

ABSTRACT

THE BEHAVIORAL EFFECTS OF CHILDREN'S EXPOSURE TO DOMESTIC VIOLENCE: A META-ANALYSIS

By

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This study utilized the meta-analysis technique to explore the relationship between domestic violence exposure and children's externalizing and internalizing outcomes. Results from 22 reviewed studies produced mean weighted effect size Cohen's d values of .63 and .59 for the association between domestic violence exposure and children's internalizing and externalizing behaviors accordingly. An overall weighted effect size of $d = .62$ was calculated for the association between domestic violence exposure and children's behavioral outcomes. Results from overall weighted effect size d values of .44 (hear), .55 (witness), and .62 (experience) were calculated for the relationship between domestic violence exposure and children's behavioral outcomes. Results from this meta-analysis conclude a moderate to large association between domestic violence exposure and child behavior outcomes, with experiencing domestic violence being the most highly associated with child behavior outcomes. An analysis of policy, rehabilitation, and intervention programs will be discussed. Recommendations for future domestic violence research are discussed.

THE BEHAVIORAL EFFECTS OF CHILDREN'S EXPOSURE TO DOMESTIC
VIOLENCE: A META-ANALYSIS

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CHAPTER 1

INTRODUCTION

Overview

Case studies of child witnesses to domestic violence emerged in the 1970s, with a surge of empirical studies developing throughout the 1980s. However, the early to mid-1990s clearly highlighted the importance of this social issue (Fantuzzo & Lindquist, 1989; McGee & Wolfe, 1991). Over the past several decades, advocacy groups, researchers, politicians, and policy-makers have accentuated the detrimental effects of domestic violence exposure on child witnesses (Coohey, Renner, & Sabri, 2013; Coyne, Barrett, & Duffy, 2000; DeBoard-Lucas & Grych, 2011; Edleson, 1999; Fantuzzo & Mohr, 1999; Ford, Gagnon, Connor, & Pearson, 2011; Hornor, 2005; Kernic et al., 2003; Moylan et al., 2010; Starmer, 2011; Zerk, Mertin, & Proeve, 2009). Due to the large quantity of both dated and current empirical studies, an overwhelming majority of quantitative research has clearly pinpointed the expansive range of psychological, social, and behavioral effects of domestic violence exposure on children (Evans, Davies, & DiLillo, 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). With an overwhelming majority of empirical efforts displaying the connection between domestic violence and child abuse, it is important to analyze contemporary research highlighting the effects of domestic violence exposure on the

externalizing and internalizing behaviors of children (Coohey et al., 2013; Deboard-Lucas & Grych, 2011; Hickman et al., 2013).

By overviewing the impact of domestic violence on children and its prevalence in society, it is apparent that further analysis of this crime and its impact on children is necessary to potentially deter future offenders and assess victims (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997). Starmer (2011) reports that more than 750,000 children are exposed to domestic violence per year. These children are subject to repeat victimization more than victims of any other type of crime. Approximately 35 incidents of domestic violence occur between partners prior to the victim, usually being female, reports the crime to law enforcement (Starmer, 2011). Thus, not only do domestic violence victims, particularly females and children, experience a high rate of victimization in domestic violence households, but the underreporting of domestic violence incidents leaves little understanding of the prevalence and impact on families and victims. Not only is this a factor for repeat victimization, but it creates a barrier for intervening law enforcement authorities to investigate partner violence incidents. With this understanding, it is necessary to further domestic violence research and its impact on families, victims, and children. Being that an abundance of domestic violence literature has analyzed the effects of domestic violence on children, using a meta-analysis is the most appropriate research method to further this area of research.

There are a variety of benefits when conducting a meta-analysis and its application to the perpetuation of domestic violence research. First, meta-analyses provide a platform for statistical synthesis, allowing researchers to analyze effect sizes

across a series of related studies to estimate the significance of the effect more accurately when compared to a single study alone (Borenstein, Hedges, Higgins, & Rothstein, 2009; Wolfe et al., 2003). Second, meta-analyses are key research tools that emphasize the timing, model, transparency, and results of a large accumulation of empirical research, which facilitates the sole purpose of research synthesis (Borenstein et al., 2009). Finally, researchers can generalize the overall findings and make conclusions about the issue at hand by incorporating a large series of similar studies. Working from the platform of previous meta-analyses, it is self-evident that a contemporary meta-analysis that synthesizes the topic at hand is appropriate at this time. Although similar meta-analyses have examined domestic violence exposure and behavioral outcomes (e.g., Evans et al., 2008; Kitzmann et al., 2003; Wolfe et al., 2003), the most recent decade's influx of empirical research on domestic violence exposure and children's behavioral outcomes has yet to be synthesized and reviewed. Therefore, the meta-analytic review of relevant and current data exploring domestic violence exposure and children's behavioral outcomes presented in this study will further this area of research.

Statement of the Problem

Although organizations like the Centers for Disease Control and Prevention (CDC) and the National Coalition Against Domestic Violence (NCADV) attempt to define domestic violence and domestic violence exposure, researchers identify that exposure to domestic violence encompasses a wide range of multi-dynamic factors that impedes the standardization of these research constructs (Lindeman & Khandaker, 2011; Starmer, 2011). Consequently, identifying and establishing criteria for domestic violence

and domestic violence exposure potentially challenges the validity and reliability of domestic violence research. Further, standardizing externalizing and internalizing behavioral outcomes (e.g., anger, violence, and trauma) of child exposure to domestic violence is vague and ambiguous throughout the literature (Coohey et al., 2013; DeBoard-Lucas & Grych, 2011; Johnson & Lieberman, 2007). Empirical research inconsistently typifies these concepts, producing skepticism of conclusive results across a variety of related studies. Researchers have attempted to control for moderating variables (e.g., age, gender, ethnicity, and race) apparent across most social science research, but have clearly identified age and gender as being the most influential in the research (Kitzmann et al., 2003; Wolfe et al., 2003). Many studies attempt to solely focus on the importance of a single moderator, which lessens the generalizability of the study (Acevedo, Lowe, Griffin, & Botvin, 2013; Ferguson, 2011; Ford et al., 2011).

Theoretical application and analysis is lacking in domestic violence research. Although many studies have attempted to identify potential theoretical explanations of domestic violence, much of the research has little foundation in theoretical explanation and causation (Grover, Jennings, Tomsich, Park, & Rennison, 2011; Johnston-McCabe, Levi-Minzi, Hasselt, & Vanderbeek, 2011; Katerndahl, Burge, Ferrer, Becho, & Wood, 2013). The theoretically-based studies surrounding domestic violence fall short due to the loosely-affiliated theoretical underpinnings commonly associated with domestic violence. That is, consistency and clarity in theoretical application to domestic violence is lacking, with most attempts being exploratory in nature (Wolfe et al., 2003). An effort

to establish a theoretical scope in domestic violence research is paramount in understanding the causation of this crime.

Although the research analyzing exposure to domestic violence on child witnesses conclude a variety of detrimental effects, critics have emphasized the lack of population heterogeneity, variance in results, and methodological limitations (Evans et al., 2008; Wolfe et al., 2003). For example, the limitations of populations in qualitative studies (e.g., surveys from shelter homes, maternal responses for child behavior outcomes) pose a critical threat to the generalizability of findings across domestic violence research. Therefore, it is vital that researchers cautiously encompass all findings and components of domestic violence—much like the characteristics found in a meta-analysis—research in order draw conclusions about the effects of domestic violence on children.

Comparison of Meta-Analyses: Past and Present

Currently, three published meta-analyses have examined the effects of domestic violence exposure on children (Evans et al., 2008; Kitzmann et al., 2003; Wolfe et al., 2003). Evans et al. (2008) included 60 empirical studies from 1990 to 2006 that examined the externalizing, internalizing, and trauma effects of domestic violence exposure on children. Utilizing a correlational design to compare and contrast child witnesses to non-child witnesses to domestic violence, child witnesses and non-witnesses to verbal aggression, and child witnesses and non-witnesses to physical abuse, Evans et al. produced a mean weighted effect size of $d = .48$ (internalizing) and $d = .47$ (externalizing) for the relationship between domestic violence exposure and child behavioral outcomes. An overall weighted mean of $d = 1.54$ was found for domestic

violence exposure and trauma symptoms, but was merely based on six of the sixty studies in the meta-analysis.

Kitzmann et al. (2003) included 118 published and unpublished empirical studies from 1978 to 2000 that reviewed the externalizing, internalizing, and social outcomes of children exposed to domestic violence. Being the only study to conclude a small negative relationship in this area of research, results of the study presented a weighted effect size of $d = -0.29$ for the relationship between domestic violence exposure and negative child outcomes. However, this study did not incorporate the vast majority of research after 1990, which leaves it limited in scope.

Wolfe et al. (2003) reviewed 41 studies from 1991 to 2003 that included the behavioral and emotional outcomes of children exposed to domestic violence and children not exposed to domestic violence. The study reported a small overall effect size of $r = .28$ for the relationship between domestic violence exposure and child behavioral and emotional outcomes. A significant effect for age and gender was concluded, but such findings contradict the findings in Kitzmann et al. (2003) and confirm the findings in Evans et al. (2008). Therefore, the discrepancies in these meta-analytic reviews justify the current approach to this meta-analysis and its importance in domestic violence research.

The present meta-analysis's focus is to examine the relationship between domestic violence exposure and children's externalizing and internalizing behavioral outcomes. Being that the previous three meta-analyses have included data from 1978 to 2006, this meta-analysis includes empirical studies from 2001 to 2013, with 17 of the 22

empirical studies published after 2006. An overview of the literature will highlight any notable changes in this empirical field, examine if the heterogeneity of the methodological and standardization limitations denoted in Evans et al. (2008) have been consolidated with the recent influx of domestic violence research in the new millennium, and then conclude with current policy evaluation through a social learning theory ideological framework. Future research recommendations will be discussed.

Justification of the Study

For the purposes briefly mentioned above, this meta-analysis will attempt to synthesize a variety of empirical research analyzing the behavioral effects of domestic violence exposure on child witnesses. First, the benefits of utilizing a meta-analysis allow researchers to overview the wide variety of empirical findings through research synthesis. Second, this study will build upon and perpetuate further studies on the effects of domestic violence exposure on child witnesses. Third, a meta-analysis will allow for a standardization of moderator effects found across domestic violence literature. Finally, in addition to three two meta-analyses (Evans et al., 2008; Kitzman et al., 2003; Wolfe et al., 2003) set forth before this study, this meta-analysis will highlight the incorporation of recent domestic violence empirical studies to build upon the research development inherent in domestic violence research.

Research Questions and Hypotheses

This section will detail the research questions and hypotheses to be explored throughout this meta-analysis. A detailed explanation of the findings will be concluded

in the results chapter of this meta-analysis. This meta-analysis will seek to explore the research questions listed below:

1. What are the effects of domestic violence exposure on the behavior of children?

This question is important because it highlights the immense behavioral effects of domestic violence exposure on child witnesses. Research analyzing the externalizing and internalizing behavioral outcomes of child witnesses to domestic violence will be a key component in research synthesis for this meta-analysis. In order to better understand the nature of the issue, this study must explore if such an issue is prevalent in recent empirical studies. Identifying key externalizing and internalizing behaviors will be an essential component when synthesizing research effect sizes. This meta-analysis hypothesizes that children exposed to domestic violence exhibit a substantial variety of maladaptive externalizing and internalizing behaviors. Such externalizing behaviors will include anger, aggression, and violence; moreover, internalizing behaviors will include social isolation, nervousness or irritability, fearfulness, and difficulty concentrating.

2. Does domestic violence exposure affect the externalizing and internalizing behavioral outcomes of children?

This question is important because it determines if domestic violence exposure ultimately influences the behavioral adjustment of children. Due to the meta-analytic nature of this study, such a research question can be generalized and answered from a wide variety of empirical studies. Ultimately, this question sets the foundation for this meta-analysis and is the most important research question in this study. This meta-

analysis hypothesizes that domestic violence exposure negatively affects the externalizing and internalizing behavioral outcomes of children.

3. Which type of behavior, internalizing or externalizing, will have greater overall weighted effect sizes for children exposed to domestic violence?

This question is important because it identifies which behavioral response is more common in children exposed to domestic violence. Exploring such a question will aid policy development in identifying different intervention or rehabilitation programs for either behavioral response. This meta-analysis hypothesizes that the effect sizes for children's externalizing outcomes will be greater than internalizing effect sizes found in this research synthesis.

