical abuse. However, as well as witnessing the abuse of their mothers, over half of the children in the study had been physically abused themselves. This figure gives further proof that a large percentage of children who witness the abuse of their mothers not only undergo the trauma of seeing their mother abused, but are victims of physical abuse themselves.

Differences in Reporting of Mothers and Children

Research Questions:

Are the mother and child consistent in their report of major health information about the child?

Are the mother and child consistent in their reports of the child's school experiences?

These two questions were addressed together by items in the semi-structured interviews of the mothers and the children. Many of the questions in the two separate interviews were similar in content with differences in the wording due to differences in the language of adults and children. These differences in wording along with the fact that so many of the questions were open-ended, made statistical comparisons between the mother's and child's responses difficult. However, overall examination of responses to the similar questions, as well as listening to the audio tapes of the interviews, resulted in the researcher making a global judgement that the mothers and their children were consistent in their reports. Differences that were found were usually in degree rather than contradictions in the data. For example, in the two cases related to the amount of wife abuse witnessed by the child which were reported previously, the child appears to have known more than the mother realized. But there were few instances in the data where the child contradicted the mother report or vice versa. Two items from the semi-structured

interviews which were similar in wording and had more structured responses, were selected to further validate the judgement that the reporting between the mother and children showed a high degree of consistency.

The items which asked the mothers and the children about the overall health of the child allowed for comparison. All twenty of the children reported themselves to be "pretty healthy". Seventeen of the mothers (85%) reported themselves to be in "average" or "above average" health. On examination of the data, it was found that two of the children who were reported as below average in health by their mothers, and healthy by themselves, went on to describe illness which refuted their reports of "pretty healthy". This suggests that there was even greater consistency on this item.

On inspection, responses to items about school related to favourite subjects, favourite teachers, and areas of academic difficulty, showed a high degree of match in child and mother report. The items related to frequency of the child not wanting to go to school, were similar in wording on both Semi-Structured Interviews and allowed for comparison. The responses to these items matched in 13 (65%) of cases with the children reporting a higher frequency of the child not wanting to go to school than their mothers did. The lack of match between some of the mother and child responses was explained for a number of children who reported that they wouldn't tell their mothers if they didn't want to go to school.

In summary, although the childrens' and mothers' interviews were conducted independently, there was a high degree of match between the mother and child reports. Because of the overall consistency in mother and child reporting, mother reports were used in reporting the major findings, unless there was an important difference in the child response.

Findings related to Social, Educational and Health Issues

Social Issues

Research Question:

Is the behavior of the children in the study as reported by their mothers, more aggressive than the behavior of children their ages when a normed checklist is used ?

Scores from the Aggressive Scale of the Child Behavior Checklist (CBCL) which was completed by the mother, were used to address this question.

Responses to selected questions from the Mother's Semi-Structured Interview were examined qualitatively to provide further report of aggressive behavior in the children in the study.

The Aggressive scale is one of nine behavior problem scales constructed of mother report items from the CBCL such as "argues, brags, cruel to others, jealous fights" and "temper". Approximately 25 items make up the scale, depending on the age and sex of the child. The raw scores for the Aggressive scale have been transformed into normalized T-Scores derived from normative samples. A T-Score of 70 or above is above the normal range for the instrument and may be suggestive of a behavior problem in that area.

The mean T-Scores on the Aggressive scale for the children in the study were within the normal range for the instrument, both as a total group and when divided by sex of the child. However, examination of the individual scores revealed that six of the children (30%) had T Scale Scores which were above the normal range for the instrument. Although five of the boys (50%) and only one of the girls (10%) had scores above the normal range, this did not prove to be a statistically significant difference between the gender groups at the .05 level of significance. The one girl whose score was elevated had a T-Score of 83 which was more than 5 standard deviations above the norm group mean for her age and sex. Group results for the children in the study on the Aggression scale are provided in Table 5.

Table 5

CBCL Aggression Scale Results

Group	T-Scale Scores		
	Mean	Range	No. Outside Normal Range
girls (<u>n</u> = 10)	63.4	55 - 83	1 (10%)
boys (<u>n</u> = 10)	65.8	55 - 79	5 (50%)
total (<u>n</u> = 20)	64.6	55 - 83	6 (30%)

Note. Outside Normal Range = T-Scale Score of 70 or above

Apart from responding to items related to aggression in the CBCL, the mothers in the study responded to several questions related to aggression on the Mother's Semi-Structured Interview. Responses to open-ended questions in the interview were analyzed by categorizing them into groups of similar-type responses. Questions selected as indicators for describing aggressive behavior in the children were those which reported on school behavior, sibling fighting, how the child coped with frustration, how the

child differed from other children, and particular concerns the mother had regarding her child.

The findings from the qualitative analysis of the responses to the indicator questions, supported the findings from the Aggressive scale on the CBCL. Five of the mothers of the six children with T Scale Scores of 70 or above, described problems and concerns regarding aggressive behavior in their children. Concerns regarding aggressive behavior were also reported by the mothers of five of the children who had not had high scores on the aggressive scale. Three of these children were girls.

Two of the mothers whose child's score was above the normal range on the Aggressive scale, received school report cards with comments regarding aggressive behavior. These same two mothers had been called to the school regarding their child's fighting with other children.

Eleven of the children in the study fought physically with their siblings. Besides the more common, slapping, wrestling or pushing, five of the children in the study also tripped, punched, choked, or kicked their siblings. Three of these children had scores above the normal range on the Aggressive Scale of the CBCL and two did not. One mother, whose son's score on the Aggressive scale was well above the normal range for the instrument, reported that he punched, choked and kicked his much younger sister.

Eight of the mothers reported that their children responded to daily frustrations with behavior which fit the coding category of temper outbursts. This included five of the six children who had T Scale Scores of

above 70 on the Aggressive Scale of the CBCL as well as three children whose scores were within the normal range for the instrument.

Three mothers described their child as different from other children in the amount of aggressive behavior he/she displayed. Two of these children were girls whose scores on the Aggressive Scale were within the normal range for the instrument. The other was a boy with a T-Scale Score of 77 on the Aggressive Scale.

When asked about particular concerns about their child, three mothers in the study reported being especially concerned about aggressive behavior in their sons. Two of these boys had elevated T-Scale Scores on the Aggressive Scale.

In summary, the children in this study have a group mean T-Score for the Aggressive Scale of the CBCL which is within the normal range for the instrument. However, the number of individuals with elevated T-Scores on this scale ($n=6$) suggests that some of the children in the study have a high level of aggressive behavior. The qualitative data supported the results on the Aggressive scale of the CBCL. Ten children in the study had qualitative data which described aggressive behavior. Five of the six mothers whose children's scores on the scale were above the normal range, in the Mother's Semi-Structured Interview described instances where their child exhibited aggressive behavior at school and/or at home. Furthermore, five mothers whose children's scores were within the normal range on the Aggressive scale, described their children as aggressive, or listed aggression as a concern or as a behavior which made their child different than other

children. Three of these children were girls. In total, 40% of the girls in the study, and 50% of the boys, had elevated scores on the Aggressive scale of the CBCL, or had qualitative data which identified aggressive behavior as a problem. There were no statistically significant differences between the gender groups, although the higher numbers of boys with elevated scores on the Aggressive scale suggest a strong trend towards the boys being more aggressive than the girls.

Research Question: Are there other indications of behavior problems in the children in the study which are reported by their mothers?

The total social competence scores and total behavior problem scores from the Child Behavior Checklist, as well as the broad band factors of Internalizing and Externalizing were used to address this question and to determine the children's overall level of functioning. The children's scores on five of the nine behavior problem scales from the CBCL were then examined. Responses to selected questions from the Mother's Semi-Structured Interview were examined qualitatively to provide further description of the behavior of the children in the study.

The total social competence score is compiled from the scores of the three scales of Activities, Social, and School. These scales are made up of the same items for all age and sex groups represented in this study. Like the other scales from the CBCL, the raw scores of the social competence scales have been transformed into normalized T-Scores derived from

normative samples. In contrast to the behavior problem scales, low scores on the social competence scales are clinically significant. A T-Scale Score of 30 or below is below the normal range established for the instrument.

