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Intimate Partner Violence

The Role of the Relationship Between Perpetrators and Children Who Witness Violence

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The issue of the father–child relationship has been greatly ignored in the domestic violence research literature. This study investigated whether intimate partner violence (IPV) perpetrated by biological fathers resulted in higher levels of posttraumatic stress symptoms and behavior problems than violence perpetrated by nonbiological fathers and whether children who witnessed violence perpetrated by multiple father figures had increased levels of posttraumatic stress disorder and behavioral symptoms. Eighty mothers who experienced domestic incidents completed the Child Behavior Checklist (CBCL) and the University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index (PTSD-RI) for their children aged 2 to 18. Children with multiple violent father figures had significantly more symptoms on the CBCL than children in the other two research groups while controlling for maternal symptoms and trauma history. There were no significant differences between the biological and nonbiological father groups or among the three groups on the PTSD-RI.

Keywords: *intimate partner violence; domestic violence; children; exposure to trauma*

Psychological Sequelae of Witnessing Intimate Partner Violence (IPV): The Role of the Child–Perpetrator Relationship

It is estimated that between 10 and 17.8 million children in the United States have seen at least one violent incident in their home (Silvern et al., 1995; Straus & Gelles, 1990). Children who witness IPV are at increased

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risk for psychological and developmental difficulties. The present study examines the ways in which characteristics of the child–perpetrator relationship affect children’s symptoms. The investigation compares behavioral and posttraumatic functioning among children who have witnessed IPV perpetrated by their biological fathers, children who have witnessed IPV perpetrated by a nonbiological father figure, and children who have been exposed to violence perpetrated by both types of father figure.

IPV and Child Development

The deleterious impact of IPV on children has been well documented in the literature. Children’s symptoms may include difficulties with sleeping and eating, family and peer relationships, attention, academic performance, depression, anxiety, aggression, low self-esteem, posttraumatic stress disorder (PTSD) symptoms, and impaired physical health (e.g., Edleson, 1999; Kendall-Tackett, 2004; Putnam, 1996). Graham-Bermann and Levendosky (1998) found significant PTSD symptoms in school-aged children exposed to IPV, with 13% to 19% meeting full criteria for the disorder.

Fathers Who Perpetrate IPV

Fathers’ involvement during infancy and childhood promotes children’s healthy development (e.g., Harris, Furstenberg, & Marmar, 1998). When fathers are the source of violence, father–child relationships may suffer in multiple ways. Children may interpret violence perpetrated by the biological father differently than violence from a nonbiological father figure.

Stover, Van Horn, Turner, Cooper, and Lieberman (2003) found that children who were visited by their previously violent fathers less often had higher levels of internalizing symptoms; however, the severity of IPV predicted higher levels of children’s externalizing (but not internalizing) behaviors. Children may be torn between feeling that violence is wrong and frightening and yearning for affection and attachment to their fathers. Alternatively, mothers may vilify the perpetrator and discourage a relationship between the child and his or her father.

Sullivan, Juras, Bybee, Nguyen, and Allen (2000) conducted a study of father–child relationships in families affected by IPV and reported that levels of physical abuse did not differ among the perpetrator groups but that children were more fearful of stepfathers. The study also found that stepfathers were more emotionally abusive than the other groups. Biological fathers were the most emotionally available to the children, yet children whose abusers were father figures reported lower levels of self-competency. There were no

differences in CBCL scores between the groups. A limitation of the study was that it was unclear whether the children who witnessed IPV from stepfathers or nonfather figures had biological fathers who were also violent or whether their biological fathers were involved in their lives or the nature of their relationship.

The present study compares three groups of children who have experienced IPV: one group in which the perpetrator is the biological father, one group in which the perpetrator is the nonbiological father, and another group in which both the biological father and the nonbiological father have been violent. This research investigates the following hypotheses: (a) Violence perpetrated by the biological father will result in higher levels of posttraumatic symptoms and behavior problems among children than will violence perpetrated by a nonbiological father, (b) children who witness repeated IPV perpetrated by both their biological father and a successive intimate partner will have the highest levels of PTSD symptoms and behavioral difficulties, and (c) children who are reported to have more positive relationships with the perpetrator will have lower traumatic and behavioral symptoms.