4. What is the overall effect size of domestic violence exposure on internalizing and externalizing behaviors of children?

This question is important because it will evaluate if the effect size shows a small, medium, or large effect across the literature. Such conclusions will facilitate an overall finding of this meta-analysis. This meta-analysis hypothesizes that for both internalizing and externalizing effect sizes found in this meta-analysis, the effect sizes for both outcomes will be large. Similarly, the overall weighted mean of this meta-analysis will produce a large weighted effect size.

5. What is the overall effect size of hearing domestic violence on children's internalizing and externalizing behavioral outcomes?

This question is important because it identifies if this form of exposure will report a greater effect size than experiencing or witnessing domestic violence, which in turn

highlights that this form of exposure may cause more internalizing and externalizing behaviors in children exposed to domestic violence. Such conclusions may aid in policy development for victims of domestic violence. This meta-analysis hypothesizes that in terms of overall effect size, hearing domestic violence will report the smallest effect size when compared to experiencing or viewing domestic violence. Thus, this form will be the least detrimental form of domestic violence exposure.

6. What is the overall effect size of witnessing domestic violence on children's internalizing and externalizing behaviors?

In terms of overall effect size, witnessing domestic violence will report a larger effect size when compared to hearing domestic violence, but will report a smaller effect size than experiencing domestic violence. Thus, this form will be a somewhat detrimental form of domestic violence exposure. Such conclusions may aid in policy development for victims of domestic violence.

7. What is the overall effect size of experiencing domestic violence on children's internalizing and externalizing behaviors?

In terms of overall effect size, experiencing domestic violence will report the largest effect size when compared to hearing or witnessing domestic violence. This form of exposure will be the most detrimental form of domestic violence exposure and will report the largest effect sizes of internalizing and externalizing behavioral outcomes of children. Such conclusions may aid in policy development for victims of domestic violence.

Plan of Presentation

Chapter 2 incorporates the relevant research on the effects of domestic violence and intimate partner violence exposure on child witnesses through a literature review. The literature review will explore the psychological, social, and behavioral effects of domestic violence and intimate partner violence exposure on child witnesses. Current criminological theories analyzing domestic and intimate partner violence will be discussed. An analysis of current policy and intervention programs for domestic and intimate partner perpetrators and victims will be explored. Finally, future research suggestions will be outline for prospective domestic and intimate partner violence studies will be provided. Chapter 3 details the methodology of the current study, including the sources for statistical analysis, inclusion and exclusion criteria, and key statistical components inherent in a meta-analysis. Chapter 4 presents the statistical synthesis and results of the reviewed empirical studies in this meta-analysis. Chapter 5 presents a discussion about the results and this study's interpretation of the statistical components calculated. Such results will attempt to answer the outlined research questions depicted in Chapter 1. Chapter 6 concludes with the limitations of the study and a discussion of advancements in policy implication in combination with suggestions for future research regarding partner violence.

CHAPTER 2

LITERATURE REVIEW

Prevalence of Intimate Partner/Domestic Violence in the United States

Intimate partner violence has become a prevalent issue in society. The momentous effects of this crime involve individuals of all ages, genders, racial groups, ethnicities, and relationships. Roughly two million women in the United States are seriously assaulted by male partners every year; furthermore, women 16-24 years of age fall victim to incidents of intimate partner violence when compared to other age groups (Fuchsel, Murphy, & Dufresne, 2012). Although understanding the causal factors are important when attempting to prevent a crime, empirical research must initially assess the effects of the crime. Currently, social science research provides a magnitude of empirical data that covers the effects, which include psychological, behavioral, or social maladaptation, of intimate partner violence and domestic violence on the relationships of adolescents and intimate partners (Blackburn, 2008; Coohy et al., 2013; Evans et al., 2008; Fantuzzo & Mohr, 1999; Graham-Bermann & Perkins, 2010; Griffing et al., 2006; Hickman et al., 2013; Hornor, 2005; Johnson & Lieberman, 2007; Kernic et al., 2003; Kulkarni, Graham-Bermann, Rauch, & Julia, 2011; Lehmann, 2000; Levendosky, Huth-Bocks, Semel, & Shapiro, 2002; Malik, 2008; Moylan et al., 2010; Rodriguez, 2006; Spilsbury et al., 2008; Sousa et al., 2011; Sullivan & Bybee, 2012; Yount, DiGirolamo, & Ramakrishnan, 2011; Zerk et al., 2009).

Intimate Partner/Domestic Violence and Children

An understanding of the effects of intimate partner violence and domestic violence on adolescents is necessary. Roughly 15.5 million children in the United States witness at least one incident of parental violence per year; moreover, approximately seven million adolescents reside in residences that are identified as violent, which are typically domestic environments (DeBoard-Lucas & Grych, 2011). Peled, Jaffe, and Edleson state that “the vast majority of intimate partner violence victims are raising children in these homes, with estimates ranging from three to 10 million children in the nation witnessing spousal violence every year” (as cited in Rodriguez, 2006, p. 199). The prevalence and consistency of domestic violence in society highlights the frequent dangers of domestic violence households and relationships and its effect on children.

The effects of intimate partner violence and domestic violence drastically alter the life of children. Children who witness incidents of violence have consistently shown difficulties with externalizing (e.g., behavior and conduct disorders) and internalizing (e.g., depression, anger, anxiety, and low self-esteem) behaviors. Exposed children display increases in aggressive behavior, emotional distress, depression and anxiety, poor social skills, and low academic performance; moreover, many studies depict that exposed children display symptoms of trauma and Posttraumatic Stress Disorder (DeBoard-Lucas & Grych, 2011; Evans et al., 2008; Fantuzzo & Mohr, 1999; Kulkarni et al., 2011; Levendosky & Graham-Bermann, 2001). The overwhelming data and alarming statistics correlated with intimate partner violence and domestic violence, especially its detrimental effects on adolescents, depicts the widespread influence and empirical importance of this

crime in society and social science research.

Significance of Intimate Partner/Domestic Violence Research

The essence of the empirical research on intimate partner violence and domestic violence states that intimate partner violence and domestic violence adversely interferes with the development of psychological, social, and behavioral characteristics of children (Fantuzzo & Mohr, 1999; Hickman et al., 2013; Kulkarni et al., 2011). The overwhelming conclusive data of this interpersonal misconduct demands extensive research and empirical evaluation in order to prevent, assess, and discuss this violent crime. A variety of empirical data on intimate partner violence and domestic violence has cemented itself into the criminological field, thus signifying its value in social science research (Johnson & Lieberman, 2007; Kernic et al., 2003; Malik, 2008; Moylan et al., 2010; Rodriguez, 2006). With this foundation, the analysis, discussion, and implications of partner violence for victims and offenders can be explored. This research will seek to discuss, analyze, and enhance the empirical field of this crime and provide a discussion of policy implications for the future.

Theoretical Perspectives

Social Learning Theory

According to Akers, the social structure and social learning model (SSSL) states that “social structural factors are hypothesized to have an indirect effect on the individual’s conduct. They affect the social learning variables on differential association, differential reinforcement, definitions, and imitation which, in turn, have a direct impact on the individual’s conduct” (as cited in Cullen & Agnew, 2013, p. 135). Akers (1998)

establishes four dimensions of social structure within the contexts of these social learning variables, which include differential social organization (e.g., societies characteristics), differential location in the social structure (e.g., class, gender, and marital status), structural variables (social disorganization and community/societal conflict), and differential social location (e.g., individual's membership in family, peers, and networks).

Empirical research regarding partner violence examines the influence of social learning theory as a potential underlying cause of this crime. Social learning theory, while examining the influence on children, depicts that violence is learned through parenting behavior (Corvo & Johnson, 2013; Weldon & Gilchrist, 2012). For example, households with parents who engage in partner violence provide opportunities for children to learn aggressive behavior. This learning process is further developed when the partner violence incident results in child abuse. Reinforcing violent behavior as acceptable in a family environment provides a supportive framework for children to conceptualize and condone violent behavior in their environment (Adams, 2009; Corvo & Johnson, 2013; Weldon & Gilchrist, 2012). High rates of parental child abuse reinforce aggressive and violent behavior in adolescents under this theory.

The early maltreatment of children can damage their social information development; thus, child abuse, neglect, or unstable attachments to guardians can potentially lead to violence in intimate relationships (Adams, 2009; Corvo & Johnson, 2013; Weldon & Gilchrist, 2012). Children cognitively process the conduct of their parents, especially with the parent of the same sex, and are more likely to mimic these behaviors (McDonald, Jouriles, Tart, & Minze, 2009). However, such behavior can be

diverted, as community engagement, social support, and social ties can deter individuals from committing acts of partner violence (Acevedo et al., 2013). The accumulation of this research shows a potential for the development of maladaptive behavioral characteristics (e.g., through learned interactions with peers, family, and environments) of adolescents who are exposed to partner violence. Since human interactions are vital for a child's social health, it is important that they do not experience the effects of partner violence.

Biopsychosocial Theory

Biopsychosocial theory incorporates a discussion of sociological, psychological, physiological, and biological characteristics and their influence on criminal behavior in society. Current research examines neurobiology, biochemistry (e.g., testosterone levels), neurophysiology (e.g., IQ, low arousal), and genetics (e.g., adoption and twin studies). The present criminological trend has emphasized the lesser importance of a biological perspective and criminality, as sociological and psychological characteristics show promise for future research. For example, psychoanalytic and personality theories depict that an individual's past experiences in early childhood (e.g., physical or child abuse, emotional trauma, unconscious motivations) have the potential to cause criminal behavior (Akers & Sellers, 2013).

Current theoretical research on partner violence has analyzed this crime through this biopsychosocial perspective. The biopsychosocial characteristics of partner violence offenders are found to influence the propensity to commit this crime. For example, the examination of developmental psychopathology depicts that the greatest psychological

risk factor for partner violence is adolescent antisocial behavior. Thus, adolescents who are continuously exposed to partner violence develop psychological, neuropsychological, and psychopathological dispositions to violent behavior, which elevates heightened feelings of threats to personal safety and loss of control (Corvo & Johnson, 2013; Fantuzzo & Mohr, 1999; Kernic et al., 2003; Spilsbury et al., 2008). The research depicts that if the offender was exposed to partner violence during childhood, the likelihood of them developing antisocial and violent behavior in the future is more likely than children not exposed to partner violence. Such implications develop maladaptive psychological and social characteristics, which further threatens the health and safety of interpersonal interactions in the future.

Biopsychosocial analysis of victim profiles has circulated throughout the literature on partner violence. Research shows that female victims of partner violence show characteristics of vulnerability, depression, physical harm, and disconnect in relationships with peers and family. Maternal distress from a partner violence incident is shown to affect the health of the mother-child relationship, as the altered psychological health of the mother was correlated with abnormal social interactions with the child (Johnson & Lieberman, 2007; Zerk et al., 2009). This could potentially damage the important mother-child relationship, as the psychological health of the mother can affect the relationship. Research has consistently found that a mother's mental health—post partner violence incident—can cause alcohol abuse and symptoms of PTSD (Graham-Bermann & Perkins, 2010; Griffing et al., 2006; Hornor, 2005; Schechter, Willheim, McCaw, Turner, Myers, & Zeanah 2011). These effects can potentially affect the

important mother-child bond, and contribute to maladaptive characteristics in an adolescent's life. This shows that maternal victims of partner violence internalize maladaptive psychological characteristics that create negative relationships with their children. The delicate social interactions of the mother-child relationship are negatively affected due to the disrupted psychological health of the mother.

Victim and offenders' profile characteristics have been analyzed in empirical data regarding partner violence crimes. Research suggests that the biopsychosocial profile (e.g., loss of power orientation, susceptibility to psychological harm and depression, poor physical health, and low cognitive functioning) of female victims is correlated to their susceptibility of being a victim of partner violence (Nurius & Macy, 2010). This research shows that certain psychological profiles of victims can be correlated to their interactions with partner violence incidents. Furthermore, Nurius and Macy (2010) found that female victims of partner violence exhibit similar biopsychosocial heterogeneity, as noticeable patterns and characteristics are found amongst abused women.

On the contrary, empirical data illustrate that male offenders of partner violence share common criminogenic characteristics that enhance their propensity to commit acts of partner violence. Stoops, Bennett, and Vincent (2010), concluded that males who batter their intimate partner show low stratification of criminality (25.6 percent), dysphoric erratic behavior (42.2 percent), and dysphoric general violence (32.2 percent). These data show that males illustrate depressive and sporadic behavior, which consequently can influence their psychological disposition to commit acts of partner violence on their partners. Positively altering the biopsychosocial characteristics of

offenders and victims may enhance the vitality, psychological well-being, and social relationships of these individuals.