The group mean of the children in the study for the total social competence score was within the normal range for the instrument, both for the total group and when the group was divided by gender. There were only two children with low total social competence scores. The total social competence scores for the children in the study are shown in Table 6

The total behavior problem score is derived by adding the responses to the 118 behavior problem items from the CBCL. A T-Scale Score of 70 or above is considered to be clinically significant for the total behavior problem score. The group mean for the total behavior problem score was within the normal range for the instrument. This was true for the total group as well as when they were divided into gender groups. However, 8 of the individual children (40%) had T-Scale Scores of 70 or above. There were no statistically significant differences between girls and boys scores at the .05 level of significance. The total behavior problem scores of the children in the study are shown in Table 6.

The Internalizing and Externalizing Scales are broad-band groupings of the behavior problem scales of the CBCL which reflect a distinction between fearful, inhibited, overcontrolled behavior, and aggressive, antisocial, undercontrolled behavior (Achenbach & Edelbrock, 1983). A T-Scale Score of 70 or above is considered to be clinically significant for the Internalizing and Externalizing scales. The group means of the children in the study for

the Internalizing and Externalizing scales, were within the normal range for the instrument. This was true for the total group as well as when they were divided into gender groups. Six (30%) of the children had Internalizing scale scores which were above the normal range and six (30%) had Externalizing scores above the normal range. Testing for significant differences between the gender groups revealed no difference at the .05 level of significance.

The results for the Internalizing and Externalizing scales must be interpreted with caution since the authors of the instrument advise that "children should not be classified as Internalizers or Externalizers unless their total behavior problem score exceeds the 90th percentile for their sex/age group and there is a difference of at least 10 points between their Internalizing and Externalizing T scores" (Achenbach & Edelbrock, 1983, p. 35). Using this rule, three children in the study would be classified as Internalizers which would suggest a tendency toward fearful, inhibited, overcontrolled behavior. No children in the study would be classified as Externalizers. The group mean scores for the Externalizing and Internalizing scales are provided in Table 6.

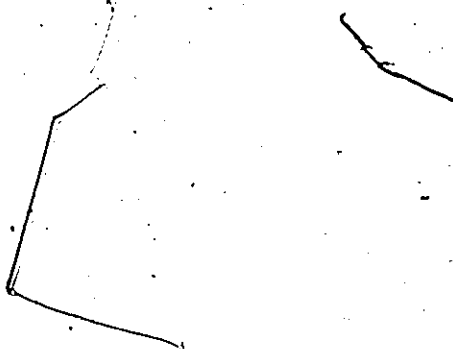
Table 6

CBCI Total Social Competence and Behavior Problem Scores

Group	T - Scale Scores			
	Total Social Competence	Int. Scale	Ext. Scale	Total Behavior Problem
Girls ($n=10$)				
Mean	47.4 a	66.0	64.0	66.6
Range	26 - 63	48 - 82	57 - 79	58 - 81
No. Outside Normal Range	1 (12%)	4 (40%)	2 (10%)	3 (30%)
Boys ($n = 10$)				
Mean	42.7	66.8	64.4	67.6
Range	29 - 53	59 - 80	44 - 79	52 - 79
No. Outside Normal Range	1 (10%)	2 (20%)	4 (40%)	5 (50%)
Total ($n = 20$)				
Mean	44.9 b	64.0	64.2	63.8
Range	26 - 63	48 - 82	44 - 79	52 - 81
No. Outside Normal Range	2 (11%)	6 (30%)	6 (30%)	8 (40%)

Note. Outside Normal Range = Total Social Competence Score of below 30 or Total Behavior Problem Score of 70 or above.

a $n = 9$. b $n = 19$.



The individual behavior problem scales examined to address this research question are the scales labelled Delinquent, Depressed, Hyperactive, Schizoid and Withdrawal. The five scales were selected because they represent problems which have been reported in the literature for children of abused women, or because a number of the scores for the children in the study were above the normal range. Also all of the five scales are present in each of the age and sex groups represented in this study, except the Depressed scale which is not available for boys aged 12 - 16. Where similar scales are present in different age and sex groups, comparisons may be made across groups if raw scores are replaced by normalized T-Scores (Achenbach & Edelbrock, 1983, p. 143). As with the Aggressive scale, the raw scores for the behavior problem scales examined in this section have been transformed into normalized T-Scores which were derived by the scale authors from normative samples.

It should be noted that labels which have been given to the behavior problem scales are shorthand summaries for the descriptive content of the scale and do not suggest clinical diagnosis of the children (Achenbach & Edelbrock, 1983). As for the total behavior problem score and the Internalizing and Externalizing scale scores, a T-Score of 70 or above on any of the behavior problem scales is above the normal range established for the instrument.

The group mean for the children in the study for each of the five behavior problem scales reported here, was within the normal range for the instrument. However, there were a number of individuals with elevated T-

Scores for each scale. Eight of the children in the study (40%) had elevated T-Scores for the Delinquent Scale. There were equal numbers of boys and girls with elevated scores. This scale contains mother report items such as "destroys own things, lies, cheats, runs away, steals, and vandalism".

The Depressed scale includes mother report items such as "nervous, anxious, withdrawn, worrying, needs to be perfect, sad, suicidal". Of the 18 children in the study for whom Depressed scale scores were available, 5 (28%) had scores above the normal range. Five of the children in the study (25%) scored above the normal range on the Hyperactivity scale.

Hyperactivity is measured by such items on the CBCL as "acts too young, can't concentrate, impulsive, clumsy," and "prefers young kids".

Nine of the children in the study (45%) had elevated scores on the Schizoid scale which includes such mother report items as "hears things, strange behavior, strange ideas, fears, obsessions". The Withdrawal scale includes items such as "likes to be alone, slow moving, withdrawn". Five of the children in the study (25%) had scores above the normal range for the instrument on this scale. There were no statistically significant differences between gender groups in any of the five behavior problem scales reported here. Table 7 depicts the number of elevations for each of the scales reported above, both as a total group and divided by gender.

Table 7

Number of Children with Scores Outside Normal Range on Selected Behavior Problem Scales of CBCL

Scale	Group		
	Girls (n = 10)	Boys (n = 10)	Total (n = 20)
Delinquent	4 (40%)	4 (40%)	8 (40%)
Depressed	3 (30%)	2 ^a (25%)	5 (25%)
Hyperactive	3 (30%)	2 (20%)	5 (25%)
Schizoid	4 (40%)	5 (50%)	9 (45%)
Withdrawal	3 (30%)	2 (20%)	5 (25%)

Note. Score Outside Normal Range = T-Scale Score of 70 or above.

^an = 8

There were 7 children in the study who did not have elevated scores on any of the 9 behavior problem scales of the CBCL, including the 5 scales reported just previously. A further 4 children had only one score which was elevated. The other 9 children all had 3 or more elevated scores with one child having elevated scores on all 9 of the behavior problem scales for her age and sex grouping. Table 8 provides the numbers of elevated behavior problem scales for the children in the study.

Table 8

Numbers of CBCL Behavior Problem Scale Scores Outside Normal Range

No. of Elevated Scales	Group		
	girls (<u>n</u> = 10)	boys (<u>n</u> = 10)	total (<u>n</u> = 20)
0	5	2	7
1	1	3	4
3		1	1
4	1	1	2
6	2	1	3
7		2	2
9	1		1

Note. Score Outside Normal Range = T-Scale Score of 70 or above.

Two questions from the Mother's Semi-Structured Interview served to act as indicators for describing behavioral problems of the children in the study. The responses to these questions were analyzed by separating similar-type responses into broad coding categories. The selected questions asked if the mother felt that living in a home where there was physical violence had affected her child, and if there was anything about her child which particularly concerned her.

Eighteen of the mothers in the study (90%) reported that they felt that their child had been affected by living in a violent home. The problems they perceived as being a result of the violence, were separated into groups of similar-type problems. Apart from the problems of aggressive behavior and school problems, which are reported elsewhere in this paper, the problems fell into the following broad categories: loss of childhood, doesn't seem to care about or enjoy things; distrustful, fearful; more sensitive, moody; too perfect; loss of confidence, confused.

