

Abusers' Perceptions of the Effect of Their Intimate Partner Violence on Children

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Little is known about how intimate partner violence (IPV) abusers perceive the effect of their violence on their children. Analyzing the attitudes and behavioral intentions of 464 partner-abusive fathers, biological fathers were found to be more likely than social fathers to express concern about the effects of their abuse on their children. However, biological fathers were no more likely than social fathers to report intentions to stop their violence or otherwise take action to mitigate the harm of IPV exposure to their children. The findings suggest that fathers' statements of concern may be poor indicators of their intentions to refrain from abusive behavior.

Keywords: *batterer intervention; child exposure to partner violence; fatherhood; intimate partner violence*

More than 3 million children are exposed to the abuse of their mothers by an intimate partner each year in the United States and, of these, between 30% and 70% are also physically or sexually abused by their mother's batterer (Fantuzzo & Mohr, 1999; McCloskey, Figueredo, & Koss, 1995; Paveza, 1988; Sirls & Franke, 1989; Straus & Gelles, 1990). Men who batter can also jeopardize children's well-being in a number of other ways, for example, through neglect, manipulation, or undermining mothers' abilities to parent (Silverman & Bancroft, 1998). Accordingly, children whose mothers are battered have been found to be at increased risk for a range of problems, including depression, suicidality, anxiety, developmental delay, substance abuse, inappropriate behavior at school, academic problems, school health problems, and aggression (Jaffe, Wolfe, & Wilson, 1990; Kernic et al., 2002; Kernic et al., 2003; Kolbo, Blakely, & Engleman, 1996). Exposure to intimate partner violence (IPV) does not affect all children similarly, however, and some prove relatively resilient (Sullivan, Juras, Bybee, Nguyen, & Allen, 2000). Although research suggests that children's response to witnessing IPV is moderated by the victimized parent's

level of stress, coping skills, and parenting ability, information about the potentially moderating role of the abuser's attitudes and parenting skills is lacking (Sullivan et al., 2000).

Despite the negative sequelae of interparental abuse, courts seldom deny convicted batterers the opportunity to have some form of regular contact with their children (Morrill, Dai, Dunn, Sung, & Smith, 2005; Rowbottom, 2002; Sheeran & Hampton, 1999; Wolfe, Jaffe, Wilson, & Zak, 1985). If contact with children can occur safely, victims of IPV who separate from their abusers may want their partners to remain present in their children's lives. For example, a victim may continue to rely on her partner for help with child care, she may feel cultural pressure to preserve family unity, or she may recognize that her children love and miss their abusive parent and feel hopeful that they can maintain a positive relationship (Peled, Jaffe, & Edleson, 1995). Expert opinions about whether or how much contact a child should have with abusive fathers vary, and there is a dearth of empirical information about the effect of visitation with abusers on child outcomes (Peled, 2000; Stover, Van Horn, Turner, Cooper, & Lieberman, 2003).

Do Fathers Recognize the Effects of IPV Exposure on Children?

Our review of the literature revealed two studies that have explored the extent to which abusers recognize the potential consequences of their partner-abusive behavior on their children. Although the studies utilized small samples and enrolled married couples only, limiting the generalizability of results, they suggest that fathers who batter may be less concerned about the effect of their partner violence on their children than are mothers and teachers. Using a sample of 38 families, Sternberg, Lamb, and Dawud-Noursi (1997) assessed abusive and nonabusive fathers' awareness of their children's behavior problems, correlating their responses to those of mothers, teachers, and the children themselves. The study found that fathers with a history of partner violence were no more likely than nonviolent fathers to report that their children had behavior problems—despite the fact that mothers' and children's self-reports indicated otherwise. It is possible that this finding reflected a lack of awareness of children's behavior problems among all fathers in the sample. In a second study of 43 immigrant Latino families, Baker, Perilla, and Norris (2001) compared the parenting stress levels of partner-abusive fathers and nonabusive fathers. The study found that the abusive fathers felt no more parenting stress than the nonabusive fathers, whereas the victimized mothers felt considerably more parenting stress than both their nonabused counterparts and their abusive husbands.

Are Partner-Abusive Biological Fathers Less Dangerous to Children Than Partner-Abusive Nonbiological Fathers?