Self-Control Theory

Gottfredson and Hirschi (1990/2011) explain that crime behavior is the results of low self-control. The theory applies to all aspects of crime and deviance, all ages, all genders, and all situations or contexts. The theory states that individuals with low self-control (e.g., impulsivity, thrill-seeking, instant gratification) are highly likely to engage in delinquent behavior. Gottfredson and Hirschi (1990/2011) claim that self-control maintains relatively stable over time. The establishment of proper self-control, which is heavily influenced by family and peers, is necessary in order to prevent the propensity to engage in delinquent behavior.

Various studies have analyzed the correlation of low self-control and the propensity to commit acts of partner violence on an intimate partner. Empirical data report that individuals with low self-control are more likely to be perpetrators and victimizers of psychological and physical violence; likewise, these characteristics are exhibited in partner violence and partner abuse (Grover et al., 2011; Payne, Triplett, & Higgins, 2011). Individuals with low self-control, when compared to a control group involved in self-regulatory resource programs, are more likely to commit relationship violence and respond violently during incidents of partner provocation (Grover et al., 2011). Low self-control is a risk factor of physical violence and victimization for males and females alike; however, psychological abuse and victimization was greater (Grover et al., 2011). However, levels of self-control change throughout the life course (Payne et

al., 2011). The accumulation of this theoretical explanation of partner violence shows its importance in criminological studies; moreover, policy makers can utilize this theoretical understanding of partner violence and work towards establishing concrete preventative practices in the future.

Although low self-control is linked to a higher propensity to commit acts of partner violence, intervention programs can counter this behavior through various preventative and assessment tactics. Current research shows hope for therapeutic exercises that can dilute characteristics of low self-control. Self-control therapy practitioners employ safe environments that offer positive self-control practices, which include self-control practices through group sessions and reinforcement tactics. Treatment groups, evaluated through qualitative data, claimed that these therapy sessions were extremely positive, which agrees with data found in similar intervention programs (Shamai & Buchbinder, 2010). Such therapy practices should be implemented throughout society in order to prevent partner violence in the future.

Social Support Theory

According to Cullen (1994/2011), social support theory states that individuals are less likely to develop antisocial traits, or respond to stressful situations in an antisocial manner, if they receive help from other individuals. Social structure can provide a positive environment for individuals to enhance their lives in order to reduce the susceptibility of engaging in criminal behavior. Cullen (1994/2011) claims that for social support to be helpful, individuals must know it is available as a resource. Second, social support can exist in two fashions, either articulated or instrumental. Third, social support

can exist at the macro or micro level. Fourth, social support can exist in either formal or informal relationships.

Cullen (1994/2011) identified 14 propositions that detail why crime occurs in society. The United States provides less support and resources for the community, and therefore has higher crime rates due to a lack of social cohesion and social support. The family and social networks can provide social support for individuals. Social support is directly correlated with crime, thus social support can reduce stress, strain, and criminal tendencies; however, if the source of social support is criminogenic, criminal behavior may be approved. Social support is necessary at all ages, as it is relevant throughout the life course. Also, supportive correctional environments—unlike the coercive and controlling criminal justice system—are more likely to reduce criminal behavior. Most importantly, social support reduces victimization and the creation of offenders by enhancing awareness and establishing suitable guardians (Cullen, 1994/2011).

Social support theory has been correlated to incidents of partner violence. Johnston-McCabe et al. (2011), conclude that levels of perceived social support does not differ amongst partner violence victims; however, previously conducted research has consistently found that the absence of social support is linked to repeated incidents of partner violence. Further, Nasseh et al. (2012) conclude that the perceived quality of social support buffer the effects of partner violence in victims, not simply its mere existence in society. Female victims of partner violence, especially mothers, were found to experience a lack of social support during abusive interactions with their male partner. This research, which is a sample population from women in Iran, noted that the current

Iranian government provides little rights to female citizens; moreover, governmental social services and social support for females and young mothers of partner violence do not exist. This research depicts the influence of social support on partner violence, as the absence of this social factor is correlated to incidents of partner violence. In addition, Katerndahl et al. (2013) claim that female victims of partner violence possess limited social contacts and small social networks; however, although these limited social support systems offer limited support, they were held closely to victims of partner violence. Female victims of partner violence conjure social isolation, which limits the attempt to reach out for help for individuals in relationships plagued by partner violence. Likewise, these victims depicted difficulty in finding truly supportive networks and social relationships, which can hinder resources for help and building a socially supportive system (Katerndahl et al., 2013).

Operationalization and Conceptualization

Standardizing Intimate Partner Violence/Domestic Violence as a Construct

Standardizing key measurement variables is important when conducting social science research. According to the Legal Profession Assistance Conference (2013), intimate partner violence (IPV) is defined as when an individual threatens, attempts, or engages in violence (e.g., physical, sexual, or emotional) against a present or past intimate partner. However, domestic violence includes physical (e.g., spousal abuse) or psychological control of another by a family member or a current or past partner. Thus, the two terms are somewhat interchangeable in empirical data, which leads to difficulties in standardization. Exploring the different forms, while defining incidents of what

constitutes exposure to domestic violence or intimate partner violence, has proven to be a difficult task in the literature. For all intents and purposes, current empirical operationalization of intimate partner constitutes violence between two partners, in which various forms of physical aggression, emotional abuse, and sexual misconduct or violence are involved (Acevedo et al., 2013; Fantuzzo, & Mohr, 1999; Griffing et al., 2006).

Exposure to Intimate Partner Violence/Domestic Violence as a Construct

Various empirical studies have shown that the race, gender, ethnicity, and socioeconomic factors influence the behavioral, social, and psychological characteristic outcomes of adolescent children who have witnessed incidents of intimate partner violence (Acevedo et al., 2013; Cooney et al., 2013; Ferguson, 2011; Nitu, 2012). Although, when these variables are controlled in an empirical setting, research has steadily shown that adolescents of varying races and ethnicities display similar psychological, behavioral, and social maladaptive characteristics. Even when controlling for other factors, the variables of gender and socioeconomic status present disparities in the literature, as they show different effect outcomes (e.g., coping strategies and behavioral outcomes) from exposure to partner violence (Acevedo et al., 2013; Cooney et al., 2013). Furthermore, empirical data depict that the age of an adolescent victim is a key variable in assessing the effects of partner violence (Graham-Bermann, Howell, Lilly, & DeVoe, 2011; Zerk et al., 2009). This groundwork shows that child exposure to partner violence is a multidimensional construct that composes intricate contextual environments and outcomes throughout the literature.

Most research has come to a general unity on defining events and exposure, especially regarding children, of intimate partner violence and domestic violence as when adolescents view, listen, are involved, or experience the outcome of physical or sexual altercations between their guardians (Evans et al., 2008; Hickman et al., 2013; Yount et al., 2011). The research is limited in conceptualizing this construct, as well as exploring the propensity for females to be perpetrators of partner violence in intimate relationships (Nurius & Macy, 2010; Schechter et al., 2011; Shamaï, & Buchbinder, 2010). However, according to Kernic et al. (2003), children exposed to severe, extensive, and repetitive incidents of partner violence are more likely to develop severe maladaptive characteristics (e.g., internalizing and externalizing problems) when compared to children who have been exposed to mild and short-term incidents of partner violence. Although both groups were found to develop maladaptive characteristics, children who are exposed for longer periods experience more difficulties across a wide spectrum. Because the research depicts that intimate partner and domestic violence can take many shapes and forms, a push for empirical unification, especially the standardization of partner violence research, is necessary in order to prevent this crime between partners.

Effects of Intimate Partner Violence/Domestic Violence on Children

Psychological

Current empirical research explores the various psychological effects of intimate partner violence and domestic violence exposure on children. Although many negative psychological effects are correlated with exposure to intimate partner violence and domestic violence, symptoms of PTSD in children are consistently found in the literature.

Children who are exposed to partner violence develop trauma symptoms (e.g., hyperactivity, increased fear and aggression, nightmares, and insomnia), which are related to both present and future complications with PTSD symptoms. However, various forms of adolescent violence exposure influenced the diagnosis of PTSD (Kulkarni et al., 2011; Zerk et al., 2009). Although current research depicts that a multitude of factors can affect the diagnosis of PTSD amongst children who witness partner violence, it is nonetheless a valuable causal factor for these adolescent victims. Moreover, children who witness incidents of partner violence depict physiological disruption, sleep issues, memory distortions, and emotional withdrawal (Lehmann, 2000). The accumulation of this research shows that children are psychologically, physiologically, emotionally, and physically affected by this crime, which depicts the influence of partner violence on multiple levels of an adolescent's mental development.

Behavioral

Children who are exposed to intimate partner violence and domestic violence display various behavioral changes. Adolescents who are exposed to partner violence display social and emotional withdrawal from relatives and peers, maladaptive internalizing and externalizing (e.g., aggressive, vigilant, and delinquent behavior) behaviors, and disruption with behavioral patterns in relationships (Coohey et al., 2013; Evans et al., 2008; Gerwitz & Edleson, 2007; Graham-Bermann & Perkins, 2010; Kernic et al., 2003; Spilsbury et al., 2008). Such behavioral problems are found to be more apparent in adolescent males who have been exposed to domestic violence (Evans et al.,

2008). These behavioral changes can simultaneously affect various factors, such as social and psychological behaviors in an adolescent's life, which can transcend into deficient academic performance through social disconnect. Children who are exposed to partner violence illustrate lower test scores, poor academic achievement, and indigent cognitive skills (Fantuzzo & Mohr, 1999). Most notably, empirical research depicts that children who are exposed to partner violence, especially for children who come from violent homes, display taboo attitudes and violent behavior towards women (Richards, 2011). Accordingly, the research depicts that children who are exposed to intimate partner violence and domestic violence face difficulties with internalized and externalized behaviors, which can impact the social and personal facets of their lives.

Social

Children who witness incidents of partner violence develop maladaptive functioning characteristics in social settings. Such societal maladaptive behaviors include faulty social competence with networks, peers, and adults (Fantuzzo & Mohr, 1999; Kernic et al., 2003). In addition, research has shown that children who witness partner violence develop attachment disorders with peers and relatives, especially when abuse is involved (Rodriguez, 2006; Sousa et al., 2011). Continuous exposure to partner violence has shown to alter a child's perception of interpersonal relationships, as they develop overactive and vigilant behavior in various social environments. This process creates hostile responses in peer interactions, which further perpetuates and fosters social isolation (Gerwitz & Edleson, 2007). Therefore, children who witness partner violence lose important social outlets and fail to develop strong social support networks that could

potentially prevent the effects of exposure to partner violence. Children exhibit loss of social relationships due to change in behavior, which is directly correlated to their exposure to domestic violence (Lehmann, 2000). Since human interactions are important for a child's mental and social health, it is mandatory that the vitality of parental relationships, parent-child relationships, and peer-to-peer relationships do not experience the effects of intimate partner violence and domestic violence.

Current empirical research claims that partner violence can cause maternal distress in women, in which data depict that partner violence affects the health of the mother-child relationship and bonding process. The altered psychological health of the mother was correlated with abnormal social interactions with the child (Gerwitz & Edleson, 2007; Hornor, 2005; Johnson & Lieberman, 2007; Zerk et al., 2009). This shows that children who witness parental violence develop maladaptive relationships (e.g., negative impact on the mother-child bond) with their mothers. Therefore, the prevention of intimate partner violence and domestic violence exposure is essential in order to improve this valuable relationship within the family.

Limitations and Policy Implications

Limitations

Many empirical challenges arise while executing empirical research in the social science field. In terms of analyzing intimate partner violence, research depicts gaps in cross-culture generalizability, differences amongst socioeconomic levels, and standardizing intimate partner and domestic violence and child functioning constructs. Although partner violence is generally seen across all cultures and socioeconomic

backgrounds, there is a definite lack of research in particular areas (Coohey et al., 2013; Evans et al., 2008; Fantuzzo & Mohr, 1999). Limited research focuses on populations of multiethnic demographics, such as African and Mexican American households (Acevedo et al., 2013; Ferguson, 2011; Lindeman & Khandaker, 2011). However, the biggest gap in the literature results in missing, underestimating, or overestimating reports of partner violence (Fantuzzo & Mohr, 1999; Ferguson, 2011; Graham-Bermann & Perkins, 2010). Although abundant research on partner violence is currently available, many areas have not been explored, which may limit the generalizability of this empirical research. Thus, researchers should look for alternative methods, while complying with ethical standards, in order to create more reliable and valid data for the criminology field.