The question regarding particular concerns the mother had about her child, resulted in some of the previous categories emerging as well as some new ones. Sixteen (80%) of the mothers stated that they had particular concerns about their children. Apart from health problems, aggressive behavior, and school problems which are reported elsewhere, the particular concerns the mothers had for their children are encompassed by the following categories: victim-prone, pleasing behavior; and withdrawn.

Of the four mothers (20%) who did not have particular concerns, one stated that initially she was very worried but that time was helping. Another mother stated that although her child will always need help for what she has been through, she is getting the help she needs and is doing as well as can be expected. The other two children were assessed by their mothers as coping well, although one of these mothers is worried about the behavior of another one of her children.

Some comparisons were made between the quantitative results from the CBCL and the qualitative data from the selected questions. The one girl in the study whose total social competence score was below the normal range established for the study, was described by her mother as being emotionally and mentally behind other children, with many problems to overcome because of her upbringing. This child had witnessed severe abuse of her mother as well as being physically abused herself. She had an elevated total behavior problem score as well as elevated scores on all nine of the behavior problem scales developed for her age and sex group.

The one boy whose total social competence scale was below the normal range established for the instrument, had an elevated total behavior problem score, as well as elevated scores on seven of the nine behavior problem scales of his age and sex group. His mother reported that she believed that living in a home where there was physical violence had caused him to become aggressive, destructive, and argumentative. She is especially concerned about his school performance.

Another boy whose total social competence score was well within the normal range, had a high total behavior problem score as well as elevated scores on seven of the behavior problem scales including Depressed, Uncommunicative, Obsessive-Compulsive, Social-Withdrawal, Hyperactive, Aggressive, and Delinquent. Using the guideline supplied by Achenbach, this child would also be described as an Internalizer. His mother reported that she felt that living in a home where there was physical violence has resulted in him becoming more physical, very short-tempered, withdrawn and moody.

A little girl in the study whose total social competence score was at the top of the normal range for the instrument, had a total behavior problem score which was elevated as well as six elevated behavior problem scales including, Depressed, Social Withdrawal, Somatic Complaints, Schizoid-Obsessive, Hyperactive, and Sex Problems. The difference between her Internalizing and Externalizing scale scores suggested that she was one of the three children in the study who could be called an Internalizer. Her mother reported that she felt her daughter had been robbed of her ability to be carefree and enjoy things. The mother was especially concerned about the child's sleeping and depression.

In summary, the group means for each of the scales and scores reported here were within the normal range established for the instrument. Eleven of the children (55%) had only one or zero elevated scale scores on the CBCL. The other nine children had three or more elevated scale scores with one child having all nine elevated.

The qualitative analysis of the mother's data from the selected questions showed that there were a variety of problems in the children which the mother felt were due to having lived in a violent home. There were also a number of particular concerns described by the mother. Children who had a high number of scores from the CBCL which were outside of the normal range established for the instrument, also had many concerns reported by their mothers in the qualitative data.

Education Issues

Research Questions:

How do the mother and the child describe the school behavior of the child?

How do the mother and the child describe the school performance of the child?

The findings from these two questions are presented together because findings on school behavior and school performance of the children in the study were found to be interrelated. The children's school experience was examined through the report of the mothers on the School scale of the CBCL, as well as through answers to questions in the Mother's and Child's Semi-Structured Interviews. As stated earlier, mother's interview findings will be used unless there is an important difference between mother and child reports.

The total social competence score of the CBCL encompasses mothers' reports of their child's participation and performance in areas designated as Activities, Social, and School. The School scale includes the mean performance of the child, and whether he/she has been in a special class, repeated a grade, or has ongoing school problems. It is based on identical items for each of the age and sex groups represented within this study.

Like the behavior problem scales, the raw scores have been transformed into normalized T-Scores derived from normative samples. In contrast to

the behavior problem scales, low scores on the social competence scales are clinically significant. A T-Score of 30 or below on the School scale is below the normal range for the instrument.

The group mean for the School scale fell within the normal range for the instrument. However, five (25%) of the individual scores were below the normal range for the instrument. Although four of the girls (40%) and only one of the boys (10%) in the study had low scores, there was no statistically significant difference between the gender groups at .05 level of significance. Results for the School scale are presented in Table 9.

Table 9

CBCL School Scale Results

Group	T-Scale Scores		
	Mean	Range	No. Outside Normal Range
girls ($n = 10$)	39.7	21 - 55	4 (40%)
boys ($n = 10$)	42.7	22 - 55	1 (10%)
total ($n = 20$)	41.2	21 - 55	5 (25%)

Note. Outside Normal Range = T-Scale Score of 30 or below.

Of particular interest were the responses to the item within the School scale which asked if the child had repeated a school grade. A total of eight (40%) of the children in the study had repeated a grade. There were equal numbers of girls and boys in this group. The Alberta Department of Education does not keep records on number of grade repeats which occur in elementary schools in the Province. The public school boards which were contacted in Lethbridge, Calgary and Edmonton reported that these figures are only available for individual schools for a given year. However, the Student Assessment Branch of the Edmonton Public School Board was able to report that of a given group of students who begin first grade together, approximately 20% will not reach Grade 6 together because of grade repeats and transfers to special programs. Although it is not possible to do statistical comparisons without more information, it is clear that the children in this study have a much higher number of grade repeats than you would find in the total population of elementary school children. This seems even more significant when it is considered that the grade repeats from the total population would include many children from homes where the mother had been abused.

To further describe the school performance and behavior of the children in the study, responses to selected, open-ended questions from the Mother's Semi-Structured Interview were examined qualitatively. Similar-type responses to each open-ended question were categorized and coded. Questions selected as indicators in describing the school behavior and performance were those which asked the mother about behavior comments.

on school report cards, calls or letters from the school, parent-teacher interviews, and homework. Responses to questions related to frequency of the child not wanting to go to school are reported from the Child's Semi-Structured Interview because they differed from the mother's responses to similar questions.

Half of the mothers' responses to questions on the Mother's Semi-Structured Interview regarding behavior comments on school report cards fit the coding category of "quiet, easy, well-behaved, listens, works". The other half of the responses reported problems with school work, problems concentrating and settling down in school, health problems, and aggressive behavior. Four of the children with low School scale scores were in this latter group. One child with a low School scale score report was in the "quiet, easy, well-behaved, listens" category.

Eleven of the mothers in the study had been called by, or received letters from the school regarding the school work or behavior of her child. This included four of the five children with low School scale scores. Apart from routine report card interviews, eight of the mothers in the study, including three of the mothers whose children had low scores on the School scale, had attended parent-teacher interviews about their children for school work or homework problems, health reasons, aggressive behavior, and problems settling down.

Half of the mothers reported that homework was a problem in the home and 6 (30%) described it as a chronic problem, with it being an occasional problem in 4 (20%) of the homes. Homework was a chronic problem in 3 of

the homes of children whose scores on the School scale had been below the normal range for the instrument.

The children's responses to the question from the Child's Semi-Structured Interview related to frequency of the child not wanting to go to school are reported here because, as reported earlier, the children reported a higher frequency of the child not wanting to go to school than the mother did. Eleven of the children (55%) reported that more than once per week they didn't "feel like going to school". Of these, seven of the children reported that they felt this way every day. Two of these were children whose scores on the School scale of the CBCL had been below the normal range for the instrument. Without a control group to determine if this feeling is common among all school-aged children, these results must be interpreted cautiously. However, some of the individual responses to this question were very interesting. The reasons given by the children for not wanting to go to school were categorized and coded in groups of similar reasons. The following categories emerged: disliking school, tiredness, laziness, illness, and fear of something bad happening. The responses of four of the boys who described school as boring did not seem unusual, but one boy reported that he did not want to go to school every day because of his teacher's habit of yelling at the students. He had developed a way of coping with the yelling which involved leaving the classroom and walking around the school three times. One girl in the group said she felt this way at least once a week and the reason she didn't want to go was because she felt "kind of sad". Another girl said she didn't want to go to school when she felt tired. -She

reported that she was tired even if she went to bed early and that she had felt this way every day for at least two months. This last girl had a scores which were outside the normal range on the Depressed scale of the CBCL as well as the School scale.

