

TOO CLOSE TO HOME, TOO TOXIC FOR CHILDREN: MENTAL-HEALTH CONSEQUENCES OF WITNESSING VIOLENCE AGAINST MOTHERS

Aysan Sev'er¹
University of Toronto

A recent national survey estimated that 1.2 million Canadian men and women faced some kind of intimate violence between 1995-1999. Given the demographic fact that on average, Canadian families have 1.8 children, it can be estimated that 2.2 million children were potential witnesses to some of this violence. Violence induces terror and a toxic environment for children which create major alterations in their perceptions, values, sense of trust and ways of relating (or developing inhibitions in relating) to their world. In the current paper, I discuss the incidence and possible consequences of witnessing violence against mothers. Examples I provide are from face-to-face interviews with 39 female survivors of partner violence and their recollection of the experiences of their 75 biological and 11 non-biologically related children. I will present my findings under the sections of general problems, self-directed problems and other-directed problems, emphasizing social learning and intergenerational transmission of violence. I will end the paper by exploring some policy implications.

The New Hampshire researchers call the marriage license as a "hitting license" (Straus, Gelles & Steinmetz, 1986, 1980, also see Gelles, 1979; 1987; 1994). As national surveys in Canada and the U.S. show, one of three women (29%) report at least one incident of physical abuse in their long-term relationships (BJS, 1995; Canadian Panel, 1993; Jasinski & Williams, 1998; WAC Stats, 1993; VAWS, 1993). However, thinking about marriage as a hitting license is also misleading in at least four ways: First, it insinuates that not legalized intimate relationships are free of violence. Second, it ignores violence against same-sex pairs (Merrill, 1998; Renzetti, 1998). Third, it suggests that once the marriage (license) is terminated, violence will cease. Fourth, and the most important for the purposes of this paper is that only adults are implicated in violence. In reality, children are frequently involved as bystanders, victims, unintended casualties or even as active participants. In a recent case, a Toronto man poured a litre of sulphuric acid over his partner who was in the process of breaking up their long-term relationship (Toronto Star, July 4, 2000, p. B1). The woman was in critical condition with caustic burns to 80% of her body. Her 6-year-old son witnessed the ghastly attack (Toronto Star, July 25, 2000, p. A17). In another incident which led to a public inquiry, Gillian Hadley was shouting and desperately looking for a neighbour to hand over her one-year-old baby for safekeeping minutes before she was fatally shot by her estranged husband (Toronto Star, June 21 & October 24, 2001, p. A1).

The most recent Canadian General Social Survey (GSS, 2000) estimated that 1.2 million men and women have experienced a form of intimate violence between 1995 and 1999. Almost identical percentages of polled women and men (8% and 7% respectively) reported at least one incident, however, the consequences of violence were disproportionately more severe for women. For example, almost five times more women than men reported fearing for their lives. Four out of 10 women reported experiencing some form of injury, and 15% claimed that they required medical attention as a result of the violence.

Violence also spreads to people and things that are important in women's lives (Sev'er, 1998; 1999; 2002a).

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Violence against women literature shows that abusive men frequently damage property, hurt pets, harass friends and relatives in addition to the direct violence they inflict upon their partners. It is extremely sad but not at all surprising then that men who show violence toward their intimate mates frequently show violence toward their children (Wolak & Finkelhor, 1998). The most extreme forms of this violence is multiple homicides where the abuser kills his partner, children and himself and filicide, where the abuser kills his children. In one of the most gruesome cases recorded in the Canadian family violence literature, Vilem Luft Jr. stabbed his wife to death, shot his four children point-blank and then killed himself (Toronto Star, July 7, 2000, p. A1). The murdered children were between six-years-old and less than three-months of age.

With child murder being the ultimate extreme, acts of violence toward children take on many different forms (Health Canada, 1996; Gilmartin, 1994; Janko, 1994; National Research Council, 1993; Russell & Bolen, 2000; Steed, 1994), almost always with serious consequences. Sometimes, violence starts before children are born. Prevailing estimates of violence during pregnancy range from 7% to 20% (Kantor & Jasinski, 1998, p.32). Studies report that existing violence escalates during pregnancy (Campbell et al., 1992; Campbell et al., 1995; McFarlane, 1992; Stark & Flitcraft, 1996). A more hidden link between violence and women's reproductive powers also exists. For example, McCue (1995, p. 83) asserts that battered women are more likely to get pregnant more often. They are also significantly more likely to have miscarriages or abortions. More frequent pregnancies may be an artifact of the woman's lack of say in birth protection methods used or the timing and the nature of the intercourse. There is also the observation that the location of the physical attacks during pregnancy are not random, but are centered on the women's abdomen, breasts or genitals (McCue, 1995; McFarlane, 1992). Again, in extreme cases, men kill their pregnant wives and their unborn children, like the recent murder of a pregnant woman who was poisoned on Mother's Day (Toronto Star, July 16.2000, p. A5).