Population characteristics are important considerations when conducting social science research, as these characteristics can limit the results of social science research. Many studies overlook the demographics of populations and merely focus on the gender of the victim, marital status, and number of children in a household. These studies neglect to examine offender characteristics, as this may be an insight into preventing partner violence (McDonald et al., 2009; Payne, Higgins, Blackwell, 2010; Payne et al., 2011; Schechter et al., 2011). Limited empirical research examines the nature of partner violence within the household, as these individuals are overwhelmingly male and may potentially be incarcerated (Weldon & Gilchrist, 2012). As a result, an offender's propensity to commit partner violence is overlooked in the literature, especially involving the effects of domestic violence on children, and creates gaps in assessing this crime in an empirical setting. Consequently, partner violence literature should focus empirical efforts

towards understanding an offender's propensity to commit acts of partner violence; moreover, an analysis of female perpetrators engaging in partner violence will broaden the field in both intimate partner and domestic violence research respectively.

Sample size can affect the interpretation and generalizability of the data, thus limiting the scope of the research. Small samples, either due to limited access because of incarceration or low response rates on surveys, limit the generalizability of findings in empirical research (Ferguson, 2011; Ford et al., 2011; Fortin, Doucet, & Damant, 2011; Thompson & Trice-Black, 2012; Whitson, Connell, Bernard, & Kaufman, 2012). Most empirical studies on partner violence are cross-sectional, with a limited number of longitudinal studies, and produce minimal insight into the long-term effects of domestic violence exposure on children (Sousa et al., 2011; Thompson & Trice-Black, 2012). In order to decrease these various limitations in intimate partner and domestic violence research, empirical studies should incorporate large sample sizes in longitudinal studies that cover various demographics, genders, ages, and offenders.

Various studies have utilized national crime databases to conduct research on partner violence. Data on partner violence was utilized from reporting organizations such as the National Family Violence Survey (NFVS), National Crime Victimization Survey (NCVS), Uniform Crime Reports (UCR), National Incident-Based Reporting System (NIBRS), and Conflict Tactics Scale (CTS) (Fantuzzo & Mohr, 1999; Ferguson, 2011; Graham-Bermann & Perkins, 2010). These reporting agencies do not account for the dark figure of crime and can potentially underestimate the nature of the crime measured. In contrast, interviews, questionnaires, and self-reporting methods were utilized to

examine the effects of partner violence on children's development of maladaptive psychological, social, and behavioral characteristics (Acevedo et al., 2013; Adams, 2009; Blackburn, 2008; Coohy et al., 2013). Yet, this data collection process faces reliability and validity issues due to false reporting, underreporting, response styles, response sets, method effects, and lying. Because the surveys and interviews included open-ended and close-ended questions, subjective conclusions can misinterpret the meanings of responses.

Research designs that require collecting data from protected subcultures or juveniles are particularly tricky to empirically study. According to ethical standards in empirical research, children exposed to partner violence may experience re-victimization or flashbacks of partner violence incidents; therefore, the collection of data from these subjects can be difficult and limited (Acevedo et al., 2013; Blackburn, 2008; Fantuzzo & Mohr, 1999; Graham-Bermann & Perkins, 2010). In addition, collecting data from juveniles requires approved consent forms from guardians, which provides another barrier in the data collection process (Blackburn, 2008; DeBoard-Lucas & Grych, 2011; Edleson, 2013; Evans et al., 2008; Hamilton, Jaffe, & Campbell, 2013; Johnson & Lieberman, 2007; Levendosky et al., 2002; Morrel, Dubowitz, Kerr, & Black, 2003). This creates difficulties with collecting and analyzing this aspect of partner violence, which further generates unexplored data areas and initiates inadequate data collection. Expanding empirical research in these aforementioned areas will explore under analyzed subcultures and expand the generalizability of results.

Policy Implications

Providing positive resources for offenders and victims of partner violence is important for the prevention and assessment of this crime. Currently, prevention programs suggest further attention to increasing prosecution rates of partner violence incidences, encouraging victim reporting, enhancing social services programs, offering extracurricular school programs, improving partner violence and child advocacy shelters, and providing early intervention programs for youth through individual and group counseling (Coohey et al., 2013; Gerwitz & Edleson, 2007; Gerwitz, Weidner, Miller, & Zehm, 2006; Hornor, 2005; Starmer, 2011; Thompson & Trice-Black, 2012). Furthermore, requiring mandatory reporting, police investigations, mother-child relationship programs, assessment of buffering and risk factors of partner violence, and safe environments for children exposed to partner violence are common policy implications for partner violence (Blackburn, 2008; DeBoard-Lucas & Grych, 2011; Graham-Bermann & Perkins, 2010; Payne et al., 2011; Richards, 2011; Shamai & Buchbinder, 2010). Although empirical evaluations of partner violence assessment programs are scarce, support has been shown for self-control and early intervention programs (Graham-Bermann & Perkins, 2010; Zerk et al., 2009).

Self-control programs. Various committees and programs focus on offender characteristics (e.g., personality of offenders) when attempting to assess and rehabilitate partner violence perpetrators. The Idaho Counsel on Domestic Violence and Victim Assistance (2011) is responsible for setting standards of counseling and treatment programs for individuals who have been convicted of domestic or intimate partner

violence. Although the primary offender clientele is male, the ICDVVA emphasizes the importance of establishing a female offender rehabilitation program. The primary intervention goal of this program is to positively change the attitudes, beliefs, and behaviors that will result in a positive level of victim safety and termination of abusive behavior. Moreover, although the ICDVVA incorporates a multifaceted approach to rehabilitating domestic or partner violence offenders (e.g., power and control tactics, education of victim effects, safety and communication skills in relationships, relapse prevention, and peaceful conflict resolution), the main and most influential aspect that is found in partner violence literature is the approach of awareness and utilization of self-control (ICDVVA, 2011). This program, and other programs alike, is extremely useful for rehabilitation of partner violence offenders.

The application of committees and programs like the ICDVVA will further aid in preventing and assessing perpetrators of partner violence. Current research shows that these therapeutic exercises can dilute characteristics of low self-control. Individuals from a partner violence treatment group claimed that self-control therapy sessions were extremely positive. These strategies have been found to directly influence an offender's self-control levels, as they administer formal mechanisms that ensure positive decision-making skills through oversight and controlled environments (Payne et al., 2011; Shamai & Buchbinder, 2010). A study of a group-based intervention program for male partner violence offenders, which was executed through cognitive behavioral approaches, claimed each respondent illustrated a positive shift in relationships with others, self-control regulation, anger, and impulsivity (Shamai & Buchbinder, 2010). Thus, this

research shows that policy programs based on self-control regulation can help partner violence offenders in society.

Early intervention and assessment programs. Early intervention programs can benefit women and children affected by partner violence. The Royal Children's Hospital and Mental Health Services adopted Family Violence Programs such as Parents Accepting Responsibility—Kids Are Safe (PARKAS), Just For Kids (JFK), and the Peek a Boo Club (PBC) in order to aid and rehabilitate individuals exposed to partner violence and violent homes. These programs are designed to provide a safe environment to counteract children's contact with family violence, build strong bonds and ties between mother and child, inform parents about the effects of family violence on adolescence, provide positive expression of feelings and emotions, and prevent power, control, and gender issues that are present in violent relationships (Richards, 2011). The JFK program targets adolescents and utilizes child-appropriate discussions, games, art, storytelling, and dance movements that mimic issues of power and control relevant in relationships (Richards, 2011). Lastly, the PBC incorporates mothers and infants who have been exposed to partner violence in order to reestablish a positive child-mother relationship. The program focuses efforts and attention to the psychological susceptibility of infants manifested in violent environments (Richards, 2011).

The application of early intervention programs like the PARKAS, JFK, and PBC will further aid in assessing and rehabilitating victims exposed to partner violence. Empirical data shows that early intervention and assessment programs for women and

children exposed to partner violence are effective in various areas of health, as these programs are extremely generalizable to various ages, racial groups, and ethnicities of patients (Blackburn, 2008; DeBoard-Lucas & Grych, 2011; Graham-Bermann et al., 2011; Gerwitz & Edleson, 2007; Shamai & Buchbinder, 2010; Thompson & Trice-Black, 2012). Early intervention programs show a positively increased level of overall individual (e.g., separate groups for mother and child) and group (e.g., mother-child activities) health functioning when compared to partner violence victims that do not receive treatment.

Reading, phonological awareness, and mental health programs—within these early intervention programs—show a greater reduction in internalizing problems in children and improvement in the mental health of the mother (Blackburn, 2008; Graham-Bermann et al., 2011). Evaluations of these programs have been found to foster positive and healthy relationships between mother and child after exposure to partner violence (Australian Domestic & Family Violence Clearinghouse Newsletter, 2001; Hornor, 2005; Richards, 2011). Thus, this policy is effective through a dual-faceted approach (e.g., psychological and social) that provides a positive environment to rebuild many characteristics (e.g., mother-child bond, child/mother psychological and emotional health) of victims exposed to partner violence. The aforementioned policy implications ascertain that early intervention programs may shed positive light towards preventing partner violence while simultaneously ceasing the effects of this crime into children's lives. A push for empirical evaluation of these treatment programs will enhance implementation of these programs and prevent this crime in society.

Conclusion

Intimate partner violence and domestic violence is a complex and multidimensional crime that affects many individuals in society. Although partner violence can affect all racial groups, ethnicities, genders, and relationships, the most alarming issue is the effects of intimate partner violence and domestic violence on the psychological, behavioral, and social development of children. Currently, empirical research has employed many scientific endeavors of theoretical explanation, which include social learning theory (Akers, 1998), biopsychosocial theory (Akers & Sellers, 2013), self-control theory (Gottfredson & Hirschi, 1990/2011), and social support theory (Cullen, 1994/2011), in order to analyze, discuss, and understand this crime. Yet, methodological limitations (e.g., underreporting and re-victimization of children) impede the validity of the data and causal explanations of partner violence. Empirical research of intimate partner and domestic violence exhibit issues with standardization and operationalization in social science research. Despite these limitations, current policies have established prevention and assessment programs (e.g., self-control and early intervention programs) for victims and offenders alike. These programs have lacked bountiful empirical evaluation, but these programs have shown to be useful and effective for victims (e.g., children and women) and offenders alike. With proper implementation, these programs will provide necessary aid to individuals involved in partner violence incidents. The current and significant amount of empirical evidence surrounding this crime clearly establishes its framework in the criminological field, which requires further attention for the future.

CHAPTER 3
METHODOLOGY

Purpose

Utilizing a meta-analysis for domestic violence research is the most appropriate technique for research synthesis, as the large accumulation of data can be empirically filtered to produce an illustrated outcome of a common variable or effect theme seen across the literature (Borenstein et al., 2009). Exploring all potential disciplines and incorporating an extensive amount of research within this area of study may identify assumptions or underlying outcomes identified, thus giving more clarity from a larger sample of similar studies. Such a process can overcome the limitations of smaller studies and sample sizes, such as faulty research design or an illogical empirical approach. Similar meta-analyses in domestic violence research (e.g., Evans et al., 2008; Kitzmann et al., 2003; Wolfe, Crooks et al., 2003) have attempted to identify the effects of domestic violence exposure on children, but failed to incorporate much of the recent literature in the new millennium. Much of their discussion highlights the gender disparities and outcomes of children exposed to domestic violence and long-term and short-term psychological effects for children exposed to domestic violence, with an underexplored facet of policy and overanalyzed aspects of future research (e.g., longitudinal studies, frequency versus consistency, research design). The main objective of this meta-analysis

is to summarize the most recent scientific efforts analyzing the behavioral outcomes of children exposed to domestic violence. Further, with the incorporation of new literature not identified in previous meta-analyses, this meta-analysis intends to identify any new evidence dictated in the literature. Such evidence may further highlight the necessity of policy or policy redirection, or give suggestions for future implications for domestic violence prevention and scientific research.