In summary, the group mean for the children in the study on the School scale from the CBCL was within the normal range for the instrument. However, examination of the individual scales showed five of the children with T Scale Scores below the normal range for the instrument. A high number of the children in the study (40%) had repeated a school grade. Although it is difficult to interpret these results without a comparison group, the qualitative analysis of the data on school behavior showed that the children in the study had reported problems with aggressive behavior, health problems, problems settling down, and problems with homework. Analysis of responses to questions from the Child's Semi-Structured Interview related to not wanting to go to school, revealed some interesting reasons for the children not wanting to go to school. The relationship of tiredness and depression in children who witness wife abuse is an area where further investigation is indicated.

Health Issues

Research Question: Do the children in the study have higher reported incidences of somatic complaints than children from a normed sample of the population?

The children's scores on the Somatic Complaints scale of the CBCL were used to address this question. The Somatic Complaints scale is one of the nine behavior problem scales formed by items in the CBCL. It is constructed of mother report items on such somatic problems as "pains, stomach problems, vomits, sleeps too much, allergy, headaches". Like the other scales from the CBCL, the raw scores have been transformed into normalized T-Scores derived from normative samples. Like the other behavior problem scales, high scores on the Somatic Complaints scale are clinically significant. A T-Score of 70 or above is above the normal range for the instrument.

The mean T-Score of the children in the study on the Somatic Complaints scale, fell within the normal range for the instrument, both as a total group and when divided by sex. Three of the 4 children with T Scale Scores of 70 or above were girls. However, there was no statistically significant difference between the gender groups at the .05 level of significance. Results for the Somatic Complaints scale are shown in Table 10.

Table 10

CBCL Somatic Complaints Scale Results

Group	T-Scale Scores		
	Mean	Range	No. Outside Normal Range
girls (<u>n</u> =10)	66.8	55 - 81	3 (30%)
boys (<u>n</u> =10)	63.4	55 - 85	1 (10%)
total (<u>n</u> =20)	65.1	55 - 85	4 (20%)

Note. Outside Normal Range = T-Scale Score of 70 or above.

Research Question: How do the mother and the child describe the health of the child in the study?

Besides responding to items related to somatic complaints on the CBCL, the mother had an opportunity to describe the health of her child during the Mother's Semi-Structured Interview. The child was also given an opportunity to describe his/her health during the Child's Semi-Structured Interview. As with the responses to the questions on social and education issues, responses to the open-ended questions on the child's health were

categorized and coded with similar-type responses. Questions selected as indicators to describe the health of the children were those which asked about the overall health of the child. When the mother was asked if she would describe the overall health of the child as "about average, below average" or "above average", 17 (85%) of the mothers described the health of their child as average or above average. Although there were occasional problems of a more serious nature, such as migraine headaches, slow physical development, and scarlet fever followed by heart damage, the children were generally perceived by their mothers as healthy.

Two of the three children who were reported as having "below average" health were described as having a variety of minor illnesses which added up to a sense of the child always being somewhat ill. These complaints included headaches, stomachaches, and minor infections. Each of these children had high scores on the Somatic Complaints scale of the CBCL. As well as witnessing the abuse of their mother, they had each been physically abused themselves.

The third child who was described by the mother as below average in health, looked unwell, complained of always being tired, and had missed a long period of school due to a chronic form of a childhood disease. Although the mother reported that he had not been physically abused himself, his older siblings had been severely abused and the child also talked about this during his interview. This child's score on the Somatic Complaints scale was well within the normal range for the instrument. This may be explained by the fact that of his two health problems of

tiredness and the childhood disease, only tiredness was included in the nine item scale.

The four children whose scores on the Somatic Complaints scale were elevated included the two children mentioned above who were described by their mothers as in poor health, as well as two other children in the study. These other two children, although they were described as in average or above average health by their mothers, were both described by the mothers to have pains, headaches, nightmares, nausea, and stomach problems, as well as a number of individual complaints listed on the Somatic Complaints scale.

All of the children whose scores were high on the Somatic Concerns scale or who were described by their mothers as in below average health, had tiredness reported by their mothers as a somatic complaint. Three of these five children had high scale scores on the Depressed scale. Although these numbers are small, tiredness is recognized as a symptom of childhood depression and warrants further investigation of how it relates to children who have witnessed wife abuse.

One finding from the children's interview which was not reported in the same mannner by the mothers, was the response to the question on stomachaches and headaches. Nearly all of the children in the study reported that they experienced headaches and/or stomachaches. All of the children whose scores on the Somatic Complaints scale were elevated or who were described as having below average health reported having headaches and stomachaches. There were a great variety of explanations

as to what precipitated them, with no particular patterns evident. It is an area where further exploration is indicated as these are symptoms which are often reported for physically and sexually abused children. All of the children in the study whose scores on the Somatic Complaints scale were elevated were reported to have been physically abused themselves.

In summary, the data from the Somatic Complaints scale of the CBCL and from the Mother's and Child's Semi-Structured Interview suggested that most of the children in the study had average or above average health. There were five children in the study (25%) who had either high scores on the Somatic Complaints scale of the CBCL, or were described by their mothers as having below average health, or had high scale scores as well as being described as below average in health.

Apart from one longstanding, serious infection, the somatic complaints of the five children were similar and included such problems as headaches, stomachaches, and tiredness. Tiredness as it relates to childhood depression is an area which warrants further investigation in children who have witnessed the abuse of their mothers.

The physical health of children who have witnessed wife abuse in relationship to being physically abused themselves is an area where further exploration with a comparison group is indicated. The four children who had high scores on the Somatic Complaints Scale were all reported to be physically abused themselves. Headaches and stomachaches which may be a symptom of physical or sexual abuse were reported by many of the children in the study.

Changes in the Social Behavior, School Behavior and Health of the Children

In the semi-structured interview, the mother was asked to describe any changes which had occurred in her child since the abuse by her intimate partner stopped. She was asked to respond to this question in the three areas of social behavior, school behavior and health. When the responses were listed, only two mothers reported that problems had increased, or behavior had deteriorated, since the abuse of the mother stopped. In all other cases, the mothers reported improvements occurring in the child. Fifty-nine improvements in the children were described in the mother's interviews. The mean number of changes was 3 with a range of 2 - 6. The data on improvements were categorized and coded in groups of similar-type responses and counts made of numbers of improvements.

Sixteen (80%) of the mothers reported improvements in personality or behavior, 12 (60%) reported improvements in school behavior, and 8 (40%) reported improvements in their child's health since the abuse stopped. When the specific improvements were examined, the following broad categories emerged which are listed in Table 11 .

Table 11

Number of Reported Improvements in Children's Behavior Since Abuse of Mother Ended

Category	Group		
	Girls (n = 10)	Boys (n = 10)	Total (n = 20)
Less Fearful/More Assertive/ More Confident/More Expression of Feeling/Less Withdrawal	8 (80%)	8 (80%)	16 (80%)
Less Nervous Symptoms	2 (20%)	8 (80%)	10 (50%)
Less Worries about Mother	4 (40%)	4 (40%)	8 (40%)
Improved School Marks	4 (40%)	3 (30%)	7 (35%)
Improved Concentration/ More Calm	4 (40%)	3 (30%)	7 (35%)
Less Illness	3 (30%)	2 (20%)	5 (25%)
Less Aggression/Fighting	1 (10%)	3 (30%)	4 (20%)
Less Suicidal	1 (10%)	1 (10%)	2 (20%)

The broad category of Less Nervous Symptoms included problems such as bedwetting, soiling of pants, nightmares, nervous tics, and seeing things that were not there. Some of the nervous symptoms would also be regarded as health problems for these children, but they were given a separate category so they would not be lost among symptoms which are more commonly regarded as illness.

Less worry about the mother emerged as a broad category of improvement. The mother had also been asked earlier in the Mother's Semi-Structured Interview if her child seemed to worry about her. Fifteen of the mothers responded that their child worried with the main worries related to her being hurt by men, about her health, and about her dying.

The question on changes in school behavior resulted in a mixture of responses on academic performance as well as the way the child behaved in school. The improvements in school behavior were assigned to other appropriate categories such as Less Aggression or Improved Concentration. The category of Improved School Marks included only improved academic performance as reflected in improved grades.