As the above cited literature shows, there is extensive research on direct violence against children. Yet, the majority of children are hurt through indirect violence just because they happen to be around or witness violence that is directed at their mothers or siblings. Exposure to indirect violence also has negative effects on children although the research on this area remains at its infancy. In this study, I will address the short-term consequences of exposure to violence on children and the longer term implications for their adult lives. First, I will introduce a short overview of the social learning theories. Then I will summarize the methods of the current study and talk about different forms of violence children suffer. I will end with some policy implications.

SOCIAL LEARNING THEORIES OF VIOLENCE

Because of their size, youth and assumed innocence, the social scientific as well as the popular literature often talks about children as "victims." On the one hand, it is undisputable that children in violent homes are victims. However, despite this incontestable victimization bestowed on them through parental strife, children are a lot more complex beings than passive recipients of family affairs. Therefore, numerous theories try to explain and predict what happens to children in homes where they or their mothers are abused. Some of these theories emphasize personal or interpersonal characteristics and relations, others analyze cultural and structural disenfranchisement and patriarchal ideologies. When violence involves children as witnesses, victims or even as possible future perpetrators themselves, social learning theories make particularly strong predictions and arguments.

Social learning theories suggest that children's position and roles in violent homes cannot be adequately understood unless one brings conceptual clarity to their active agency. For example, learning theories emphasize children's remarkable ability to learn from and imitate the behaviour of adult models in their lives (Bowker, 1983; Walker, 1984). Learning can take a socially undesirable trajectory. For example, children who watch their parents or siblings acting in violent ways may learn that violence is "acceptable." They may learn to use certain types of weapons, such as belts, hockey sticks or baseball bats to attack their younger siblings, peers or pets. They may also learn ways of violating another person through verbal put-downs or psychological taunting (Pottie & Levett, 1998). They may learn to hang around with peers who are also violent (DeKeseredy, 1990; DeKeseredy & Schwartz, 1997). On the contrary, they may learn to passively accept violence that is perpetrated against them.

Gender-based applications of the social learning models suggest that male children may learn techniques and justifications for violence from their violent fathers and female children may learn submissiveness, docility, and learned-helplessness from their victimized mothers (Arias, 1984; O'Leary, 1988; Jaffe et al., 1990; Kaufman Kantor & Straus, 1989). Indeed, there is support for gendered forms of transmission of violence. Information gathered by

VAWS (1993; also see Johnson, 1996; Rodgers, 1994) illustrates that violent men are three times more likely than non-violent men to have witnessed violence in their childhood. Women raised in violent homes were twice as likely to fall victim to spousal violence as compared to women raised in non-violent homes. Likewise, women whose fathers-in-law were violent are six times more vulnerable to be victimized by their partner than women whose fathers-in-law were not violent. These are quite disturbing patterns of intergenerational transmission of violence.

According to the social learning theory, if role models get away with violence, or actually receive symbolic or tangible rewards for behaving the way they do, the propensity for learning/imitation of the violent behaviour is much higher. This assertion has many implications for children observing their fathers' violent behaviour because the fathers frequently get away with such conduct. They may even be rewarded for it by achieving control over the mother and siblings. Since the original laboratory experiments of Albert Bandura (1973) and Robert Sears (1961), there has been substantial support for the social learning model of transmission of violence (Health Canada, 1996; Jaffe et al., 1990; Lehmann, 1997; Graham-Berman & Levendosky, 1998). Moreover, the gender-based applicability of these models have been expanded (Baldwin & Cain, 1980; Bowker, 1983; Levinson, 1989; Skully, 1990).²

METHODS

Participants

The current paper is based on face-to-face interviews with 39 women who were survivors of partner abuse. Between February 1996 and June 1997, 11 interviews were conducted to see the feasibility of the interviewing techniques and the interviewing instruments. Between July 1997 and December 1998, an additional 28 interviews were conducted. Participants were sought through notices posted on local women's centres, women's health centres and verbal announcements made in large first year introductory sociology courses. A snowball technique of asking those who already participated in the study about other women "who may have experienced similar problems" was also utilized. Toward the end of 1998, a total of five ads were placed in a local newspaper to recruit participants.³