Components

Literature Exploration

Literature exploration was executed through a multi-faceted approach. First, data collection included searches in Criminal Justice Abstracts, PsycINFO, and SocINDEX databases including multiple combinations such as: “domestic violence,” “intimate partner violence,” “DV and IPV,” “effect*,” “behav* and social* and psych*,” “maladapt*,” “internalizing and externalizing,” “partner violence,” “parental conflict,” “child*,” and “adolescent*.” The vast majority of peer-reviewed journal articles collected were found in electronic library sources from California State University, Long Beach. The variety of these databases provided sufficient data to effectively execute this proposed meta-analysis by controlling and analyzing moderators for age, gender, exposure, psychological, behavioral, and social variables related to this research design.

Selection Process/Time Period

Due to the large amount of empirical data available on domestic violence and intimate partner violence research, multiple sources were utilized for this meta-analysis including over 44 qualitative research designs analyzing the effects of partner violence on

children, snowballing reference lists from incorporated studies, exploring national databases advocating the cessation of domestic violence and intimate partner violence, and domestic violence and intimate partner violence prevention and assessment programs. Articles included in this review were conducted from 2001-2014, with samples exploring a wide array of socioeconomic status, race, ethnicity, sex, age, and gender. The final set of studies satisfying the inclusion criteria (detailed later) was set at 22, which consists of peer-reviewed journal articles analyzing the behavioral effects of domestic violence exposure on children.

Statistical Components

Inherent in the meta-analysis technique, key statistical components were calculated to determine an overall effect size for domestic violence exposure and children's internalizing outcomes, domestic violence exposure and children's externalizing outcomes, domestic violence exposure and behavioral (externalizing and internalizing) outcomes, and an overall weighted mean effect size for domestic violence exposure and children's behavioral outcomes for the entire sample size of the meta-analysis. Means, standard deviations, standard errors, *p*-values, chi-squares, effect sizes, risk ratios, and confidence intervals were collected from each study, and each study was approached under the assumption of a fixed effects model. For the purposes of this meta-analysis, effect sizes were drawn from means and standards deviations for each meta-analysis component in this review. From these statistical calculations, Cohen's *d* was reported to assess the association between domestic violence exposure and children's behavioral outcomes. Such results will be listed in Chapter 4 of this meta-analysis.

Inclusion and Exclusion Criteria

This meta-analysis mirrors Wolfe et al. (2003) in the inclusion and exclusion criteria approach. Each study included in this review incorporated samples from African American, White, Mexican American, Asian American, and Hawaiian American (Pacific Islander) relationships, which appear often in intimate partner violence and domestic violence research. Sample characteristics included heterosexual intimate relationships within 18-60 years of age that were defined as a domestic violence or intimate partner violence relationship or household. Also, for children exposed to domestic violence, sample relationships included one or two children (male or female) from birth to 18 years of age, as this will cover the analysis of the effects of domestic violence on children. Finally, both samples either engaged in domestic violence (parents, partners, guardians) or were exposed to domestic violence (children).

This research design will compare and contrast statistical effect sizes of each empirical study, which requires studies to report means and standard deviations for the two groups (domestic violence exposure and behavioral outcomes). Because past meta-analyses have identified the hurdles with a multivariate analysis approach (Evans et al., 2008; Kitzmann et al., 2003; Wolfe et al., 2003), this meta-analysis will explore the bivariate correlation between the two groups. Under the circumstances, limited empirical efforts have been produced since the new millennium that would satiate an empirically sound meta-analysis; therefore, a limited number of articles will be excluded from this study in order to validate the findings and increase generalizability of the results depicted in the included studies.

Standardizing Children Exposed to Domestic Violence/Intimate Partner Violence

Several common terms utilized in this meta-analysis need to be defined for this review. For the purposes of this meta-analysis, articles that define domestic violence as physical (e.g., spousal abuse, slapping, choking, punching, kicking) or psychological control (e.g., threats, force, fear) of another by a family member or a current or past partner will be included. Also, for articles that define intimate partner violence (IPV) as when an individual threatens, attempts, or engages in violence (e.g., physical, sexual, or emotional) by a present or past intimate partner will be included. Because the two terms are somewhat interchangeable across the empirical data included in this review, both forms of partner violence will be used when associated with child exposure. For defining child exposure to domestic violence and/or intimate partner violence, this meta-analysis standardizes this as when children (deemed ages birth-18 years of age for this study) view, hear, are involved, or experience the outcome of physical or sexual altercations between their guardians. For identifying exposure, the included studies reference that children either self-reported exposure or parents reported exposure to children through a face-to-face interview selection process.

Standardizing Behavioral Effects: Internalizing and Externalizing

For the purposes of analyzing the behavioral outcomes of child exposure to domestic violence and/or intimate partner violence, externalizing behaviors will be defined as social withdrawal, aggression, vigilance, delinquent and/or violent behavior, taboo attitudes towards the opposite/same gender, and/or poor academic performance. For internalizing behaviors, this meta-analysis will define such outcomes as emotional

disconnect, anxiety, anger, low self-esteem, worry, and depression. Much like the transparent definitions of domestic violence and intimate partner violence found across the literature, broad definitions and conceptualizations of externalizing and internalizing behaviors will be included in this meta-analysis.

Moderators: Gender, Sex, Race, Ethnicity, Socioeconomic Status

Across the literature on domestic violence exposure, age and gender have proven to be significant moderators in child behavioral outcomes. Evans et al. (2008), reports that boys exhibit greater externalizing behaviors than girls, whereas girls exhibit greater internalizing behaviors than boys. Yet, some research suggests that both genders may contradict these findings throughout the developmental stages from birth to adolescence (Hickman et al., 2012; Sousa et al., 2011; Sullivan & Bybee, 2002; Wolfe et al., 2003), as boys display more internalizing behaviors and girls display more externalizing behaviors throughout the life course. Under these pretenses, this meta-analysis will not include a gender or age moderator contradicted in the meta-analyses of Wolfe et al. (2003) and Kitzmann et al. (2003), as Evans et al. (2008) found mean weighted effect sizes of $d = .44$ for boys and $d = .39$ for girls internalizing problems and mean weighted effect sizes of $d = .46$ for boys and $d = .23$ for girls externalizing problems. According to the findings in Evans et al. (2008), both boys and girls mean effect sizes did not significantly vary from one another in regards to domestic violence exposure and internalizing behaviors; however, a significant difference was found for externalizing behaviors, suggesting that boys exhibit more of these behaviors than girls when possessing a history of domestic violence exposure.

Many studies have attempted to analyze the moderators of race, ethnicity, and socioeconomic status in attempts to generalize the findings (Coohy et al., 2013; Moylan et al., 2010; Sullivan & Bybee, 2002; Ybarra, Wilkens, & Lieberman, 2007; Yoo, 2014; Yoo & Huang, 2012); however, most empirical research has encountered mixed conclusions (e.g., Kitzmann et al., 2003; Wolfe et al., 2003) and suggest that domestic violence exposure (both in general and behaviorally) negatively affects children regardless of these abundant moderators (Evans et al., 2008). For this area of research to be validated, this study suggests that future empirical studies explore these moderators and their effect on behavioral outcomes of children exposed to domestic violence. Although such discrepancies may further warrant the application of this meta-analysis in this empirical field, for the purposes of this meta-analysis, reviewing these moderators, especially age and gender, will prove to be immoderate and dissipative for this review.

Limitations

Due to the nature of the meta-analysis technique, the limitations of this research design are similar to those experienced by the research included in this review. First, meta-analyses face selection bias, as the researcher's bias may influence the articles to be included in the review (Borenstein et al., 2009). Such selection bias can overlook potential moderators to the review and report misleading results for the area in question. Second, meta-analyses encounter publication bias, as some articles may be excluded from publication and readily unavailable for the meta-analysis technique if publishers disfavor the research (Borenstein et al., 2009). Such publication bias may result from the findings reported in the article or advancement of a controversial treatment or prevention program.

Third, the validity of meta-analyses relies highly on the availability of information, which is limited in some areas of research (Borenstein et al., 2009).

Inherent in social science research, the availability of information is limited to the amount of information readily available on the area in question. Thus, some areas of research become overwhelmingly underdeveloped and underexplored. Finally, within the meta-analysis framework, the incorporation of large sample sizes across multiple studies may overestimate the results of the review, which can be associated with the fixed effect model approach utilized in this meta-analysis (Borenstein et al., 2009). However, unlike large samples, small samples may underestimate or overestimate the results of the meta-analysis. For a meta-analysis to hold its validity and generalizability, it must attempt to control for these limitations throughout the review process.

CHAPTER 4

RESULTS

Calculation of Effect Sizes

The 22 empirical studies encompassed in this meta-analysis produced over two hundred effect size estimates from a variety of quantitative and meta-analytic studies (in the appendix). A review of these 22 empirical studies from 2003 to 2014 reported effect sizes ranging from $d = .25$ to $.97$ for domestic violence exposure and children's externalizing and internalizing outcomes. For 10 of the 22 studies, multiple effect sizes were calculated for each study, as they varied in definition and constructs of exposure (e.g., hearing, witnessing, experiencing). Such statistical calculations resulted in 88 effect size calculations for domestic violence exposure and externalizing behavior outcomes and 60 effect size calculations for domestic violence exposure and internalizing behavior outcomes. Due to limited data, 12 effect size calculations for witnessing domestic violence and externalizing behavior outcomes and eight effect size calculations for domestic violence exposure and internalizing outcomes were calculated in this meta-analysis.

Eight effect size calculations were reported for hearing domestic violence and externalizing and internalizing behavior outcomes respectively. Ten effect size calculations were made for experiencing domestic violence and externalizing behavior

outcomes and four effect size calculations were made for experiencing domestic violence and internalizing behavior outcomes. Because not every study included in this meta-analysis reported on each type of exposure, the total number of effect size calculations do not correspond with the total number of effect size calculations conducted for the sample as a whole. The low effect size calculations for the different types of domestic violence exposure (e.g., hearing, witnessing, experiencing) is directly related to a low sample ($n = 10$) of empirical studies analyzing such an effect.

Domestic Violence Exposure on Child Behavior Outcomes

Table 2 (see appendix) details a summary of all of the meta-analytic findings detailed in the following sections analyzing the effect of domestic violence exposure on children's behavioral outcomes. A synthesis of these 22 studies produced an average effect size of $d = .63$ (internalizing) and an average effect size of $d = .59$ (externalizing) for domestic violence exposure and children's behavioral outcomes. An overall weighted effect size of $d = .45$ (internalizing) and an overall weighted effect size of $d = .61$ (externalizing) for domestic violence exposure and children's behavioral outcomes was concluded. Finally, the results of this study reveal an overall effect size of $d = .62$ for domestic violence exposure on children's behavioral outcomes.

Domestic Violence Exposure (Hear) on Child Behavior Outcomes

Table 3 (see appendix) details a summary of the additional analyses conducted in this study. The second analysis conducted in this study attempted to determine effect size calculations for the effects of hearing domestic violence on child behavioral outcomes. An average effect size of $d = .37$ (internalizing) and $d = .34$ (externalizing) was

calculated for hearing domestic violence and children's behavioral outcomes, with an overall mean weighted effect size of $d = .44$. Despite the fact that only 4 of the 22 studies in this meta-analysis identified this form of exposure on child behavior outcomes, the statistical calculations were computed under identical statistical procedures as the other analyses outlined in this study.

Domestic Violence Exposure (Witness) on Child Behavior Outcomes

Table 3 (see appendix) outlines effect size calculations for the effects of witnessing domestic violence on child behavioral outcomes. An average effect size of $d = .96$ (internalizing) and $d = .52$ (externalizing) was calculated for witnessing domestic violence and children's behavioral outcomes, with an overall mean weighted effect size of $d = .55$. Because only 2 of the 22 studies identified this form of exposure on child behavior outcomes, the outlying d -value for domestic violence exposure on child internalizing outcomes should be embraced with caution. Identical to each analysis in this study, the statistical computations were executed under the same statistical procedures as the other analyses outlined in this meta-analysis.

Domestic Violence Exposure (Experience) on Child Behavior Outcomes

Table 3 (see appendix) displays effect size calculations for the effects of experiencing domestic violence on child behavioral outcomes. An average effect size of $d = .70$ (internalizing) and $d = .63$ (externalizing) was calculated for experiencing domestic violence and children's behavioral outcomes, with an overall mean weighted effect size of $d = .62$. Similar to the other forms of exposure (hear, witness) analyzed in this meta-analysis, a low sample size was encountered, with 4 of the 22 studies

identifying this form of exposure. Statistical computations were performed under the same statistical procedures as the other analyses outlined in this meta-analysis.