A number of mothers reported changes in their children's health including less tiredness, less stomach problems, better skin color as well as more obvious illnesses such as influenza and colds. Three of the mothers reported that their children missed less school because of illness after the abuse stopped. One mother stated that when she was being abused her child had been to the doctor frequently for minor illnesses including ear infections, stomachaches, colds, and leg pains and that the child had more

accidents. Another mother stated that when they were with her partner, her child missed school frequently because of illness, had three or four colds each year, always looked pale, had frequent stomach cramps, and was often constipated. These children had rarely been ill since the abuse of their mothers stopped.

The category of Less Suicidal was developed to include the behavior of two children who were reported as previously wishing they were dead and committing self-destructive acts. Although this was not a large number of children, it was considered important enough to warrant a separate category.

One mother of a child in the study described the changes in her son which occurred when they left her husband who had abused her severely throughout the child's lifetime. The child had been very quiet and withdrawn, was tired all the time and displayed little affection when they lived with the abusing partner. When they first left the father the child underwent a dramatic change in behavior in which he became much more lively and communicative, and began to show affection to his mother. Recently the husband and father entered their lives again and has been harassing the child's mother. The child has reverted to his former behavior of withdrawing and withholding affection, and he again appears tired all the time.

In summary, the children in this study had a mean number of three reported changes after the abuse of their mothers stopped. Nearly every mother reported improvement in one of the areas of health, school behavior,

and social behavior. The large number of improvements in the children after the abuse ended was an unexpected finding in the study. This area warrants further investigation with attention given to the length of time the child has been away from the abuse in relationship to the changes which have occurred. Measures such as the CBCL could be administered when a mother and child enter a shelter and again when the violence has not occurred for some time.

Types of Help Needed for the Children

Items in the Mother's and Child's Semi-Structured Interviews asked if there were any types of help which were needed for the child. Fifteen of the mothers (75%) reported that they would like more help for their children. Most of the responses were grouped in the three categories of support groups for children from similar situations, an adult friend, and counselling. Other types of help identified by the mothers included help with school work, different types of health care, and help in increasing self-esteem.

Most of the mothers in the study were members of support groups for abused women and many of them suggested support groups as a way of helping their child with his/her problems. One mother stated that she would like her son to be with other children from the same situation in a supportive environment, with some teaching of alternative ways to deal with anger.

Twelve of the children in the study reported that they would like more help. Their responses were grouped into categories including support groups, help with school work, and talking to an adult friend. Help with school work was suggested by a number of the children. Others said they wanted to be in a group of kids from similar situations. One boy who had been in a type of support group, described how it helped: "They help you realize your problem, help you cope with it and you're able to speak about it." Another boy who became upset when signs of conflict occurred, wanted someone to talk to teachers and tell them to calm down. Six of the children said they had someone to talk to such as their mother or a friend. Other children said they would not want to talk about the violence because it hurt too much. As one child stated, "I just forget and go on with everyday living". The same child suggested that other kids might need to talk because they might think the abuse was their fault and might want to commit suicide.

In summary, the mothers and children had a number of suggestions for ways the children could be helped. Most of the suggestions were encompassed by the broad categories of support groups, adult friends, counselling, and help with school work.

Gender Differences

Statistical tests for significant differences between the gender groups (at the .05 level of significance) were performed on the data on variables where the cells were of sufficient size for the results to have meaning. Fisher's Exact Test was used for nominal data and Mann Whitney U Tests for continuous data. Comparisons were made on the scale and total scores from the CBCI and for the variables which were categorized and coded from the semi-structured interviews. There were no significant differences detected at the .05 level of significance on any of the variables tested.

CHAPTER 5

Discussion, Summary and Implications

This exploratory study described a sample of 20 school-aged children whose mothers had previously been abused by their intimate partners. The purposes of the study were to describe the school behavior and achievement, social behavior, and health of the children; to develop instruments suitable for examining these areas; and to search for patterns in the data which might provide clues to the development of suitable preventative measures and interventions for the children.

Specifically the social, educational, and health issues for these children were examined through the report of their mothers on a standardized behavior checklist and in a semi-structured interview designed for the study. Data were also collected from the children on the Children's Semi-Structured Interview which was also designed for the study. Comparisons were made within the group of children on the basis of gender. The data on intergenerational violence and on aggression were reviewed for indications of the modeling behavior described in Social Learning Theory.

The data supported some previous research findings as well as providing some additional information. In this chapter the results reported in each section of the previous chapter are discussed. Following this,

recommendations for further research are made and implications of this study are discussed.

Discussion of Results

Discussion of Results Related to the Findings on the Abuse

The findings of this study regarding the abuse, supported the studies in the literature which have shown the existence of a pattern of intergenerational violence. There was a high incidence of violence in the families of origin of the mother and her partner, the abuse of the mother by her intimate partner was clearly established in all cases, and many of the children in the study were physically abused themselves as well as witnessing the abuse of their mothers. Although this study identified intergenerational links in violence, it was not clear from the data used for the thesis whether the mode of transmission was the modeling which is suggested by social learning theorists, or some other causal factors such as developmental or cognitive factors. However, nothing was found in the study to oppose the notion of Social Learning Theory as an explanation for the transmission of violent behavior. Social learning theorists would predict the existence of aggressive behavior among children of abused women, and there was quantitative and qualitative evidence of aggressive behavior in many of the children in the study. There was also evidence of other behavior problems which need to be examined in relationship to social learning. Further studies of the children who witness wife abuse are

needed which examine in depth the mode of transmission of violent behavior.

The area of witnessing abuse without being abused is another area where further study is indicated. Since studies have begun to be published about the children who witness the abuse of their mothers there has emerged an assumption that there is a large group of children who are witness to the abuse of their mothers but who are not necessarily abused themselves. Several of the research studies conducted in this decade have recruited a sample of children who were "witnesses only" (e.g., Benich, 1983). Other studies have not excluded children who had been physically abused themselves, but have ignored the topic of child abuse within their study (e.g., Fromm, 1983). The provinces of Alberta and Newfoundland have developed legislation which describes children who witness the abuse of their mother as in need of protective services (Watson, 1986), again recognizing a category of children who are witnesses only.

The findings of this study supported the findings of a recent study by Scanlon (1985) that in most homes where the mother was abused there was also child abuse. Eighty percent of the mothers in this study reported that child abuse had occurred in their home. Sometimes siblings, and not the child in the study, were the target of the abuse. Fifty-five percent of the children in the study were reported by their mothers to have been abused themselves. At the beginning of the questions on child abuse, the mother was reminded of the obligation of the researcher to report child abuse which was ongoing. This may have resulted in underreporting. However,

in most homes the mother was now away from the partner who was reported as the usual perpetrator of the child abuse which would suggest that the abuse was over for the child. The findings on child abuse support the decision early in the study to not exclude children who were reported to have been physically abused themselves.

The child's role as a witness to the mother's abuse was verified by the data. The children in this study were reported to have witnessed the abuse of their mothers for an average of 4.7 years. The range of number of years of witnessing spouse abuse was from one to ten years. These figures suggest the extent of the trauma which these children have experienced. The figures would have been even higher if witnessing of abuse of their mothers by previous intimate partners, had been included in the calculation.

Discussion of Results Related to Differences in Reporting of the Children and Their Mothers

A high degree of consistency in reporting of the mothers and the children was found in the study. These findings supports the results of a study conducted to test the interview as a suitable form of gaining information from school-aged children in a psychiatric setting (Herjanic, Herjanic, Brown & Wheatt, 1975). Children's responses to questions about themselves were compared with their mothers' responses to the same questions and an average of 80% agreement was found. It would be helpful to replicate testing of consistency of reporting between mothers who had

been abused and their children, in order to further confirm the value of a children's semi-structured interview in this type of study. Greater numbers of well-matched items could be used in the semi-structured interviews. However, the findings in this small sample suggest that children who witness the abuse of their mothers are reliable reporters.