Procedures

Participation was voluntary, and the participants were clearly informed of their various rights about not answering questions which they felt uncomfortable with and/or terminating the interview whenever they wanted. Participants chose pseudonyms for themselves. They also signed a consent form to audiotape the interviews. All participants were offered \$25.00 to compensate for their time.⁴

Place of Interviews

The time and place of interviews was chosen to optimize the safety and the comfort of the participants. Approximately equal numbers of interviews were carried out in either one of the two offices of the principal researcher or the participants' homes. Participants with small children were most likely to want the interview in their own homes. Four interviews took place in the researcher's residence.

Questions

Interviews started with closed-ended questions about the demographic characteristics of the participants

² Of course, there are also legitimate critics of the social learning theories. For example, Dobash & Dobash (1972) suggest that children who watch violence can learn how to be violent or they can learn how bad violence is, and not become violent. It is also true that some children whose parents were non-violent become violent themselves. So, the correspondence between exposure to violence and becoming violent is not perfect. Yet, studies often demonstrate a non-random link between exposure to violence and violent behaviour of children.

³ The study met the stringent University of Toronto requirements for conducting research with human participants.

⁴ Interestingly, only 31 of the 39 participants accepted this money. Those who refused insisted that they wanted to help other women. A few claimed that they were happy to have someone listen to their problems without "judging" them as their reason for not wanting the money. One participant donated her fee to a local women's centre.

such as their age, current marital status, number of marriages and number of common-law relationships, their duration, number, age and sex of their children. Additional questions were asked about education and work. Aside from providing a detailed demographic profile of the participants and their children, these questions helped to establish rapport.

The rest of the interviews were open-ended. Participants were asked about their relationship with their parents, guardians, siblings and their children. They determined what and how much to reveal but probes were used to bring the discussion back to the type, frequency and intensity of abuse and experiences of children.

Characteristics of the respondents

The average age of the participants during the interview was 38.6 years (range 21-55), and the duration of interviews was 2.3 hrs (range 1.5-4.0). Thirty-four of the 39 participants had married at least once (13 of them twice and three of them three times). The mean age at first marriage was 20.1 years (range 17-27), and the average duration of the first marriage was 6 years (range 1-17). Thirty-three participants reported at least one common-law relationship. Sixteen reported two and four reported three common-law relationships. The mean age at first common-law relationship was 25.8 (range 16-48), and the average duration of first common-law relationship was reported as 3.2 years (range 0-9).

The visible racial characteristics⁵ of the participants revealed that 17 were non-white (43.6%). Eleven women had completed an elementary school, another 11 had high school, nine had college, five an undergraduate and two graduate (Master's) degrees. One woman had taken a combination of college and university courses, without obtaining a degree. Of the 39 women, eight were not employed during the time of the interview, three were students and 28 had full or part time employment. Of the 28, five had professional, nine skilled, twelve semi-skilled and one a manual type of an occupation. One did not sufficiently clarify the type of her employment.

In total, the 39 participants had a total of 75 children biologically related to them (mean 1.92, range 0-7). The oldest was 33 (mean 15.8) and the youngest was 2-months-old at the time of the interview. Participants also had 11 children who were not biologically related to them. The age range of the non-biological children was 8-26 at the time of the interviews.

REVIEW OF THE LITERATURE AND CURRENT OBSERVATIONS

Survivors recalled many incidents of physical, psychological, sexual and economic abuse they suffered from their violent partners (Sev'er, 2002a). For the purposes of this paper, I am going to highlight violence during pregnancy, indirect violence to children and witnessing violence, all of which seemed to have serious implications for children.

Violence During Pregnancy

In the current study, 21 women talked about the increased difficulties they faced during pregnancy. The difficulties ranged from increased put-downs and drinking/shouting binges to increased physical and sexual violence. In 10 cases (Ava, Debbie, Elly, Laurette, Lisa Algoma, Lisa Niagara, Rose, Sonny, Sue, Terry)⁶, physical attacks during pregnancy were particularly severe. Sue's husband (Ed) repeatedly got drunk and asked her to "kill the baby." Sue knew he was not joking. Debbie, Elly, Rose and Terry claimed that they were kicked or kneed in the stomach and the groin when they were pregnant. Lisa Algoma's husband (Randy) was wearing heavy work boots when he kicked her. A few years later, her common-law partner Gerard also kicked her when she was pregnant. These women were absolutely sure that the goal of the beatings was to induce a miscarriage or to force an abortion. These suspicions

⁵ Participants were not asked about their race. Only if they mentioned race or if they were a member of a visible minority, the variable was noted as non-white.