Both biological fathers and nonbiological father figures can contribute positively to children's well-being, and conversely both can affect children detrimentally (Hawkins & Eggebeen, 1991; Jayakody & Kalil, 2002). The majority of the scientific literature that compares child abuse perpetration by biological fathers and nonbiological fathers finds that stepfathers are less engaged with their stepchildren than biological fathers are with their own offspring and that they are more likely to injure or kill the children with whom they reside than are biological fathers (Hetherington & Clingempeel, 1992; Hetherington & Jodl, 1994; Margolin, 1992; Radhakrishna, Bou-Saada, Hunter, Catellier, & Kotch, 2001). According to paternal investment theory, stepfathers lack biological incentive for contributing to the healthy development of their partners' children, which may explain the increased vulnerability to child maltreatment typically observed among stepchildren (Hofferth & Anderson, 2003). However, one recent study found that, among men who perpetrated IPV, biological fathers were more likely to physically abuse their partners than were stepfathers or other men and that children were more likely to witness IPV if it was perpetrated by their biological father instead of a stepfather (Sullivan et al., 2000).

According to the results of one qualitative study and our own clinical experience working with abusers, biological fathers often express more remorse than other batterer intervention program participants and claim that they want to cease their use of violence primarily to set a better example for their children (Fox, Sayers, & Bruce, 2001). In contrast, stepfathers enrolled in batterer intervention groups are often uninterested in learning about the effects of violence on children, sometimes even claiming that the topic is not relevant to them. These observations provide a backdrop for our present inquiry. First, we hypothesized that biological fathers enrolled in batterer intervention would be more aware of negative effects of abuse on their children than married or unmarried stepfathers (whom we refer to as *social fathers* herein). Second, we hypothesized that biological fathers would express more concern about the long-term negative consequences of their abuse on their children than social fathers. Third, we hypothesized that biological fathers would be more likely than social fathers to report that their IPV perpetration had negatively affected their own and their partners' ability to parent. Fourth, we hypothesized that biological fathers would be more likely than social fathers to express intentions to change their abusive behavior.

Method

Data Collection

This project was approved by human subjects committees at the Harvard School of Public Health and the Boston University School of Public Health. Data were

collected from 1,182 men, aged 18–63 years old, who were enrolled in a convenience sample of 37 U.S. and Canadian batterer intervention programs between 2002 and 2003. The 37 participating batterer intervention program sites were recruited using a snowball sampling method. David G. Mandel sent an e-mail announcement about the study to the several hundred subscribers of the *Issues in Family Violence* newsletter (Non-Violence Alliance, 2002). The network of subscribers includes batterer intervention program directors and other social service professionals. Subscribers were asked to enroll their agency if they worked for a batterer intervention program or to forward the message to directors of batterer programs in their areas. Each batterer program that enrolled in the study was sent a package that included blank surveys (in English and Spanish) and instructions about how to introduce the survey to clients during group sessions. These instructions included a direction to emphasize that the survey was voluntary and that participants could withdraw at any time. Questionnaires were self-administered using a paper-and-pencil format and took roughly 15 minutes to complete. The program directors who disseminated the survey at their sites did not record response rates.

Sample

Of the 1,182 surveys completed, 464 met the criteria for inclusion in this analysis. Respondents who were not biological or social fathers to children under the age of 18 and residing with those children at least one night per week were excluded ($n = 452$), as were respondents who gave inconsistent answers on questions about the status of their current partnership ($n = 49$) and those with missing data on the variables relating to fatherhood status ($n = 112$). Respondents who were residing with both biological and social children at the time when data were collected (i.e., “blended families”; $n = 105$) were also dropped from the analysis, so that the remaining 464 respondents could be assigned to either the biological-father group or the social-father group. Of these, 384 men were classified as biological fathers, and 80 were classified as social fathers.

Measures

The 34-item survey included questions about fatherhood status, beliefs about the effects of IPV on children, participants’ feelings about the long-term effects of witnessing IPV on their children, beliefs about the effects of IPV on co-parenting relationships, actions that men would take to stop their violence, and demographics. All survey questions were designed by David G. Mandel, who relied on his clinical experience working with men who batter and formative qualitative research to create them. A draft version of the survey was pilot-tested with a group of 7–10 abusers during a batterer intervention group session. The group spent 30 minutes discussing their interpretations of and responses to the questions and offering suggestions for improvement.

After revisions were made, the survey was pilot-tested a second time with roughly 100 abusers during batterer intervention group sessions. The subsequent revised version was submitted to three professionals who work in the fields of child development, IPV victimization, and batterer intervention. The survey was finalized after feedback from this expert group was incorporated.

Fatherhood status was assessed through three questions that established the nature of respondents' paternity, whether they lived at least one day a week with the children, and the children's ages. Respondents living with at least one biological child younger than 18 years old at least one day a week were classified as biological fathers. Respondents living in the same house with at least one of their partner's children younger than 18 years old were classified as social fathers.