Method

Participants

Participants in this study consisted of 80 mothers who (a) experienced a domestic incident that included a criminal altercation involving their intimate partners within the past 6 weeks and (b) had children aged 2 to 18 years in their homes at the time of the incident and were exposed to at least one incident of IPV. Participating women were referred to the study through the New Haven Police Department after reporting a domestic violence incident.

Children were 45% male ($n = 36$) and 55% female ($n = 44$) and ranged in age from 1 to 20 ($M = 8.84$; $SD = 4.91$). Ethnic backgrounds for victims and perpetrators were similar, with 11.3% and 6.2% White, 56.3% and 54.3% African American, 28.8% and 29.6% Latina/Latino, and 3.8% and 8.6% Other, respectively. In terms of relationship status, 16.3% of victims reported being married, 83.8% were not married, 31.3% were in a relationship with the perpetrator, and 68.8% were no longer intimate with the perpetrator. In general, participants were from lower socioeconomic classes with a high school education. More than half of participants (67.9%, $n = 53$) reported a household income of less than US\$10,000 per year, and almost

another quarter (23.08%, $n = 18$) reported a household income between US\$10,000 and US\$20,000. In 25 cases, the biological father was the perpetrator; in 35 cases, a nonbiological father was the perpetrator; and in 20 cases, both the biological father and a nonbiological father figure were violent.

Procedures

Recruitment of research participants was made possible due to collaboration with the New Haven, Connecticut, Department of Police Service. Reports of all intimate partner domestic violence cases in the city of New Haven from November 2004 through September 2005 were screened for the following criteria: (a) a criminal altercation between a man and woman and (b) a single arrest of the male perpetrator was made or an arrest warrant was pending. Women were telephoned and asked to participate in a study about domestic violence and police services. Women who had children between the ages of 2 and 18 years were invited to participate. Women were offered US\$50 financial compensation for their participation in each 2-hour interview. Women were excluded from the study if they were arrested or charged with a crime at the time of the IPV incident, did not have language proficiency in either English or Spanish, or if they had cognitive impairments.

Mothers of children aged 5 to 18 were asked to allow their children to participate in research interviews for the study. A total of 21 women had children under the age of 5 years, and 34 declined to have their children interviewed. Most stated their child was unaware of the current domestic incident, and they did not want them interviewed about this topic. A total of 25 children were interviewed and provided ratings of their relationship with the perpetrator. The mother's oldest child between the ages of 2 and 18 years ($N = 80$) was selected as the focus of child measures. Mothers were asked to complete questionnaires to assess their child's current functioning 2 to 5 weeks following the IPV incident that qualified them for the study.

Measures

Demographic information was gathered including questions about the mother's perception of the child's attachment with the perpetrator and/or biological father if different (using a 5-point Likert scale from *no relationship* to *very attached*) and detailed questions regarding the nature of the current contact with the perpetrator and the biological father.

To assess children's behavior, the Child Behavior Checklist (CBCL) was utilized. The CBCL measures a broad spectrum of childhood

symptomatology (Achenbach, 1991). The CBCL has demonstrated reliability and validity with clinical and nonclinical child populations.

PTSD symptoms of the children were assessed using the University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index—Parent Report Version (PSTD-RI; Pynoos, Rodriguez, Steinberg, Stuber, & Frederick, 1998). For this study, the posttraumatic stress severity score was used, which is a sum of the symptoms and their severity (Pynoos, Rodriguez, & Steinberg, 2000).

The Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983) assesses the mother's overall level of psychological functioning. The measure is a 53-item self-report inventory with high levels of reliability and validity (Derogatis & Melisaratos, 1983).

Mothers also reported on their children's traumatic experiences using the Traumatic Events Screening Inventory—Parent Report Revised (TESI-PRR). The numbers of traumatic experiences reported by the caregivers were summed to create a TESI sum score.

The Conflict Tactics Scale-2 (CTS-2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) measures psychological and physical aggression and conflict resolution. The CTS-2 generates scores for physical, psychological, and sexual abuse for both partners over the past 12 months.