⁶ Participants and their children are referred to by pseudonyms. Since participants were allowed to choose the pseudonyms for themselves and for their children, there are cases where the names are chosen more than once, necessitating an additional designation. In cases of repeated names, I used Ontario cities as last names (i.e., Suzan Toronto or Suzan Windsor, or Lisa London or Nancy Niagara).

were actualized in at least a few cases: Rose miscarried shortly after receiving a kick in the stomach. She also suffered heavy bleeding for almost a year after the miscarriage. The youngest of Debbie's children (Mark) was born prematurely, requiring long-term hospitalization. Elly's birthing was extremely complicated, both for herself and for her newborn and both required hospitalization. However, she said: "I liked it. I liked staying in the hospital, I felt safe there. I wanted to stay longer, I didn't want to go home. I didn't want to take my baby home."

Indirect Violence toward Children

Sometimes, violence towards children is an extension of violence toward their mother. In such cases, children get hurt because they happen to be around when their mothers are being attacked (Wolak & Finkelhor, 1998). In a content analysis of media coverage of violence of men against their female intimate partners between 1995-1999, I found that of the 648 cases analyzed, 80 involved biological children of the women who were injured or killed (Sev'er, 2001). In seven additional cases, step children were injured or killed. Although the media reports are selective and probably biased toward very serious transgressions, the high number of children being victimized along with their mothers attests to the vulnerability of children in violent homes.

In the present study, Laurette claimed that her husband (Sam) frequently threw things around. Sometimes, these objects hit one or more of her four children. Suzan Toronto was thrown out of the first-floor window, leaving shattered glass all over the livingroom. She did not remember the number of cuts she received in this terrifying incident. However, she did remember that Joseph (who was only a toddler at the time) was crawling on the broken glass to reach her. Debbie said that her partner threw things at her, sometimes hitting the baby who was playing beside her. Amber claimed that her husband (Guy) was particularly fond of hitting her when she was holding one of her newborn babies. This was to make sure that she could not defend herself.

Witnessing Violence

Even more frequently, children witness the violence, although they may not be targeted (Fantuzzo et al., 1991; Jaffe et al., 1990). The most recent Canadian national survey (GSS, 2000) shows that children are twice as likely to witness violence against their mothers than against their fathers. In the five years preceding the survey, 37% of all victims of spousal violence claimed that their children witnessed at least one violent event (39% in VAWS, 1993 and 78% in Juristat, 1999, Vol. 6). Moreover, the violence was often severe. For example, in 45% of the households where children witnessed violence, victims had suffered physical injuries (GSS, 2000). Fifty-two percent of the abused women said they feared for their lives (VAWS, 1993). Children also accompany their mothers to the shelters when their mothers flee the violence. Confinement to less than adequate living quarters, concerns about safety, exposure to other children who may have suffered or witnessed violence make these children's lives less than tolerable. In one U.S. study, 70% of children in a shelter were found to demonstrate clinical behavioural problems and 53% were found to be clinically depressed (Wolak & Finkelhor, 1998, also see Sev'er, 2002b; Terr, 1990; Zima et al., 1999).

The significance of these types of events lies in the fact that the witnessed violence is taking place in children's core relationships. Children may see their fathers hitting their mothers or siblings, they may hear bodies, objects being thrown around and may feel helpless in case of cries for help or grunts of pain. They may see cuts, bruises and blood. Some children observe sexual assaults or even murder (Eth & Pynoos, 1994). Surveys asking adults about their childhood memories of witnessing violence have found anywhere between 11% to 20% of adults recalling such incidents from their childhood (Wolak & Finkelhor, 1998, p. 75; Fantuzzo et al., 1991). Moreover, adults who have witnessed violence as children recall an average of nine such incidents suggesting the possibility of compounding effects of continuous violence (Terr, 1990). It is clear that children form an unwilling audience to one of the most sinister crimes imaginable.