Respondents' beliefs about negative effects of their children's exposure to IPV were assessed through five questions. Respondents were asked: "How much do you think being exposed to your physical violence and/or verbal abuse negatively effects your children or your partner's children in each of these areas: mental health, relationship with their mother, relationship with you (the respondent), school performance, and behavior at home?" Respondents were instructed to select either "a lot," "some," "a little," or "not at all." For each question, respondents who indicated that exposure to IPV did not affect their children at all were compared to those who reported that they believed it affected their children "a little," "some," or "a lot."

Respondents' concern about the long-term impact of exposure to IPV on their children was assessed through three questions: "How worried are you that your physical violence and/or verbal abuse will have a long-term negative impact on your children and/or partner's children?" "If you or your partner have male children, how worried are you that they will grow up to abuse their partner?" and "If you or your partner have female children, how worried are you that they will grow up to be abused by their partner?" Respondents indicated whether they were "not at all worried," "not very worried," "somewhat worried," or "very worried" about the long-term negative effect in each case. We created a binary variable so that those who reported being "very" or "somewhat" worried were classified as "worried," and those who reported being "not at all" or "not very" worried were classified as "not worried." This classification had more clinical relevance than comparing those who were "not at all worried" to the other three categories.

Respondents' beliefs about the effect of their IPV perpetration on parenting were assessed through three questions, including: "How much has your physical violence and/or verbal abuse . . . negatively affected your current partner's ability to parent? . . . made it harder for you and your current partner to work together as parents? . . . affected your feelings about yourself as a parent?" Response categories included "none," "a little," "some," and "a lot." Those who indicated that IPV perpetration had had no effect were compared with those who indicated that it had "a little," "some," or "a lot" of effect for each of the three questions.

Actions that batterers would take to stop their violence if they thought that their children were being harmed were assessed through nine questions. The questions began: "If you thought that your physical violence and/or verbal abuse was harming your children and/or your partner's children, how likely would you be to take the following actions?" Nine actions were listed, including "moving out," "stopping your violence," "seeking professional family counseling," and "talking to your religious leader" (a complete list of the actions is presented in Table 3). Response categories ranged from *never* (0) to *definitely* (4) on a 5-point Likert-type scale. Respondents who indicated that they would "definitely" engage in each action were compared with those who reported that they were "very likely" or "somewhat likely," that there was "a small chance," or that they "never" would do it. We grouped those who reported that they would "definitely" or "very likely" engage in each action and compared them with those who reported less certain intentions. We also compared those who reported that they would "definitely" engage in each action with all other respondents. Because no statistically significant differences were found for either comparison, we present the latter in Table 3 because it was of greater clinical interest.

Demographic variables such as men's age, annual income, level of education, race/ethnicity, marital status, and cohabitation status with their partners were collected through single, original items.

Data Analysis

STATA 8.0 was used for all analyses. We used *t* tests and Pearson chi-square statistics to compare biological and social fathers on demographic variables of interest (see Table 1). Likelihood-ratio statistics were used to determine the relationship between fatherhood status and belief outcomes (see Table 2). We calculated the prevalence of belief outcomes among biological and social fathers and used a generalized linear model with a binomial distribution and log-link function to compute the relative prevalence of the outcome of interest among the biological fathers as compared with the social fathers. A prevalence ratio (PR) of 1.0 indicates that there is no association between the variables, and the further the PR is from 1.0, the stronger the relationship between the variables. Finally, we computed the prevalence of the intended action items for biological and social fathers and used a Pearson chi-square test to determine whether observed differences were statistically significant (see Table 3).

Results

Biological and social fathers did not differ with regard to demographic characteristics with the exception of age and cohabiting status; biological fathers were on average 2.8 years younger than social fathers, and only 54% of biological fathers were cohabiting with an intimate partner, whereas 91% of social fathers reported that they lived with a partner (see Table 1).

Table 1
Demographic Characteristics of Sample, by Fatherhood Type (N = 464)

Demographic characteristic	% Biological fathers (n = 384)	% Social fathers (n = 80)	χ^2 , t, or p value
Race			NS
White (non-Hispanic)	51	61%	
Black (non-Hispanic)	21	18%	
Hispanic	18	13%	
Other or missing	10	9%	
With annual income:			NS
<\$30,000	58	56	
\$30,000–\$49,999	27	28	
\$50,000–\$74,999	9	8	
>\$75,000	6	8	
Education			NS
Completed middle school	9	10	
Completed high school	65	70	
Completed college or other graduate school	23	20	
Marital status			NS
Married	50	44	
Unmarried	50	56	
Partner cohabitation status	<i>p</i> < .001		
Cohabiting with partner	54	91	
Not cohabiting with partner/no partner	46	9	
Program status			NS
Mandated	93	94	
Voluntary	7	6	
Age in years (mean average)	32.9	35.7	.05
No. of weeks in program (mean average)	15.8	13.8	NS

Note: NS = not statistically significant at the $p < .10$ level.