Discussion of Results Related to Aggressive Behavior in the Children

Incidence of the behavior problem of aggression reported in over half of the children in this study suggests that further investigation of this problem using comparison groups is warranted. The findings of this study support studies in the literature such as one conducted by Brown et al. (1983) which studied children who were in a situation in which their mother was being abused or who were currently residents in shelters for abused women. This study also used the CBCL. A significantly higher incidence of aggressive behavior was reported in the children from violent homes than in a control group of children from nonviolent homes. In contrast, Benich (1983), in her study of a sample of children from a shelter for abused women, identified other behavior problems but did not find aggressive behavior problems.

The findings of this study suggest that gender differences in aggressive behavior need to be examined further and in particular careful attention should be given to how aggression is manifested in female children. Although only one girl had an elevated score on the Aggressive scale of the CBCL, statistical comparisons in this study showed no significant

→ differences at the .05 level of significance between reported aggressive behavior of boys and girls. Furthermore, in the qualitative data another three girls were identified whose mothers were concerned about aggression in their behavior. This lack of gender differences in aggressive behavior does not support the findings of such studies as those completed by Jaffe et al. (1985), Fromm (1983), or Bruner (1983), or the anecdotal accounts in the literature (Carlson, 1984; Elbow, 1982) which described increased aggressive behavior among male children from violent homes but did not report the same findings for female children. The study by Benich (1983) found no significant gender differences in level of aggression in her study of children who were staying in a shelter for abused women.

The incidence of aggressive behavior in the children in this study could suggest that the modeling and vicarious learning described by social learning theorists has occurred. However, there are unanswered questions which need to be addressed. If there are no significant differences in levels of aggressive behavior between the gender groups, have the girls as well as the boys modeled the behavior of their fathers? Or were the mothers of the aggressive girls themselves aggressive? Have the children whose behavior is not aggressive modeled the victim-type behavior which may have been present in some mothers? This study suggests that there is a high incidence of aggressive behavior among the children in the study but the links to Social Learning Theory are unclear. Studies are needed which directly address the usefulness of Social Learning Theory in explaining the aggressive behavior of children who witness wife abuse.

Discussion of Results Related to the Findings on other Behavior Problems

The findings on behavior problems in the children in the study indicated there were many children whose behavior caused concern for their mothers. In the results of the Behavior Problem scales of the CBCL, there were only seven children who had no scores which were outside of the normal range for the instrument. Four children had only one elevated scale score. The remaining nine children had three or more elevated behavior problem scales. The total behavior problem scores for the CBCL showed eight children with elevated total scores.

Eighteen of the mothers (90%) reported that they felt that their child had been affected adversely by living in a violent home and sixteen of the mothers (80%) reported particular concerns about their children. These results must be interpreted cautiously since no comparison group was used to determine how many mothers from nonviolent homes would have concerns about their children. However, the comparisons of the qualitative data with the results from the CBCL revealed that the children with the greatest numbers of elevated behavior problem scales were also children who were causing the most serious concern for their mothers. The findings of this study supported the findings of studies conducted by Brown et al. (1983) and Jaffe et al. (1985) who, using the same standardized checklist as this study used, found significantly more behavior problems in children from violent homes than in comparison groups of children from nonviolent homes.

It should be noted that these previously mentioned studies were

conducted with children who had more recent exposure to violence than the children in this study. In the one other identified study of children who had been away from the violence for some time (Wolfe, Zak, Wilson, & Jaffe, 1986), the average time since exposure was two years, in comparison to the average of 15.5 months for the children in this study. The children ranged in age from 4 to 13 years compared to the 7 to 13 year age range of the children in this study. The study conducted by Wolfe et al. also used the Child Behavior Checklist employed in this study, although only the broad band Social Competence and Internalizing and Externalizing Scores were reported.

The mean Social Competence Score of 44.87 for the children who had previously witnessed the abuse of their mothers in the Wolfe et al. (1986) study was the same as the mean Social Competence Score for the children in this study. The broad band scores of Internalizing and Externalizing which form the Total Behavior Problem Score were also similar in both studies. The mean Internalizing scores were 62.46 for the Wolfe et al. study and 64.2 for the present study.

In the study by Wolfe et al. (1986) a comparison group of children from nonviolent homes was used and it was found, using the broad band scores previously mentioned, that the group of children who had been away from the violence an average of two years had no more behavioral or emotional symptoms reported by their mothers, than the group of children from nonviolent homes. When only the broad band scores of the children in the present study were examined and compared to the normative data provided

by Achenbach and Edelbrock (1983), the broad band mean scores were also within the normal range for the instrument. However, when the individual scale scores and the qualitative data were examined, a more precise picture of the children was presented and problems in a number of the children were identified. This suggests that this could also have been true for the children in the Wolfe et al. study; examination of the individual scale scores as well as qualitative data on the children may have revealed that a significant percentage of the children in their study were disturbed as well. This illustrates the importance of longitudinal studies which study the nature of the problems of the children who witness spouse abuse and how the problems change over time.

Discussion of Results Related to the Childrens' School Behavior and Performance

Without data from comparison groups, the findings on the school behavior and performance of the children in the study must be interpreted with caution. This is compounded by the lack of previous studies in this area. However, the quantitative and qualitative data does report problems for a number of the children and clearly indicates a need for more research in this area. Of particular interest were the number of children in the study who had repeated a school grade (40%). Although precise statistics were not available, this was approximately two times as many grade repeats as you would find in the elementary school population included in

the Edmonton Public School Board. These results must be interpreted with caution because of the different factors which might affect the school performance of a child. For example, the children in this study experienced frequent moves and changes of school which may have been important contributing factors in school performance. This is an area which requires further investigation.

There are few research studies reported in the literature which have addressed the school behavior and performance of children who witness wife abuse. Fromm (1983) found that the school achievement of the girls in her sample was below average and was also lower than the level of achievement of the boys in the study. Jaffe et al. (1985) found significant differences in school problems between boys in the study from violent homes and boys from nonviolent homes. No differences were found between the girls in these two groups. The gender differences found in either of these studies were not supported by the findings of this study.

Further studies with the main focus being the school behavior and performance of the children are needed. In future studies other methods of data collection such as teacher report or observation of the children in the classroom, would be helpful in obtaining a more complete picture of the school performance and behavior of the children who witness wife abuse.

Discussion of Results Related to the Health of the Children

The children in the study were perceived by their mothers and themselves as having good health and there were few serious or chronic

illnesses reported. Although this study was completed with children for whom the abuse had ended an average of 15.5 months prior to the study, its findings are similar to studies conducted with children exposed to more recent abuse of their mothers. This supports research conducted by Bruner (1983) who found no significant differences in numbers of chronic illnesses of children from nonviolent homes and children recruited from shelters for abused women or an outpatient service for abused women. Fromm (1983), in her study of children from a shelter for abused women, also did not find significant numbers of children with frequent or chronic health problems. Brown et al. (1983), using the same somatization scale as was used in this study, did find significant differences in somatic concerns between recent child witnesses to spouse abuse and children from nonviolent homes.

In the results of the data on the health of the children in this study there were several findings which warrant further investigation. One such finding was that each of the children with elevated scores on the Somatic Complaints scale had been physically abused themselves. The relationship between somatic concerns and witnessing wife abuse in conjunction with being physically abused needs further exploration.

Another finding which should be further studied is the incidence of headaches and stomachaches in the children. Nearly all of the children in this study reported that they experienced headaches and stomachaches. When asked for details about these symptoms, few children could describe when they occurred or the circumstances surrounding their occurrence. Headaches and stomachaches were items on the Somatic Complaints scale

of the CBCI but were not included in the Mother's Semi-Structured Interview so details of their incidence were not obtained from the mothers.

Another area needing investigation is the relationship between the somatic complaint of tiredness and depression in children who have witnessed wife abuse. All of the children who had elevated scores on the Somatic Complaints scale, had tiredness listed as one of their somatic complaints and the five children who had elevated scores on the Depressed behavior problem scale also had tiredness listed as a somatic complaint.

A limitation of this study was the lack of a clear definition of health to guide the research questions related to health. This resulted in health being narrowly interpreted in terms of somatic or physical complaints. Studies which look at the overall health of the children, including the components of emotional and mental health as well as physical components are indicated.