Effects of Growing up in Violence

Wolak and Finkelhor (1998, p. 81) group the symptoms shown by children exposed to partner violence under the categories of behavioural, physical, emotional and cognitive problems. Other researchers also point to severe psychological and behavioural problems (Zima et al., 1999). Examples of behavioural symptoms are aggression, tantrums, acting out and delinquency. Sleeping and eating disorders, psychosomatic symptoms and regressive behaviours such as bed-wetting are common examples of physical symptoms. Emotional disorders include anxiety, depression, withdrawal and low self-esteem. Cognitive disorders are related to poor academic performance, language lag and poor social skills in managing conflicts. For example, Huth-Bocks, Levendosky and Semel (2001)

observed that preschoolers who have witnessed violence against their mothers had significantly poorer verbal abilities than preschoolers whose mothers were not abused. These findings did not change when the researchers controlled for socioeconomic status. There is some recent effort to explain children's varied reactions to observing violence between their parents through the applications of trauma theory (Levendosky & Graham-Bermann, 2001).

In addition to above stated findings, what I would like to emphasize is that the effects of either witnessing or experiencing violence are two pronged. One possibility is when children reach adulthood, they may externalize their fear, anger, frustration and lack of social skills by trying to control others. From the learning theory perspective, these are the ones who would contribute to the cycle of violence by transforming from victims into perpetrators (Jaffe et al., 1990). Another possibility is that children will internalize their fear, anger and frustration. Their problems may be compounded by their lack of social skills to resolve conflict. These children are likely to contribute to the cycle of violence by becoming easy targets for abuse. They may make poor decisions, allow other people to make decisions for them, choose problematic partners or engage in forms of self-deprecation ranging from low self esteem, eating disorders, drug and alcohol abuse, self mutilation or even suicide (Kelly & Radford, 1998; Zima et al., 1999). Of course, there is no proven one-to-one correspondence between observing violence and becoming either a victimizer or a victim in the following generation. Yet, there is enough research to suggest that this possibility is quite prevalent, and moreover, mostly gender-based.

CHILDREN'S REACTIONS

In the current study, 33 women (85%) had a total of 75 biological and an additional 11 biologically unrelated children. Given the negative effects of experiencing or witnessing interpersonal abuse in children's lives, it is now time to turn our attention to what may have happened to some of these children. But first, I must strongly underscore the fact that the women I interviewed expressed warm feelings and care for their children. Words like "I am living for them" (Laurette) "without them, I would have killed myself" (Elly) "I will do anything for them" (Sue; Suzan Toronto) "I will never let anything happen to them" (Debbie, Lisa London), were extremely common. Another common declaration which was expressed in similar if not identical words was "I didn't leave because of my children." Some women (like Laurette) had put up with years of abuse, but had found the courage to leave when their children were also abused. Other women (like Carmen & Erika) had extremely strained relations with their children but had not given up on them. Three women (Debbie, Elly & Lisa Algoma) had their children under the care of the Children's Aid Society (CAS) for periods of time. Debbie and Elly were trying to get them back.

Many women expressed a profound sadness and grief about not being able to erase the sad events from their children's memories. In Debbie's words "If I could change one single thing in my life, I would make my children have a normal life." I have absolutely no reason to doubt the authenticity of their expressed sentiments. Despite this deep love and commitment, however, I heard about many serious problems which I am going to summarize as general problems, self-directed and other-directed problems.

General Problems

One observation from these interviews is that children react in different ways to the violence in their lives. Regardless of the trauma, some children prevail. However, a large proportion are hurt and carry the burden of emotional scars or health-related problems right into their adulthood.

Almost every mother I interviewed expressed serious concerns about at least one of her children's future. Most women were worried about poor school performance, poor relations with peers, not listening, poor hygiene, sleeping or eating disorders, bed-wetting and/or nightmares. In a few cases, the concern was about aggression by the child. In some cases, school counsellors, social workers, therapists and occasionally, legal professionals were also involved.

Debbie's 4-Year-Old Son "Mark": Debbie was kicked in her stomach while she was pregnant. Her son Mark was born prematurely and was hospitalized for months. Mark's cognitive development is much slower than children of a comparable age. He is still not toilet trained, and his vocabulary consists of a few simple words and grunts. His understanding of basic concepts seems minimal.

Debbie told me she never hits her kids, but she cannot help but shout at them when she herself is under a lot of pressure. The unfortunate aspect is that Debbie's life is almost always under pressure. Mark goes into hysterical shakes when Debbie shouts. Debbie was crying when she expressed her guilt over her son's uncontrollable shakes.

She said she promises him (and herself) that she will never shout again. Unfortunately, she does shout again, perpetuating the destructive cycle of guilt and self-hatred in herself and terror induced shakes in her son.

Laurette's 13-Year-Old Son "Tom": With tears in her eyes, Laurette told me that her thirteen year old son (Tom) was the only one of her four children who was frequently targeted by her abusive husband (Sam). At one time, Sam tried to choke him. At another time, he pushed Tom on the floor and stomped on his head. These events took place when Tom tried to stop his father's violence toward Laurette.