CHAPTER 5

DISCUSSION

Addressing Research Questions

Overall Impact of Domestic Violence Exposure

As outlined in Chapter 1, this meta-analysis attempted to answer seven research questions addressing the effects of domestic violence exposure on child behavioral outcomes. After answering the first research question in this study through the literature review, this study transcended into the second research question that assessed whether domestic violence exposure negatively impacts the externalizing and internalizing behavioral development of children. Of the 22 empirical studies included in this meta-analysis, all 22 studies reported data on one or both of the externalizing and internalizing behavioral outcomes of children exposed to domestic violence. Based on the findings from the literature review and overall effect size results drawn from this meta-analysis, this study concludes that domestic violence exposure negatively impacts the externalizing and internalizing behavioral development of children

In answering this study's third research question of which overall weighted effect size will be greater, externalizing ($d = .61$) behavioral outcomes exhibited a moderate to large overall weighted effect size. When assessing the results of this research question, this calculation may mirror gender disparities in sample size outlined in Evans et al.

(2008) and gender correlation to domestic violence exposure behavioral outcomes outlined in previous meta-analyses (e.g., Evans et al., 2008; Wolfe et al., 2003) precedent to this study.

Behavioral Impact of Domestic Violence Exposure

The fourth research question addressed the overall effect size of domestic violence exposure on children's behavior outcomes. This study reports an overall weighted effect size of $d = .62$. Such an effect size results in a moderate to large effect size association between domestic violence exposures on child behavior outcomes. These results reflect similar average effect size calculations reported in prior meta-analyses; however, this study found a greater overall effect size than the previous studies. The results of this meta-analysis further emphasize, and perhaps suggest, an increase in association between domestic violence exposure and child behavior outcomes.

Behavioral Impact of Hearing Domestic Violence

By answering our fifth research question in this meta-analysis, this study attempted to assess the overall effect size association between hearing domestic violence and children's behavioral outcomes, with an overall mean weighted effect size of $d = .44$. The results of this effect size calculation depict a moderate association between hearing domestic violence and child behavior outcomes. Due to this form of exposure's lower overall effect size, this study concludes that this form of exposure is the least detrimental of the types of exposure analyzed in this study. However, only 4 of the 22 studies included in this analysis identified this form of exposure; therefore, this finding should be embraced with caution.

Behavioral Impact of Witnessing Domestic Violence

In answering our sixth research question in this meta-analysis, this study attempted to assess the overall effect size association between witnessing domestic violence and children's behavioral outcomes, with an overall effect size of $d = .55$. The results of this effect size calculation depict a moderate association between witnessing domestic violence and child behavior outcomes. Amidst the forms of exposure analyzed in this meta-analysis, this study concludes that witnessing domestic violence is more associated with child behavior outcomes than hearing ($d = .44$) domestic violence. However, suffering from the smallest sample size of the three types of exposure analyzed in this meta-analysis, only 2 of the 22 empirical studies included in this analysis identified this form of exposure; therefore, similar to the overall effect size findings deducted from witnessing domestic violence, this statistical outcome should be embraced with discretion.

Behavioral Impact of Experiencing Domestic Violence

In answering our seventh and final research question in this meta-analysis, this study attempted to assess the overall effect size association between experiencing domestic violence and children's behavioral outcomes, with an overall effect size of $d = .62$. The results of this effect size calculation depict a moderate to large association between experiencing domestic violence and child behavior outcomes. This form of exposure depicts the highest association between all forms of exposure outlined in this meta-analysis (hear $d = .44$, witness $d = .55$). Yet, similar to the sample size breakdown (hear $n = 4$, witness $n = 2$) of these analyses, only 4 of the 22 empirical studies included

in this analysis identified this form of exposure. Although this finding should be speculated, this study concludes that this form of exposure is largely and most closely associated with child behavior outcomes when compared to the effect size association conclusions of hearing and witnessing domestic violence measured in this meta-analysis.

Synthesizing the Meta-Analyses

Results of this meta-analysis corroborate the association between domestic violence exposure and the negative externalizing and internalizing behavioral outcomes of children. A mean weighted effect size *d*-value of .45 was calculated for domestic violence exposure and children's internalizing outcomes, suggesting a moderate significant relationship. For externalizing outcomes of children exposed to domestic violence, a mean weighted effect size *d*-value of .61 was calculated, suggesting a moderate to large significant relationship. In conjunction with these results, this meta-analysis concludes that children exposed to domestic violence are more likely to exhibit negative externalizing behavior problems over negative internalizing behavior problems.

A mean weighted effect size *d*-value of .44, .55, and .62 was calculated for hearing, witnessing, and experiencing domestic violence and children's behavioral outcomes respectively, suggesting ranges from moderate to large associations. After comparing overall effect size *d*-values of these forms of exposure, this meta-analysis yields that children who experience domestic violence are more likely to develop and exhibit negative internalizing and externalizing behavior problems when compared to hearing and witnessing domestic violence. However, each of these analyses included extremely low samples sizes (hearing $n = 4$, witnessing $n = 2$, and experiencing $n = 4$),

and therefore are less generalizable to the findings in this study and the overall findings in meta-analyses precedent to this study. Overall, although these empirical studies exhibit race, ethnicity, gender, age, and socioeconomic heterogeneity, the extremely low sample size within these analyses should be considered with empirical discretion. In conjunction, incorporating an analysis of moderators of age, gender, race, ethnicity, and/or socioeconomic status would have little impact of significance for this meta-analysis under these circumstances.

This study reports an overall weighted effect size *d*-value of .62, indicating a moderate to large relationship between domestic violence exposure and children's behavioral outcomes across the 22 empirical studies included in this meta-analysis. Most notably, across the three precedent meta-analyses serving as a foundation for this study, this meta-analysis calculated higher overall effect sizes for externalizing and internalizing behavior outcomes and a higher overall effect size for domestic violence exposure and children's behavioral outcomes respectively. Therefore, this study concludes that the nature of domestic violence exposure and children's behavioral outcomes has become increasingly more pronounced in recent empirical literature. Still, the limited sample size of this meta-analysis ($n = 22$) may distort such conclusions yielded in this study. Aside from the various methodologies utilized across the incorporated studies and previous meta-analyses, the results throughout each empirical study depict a consistent conclusion that domestic violence exposure negatively affects the behavioral outcomes of children. Because these findings confirm the results of modern meta-analyses analyzing such associations (Evans et al., 2008), this meta-analysis strengthens the association that

domestic violence exposure (e.g., general, hearing, witnessing, experiencing) is moderately to largely associated with children's negative externalizing and internalizing behavioral adjustment outcomes.

Although the current study supports the relationship between domestic violence exposure and children's behavioral outcomes, it is important to highlight that no moderators (e.g., age, gender, ethnicity, socioeconomic status) were directly tested in this meta-analysis. As previously mentioned, past meta-analyses have identified the discrepancies regarding the gender and age of children exposed to domestic violence (Evans et al., 2008; Wolfe et al., 2003), in which no further exploration was essential for the purposes of the study. Rather, this study attempted to synthesize the last fifteen years of research from where preceding meta-analyses fell short. Regardless of the differences amongst the meta-analyses presented throughout this research, the consistent results throughout empirical literature and meta-analyses incorporated in this study further associate domestic violence exposure with negative internalizing and externalizing behavior outcomes of children.

CHAPTER 6

CONCLUSION

Limitations of the Current Study

The variety of limitations of this meta-analysis mirrors many of the limitations and pitfalls in domestic violence literature. For example, and perhaps the most pertinent limitation in the literature, is the lack of concurrence in defining domestic violence exposure. Across the variety of studies incorporated in this meta-analysis, some studies classify exposure as when children simply hear, witness, or experience an incident of domestic violence. Other studies have minimum accounts of exposure (e.g., one event, two events, etc.) and/or do not identify the perpetrator in the domestic violence incident (e.g., mother instigation or male instigation). Domestic violence literature places a heavy emphasis on the key variables of consistency and frequency. However, limited studies (e.g., Hickman et al., 2012) have produced an actual analysis of these variables and their influence on the outcomes of children exposed to domestic violence, behavioral or any other outcome in general (Evans et al., 2008; Schechter et al., 2011). Therefore, it is important that future researchers evaluate the influence of such variables to further assess the influence on domestic violence exposure on child outcomes.

Because the current study focused efforts on the behavioral (e.g., externalizing and internalizing) outcomes of children exposed to domestic violence, other areas of

domestic violence exposure outcomes were unexplored (e.g., psychological outcomes, cognitive outcomes, social outcomes, academic outcomes, and general health outcomes). Although many of these areas remain highly underexplored, the psychological outcomes of children exposed to domestic violence may provide a sufficient empirical platform for future meta-analyses in this area. The 22 incorporated studies did not provide sufficient information to conduct a meta-analysis of this association, but should be emphasized considering the distinct and powerful association between domestic violence exposure and trauma and psychological (e.g., PTSD) outcomes (Evans et al., 2008).

Several limitations are identified when analyzing the separate meta-analyses synthesized in this study. When evaluating the association between hearing domestic violence and children's behavioral outcomes, a mere 4 of the 22 studies incorporated in this study were successfully able to evaluate such an effect. When evaluating the association between witnessing domestic violence and children's behavioral outcomes, only 2 of the 22 studies in this meta-analysis identified this form of exposure in their methodology. Finally, when evaluating the association between experiencing domestic violence and children's behavioral outcomes, only 4 of the 22 studies in this synthesis identified and assessed this form of exposure in their methodology. Across all of these mini meta-analyses, the findings from each of these syntheses should be considered in conjunction with other empirical studies with low sample sizes.

Policy Implications

The Partnership for Kids Project: What Is It?

Currently, policies and programs addressing the negative outcomes of children exposed to domestic violence show some success in relevant literature. One of these programs, The Partnership for Kids (PARK) Project, funded to direct resources and aid to families by creating positive results for children who exhibit severe behavioral and emotional disturbances (Whitson et al., 2012). To be eligible for PARK, youth must be enrolled in one of the program's targeted schools, have any form of emotional, social, psychological, or behavioral disorder detailed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM, 1994)*. Moreover, eligible children must exhibit substance abuse and/or developmental disruptions, require multiple services providing resources from various professionals, be at-risk or live in an unstable home, and display poor academic performance (Whitson et al., 2012). Children were funneled into the program through student assistance, in which then families were assessed by care coordinators assessing family information and eligibility (Whitson et al., 2012). According to Whitson et al. (2012), service providers provide families with a wide array of assistance such as: care coordination in the form of crisis intervention and support services, family advocacy care (e.g., mental health care), therapy and mentoring (e.g., role models) services designed to provide guidance for affected children, psychological services (e.g., evaluation, medication, and therapy services), and after-school resources such as recreational sports, school-based resources, and skill building (Whitson et al., 2012).

The Partnership for Kids: Does It Work?

The results from the Whitson et al. (2012) study reported positive outcomes for children exposed to traumatic life events after an 18-month enrollment period in the PARK program. When addressing multiple growth models, children acquiring services and resources from the PARK program displayed increased stability and strength in behavioral and emotional outcomes alongside decreased maladaptive behavior (e.g., externalizing and internalizing) outcomes (Whitson et al., 2012). However, when controlling for traumatic life events, children exposed to traumatic life events improved more slowly on all realms when compared to children not exposed to traumatic life events (Whitson et al., 2012). Yet, after the 18-month enrollment in the PARK program, children improved scores on the Child Behavior Checklist (CBCL) that is consistently utilized in many of the studies to assess children's behavioral problems exposed to traumatic events. Backed by a multilevel assessment throughout the PARK Project, Whitson et al. (2012) concluded that the program effectively aids families and children exposed to traumatic events throughout the life course.

Although limited empirical evaluations of the PARK Project exist to date, this program may potentially rehabilitate child victims of domestic violence. First, as mentioned above, the PARK Project has shown to help children exposed to traumatic events (e.g., characteristics of domestic violence incidents) reduce the impact of maladjusted behavioral and emotional outcomes throughout the life course (Whitson et al., 2012). As identified in this meta-analysis, this program may rehabilitate child victims

of domestic violence exposure who display these negative internalizing and externalizing outcomes encompassed in these behavioral frameworks.