Statistical analyses. First, bivariate correlations were conducted to determine the relations between study-dependent variables (the CBCL and the PTSD-RI) with traumatic events and maternal symptom variables (the TESI and the BSI) and with ratings of the child–perpetrator relationship. Next, preliminary chi-square and ANOVA tests were conducted to determine whether there were significant group differences on a variety of demographic variables. These variables were then entered into subsequent multivariate models. Last, a MANCOVA was conducted to determine father group differences in CBCL and PTSD-RI scores.

Results

Preliminary Analyses of Group Differences and Correlations Between Study Variables

Neither child's age nor the perpetrator–child relationship was related to the CBCL and PTSD-RI scores. However, the BSI and TESI variables were strongly positively correlated with the CBCL ($r = .42$, $p < .01$, and $r = .41$,

$p < .01$, respectively) and with the PTSD-RI ($r = .44$, $p < .01$, and $r = .55$, $p < .01$, respectively).

Children's gender, ethnicity, marital status of the child's mother, family income, CTS-2 scores for both the mother and the perpetrators' violent behavior over the previous 12 months, and history of involvement with child protective services were similar across groups. There were differences in child age, $F(2, 77) = 11.88$, $p < .001$, and TESI scores, $F(2, 76) = 3.10$, $p = .05$, across father groups. Tukey post hoc tests revealed higher TESI scores in the multiple violent father figure group. Children in the biological father group ($M = 5.36$, $SD = 3.38$) were significantly younger than children in both the nonbiological father group ($M = 10.11$, $SD = 4.96$) and children who witnessed abuse by both types of father figures ($M = 11.00$, $SD = 4.24$). Therefore, age, TESI, and BSI scores were included in the multivariate model.

Father-Child Relationship and Symptoms

To test whether father group was related to PTSD-RI and CBCL scores, a MANCOVA was conducted with age, TESI total score, and maternal BSI total symptom distress as covariates. The effect of father group was significant, Pillai's $V = .17$, $F(4, 144) = 3.39$, $p = .01$. The three covariates together also accounted for a significant amount of the variance in the two dependent variables, Pillai's $V = .15$, $F(4, 142) = 2.87$, $p < .05$. The BSI and TESI were significant, Pillai's $V = .24$, $F(2, 71) = 11.04$, $p < .001$ and Pillai's $V = .14$, $F(2, 71) = 5.87$, $p < .01$, respectively, but the effect of child age was not, Pillai's $V = .04$, $F(2, 71) = 1.60$, $p = .21$.

Helmert contrasts revealed that after controlling for child age, TESI, and BSI scores, there were no significant differences between the biological and nonbiological father groups, Pillai's $V = .02$, $F(2, 71) = 0.62$, $p = .54$, but there was a significant difference in ratings on the CBCL and PTSD-RI scores for children with more than one violent father figure as compared to the other groups, Pillai's $V = .15$, $F(2, 71) = 6.31$, $p < .01$. Analysis of standardized discriminant coefficients reveals that the difference between the additive group and the other groups was largely driven by the CBCL, standardized discriminant function = 1.00, rather than the PTSD-RI, standardized discriminant function = $-.60$.

Analysis of means revealed that scores on the CBCL for children who had both father figures violent were higher (adjusted $M = 54.91$) than those of other children (adjusted $M = 46.49$). For the PTSD-RI severity variable, children who had both father figures perpetrate violence had lower scores

(adjusted $M = 10.12$) than other children (adjusted $M = 13.42$); however, this difference was not significant, $F(2, 72) = 85.86, p = .48$.

Mothers' Report of Father–Child Relationship

Univariate ANOVA analyses demonstrated that mothers rated perpetrator–child relationships significantly more positively, $F(2, 73) = 4.07, p < .05$, when the perpetrator was a biological father ($M = 4.2$) rather than a nonbiological father figure ($M = 3.23$) or when both father figures were violent ($M = 3.53$). When comparing the biological father–child relationship, there were significant group differences, $F(2, 73) = 5.09, p < .01$, with post hoc analyses revealing significant differences between all three groups. Mothers reported that children in the biological father–perpetrator group reported the most positive relationship to their biological father ($M = 4.2, SD = 1.20$), followed by children who witnessed violence perpetrated by a nonbiological father figure ($M = 3.25, SD = 1.64$) and finally by the multiple violent father figure group ($M = 2.79, SD = 1.40$).