Exposure to violence has extracted its toll. Tom has stashed a radio, a few pillows and a cover in his closet, and has been sleeping there with the door securely latched from inside. As if Laurette's troubles were not enough, Sam has involved the CAS about this matter. He has tried to have Laurette declared an "unfit mother" in order to obtain full custody of all four children. Tom was still sleeping in his closet and the whole family was under therapy at the time of my interview.

Lisa Ottawa's 8-Year-Old Daughter "Samantha": Lisa Ottawa's 8-year-old daughter seems to have so many nightmares that she is afraid to go to sleep. At the time of the interview, she was wetting her bed almost every night. Lisa is concerned that Samantha has a very low self-concept because of her bed-wetting problems. She does not want any of her friends to sleep-over in their house, and she does not go to her friends' houses for sleep-overs. When Samantha was three or four years of age, her abusive father (James) used to wake her up, shake her and sometimes even spank the little girl when she wet the bed. After four years, not only the behaviour but also the terror seem to persist.

Erika's 22-Year-Old Daughter "Abby": Erika's relationship with her daughter has disintegrated. She says that there is an unbreakable wall between them. For years, Erika has tried but was not able to tear down the wall. Abby also has an eating disorder. Erika blames the years of abuse she herself suffered for what she calls "Abby's burn-out." She fears that her daughter is an emotionally charred woman, with very few feelings for anyone other than herself. When Erika had a hysterectomy, Abby did not show up to wish her well. She did not even send her a card.

Iris's 27-year-old daughter "Elisa":

According to Iris, Elisa turned out to be a cold and manipulative woman. She does not seem to have any female friends. Her relationship with Iris is cold and calculated. All the heterosexual relations she has are short-lived and superficial. Since Elisa happens to be a very beautiful woman, numerous young men have been attracted to her. But Elisa pays attention to them only when she needs or wants something. Otherwise, she puts them down, finds their vulnerabilities and says hurtful things.

Self-directed Problems

I would like to reiterate the fact that not all children seem to have had or continue to exhibit problems that may be closely linked to the abuse they have experienced or witnessed. However, both in the literature and in the current study, this link is strongly present as the following examples show.

Terry's 14-Year-Old Daughter "Teddy":

Terry described her 14-year-old daughter as a "walking death wish." Teddy has been smoking and drinking since 12 years of age. Terry suspects some drug use as well, but does not know (and as she put it, does not even want to know) the extent of the problem. Teddy is already sleeping around with boys much older than herself. Terry is not surprised at all about her daughter's risk-taking behaviour. She suspects that her abusive husband (Jack) may have "messed around with her" when she was much younger. "I don't really know if he did it, maybe he did, maybe he didn't! I don't really know. But, Jack was bad, you know. I wouldn't be surprised."

Monica's 10-Year Old Son "Tim": Monica's 10-year-old son has had learning difficulties for as long as she can remember. Tim has been diagnosed with ADS (attention deficiency syndrome) and the school counsellor seems to be on his case. However, what worries Monica the most is her son's bizarre behaviour of sitting in a high-back chair and banging his head on the back, sometimes for 20 to 30 minutes. She has tried to make him stop by bribing him with food or toys that he likes. She has scolded him, sent him to bed and turned off the television. One time, she even lost control and hit him on the head. She is afraid that Tim is going to suffer brain damage by banging himself so hard for so long. She is afraid that she may lose control and beat him up. She is also afraid that Tim may turn on her, now that he is getting stronger.

Stacy's 10-Year-Old Son "Leo": According to Stacy, Leo is a bitter old man in a little boy's body. He has tried to run away from home numerous times, hiding in awkward places like behind garbage dumps of apartment buildings. He has been on strong medication for clinical childhood depression. Stacy is sure that someday, Leo is going to attempt

to kill himself. She has discussed her fears with social workers assigned to his case. She has called the police when he ran away. She has been told that there is not much they can do about any of this until he "really does something." Stacy is angry that they are waiting for him to hurt himself.

Other-directed Problems

Numerous women talked about their children's unruly and destructive behaviour. Some of these complaints were in the vein of "children will be children" or "boys will be boys." However, some sons and daughters were engaged in behaviour that cannot be brushed off as the regular pains of growing up. As the following examples show, some of these children are on their way to becoming or have already become abusive adults.