The conclusions about the health of the children are necessarily guarded for reasons described previously. There has not been enough research about the health of the children who witness wife abuse, particularly using a wider definition which encompasses mental health. There is a particular lack of studies conducted by health professionals. These are needed to add to the knowledge of this aspect of witnessing wife abuse and to identify the roles of health professionals in working with these children. Somatic complaints of the children need to be examined carefully for the circumstances surrounding them.

Discussion of Results Related to Changes in the Children

Important new findings from this study, although they are reported tentatively because of the limitations of the study, were the improvements reported by the mothers as having occurred in the children since the abuse of the mother ended. Sixteen of the mothers (80%) reported a mean number of three improvements which had occurred in her child's personality or behavior, school behavior and performance, or health, since the abuse ended. The improvements reported included such changes as less illness, less aggression and fighting, improved school marks, less nervous symptoms, and, for two of the children, less suicidal behavior.

These changes must be interpreted with caution because of the design of the research which asked the mother to describe changes in the child which occurred over a long period of time. Some of the improvements may have been related to maturational changes in the child. Other factors which may have contributed to changes in the children could be cessation of the physical abuse of the child, improvement in parenting skills of the mother, or supportive counselling received by the mother and/or the child. Assumption of a causal relationship between the ending of witnessing of the abuse and the improvements in behavior would be premature.

No studies were found in the literature which looked at the differences in the children between when the abuse was occurring and after it ended, which might assist in understanding the changes. It remains an important finding in this study which requires follow-up study. The audiotapes of the mothers' interviews revealed that the questions regarding

changes in the child had been answered thoughtfully and carefully by the mothers. The improvements which were described were expressed as important changes in the lives of themselves and their children.

Longitudinal studies which tested children in the shelters for abused women and subsequently at designated times after the abuse ended would be helpful in understanding the changes. Comparison groups of children who remained in or returned to the abusive situation would shed further light on changes which had occurred.

Discussion of Results Related to Types of Help Needed for the Children

Fifteen of the mothers in this study (75%) reported that they would like more help for their children. Most of the help they described as desirable fell into the three categories of support groups for children from similar situations, an adult friend, and counselling. The category of other types of help included help with school work and different types of health care. Twelve of the children in the study reported that they would like more help including support groups, help with school work, and talking to an adult friend.

Watson (1986), in a recently completed survey of programs and treatment for children of domestic violence, pointed out that programs for children exposed to domestic violence are not formally structured or well developed in Canada. Programs that have been established are nearly always in conjunction with shelters for abused women and are subject to the same precarious funding. The findings of this study support the

findings of other researchers (e.g., Benich, 1983) who have suggested that there is a need for structured programs for these children. The results from this study suggest that support groups for children are a desirable method of providing counselling for some of the children who witness wife abuse.

Discussion of Results Related to Gender Differences

Although the sample was small and conclusions must be tentative, it was surprising to find no statistically significant differences between boys and girls on any of the variables tested in this study. Previous research has identified differences in levels of aggressive behavior between boys and girls with the higher incidence reported in boys (Bruner, 1983; Fromm, 1983; Jaffe et al., 1985). Jaffe et al. (1985) also found that boys from violent families had significantly more behavior problems and school problems than boys from nonviolent families. They did not find these differences in the girls in the study. In contrast, Fromm (1983) found the school achievement of the girls in her study who were from violent homes to be below average, and lower than the level of achievement of the boys in the study. In contrast, Benich (1983) in her study of children staying in a shelter for abused women, found no statistically significant gender differences for the factors of aggression or inhibition. It is clear that more studies with comparisons by gender are needed to clarify whether the effects of wife abuse vary according to gender of the child.

Recommendations for Further Research

The following recommendations are made for further research in the area of children who witness wife abuse:

1. Many more followup studies are needed which examine the effects of violence on the children after the abuse has ended. Longitudinal studies which measure changes in the children as time passes would be especially helpful.
2. This study should be replicated using the instruments developed for the study with revisions according to the findings of the study.
3. The study should be replicated using a larger sample and comparison groups of children from homes where there has been marital conflict without violence.
4. Research aimed at the specific area of health of the children should be conducted using a broader definition of health. These studies should be conducted by health professionals and the findings disseminated among health professionals as well as others concerned with these children.
5. Studies are needed which examine the relationship between physical abuse and the health concerns of children who witness wife abuse.

6. Further studies aimed at understanding the educational problems of the children are needed. Replications of this study using teacher as well as mother and child report would add a helpful dimension to this research. Comparison groups of school-aged children from nonviolent homes are especially needed in this area.
7. More studies on aggressive behavior of the children need to be conducted. Further research is needed to determine whether aggressive behavior is modeled or evolves in some other manner, and gender differences in aggressive behavior need to be further addressed.
8. More studies with comparisons by gender are needed to further test for the existence of gender differences in the children.
9. Studies are needed which directly test theory, including Social Learning Theory, as it relates to children who witness wife abuse.
10. Studies are needed which carefully examine the incidence of child abuse in homes where there is wife abuse.

Implications

In spite of the many problems listed for nearly all of the children, most of the children in the study seemed to be functioning well and the mothers were optimistic about their futures. An indication of this, is the many improvements in the children which were described by the mothers as having occurred since the abuse ended. With the help of such measures as

supportive parenting and short-term counselling, these children will probably continue to function well. However, there were approximately 25% of the children in the study whose problems seemed more severe and for whom long-term intervention will probably be needed. These were children who had many scale scores on the CBCL which were outside of the normal range for the instrument, and whose mothers described more serious problems during the semi-structured interview. The interviews with the children themselves also indicated that these children had more serious problems.

This study and the others that are beginning to appear in the literature have identified that there are a large number of school-aged children who have witnessed the abuse of their mothers who are in need of supportive help. Although intervention is an immediate need, prevention is the long-term goal and the studies completed to date suggest that successful prevention will occur at the level of the children. There are many implications for the professional groups involved with these children.

School teachers who are involved with these children for much of the day have a role in prevention and intervention. However, they must initially be educated regarding the extent of the problem and what is known about it. Teachers speaking to this researcher have expressed concern regarding their lack of preparation for dealing with the children in their classes who come from homes where there has been wife abuse. Although it is not clear whether modeling is the mode of transmitting violent behavior, it would seem to provide at least a part answer. There also seems

to be an important cognitive component recognized by social learning theorists (Bandura, 1977) which helps to account for the many children who witness who do not go on to become participants in violence. Using this knowledge, teachers can use a nonviolent model in the classroom and act as nonviolent role models which suggest other alternatives to the violent models they may be exposed to outside of the classroom. They can address the cognitive component of learning by contradicting the many violent models which the children observe outside of the classroom such as television violence, violence in sports, or violence against women. Direct teaching of other methods of dealing with anger can be taught in the classroom as well.

The school counsellor is sometimes the person to whom the child who has witnessed the abuse of his/her mother turns, and this group must also be aware of and knowledgeable about the problem. These people can also assist with the design of programs for school children which teach appropriate ways of dealing with anger. Health professionals such as community health nurses who work closely with the schools, could assist in designing and implementing and evaluating such programs. However, the health professionals must first, like the teachers, become more knowledgeable regarding wife abuse. They have been accused of being less than helpful in the past. In the health profession of nursing, which is of particular interest to this researcher, this seems directly attributable to a lack of knowledge which must be addressed.

With the high incidence of wife abuse in Canada, it would seem that the problems of wife abuse and the children who witness it are part of nearly every aspect of community health nursing. Furthermore, the emergency room nurse, the pediatric nurse, and the maternal health nurse besides encountering abused wives, will encounter the children who witness wife abuse who are victims of physical abuse themselves. Mental health nurses will encounter abused mothers and abusing partners and, in addressing the family interactions, will encounter the children who witness as well. The more seriously affected children who witness abuse will appear in pediatric mental health facilities. The nurses caring for these children will first need the awareness and knowledge of the problem, and then will need to go on to develop assessment tools, and plans for interventions, both within their own profession and as part of a network of concerned professionals in the community.