Mothers' reports of whether perpetrators had current contact with their children were divergent across father groups, $F(2, 57) = 8.27, p < .01$. Eighty-four percent of children in the biological father group had current ongoing contact with the perpetrators of IPV, as compared to 33.3% in the nonbiological father group and 45.5% in the multiple violent father figure group. Children whose biological fathers were the current perpetrator had significantly more contact with their biological father than the children in the other two groups, $F(2, 65) = 7.41, p < .001$. To determine whether mothers' reports of the perpetrator–child relationship were consistent with child reports, the data from the 25 children who were interviewed were correlated with maternal reports. There was a significant positive correlation ($r = .70, p < .001$).

Discussion

This study evaluated differences in behavior and posttraumatic stress symptoms among three groups of children: one group who witnessed IPV perpetrated by a biological father, a second group who witnessed IPV perpetrated by a nonbiological father figure, and a third group of children who were exposed to multiple violent father figures. There were no significant differences observed between children who witnessed violence perpetrated by a biological father and children who witnessed IPV by a nonbiological

father figure. It is possible that these perpetrator differences pose disparate psychological challenges for children but that each constellation of issues is not necessarily easier or more difficult than the other.

The results demonstrated that children who had multiple violent father figures had significantly more total symptoms on the CBCL than children in the other two research groups. TESI scores indicated that children in the multiple violent father figure group were exposed to a greater range of traumatic incidents than the children in the other two groups. However, children in this group had significantly more behavioral symptoms on the CBCL, even after controlling for mothers' symptoms/distress and the extent of traumatic incidents experienced by the child. This indicates that it is not only the addition of more trauma but also the impact of multiple violent men in the lives of these children that contributes significantly to the psychological responses of these children.

There also did not appear to be differences among the three groups on the PTSD-RI. Chronic IPV, especially IPV perpetrated by multiple father figures, is not an isolated or single event, and therefore this type of trauma may not be accurately assessed by the PTSD-RI. It is also possible that reports were influenced by mothers' concerns about social desirability or her lack of knowledge of her child's symptoms. Mothers may be unaware of some PTSD symptoms, such as avoidance and hypervigilance, and therefore may underestimate their child's distress.

Surprisingly, the strength of the relationship of the child to the perpetrator was not related to symptomatology in this sample. However, the measure of attachment to the perpetrator in this study was assessed by a 1-point Likert scale item reported by the child's mother. Mothers indicated that children in the biological father-figure group had the strongest relationships with their biological father, even though the fathers in this group perpetrated IPV. This may reflect the fact that children in the other two groups had limited involvement with their biological fathers as compared with the biological father group. There was a strong correlation between the mother and child reports of the father-child relationship for the 25 children who were interviewed.

Limitations

The study was limited by a small sample size and by a methodology that combined different types of nonbiological father figures. In addition, the method by which participants were recruited for this study may have biased this sample. The low CTS-2 scores reported in the sample suggest that overall

levels of violence may be lower than other IPV samples. In addition, the sample is relatively homogenous and encompasses an impoverished, urban population, including primarily minorities living with multiple psychosocial stressors. Future studies might implement semistructured interviews and teacher and child reports to investigate a variety of domains, such as social competence, depression, and self-esteem.

Implications and Future Directions

This study replicates the findings of previous research that showed an additive effect of violence on children. Future research could explore differences among subtypes of nonbiological perpetrator-child relationships. In addition, more careful consideration of the overlap between child maltreatment and IPV is important. Few mothers in this study reported abuse of their children as evidenced by the TESI. Future studies could include corroboration by Child Protective Service records, as parents and children often underreport child abuse (Grasso et al., in press).

Practitioners should assess children's exposure to violence, including the number of perpetrators who have been involved in their lives, and consider that children may be affected by chronic relational trauma. Such trauma histories should direct clinicians and mental health providers to the use of specific trauma interventions for complex trauma.

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