Biological fathers were more likely than social fathers to believe that their abuse had negative effects on their children. Biological fathers were 1.40 times more likely than social fathers to believe that their children's relationship with them was negatively affected by exposure to IPV and 1.35 times more likely to report that their children's behavior at home was negatively affected by his physical or verbal abuse. Biological fathers were also somewhat more likely than social fathers to report that their children's mental health, relationship with their mothers, and school performance were negatively affected by exposure to their IPV, but these differences were not statistically significant (see Table 2).

Biological fathers were more likely than social fathers to report feeling worried about the long-term effects of their abuse on their children; 53% of biological and 40% of social fathers reported this concern (see Table 2). Biological fathers were

Table 2
Beliefs and Worry About the Effects of IPV Exposure
on Children, by Fatherhood Type (N = 464)

Belief	% Biological fathers (n = 384)	% Social fathers (n = 80)	Unadjusted prevalence ratio	95% Confidence interval
Believes that his abuse				
negatively affected his children's . . .	66	56	1.18	0.95–1.31
Mental health	66	49	1.06	0.90–1.25
Relationship with mother	73	69	1.40	1.09–1.81***
Relationship with him	66	47	1.19	0.96–1.47
School performance	77	69	1.35	1.06–1.71*
Behavior at home				
Worry about long-term effect of abuse on children				
Worried that abuse will have long-term effect	53	40	1.32	0.99–1.76*
Worried that male children will be abusive	57	45	1.26	0.93–1.69
Worried that female children will be abused	62	45	1.39	1.03–1.86**
Beliefs about the effects of his abuse on parenting				
Abuse negatively affected partner's ability to parent	45	27	1.69	1.15–2.49***
Abuse has made it more difficult to co-parent	62	51	1.22	0.96–1.54

* $p < .10$. ** $p < .05$. *** $p < .01$.

1.39 times more likely than social fathers to be worried that female children would be abused later in life as a consequence of their abusive behavior (62% vs. 45%). Biological fathers were also somewhat more likely than social fathers to be concerned about male children becoming abusive, although this result did not reach statistical significance. Social and biological fathers were equally likely to be worried about the negative effects of their abuse on their male and female children (45%), but a slightly higher percentage of biological fathers reported being worried about the effects on their female children than their male children (62% vs. 57%; see Table 2).

Biological fathers were 1.69 times more likely than social fathers to report that their abuse negatively affected their partner's ability to parent (45% vs. 27%, respectively; see Table 2). Biological fathers were also somewhat more likely than social fathers to report that their IPV perpetration made it difficult to co-parent and that their

Table 3
Actions That Fathers Would Take if They Saw That Their Abuse
Was Harming Their Children (N = 464)

Action	% Biological fathers (n = 384)	% Social fathers (n = 80)
Stop his violence	62	63
Seek professional help	56	48
Seek professional help for children	43	33
Seek professional family counseling	42	39
Tell children that the violence is his fault	38	35
Talk to a friend or family member	35	30
Talk to a religious leader	23	19
Move out	22	20
Seek a separation or divorce	22	15

feelings about themselves as fathers had been affected, but these differences were not statistically significant (see Table 2).

Despite their high levels of concern, biological fathers were not more likely than social fathers to report that they would take action to change their behavior, seek help, or change their living situation in a situation in which they saw that their abuse was harming their children (see Table 3). The majority of both biological and social fathers indicated that they would stop their violence (62% and 63%, respectively) and seek professional help for themselves (56% and 48%, respectively). Smaller percentages of biological and social fathers reported that they would seek professional help for their children, seek family counseling, tell the children that the violence is their (i.e., the respondent's) fault, talk to a friend or family member, talk to a religious leader, move out, or seek a separation or divorce. No statistically significant differences between the proportion of biological and social fathers reporting that they would engage in each of the intended action items listed in Table 3 were detected.

Discussion

To our knowledge, this study is the first to explore possible differences between biological and social fathers' responses to their children's IPV exposure. Our results indicate that many abusers are concerned about the effect of their violence on their children and the children of their partners. The majority of men in this sample believed that their physical and/or verbal abuse negatively affected the children in their lives and expressed worry about the long-term effect on them.