Second, PARK Project child participants showed improved scores on the Child Behavior Checklist after an 18-month enrollment in the program (Whitson et al., 2012). Such an assessment of child behavior outcomes was consistently utilized throughout a wide array of the 22 empirical studies outlined in this meta-analysis to gauge the impact of domestic violence exposure on children. Such relatively short-term enrollment and positive outcomes shows effective and efficient results of the PARK Project and therefore may be beneficial for children exposed to domestic violence who exhibit negative behavior outcomes. When comparing the results of the PARK Project outlined in Whitson et al. (2012), this effective rehabilitation program should be continued to assess and rehabilitate children exposed to domestic violence.

The Thrive Initiative: What Is It?

Alongside similar resources and requirements outlined in the PARK Project, the Thrive Initiative assesses and attempts to rehabilitate children and families exposed to traumatic life events. The Thrive Initiative provides assistance and training for professionals assessing trauma-impacted families and children through a theoretical-based foundation and evidence-based practices utilized to rehabilitate families affected by traumatic events (Thrive Initiative, 2015; Whitson et al., 2012). Although the program is designed to provide systems of care for children and families affected by traumatic life events, the Thrive Initiative advocates for democratic change through an analysis of current policies, practices, and procedures to safeguard against potential inter-

organization pitfalls and failures while simultaneously advocating a healing environment for affected individuals (Thrive Initiative, 2015). Even though the goal(s) of the Thrive Initiative is clear, the multidimensional approach includes family-driven support systems, goal-setting seminars, treatment and support groups, and youth well-being and resilience training (Thrive Initiative, 2015; Whitson et al., 2012).

The Thrive Initiative: Does It Work?

Currently, limited empirical-based evidence has evaluated the effectiveness of the Thrive Initiative. However, the Thrive Initiative has reported inner-organization success through their multi-faceted system of care. For example, after 6 months of enrollment in the Thrive Initiative program, children who experienced trauma symptoms and exhibited short or long-term psychological symptoms (e.g., anger, anxiety, depression, PTSD) reported an overall reduction in psychological symptoms and disturbances (Thrive Initiative, 2015). Such results can conclude that the Thrive Initiative is continually producing a healthy, positive, and rehabilitative environment for children and families affected by traumatic events.

Alongside such success for individuals within and graduating from the program, the Thrive Initiative excels in assessing, evaluating, and incorporating the latest research, policies, and practices for children and youth affected by traumatic life events. Such evidence-based practices are utilized to evaluate nationwide policies, programs, and agencies rendering aid to these affected families (Thrive Initiative, 2015). Because the Thrive Initiative has shown success in rehabilitating a wide array of affected individuals

and providing current and best practices, this program should be continued to assess and rehabilitate children exposed to domestic violence.

Although limited empirical evaluations of the Thrive Initiative exist to date, this program may potentially rehabilitate child victims of domestic violence. Although not reporting a reduction in behavioral outcomes of children exposed to domestic violence, but bettering the results of the PARK Project, a 6-month enrollment in the Thrive Initiative program concluded reduced psychological symptoms of children exposed to traumatic (e.g., characteristics of domestic violence incidents) events (Thrive Initiative, 2015). As commonly outlined in domestic violence literature, psychological disturbances are common in children exposed to domestic violence. Although not directly outlined in this meta-analysis, the Thrive Initiative has shown to rehabilitate this effect on child victims of traumatic events and contribute to domestic violence policy analysis, research development, and program implementation in order to assess and evaluate the best practices and approaches to child victims of domestic violence exposure. Accordingly, this program should be continued to assess child victims of traumatic and domestic violence incidents with the intent of rehabilitating current and future victims.

National Child Traumatic Stress Network: What Is It?

Mirroring similar efforts, services, and resources of the PARK Project and the Thrive Initiative, the National Child Traumatic Stress Network's mission is to elevate standards of care and enhance various approaches to resources and services for children, families, and communities exposed to traumatic events (National Child Traumatic Stress Network, 2015; Whitson et al., 2012). The NCTSN seeks to alleviate the outcomes of

traumatic events by raising awareness in the community by highlighting the extent of the detrimental effects of child trauma and its impact on the child development of youth in the United States. Also, the NCTSN funds and collaborates with professionals, resources, and services for trauma-exposed youth and families affected by physical assault, sexual assault, domestic violence, school and community-based violence, and personal injury or illness (National Child Traumatic Stress Network, 2015).

The NCTSN proudly caters to various cultures, ethnicities, genders, social classes, and ages by allocating appropriate cultural interventions, resources, and services for trauma-exposed children and their families (National Child Traumatic Stress Network, 2015; Whitson et al., 2012). In conjunction with the latest research and professionals in the field, the NCTSN maintains a healthy working relationship with other systems of care throughout the community such as: education, law enforcement, welfare, and family military agencies to provide accessible systems of care for trauma exposed children, families, and communities (National Child Traumatic Stress Network, 2015). Finally, the NCTSN continues to collaborate with similar agencies such as the PARK Project and Thrive Initiative to widen the scope of evidence-based intervention programs, resources, training, and services with the intention of building a foundation of knowledge and skill for trauma-exposed children, families, and communities across the United States (National Child Traumatic Stress Network, 2015; Whitson et al., 2012).

National Child Traumatic Stress Network: Does It Work?

Similarly to the Thrive Initiative, the National Child Traumatic Stress Network has produced inner-organization evaluations of the program's performance. With over 40

empirically-tested treatment program evaluations, the NCTSN has served approximately 320,000 children and families via outreach, educational, and psychological and health services programs from 2002 to 2009 and an additional 42,000 in the last five years (National Child Traumatic Stress Network, 2015). From 2004 to 2010, the NCTSN (2015) evaluated 14,088 impaired child participants and concluded that the vast majority of participants showed a reduction in trauma-induced symptoms of poor academic performance, emotional disturbances, depression, anxiety, and behavioral problems, with many returning to normal development and health after completing the program. Although the NCTSN self-evaluates the efforts and effectiveness of the program's resources and services, the organization has continually shown success in rehabilitating children and families affected by traumatic life events. With the enacting 50 NCTSN centers operating throughout the United States in conjunction with the 8,300 organizational partners (e.g., international, national, regional, state, county, city, and local agencies), the NCTSN shows the most promising rehabilitative resources, services, and programs for children and families affected by traumatic events and therefore should be continued to be federally funded and endorsed.

Similar to the PARK Project and Thrive Initiative, limited empirical evaluations are available for the NCTSN to date. While far surpassing the geographical influence, which may be tied to the implementation and funding from the United States Congress, of the PARK Project and Thrive Initiative, the NCTSN has successfully rehabilitated approximately 376,088 trauma-exposed children across the United States from 2002-2014 (National Child Traumatic Stress Network, 2015). In addition, the combination of

federal funding, program unification, research analysis, and effective rehabilitation programs highlights the NCTSN as the most ideal rehabilitative organization of trauma exposed children outlined in this meta-analysis. Therefore, this study identifies the National Child Traumatic Stress Network as the most feasible, effective, and promising rehabilitation program for child victims of traumatic events.

Theoretical Implication and Application

A consistent theme in domestic violence literature is a theoretically-deficient foundation and application of criminological theory in this area of research. A vast majority of the 22 studies incorporated in this meta-analysis and the literature search identify the lack of a theoretical foundation and application of criminological theory in domestic violence research (Acevedo et al., 2013; Adams, 2009; Corvo & Johnson, 2013; DeBoard-Lucas & Grych, 2011; Kitzmann et al., 2003; Levendosky & Graham-Bermann, 2001; McDonald et al., 2009; Spilsbury et al., 2008; Sousa et al., 2010; Weldon & Gilchrist, 2012; Wolfe et al., 2003; Ybarra et al., 2007; Yoo & Huang, 2012). However, this study attempts to illuminate this limitation, which is previously highlighted in the literature review of this study, by advocating an evaluation of Akers' social learning theory as a potential theoretical explanation for domestic violence perpetuation.

The combination of social structures (parent-child environment), interactions (parent-child interactions/observations), and contextual situations (behavior demonstrated in domestic violence incidents) provide suitable environments for children to be influenced by the violent behavior of domestic violence households and relationships (Akers, 1998). Further, the likelihood that children will perpetuate violence in intimate

or childhood platonic relationships can be applied to Akers' social learning theory—and some theoretical offshoots and founders (e.g., Bandura, Sutherland)—through definitions (partner violence is favorable or accepted), differential association and reinforcement (association and acceptance with/of violent mothers or fathers), and with norms and peer attitudes to delinquent or violent behavior (consistent and frequent family violence) being reinforced in domestic-violence stricken relationships.

Currently, the application of Akers' social learning theory is limited in domestic violence literature. Yet, some advancements in empirical tests of Akers' social learning theory and its components have exhibited some correlation and application to domestic violence research; however, this theory remains underexplored at this time. Even though past and current research have attempted to analyze various components of the theory, much of the research is still in its early stages (Acevedo et al., 2013; Adams, 2009; Corvo & Johnson, 2013; McDonald et al., 2009; Weldon & Gilchrist, 2012) and exceeds an analysis beyond the scope of this meta-analysis. Nonetheless, this study advocates future research attempts to evaluate and apply Akers' social learning theory, its precedent foundations, and its offshoots, to forthcoming domestic violence research.

Future Research

Exceeding the capacity of this meta-analysis and behavioral outcomes of children exposed to domestic violence research, future research should examine the relationship between intimate partner violence and children's outcomes (e.g., psychological, behavioral, social). Within this realm, future research should examine the effects of domestic violence-stricken same-sex, transsexual, and transgender couples (e.g., male-

male partners, female-female partners, etc.) on child outcomes in multi-dynamic intimate relationships. Currently, many studies have attempted to evaluate the association between intimate partner violence and its effects on children (Adams, 2009; DeBoard-Lucas & Grych, 2011; Gewirtz & Edleson, 2007; Graham-Bermann et al., 2011; Graham-Bermann & Perkins, 2010; Kernic et al., 2003) but lack any denotation in moderator or confounding variable (e.g., perpetrator identification, gender role identity, homosexual partner dynamics) differences in the literature.

Consistent with recommendations in earlier meta-analyses (Evans et al., 2008; Kitzmann et al., 2003; Wolfe et al., 2003) in domestic violence research, this study advocates that future research should continue efforts of defining domestic violence exposure and operationalizing the multi-dimensional dynamics and nature of domestic violence. Limited studies discussed in this meta-analysis focus efforts on directly analyzing female perpetrators of domestic violence, with most research pinpointing abusive male perpetrators of domestic violence and the outcomes in various domestic violence incidents on children and intimate relationships (Levendosky & Graham-Bermann, 2001; McDonald et al., 2009; Schechter et al., 2011). Finally, future research should incorporate longitudinal designs (e.g., Moylan et al. 2010; Sousa et al., 2011) when evaluating the long-term effects of domestic violence exposure on children's outcomes. Such an analysis will aid in evaluating the effectiveness of policies, programs, and rehabilitation services readily available for victims and perpetrators of domestic violence.

This modern meta-analysis supports the magnitude of empirical evidence of the association between domestic violence exposure and children's negative externalizing and internalizing behavioral outcomes. It also confirms, if not increases the awareness, of the previous findings in other similar meta-analytic studies (Evans et al., 2008; Kitzmann et al., 2003; Wolfe et al., 2003) in this area of research. Comparatively to these meta-analyses, this study has a relatively low sample size and therefore the findings should be embraced with discretion. The results of this meta-analysis intend to add to this area of literature by furthering research in identical or similar fields of interest. As the literature groundwork expands into new empirical territory, further identification, assessment, and treatment can be administered for all individuals affected by domestic violence.