The work of the teachers and health professionals needs to support the work of therapists involved with the children. From the review of the literature it would appear that therapists are becoming educated and participating in research regarding children who witness wife abuse. Many of their professional publications address problems of family violence. However, this study strengthens the evidence which suggests that programs to help the children should be of the highest priority. The new data regarding the many improvements in the behavior of the children in the study after the abuse of their mother ended, further supports the establishment of children's programs. It reinforces the value of working

with children who may be more amenable to change than the adults with long established patterns of violence or acceptance of violence. Although more research is needed to know which interventions are most helpful, in the interim programs need to be established by people who are skilled in working with children, using the research on wife abuse which is now available. An important aspect of this treatment would be followup studies determining the effectiveness of the programs such as the one conducted by Jaffe, Wilson, and Wolfe (1986). Public awareness of the problems of these children needs to occur, in order to obtain better financial support for the needed programs. Knowledge of the children provided by the research done to date, as well as by future studies, besides being available in publications for therapists, needs to be disseminated among health professionals and educators to assure their support for the children of abused wives.

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Appendix A



The
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FACULTY OF EDUCATION

December, 1986.

Explanation of Research Study - Children Who Witness Spouse Abuse

While the field of family violence research is rapidly growing, there is still little known about the effects of witnessing spouse abuse on children. The purpose of this research project (funded by the Social Science Humanities Research Council of Canada) is to identify the needs, of children who have witnessed spouse abuse, in three areas: education, health, and social development. The ultimate aim is to make recommendations for development of programs to assist these children and their mothers. The study has been approved by the Human Subject Research Committee at the University of Lethbridge.

We hope to interview twenty mothers and their school aged children. Some of the questions we are asking mothers include: the background of the family, how they approach parenting, descriptions of the child's behaviour at home and at school, the health of the children, their perceptions of family members, the circumstances of the spouse abuse, their beliefs and attitudes about selected social and family issues.

We are asking the children about perceptions of school, their behaviour at school and at home, and some questions about their health. In addition, the child will be asked to develop story completions of common social situations which may or may not contain aggressive content, and if time permits, he/she may also be given a picture drawing task.

Our sample is being recruited throughout the Province of Alberta. All information is confidential. Code numbers will be utilized to summarize data for the entire group of research participants. No names or identifying information will be used in any report or presentation of the findings of the study. The interview for mothers takes approximately two hours for which they will be paid \$25.00 to cover any costs incurred by participating. The child interview takes approximately one hour, after which the child will be given \$5.00.

A summary of the results will be available on completion of the research project. This will be discussed with the mother at the end of the interview.

Yours sincerely,

Carole J. Cortes
CAROLIE J. CORTES, Ph.D.
Associate Professor

WYNNE EDWARDS, B.Sc.N.

File: CJC:3.3

Appendix B



The
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FACULTY OF EDUCATION

December, 1986.

AGENCY RECRUITMENT LETTER FOR MOTHERS
OF SCHOOL-AGE CHILDREN
WHERE MOTHERS HAVE BEEN IN VIOLENT INTIMATE RELATIONSHIPS

For Study of Children Who Have Witnessed Spouse Abuse
Conducted by Carolle Coates, Ph.D. and Wynne Edwards, B.Sc.N.

Carolle Coates and Wynne Edwards are conducting research at the University of Lethbridge about the effects of spouse abuse on the children who witness it. The study is funded by the Canadian Social Science Humanities Research Council and approved by the Human Subject Research Committee at the University of Lethbridge. Carolle is a psychologist and an Associate Professor in Education. She has been active in research on family violence for a number of years. Wynne is a nurse who is studying for a Masters Degree in Education. Their purpose is to learn more about the children from homes where their mothers were battered so they can suggest ways of helping these children and mothers.

The study is dealing specifically with school age children between the ages of 7 and 12 years who were living in the home when the battering occurred. The last battering incident must have occurred within the past 18 months.

If you have a child in this age group, are not in personal crisis at this time, and would like to help with the study, you will be asked to fill out checklists about your child as well as take part in an informal interview on parenting and school and health behavior of the child. This session will last approximately two hours. Your child will also be interviewed separately with this session lasting approximately one hour.

The information shared by you and your child will be treated with absolute confidentiality. No names or identifying information will be used in any report or presentation of the study.

For your participation you will be paid the sum of \$25.00 to cover any costs incurred by participation. Your child will be given \$5.00 for his/her participation.

If you would like to be involved in the study or would like further information about it, we will arrange a time for you to talk with one of the researchers conducting the study.

University of Lethbridge Telephone #(403) 329-2187.
CJC:bcs/3.8

Appendix C

Interviewer Instructions

READ PRIOR TO INTERVIEW

PLEASE NOTE THAT EACH PACKAGE IS NUMBERED WITH A CODE NUMBER. ALL PIECES FOR ONE MOTHER AND HER CHILD SHOULD HAVE THE SAME NUMBER.

All notes, tapes, etc. for each subject should be put in the envelope upon completion.

I. Mother's Interview

You will need the following:

- audiotape recorder
- audiotapes
- receipt book.
- \$25.00 payment for the mother
- package of instruments
- watch with ability to keep track of seconds

The package of instruments should be presented in the following order:

1. Explanation of Study. Go over together. Answer questions.
2. Consent Form - this must be read and signed by the mother before starting the interview. (If woman does not want the interview taped you will have to take careful notes). Explain that most of the time will be involved in an interview, but that first there are 3 forms to be completed:
 1. 1 sheet of demographic information
 2. A sentence completion opinion instrument, and
 3. A checklist about _____'s (child in study) behavior.
3. Demographic Questionnaire - to be filled out by the mother. Verify name of batterer as you will need this in interview.
4. "This I Believe" Test - to be filled out by mother and timed by yourself with 2 minutes allowed for each page. (There are instructions for the mother on p.2, of this test).
5. Child Behavior Checklist (Achenbach) - to be completed by mother alone if she is able. If she has problems with literacy or English you may read the questions to her. It is not necessary to fill out the information at the top of this form. Answer questions.

6. Mother's Interview Guide - this is a guideline for the interview portion with questions to be read by yourself and the answers written in. This portion of the interview should be audiotaped if the mother has consented to this. Please check to see if the audiotape is working from time to time.

Following this portion please pay the mother \$25.00 for helping and have her sign a receipt for \$30.00 (this covers her \$25.00 plus her child's \$5.00) to give us a record of the transaction.

II Child's Interview

For this interview you will need:

- audiotape recorder
- audiotapes
- Interview Guide
- 8-1/2x11 sheets of paper
- pencil with eraser
- felt markers (colors)
- large sheets of blank paper
- \$5.00 for payment of the child

The questions should be read by yourself and the answers written in brief. The interview should be audiotaped. Please check the tape recorder once in awhile to see if its working. If the interview seems long to the child you may need to give him/her breaks, and encourage stretches or activity. The pilot interviews took just less than one hour.

At the conclusion of the two interviews the completed package and audiotapes should be returned to Carolie Coates or Wynne Edwards. Please keep a record of any expenses you incurred and you will be reimbursed.

Appendix D

CONSENT FORM - MOTHER

Research Study of Children Who Have Witnessed Spouse Abuse

Conducted by Dr. Carolle Coates and Ms. Wynne Edwards
Faculty of Education
The University of Lethbridge

This study has been explained to me; and I, _____
(print name) give my consent for myself and my child to
participate in this research study and for the information given
by myself and my child to be used in the study.

I understand that all material from my interview will be
confidential between myself and the research staff. I also
understand that all material from my child's interview will be
confidential between the child and the research staff. Our names
or any identifying information will not be used in any report or
presentation of the study.

I understand that my choice to participate and for my child to
participate in the study is voluntary and that I may withdraw
from the study at any time without affecting any treatment or
services I or my family are receiving. I also understand that I
can decline to answer parts of the study and still receive
payment for my participation.

I understand that my child's verbal consent to participate in the
study will also be obtained and that he/she may also withdraw
from the study at any time without affecting treatment or
services. I also understand that he/she may also decline to
answer parts of the study and still receive payment for his/her
participation.

I understand that any costs incurred by participating will be
defrayed by the \$25.00 I receive for taking part in the study. I
understand that my child will receive \$5.00 for taking part in
the study.

Signature

Date

I give permission for the interviews to be audiotaped knowing
that the tape recordings will be kept confidential. After the
tapes are coded by the research staff, they will be erased.

Signature

Date