Gwyn's 11-Year-Old Son "Ronny": Gwyn's son is smart and does well in school. However, he has an uncontrollable temper and does not have many friends. A few times, he has chased girls who are younger than himself and made them cry. Now the little girls seem to run away as soon as they see him. Ronny seems to spend most of his time sitting alone, sometimes staring into space but mostly intently watching animals. Gwyn has caught him throwing rocks at the neighbour's cat and kicking his own dog. On many occasions, he has caused the animal severe pain which Gwyn thinks was deliberate.

Sue's Adult Sons "Trevor" (21) and "Billy" (30): When I met Sue, she was quite excited about a new relationship she was embarking on. In her past, there had been two violent relationships involving regular beatings, constant harassment and stalking. Shortly after her separation from a violent husband (Ed), her youngest son (Trevor) was kidnapped from school. Although Trevor was returned without being harmed, during the torturous hours of waiting, Sue realized that Ed had the power to hurt her and her children.

At the time of the interview, Sue had just become a grandmother through Trevor (21). However, this may not have been a purely joyous occasion, since Trevor has been routinely beating up on his girlfriend (the mother of his child). Even at his young age, he has already gone through a number of struggles with alcoholism and has come to police attention because of his overall violence and for abusing his girlfriend. Sue is afraid that he may even hurt the baby. Sue's oldest son (Billy) has also been arrested for abusing his current common-law partner. Billy's marriage recently ended for the same reason.

Elly's Sons "Jimmy" (14) and "Andy" (11): Elly was beaten and kicked in the stomach when she was pregnant. She was hospitalized. She was beaten up many other times as well. Each time, her own parents told her it was her fault. In every case, her whole family, particularly her older sons Jimmy and Andy, turned against her rather than blaming their abusive father (Stephan). One Christmas eve, Elly had to escape to her parent's home because of a severe beating. Elly's children were not pleased by their mother's decision. They wanted to go back and open their presents. They shouted and cursed at their mother. At one point, Jimmy and Andy physically attacked Elly with sticks and plastic baseball bats for depriving them of their father. During the interview, Jimmy was under the CAS care.

CONCLUSIONS AND IMPLICATIONS

The current research as well as the review of the literature clearly shows that there are wide-ranging effects of witnessing violence against mothers on children. At an extreme, children caught in the midst of violence often directed at their mothers, can be maimed or killed. More frequently, they indirectly experience violence or witness the violence just because they happen to be around. As my study clearly shows, the effects of such exposures can create serious general, self-directed or other-directed problems ranging from physical to mental health symptoms. Yet, knowledge about effects of witnessing violence on children is at its infancy and intervention strategies are either lacking or misguided for the following reasons:

- Most research under the rubric of domestic violence take the family as the unit of analysis (Gelles, 1976; 1979; 1985; 1987; Gelles & Straus, 1988; Straus & Gelles, 1990; Straus, Gelles & Steinmetz, 1986). Despite its many contributions to understanding violence amongst intimates, the domestic violence approach has not been conducive to the understanding of effects of violence on women or on the child witnesses of that violence.
- Most feminist research on woman abuse take as their unit of analysis, the plight of abused women or focus on men as perpetrators (DeKeseredy & MacLeod, 1997; Dobash & Dobash, 1979; Dobash et. al., 1995; Kurz, 1995; 1996; Okun, 1986; Sev'er, 1997; 1998; Yllö, 1993; Yllö & Bograd, 1988). Despite many theoretical and methodological contributions feminist researchers have made to violence against women,