We found some support for our first hypothesis that biological fathers would be more likely than social fathers to report that they observed negative effects of IPV

exposure among their children. We also found support for our second hypothesis that biological fathers would be more likely to express worry about the long-term effect of their abuse on their children, particularly on female children. In response to our third hypothesis regarding parenting, co-parenting, and partner's ability to parent, we found that biological fathers were more likely than social fathers to report that abuse negatively affected their partners' ability to parent but not more likely to report that IPV made it more difficult to co-parent or that this abuse negatively affected their feelings about themselves as fathers. Finally, we found no support for our hypothesis that biological fathers would be more likely than social fathers to report that they would take action to stop their violence, seek professional help, or take other protective actions if they saw that their abuse was harming their children.

The present findings that biological fathers were more likely than social fathers to report awareness of negative effects of IPV exposure on their children, were more likely to report that they were worried about the long-term effect of abuse, and were more likely to report that their abuse negatively affected their partners' ability to parent are consistent with paternal investment theory, which suggests that biological fathers have a greater incentive than social fathers to be concerned about their offspring's well-being. However, this theory is not supported by the present finding that biological fathers' relatively increased awareness of and concern about their children's well-being did not translate into increased likelihood of intending to take actions to end children's exposure to violence. Although the social psychology literature suggests that behavioral intentions are not always highly correlated with behavior (Gibbons, Gerrard, Blanton, & Russell, 1998), we expected that biological fathers would be more likely to express behavioral intentions consistent with their awareness and attitudes.

Our findings suggest a disconnect between biological fathers' professed concern for their children who are exposed to IPV and their intentions of changing their abusive behavior. If this finding is replicated in future investigations, the consequences for child custody decisions could be significant. For example, it may be beneficial to counsel judges and custody evaluators (e.g., guardians ad litem) that, although abusers may demonstrate regret regarding the potential effects of their violence on their children, unsupervised visitation or physical custody of children should be granted only on demonstration of nonviolent behavior over an extended period of time. Moreover, if raising awareness about the effects of IPV on children does not result in behavior change among fathers who abuse, batterer intervention programs will need to develop new methods to improve their effectiveness. Several curricula for batterer intervention programs and parenting education programs designed to improve formerly abusive men's capacity to parent their children are currently being pilot-tested in the United States (e.g., Emerge's "Caring Dads" program, or the Family Violence Prevention Fund's "Fathering After Violence" program guidelines). Empirical evaluation of these and similar programs will be necessary to assess their effect on the safety of the partners and children of abusive men.

Our findings are best viewed in light of several limitations. First, data on the age of children, the length of time the social fathers had been involved in children's lives, and level of contact and cohabitation with children were not available for the present analyses. It is possible that men with younger children, social fathers who had known their children for a greater number of years, and men who spend more time with or are more involved in the activities of their children would be more concerned about the effects of their violence and more motivated to change their behavior or seek related assistance. Second, we lacked data on violence perpetrated by men directed at their children. Men who perpetrate violence against their children, regardless of other relationship attributes, likely view the effect of their violence on children differently than men who do not perpetrate such abuse. Future research should explore these factors to determine whether they additionally influence men's readiness to cease their use of abuse and to learn positive parenting skills. Future research should also collect data from partners and children, to study potentially mediating or moderating variables that might affect men's perceptions of children's resilience to IPV exposure, such as children's involvement in services to assist them with family violence, the level of social support received by children, qualities of children's relationships with their mothers, and mothers' responses to abuse of themselves or their children. Third, the reliability and validity of survey items were not empirically evaluated. In future studies, it may be helpful to clarify terms that may be ambiguous to men, such as "harm." For example, when asked if they would end their violence if they knew for certain that it was harming their children, some men may have been responding to the question as though it pertained to physical injury and others may have been responding as though it pertained to emotional upset. In addition, longitudinal studies that assess actual behavioral outcomes in addition to behavioral intentions will also benefit the field. Fourth, no information about response rate was collected when the surveys were disseminated. Future studies should collect information about study enrollment and refusal rates. Fifth, our sample size was small. It is possible that we had insufficient statistical power to detect true differences in biological and social fathers' beliefs and intended actions. Additional research using larger sample sizes would benefit the field.

To our knowledge, this study is the first to examine attitudes about child exposure to IPV among fathers who perpetrate IPV. Our findings suggest that biological and social fathers who abuse intimate partners may differ in terms of awareness of and concern about negative effects regarding their children's exposure to IPV but not in their intentions to engage in activities to mitigate such effects. Given the known high prevalence of abuse of children by men who batter and the known effects of battering on the children of adult victims, additional research to better understand the parenting of abusive men, utilization of this knowledge to better protect battered mothers and their children, and programming to improve the parenting of such men should be considered public health priorities.

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