APPENDIX

TABLE 1. Descriptive List of Studies Included in Meta-Analysis

Study	Authors	Date	Sample	Girls	Boys
1	Coohey, Renner, Sabri	2013	792 Children	412	380
2	De-Board Lucas, Grych	2011	34 Children	18	16
3	Evans, Davies, DiLillo	2008	60 Studies	1758	1697
4	Hickman, Jaycox, Setodji	2013	768 Children	400	368
5	Johnson, Lieberman	2007	30 Children	19	11
6	Kernic, Wolf, Holt, McKnight	2003	167 Children	79	88
7	Kitzmann, Gaylord, Holt, Kenny	2003	118 Studies	Not Specified	Not Specified
8	Levendosky, Graham- Bermann	2001	120 Children	59	61
9	Malik	2008	117 Children	65	52
10	McDonald, Jouriles, Tart, Minze	2009	258 Children	143	115
11	Morrel, Dubowitz, Kerr, Black	2003	206 Children	95	111
12	Moylan, Herrenkohl, Sousa, Tajima	2009	457 Children	209	248
13	Schechter, Willheim, McCaw, Turner	2011	77 Children	Not Specified	Not Specified
14	Spilsbury, Kahana, Drotar, Creeden	2008	175 Children	84	91

TABLE 1. Continued

	Authors	Date	Sample	Girls	Boys
15	Sousa, Herrenkohl, Moylan, Tajima	2010	457 Children	209	248
16	Sullivan, Bybee	2012	80 Children	55% of sample	45% of sample
17	Whitson, Connell, Bernard, Kaufman	2012	134 Children	43	91
18	Wolfe, Crooks, Lee, McIntyre-Smith	2003	41 Studies/5088 Children	2282	2497
19	Ybarra, Wilkens, Lieberman	2007	31 Children	13	18
20	Yoo	2014	1197 Children	598	599
21	Yoo, Huang	2012	1234 Children	616	618
22	Zerk, Mertin, Proeve	2009	60 Children	34	26

TABLE 1. Continued

Study	Ethnicity	Age Group/ Average Age/SD
1	167 Latino/625 White	10-17 Years/13.7/ 2.23
2	41.2% African American/41.2% Latino/14.7% White/2.9% Mixed	7-12 Years/10.26/ 1.71
3	Not Specified	Birth-5 Years 6-12 Years 13-18 Years
4	28% Hispanic/24% Black/21% White/27% Mixed	>5 Years/4.97/2.66
5	42% Mixed/39% African American/13% Latino/6% White	3-5 Years/4.2
6	30.4% White/32.9% African American/13.9% Hispanic/22.8% Mixed	2-3 Years (n=33) 4-11 Years (n=97) 12-18 Years (n=37)

TABLE 1. Continued

7	Not Specified	Birth-5 Years 6-12 Years 13-18 Years
8	50% White/39% African American/11% Latino, Arab American, Indian American	7-12 Years/9.6/1.80
9	25 African American/43 White/49 Hispanic	8-12 Years/9.8/1.5
10	39% White/31% African American/30% Hispanic/1.2% Mixed	8-12 Years/10.0/1.45
11	93% African American/7% Other	4-6 Years
12	80.7% White/11.2% Mixed/5.3% African American/1.3% American Indian/Alaska Native/0.2% Native Hawaiian/Pacific Islander/1.3% Unknown	18 Months-6 years 8-11 years 14-23 years
13	86% Hispanic/11% African American/3% Other	18 Months-4 years/30.51 Months/9.20
14	52% African American/34.3% White /7.4% Other/6.3% Unknown	8-16 Years/11.0/2.4
15	80.7% White/11.2% Mixed/5.3% African American/1.3% American Indian/Alaska Native/0.2% Native Hawaiian/Pacific Islander/1.3% Unknown	18 Months-6 years 8-11 years 4-23 years
16	44% African American/40% White/10% Mixed/5% Hispanic/1% Asian	6.5-11 Years/8.3
17	61.9% Hispanic/29.9% African American/ 2.2% Mixed/1.5% White/0.7% Asian/3.7% Unknown	5.22-19.10 Years/ 11.99
18	59% White/25% African American/19% Hispanic/11% Asian/7% Other	6.6-12.0 Years
19	38% Mixed/22% White/16% Black/12% Latino/8.1% Asian American	3-5 Years/4.4/8.8 Months
20	55% African American/23% Hispanic/ 22% White	1-5 Years
21	54% African American/22% Hispanic/ 21% White/3% Mixed	1-5 Years
22	Not Specified	1.4-5.4 Years/3.4 /1.2

TABLE 1. Continued

Study	Method
1	Developmental Victimization Survey/Trauma Symptom Checklist/Interview & Questionnaire
2	Conflict Tactics Scale/Interview & Questionnaire
3	Meta-Analysis (Articles from 1990-2008)
4	National Evaluation of Safe Start Promising Approaches/Intervention Program/Juvenile Victimization Survey/Interview & Questionnaire
5	Child Behavior Checklist/Conflict Tactics Scale/Interview & Questionnaire
6	Child Behavior Checklist/Conflict Tactics Scale/Interview & Questionnaire
7	Meta-Analysis (Articles from 1978-2000)
8	Conflict Tactics Scale/Beck Depression Scale/Brief Symptom Inventory/Posttraumatic Stress Scale for Family Violence/Interview & Questionnaire
9	Child Behavior Checklist/Children's Depression Inventory/Self-report
10	Child Behavior Checklist/Children's Perceptions of Interparent Conflict Scale/Secondary Data Analysis
11	Achenbach Teacher's Report Form/Child Behavior Checklist/Preschool Symptom Self Report/Interview/Questionnaire
12	Lehigh Longitudinal Study/Interview & Questionnaire
13	Traumatic Life Events Questionnaire/Child Behavior Checklist/Preschool Child Inventory for PTSD and Observational Record/Self-reports/Interview & Questionnaire/Video Surveillance
14	Revised Behavior Problem Checklist/Trauma Symptom Checklist for Children/Intervention Program/Interview & Questionnaire
15	Lehigh Longitudinal Study/Interview & Questionnaire
16	Interview & Questionnaire
17	Longitudinal Study/Intervention Program
18	Meta-Analysis (Articles from 1985-2003)
19	Child Behavior Checklist/Conflict Tactics Scale/Life Stressor Checklist/Interview & Questionnaire
20	Fragile Families and Child Wellbeing Longitudinal Study/Survey/Self-report
21	Fragile Families and Child Wellbeing Longitudinal Study/Survey/Self-report

TABLE 1. Continued

22 | Adapted Conflicts Tactics Scale/Child Behavior Checklist/Parenting Stress Index Short Form/Symptom Checklist-90-R/Interview & Questionnaire

TABLE 1. Continued

Study	Measure of Exposure (Hearing)	Measure of Exposure (Experiencing)	Measure of Exposure (Witness)	Measure of Exposure (General)	Outcome (Psychological/Behavioral/Social)
1			x		Behavioral (Ext.)
2	x	x	x		Behavioral (Ext.)/Social
3				x	Behavioral (Ext./Int.)/ Psychological (Trauma Symptoms)/Social
4	x	x	x		Behavioral (Ext./Int.)/ Psychological (PTSD/Trauma Symptoms)
5			x		Behavioral (Ext./Int.)/ Psychological (PTSD/Trauma Symptoms)
6		x			Behavioral (Ext./Int.)/ Social
7	x		x		Behavioral (Ext./Int.)/ Psychological (Trauma Symptoms)/Social

TABLE 1. Continued

8				x	Behavioral (Ext./Int.)/ Psychological (PTSD/Trauma Symptoms)
9				x	Behavioral (Ext./Int.)/ Psychological (PTSD/Trauma Symptoms)
10		x			Behavioral (Ext./Int.)
11				x	Behavioral (Ext./Int.)/ Psychological/Social
12		x			Behavioral (Ext./Int.)/ Psychological/Social
13		x	x		Behavioral (Ext./Int.)/ Psychological (PTSD/Trauma Symptoms)
14	x	x	x		Behavioral (Ext./Int.)
15		x			Behavioral (Ext.)
16				x	Behavioral (Ext.)
17				x	Behavioral (Ext./Int.)/ Psychological (Trauma Symptoms)

TABLE 1. Continued

18				x	Behavioral (Ext./Int.)/Ps ychological (Trauma Symptoms)
19				x	Behavioral (Ext./Int.)
20				x	Behavioral (Ext./Int.)
21				x	Behavioral (Ext./Int.)
22				x	Behavioral (Ext./Int.)/Ps ychological (Trauma Symptoms)

TABLE 2. Statistical Report: DV Exposure on Child Behavior Outcomes

Study	Authors	Date	Child Exposure (Parental Report)	Child Exposure (Child Report)	Child Exposure (Mixed)	<i>n</i>
1	Coohey, Renner, Sabri	2013	x	x		792 Children
2	De-Board Lucas, Grych	2011	x	x		34 Children
3	Evans, Davies, DiLillo	2008			x	60 Studies
4	Hickman, Jaycox, Setodji	2013	x			768 Children
5	Johnson, Lieberman	2007	x			30 Children
6	Kernic, Wolf, Holt, McKnight	2003			x	167 Children
7	Kitzman, Gaylord, Holt, Kenny	2003			x	118 Studies
8	Levendovsky, Graham-Berman	2001	x	x		120 Children
9	Malik	2008	x	x		117 Children

TABLE 2. Continued

10	McDonald, Jouriles, Tart, Minze	2009	x	x		258 Children
11	Morrel, Dubowitz, Kerr, Black	2003	x			206 Children
12	Moylan, Herrenkohl, Sousa, Tajima	2009	x	x		457 Children
13	Schechter, Willheim, McCaw, Turner	2011	x			77 Children
14	Spilsbury, Kahana, Drotar, Creeden	2008			x	175 Children
15	Sousa, Herrenkohl, Moylan, Tajima	2010	x	x		457 Children
16	Sullivan, Bybee	2012	x			80 Children
17	Whitson, Connell, Bernard, Kaufman	2012			x	134 Children

TABLE 2. Continued

18	Wolfe, Crooks, Lee, McIntyre- Smith	2003			x	41 Studies/ 5088 Children
19	Ybarra, Wilkins, Lieberman	2007			x	31 Children
20	Yoo	2014	x			1197 Children
21	Yoo, Huang	2012	x			1234 Children
22	Zerk, Mertin, Proeve	2009	x			60 Children

TABLE 2. Continued

Study	Authors	Date	Child Exposure (Parental Report)	Child Exposure (Child Report)	Child Exposure (Mixed)	<i>n</i>
1	Coohey, Renner, Sabri	2013	x	x		792 Children
2	De- Board Lucas, Grych	2011	x	x		34 Children
3	Evans, Davies, DiLillo	2008			x	60 Studies
4	Hickman, Jaycox, Setodji	2013	x			768 Children
5	Johnson, Lieberman	2007	x			30 Children

TABLE 2. Continued

6	Kernic, Wolf, Holt, McKnight	2003			x	167 Children
7	Kitzman n, Gaylord, Holt, Kenny	2003			x	118 Studies
8	Levend sky, Graham- Berman n	2001	x	x		120 Children
9	Malik	2008	x	x		117 Children
10	McDona ld, Jouriles, Tart, Minze	2009	x	x		258 Children
11	Morrel, Dubowit z, Kerr, Black	2003	x			206 Children
12	Moylan, Herrenk ohl, Sousa, Tajima	2009	x	x		457 Children
13	Schecht er, Willhei m, McCaw, Turner	2011	x			77 Children

TABLE 2. Continued

14	Spilsbury, Kahana, Drotar, Creeden	2008			x	175 Children
15	Sousa, Herrenkohl, Moylan, Tajima	2010	x	x		457 Children
16	Sullivan, Bybee	2012	x			80 Children
17	Whitson, Connell, Bernard, Kaufman	2012			x	134 Children
18	Wolfe, Crooks, Lee, McIntyre-Smith	2003			x	41 Studies/ 5088 Children
19	Ybarra, Wilkins, Lieberman	2007			x	31 Children
20	Yoo	2014	x			1197 Children
21	Yoo, Huang	2012	x			1234 Children
22	Zerk, Mertin, Proeve	2009	x			60 Children

TABLE 3. Statistical Report: DV Exposure (Hear, Witness, Experience) on Outcomes

Study	Author	Date	Exposure (Hearing)	Group Average/ Overall Effect
2	De-Board Lucas, Grych	2011	x	
4	Hickman, Jaycox, Setodji	2013	x	
7	Kitzmann, Gaylord, Holt, Kenny	2003	x	
14	Spilsbury, Kahana, Drotar, Creeden	2008	x	.37 (Int.) .34 (Ext.)/ $d=.44$

Study	Author	Date	Exposure (Witnessing)	Group Average/ Overall Effect
1	Coohey, Renner, Sabri	2013	x	
5	Johnson, Lieberman	2007	x	.96 (Int.) .52 (Ext.)/ $d=.55$

Study	Author	Date	Exposure (Experience)	Group Average/ Overall Effect
6	Kernic, Wolf, Holt, McKnight	2003	x	
10	McDonald, Jouriles, Tart, Minze	2009	x	
12	Moylan, Herrenkohl, Sousa, Tajima	2009	x	
15	Sousa, Herrenkohl, Moylan, Tajima	2010	x	.70 (Int.) .63 (Ext.)/ $d=.62$

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