- they too have rarely focused their efforts on children. One particular blind-spot in the existing literature pertains to cases where children are not directly hurt, but indirectly victimized through their exposure.
- Traditional helping professions such as “family services” or “family mediation” etc., have often acted within the parameters of keeping the family together. This bias puts additional constraints on the abused woman and her children (Berger, 1996; Curran, 1996). Traditional approaches also have concentrated on the effects of physical or sexual abuse of children (Bagley & King, 1990; Kendall-Tackett & Marshall, 1998), but not on the harm they may suffer by being witnesses to violence (see Huth-Bocks et. al., 2001, Graham-Bermann & Levendosky, 1998; Levendosky & Graham-Bermann, 2001, Wolfe et al., 1986 and Zima et al., 1999 for noteworthy exceptions).
 - The North American economic slowdown which started in the early 1990's increased the popular appeal of conservative governments/conservative policies. The result was implementation of spending cuts affecting almost all aspects of women's lives such as cuts in jobs, training opportunities, child-care services, health-care provision, etc. In case of abused women, shelter closures and funding cuts for hotlines, legal-aid and affordable housing added to their burdens. Even the two consecutive term election of a Democratic President in the U.S. (President Clinton) and the three-term election of his Canadian Liberal counterpart (Prime Minister Chretien) failed to soften the topography of social prudence. The election of a Republican President (G.W. Bush), the unprecedented terrorist events of September 11, 2001 and the ensuing economic slump in North America will combine to further tighten the national purse-strings. The development of socially responsible and proactive programs for abused women and their children will most likely be further diluted or delayed.
 - Especially in Canada, what little social funds are allocated to stop violence against women are largely earmarked for handling the problem within the criminal justice system, such as more emphasis on police training, establishment of family courts, longer sentences, frequent issue of peace bonds, etc. (Sev'er, 2002b). Although these efforts raise general awareness about woman abuse, they do little to change the jeopardies abused women and their children face: need for economic relief, access to counselling or legal help, skills training, access to short-term shelters and affordable long-term housing (OAITH, 1996; 1998; 1999).
 - In the United States, raised awareness and over-protectionism without the accompaniment of structural remedies to prevent women and children from violence have culminated in some decisions and practices that can only be classified as absurd (also see Tiff, 1993). For example, as recently featured on a Dateline NBC program (July 31, 2001: 8:00pm), New York Administration for Children's Services (AFCS) have charged some abused women by “negligence” for failing to protect their children from being exposed to the violence women themselves have suffered. At least in 17 cases, AFCS has placed the children of abused women under the state-care, which the women see as a double jeopardy. Children themselves see these interventions as more traumatic than being exposed to the violence their mothers endure. In some cases, abused women (not their abusers) were forced to take parenting classes as a condition to take their children back. In one case, the battered mother was charged with “negligence” while the children were placed under the custody of the “batterer.” Most women interviewed on the Dateline NBC program (July 31, 2001) claimed that they will never call 911 for help since the help they seek may come with the possibility of losing their children to the institutions that were supposed to help.

In sum, both the gap in knowledge about the short and long term effects of being exposed to violence within the home and the hastily constructed, not well-thought-out punitive actions to deal with the symptoms rather than the causes of the problem have hindered proactive, socially responsible measures to eliminate the physical and the psychological turmoil of abuse. Starting from the 1990s, the political preoccupation with fiscal rather than social responsibility has spawned aberrations of interventionism which either fail to help, trivialize or re-victimize the victims and witnesses of violence.

So, what can be done? The first thing which needs to be done is the continuation of efforts to raise awareness about the physical/sexual, economic and emotional turmoil of intimate abuse. Fortunately, great strides have already been taken at the academic, social activist, media and government realms on this issue. What still needs to be done, however, is the accumulation of more knowledge and development of more effective interventions in dealing with the effects of indirect violence, especially for children. The current research is one modest attempt in the latter direction.

At the social level, the availability of a variety of services directly accessible by the abused women is crucial (hot-lines, shelters, alternate childcare). These services should not be constructed as paternalistic, punitive measures to increase women's dependencies and in so doing, demean them and deprive them of choice. On the contrary, services should be constructed to give women's concerns legitimacy, assure their physical safety and also take steps to assure the psychological and personal well-being of their children. Increasing women's independence, giving them the economic and emotional tools to work with the problems they face will also go a long way in creating strong role models for their children to emulate. Within that context, the crucial short-term goal is to dovetail the non-judgmental interventions by police, legal professionals, mental-health professionals and access to hot-lines, hospitals, and shelters. In the long run, availability of education and work related opportunities and the availability of quality child-care, access to long-term counselling and affordable housing are absolute musts (OAITH, 1998, 1999). Schools must pay more than lip-service to the special needs of victims/witnesses of parental violence. Moreover, the society must have the resolve to deal with abusive men who fall under high-risk groups (repeated offenders who show high levels of sexual jealousy, those who stalk, threaten and sexually/physically attack, abusive men during and after separation and those who show other signs of lethality, see Johnson, 1996; Gartner et al., 2001).

These are not social and structural solutions that come easy or cheap. Unfortunately, since abused women and their dependent children are disenfranchised groups, fiscally driven governments easily ignore or bypass their needs in their eagerness to please more powerful and vociferous lobbyists (Sev'er, 2002b). Nevertheless, as affluent nations, neither Canada nor the U.S. can afford the personal and moral costs of failing to help abused women and their children. The real costs of failure are hidden in the destruction of immediate lives and in the intergenerational transmission of violence (Egeland, 1993).

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