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ASSESSMENT PROTOCOL FOR CHILD VICTIMS OF DOMESTIC VIOLENCE

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The present work summarizes the main psychological assessment areas in children and adolescents exposed to domestic violence. The characteristics of the violence, its effects on the mental health and daily functioning of children and adolescents, and individual, family and social mediating variables are focal areas in the assessment process. The idea of considering children exposed to domestic violence in the assessment-intervention process is highlighted. Various instruments suitable for assessing the relevant variables are proposed.
Key words: *Domestic Violence; Assessment; Psychopathology; Mediating variables.*

Se sintetizan las áreas principales de evaluación psicológica en niños y adolescentes expuestos a violencia doméstica. Las características de la situación vivida (violencia doméstica), los efectos de la misma sobre la salud mental y el funcionamiento cotidiano de los niños y adolescentes y las variables mediadoras de carácter individual, familiar y social son objeto de atención en el proceso de evaluación. Se remarca la importancia de considerar a los niños expuestos a violencia doméstica en el proceso de evaluación y de intervención psicológica. Se proponen diferentes instrumentos apropiados para evaluar cada una de las variables intervinientes.
Palabras clave: *Violencia doméstica; Evaluación; Psicopatología; Variables mediadoras.*

The term domestic violence refers to a pattern of aggressive and coercive behaviours by adults on their intimate partner (Jouriles, McDonald, Norwood & Ezell, 2001). It is currently one of the most significant problems facing society. The *Reina Sofía* Centre for the Study of Violence, (2007b) reported that the number of women victims of such violence in Spain increased by 153.74% between 2000 and 2004. While the 1996 figure for abuse cases 0.66 per 1000 women, by 2004 it had reached 3.07 per 1000, with 80% of these women abused by their partners at home. The available statistics do not reflect how many children witnessed such violence. For every million women, four were murdered by their partner in 2006, and the figures indicate that in at least 10.14% of these cases the murder was committed in the presence of children (Centro Reina Sofía para el Estudio de la Violencia, 2007a). A conservative estimate puts the number of children who witness physical and verbal violence between partners at around 3.3 million per year (Farnós & Sanmartín, 2005). In the general population of school-age children between 20 and 25% have seen their parents hit one another (McCloskey & Walker, 2000). Moreover, in between 30 and 60% of cases in which the woman is abused, the children are also victims of violence (Edleson, 1999).

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The study of the variables involved in determining the emotional and/or psychopathological impact on child and adolescent victims of domestic violence is an area of considerable interest in professional clinical practice. The difficulties faced by this type of study are, however, many and diverse. First of all, there is the privacy and intimacy of the context in which such violence takes place. This problem is compounded, in turn, by the bias and distortion that potentially affect the information provided by those involved, since such violence often takes place in an atmosphere imbued with secrecy, fear and feelings of guilt and shame, which makes it difficult to obtain accurate indications of its prevalence, characteristics and consequences (Medina, 2002). And the third difficulty is that in Spain we lack measurement instruments that are sound, suitable for our context and validated by the scientific community. This affects both instruments designed for the detection of cases and those used for assessing risk and the possibility of prevention. It is estimated that more than 70% of domestic violence cases go undetected (Siendones et al., 2002).

In the present work we propose a repertoire of assessment instruments that can be used for understanding the problem of child and adolescent victims of domestic violence and meeting the needs of those affected. Whilst society is becoming aware of the gravity of the problem of abused women, that concerning children, who also live with conflict and violence every day, but with fewer resources to cope with it, has been largely ignored. The approach of this compilation is ecological, given the need to assess the whole range of variables involved in the context of

domestic violence in order to understand the people affected and to highlight the importance of considering the perspective of the child.

ASSESSMENT OF CHILDREN IN SITUATIONS OF DOMESTIC VIOLENCE

Some authors defend the non-inclusion of exposure to domestic violence in the abuse category because it would dramatically increase the amount of data to be processed regarding child abuse and because the current definition of being a witness to domestic violence is still too imprecise (Edleson, 1999; Kerig & Fedorowicz, 1999; Magen, Conroy, Hess, Panciera & Levi, 2001). However, others advocate its inclusion in the category of child abuse, given its association with psychological and behaviour problems in children (Wolfe, 1997). In the USA, in homes where there is domestic violence children suffer abuse or negligence 15 times more than the national average (Osofsky, 1995). The severity of parental violence predicts the severity of the abuse experienced by the child (Bowker, Arbitell & McFerron, 1988). Moreover, men who abuse their partners are more likely to also abuse their children (Straus, 1993). When the perpetrator is the father, the child learns that violence is a normalized instrument for resolving conflicts, facilitating the perpetuation of the cycle of violence in adulthood; when the mother is the abuser, the situation can lead to difficulties in the child related to bonding and emotional security, as well as problems of anxiety, depression and guilt (Kerig & Fedorowicz, 1999). Furthermore, children who witness violence between their parents and at the same time suffer abuse present more problems of adjustment than children without this dual experience.

More and more studies are revealing the negative effects of domestic violence on the child's development, such as interiorized and exteriorized problems, difficulties in social relations, use of aggressive problem-solving strategies (Magen, 1999) or reduced school performance and empathic capacity (Rossman, 1998).

The fact that exposure to domestic violence increases both the risk of being a victim of abuse and the risk of psychological problems justifies the proposal of: 1) an assessment protocol that permits early detection of any situations of this type to help prevent both types of problem, and 2) an assessment protocol in children exposed to gender violence that deals with their specific problems in both the mental health and legal fields.

When a child is exposed to violence it is necessary to assess: 1) the characteristics of the exposure; 2) the effects of the exposure to violence on mental health and everyday functioning, and 3) the mediating and protective factors between the exposure and the consequences, which can derive from the child him/herself (individual characteristics) or from the family context.

Assessment of the characteristics of the exposure

The detection of a child exposed to domestic violence can occur via different routes. The commonest of these is that the mother reports it in some way or other. But such situations can also be detected by a professional, such as a paediatrician or teacher, or can come to light through what the child him or herself says. The information following the initial exposure will be largely provided by the mother. The Women's Health Observatory of the Andalusian School of Public Health (*Observatorio de la Salud de la Mujer de la Escuela Andaluza de Salud Pública*, 2005) carried out an excellent review of instruments for screening and diagnosis in relation to physical, psychological and sexual abuse and patterns of violence toward women. However, when children are involved in the circle of domestic violence there are some specific questions about exposure that should be taken into account and assessed from their perspective. Despite the importance of the information provided by the child, the majority of studies on child abuse in general, and on exposure to domestic violence in particular, do not include it in the assessment process. Studies rarely explore the family context through the eyes of the child. The models proposed by Davies and Cummings (1994) highlight the importance of this aspect, since the meaning and implications the child attributes to the violence influence the way he or she reacts to it. The "law of silence" socially established in relation to domestic violence, the lack of instruments suitable for the cognitive level of children and ethical considerations involved in dealing directly with children about such matters tend to be the main obstacles to such an approach. Furthermore, both organizations for helping women victims of intimate partner abuse and child protection services tend to neglect the assessment of how domestic violence affects children, despite the fact that this makes interventions more difficult (Shepard & Raschick, 1999). The result is that children who are witnesses to domestic violence become, as Osofsky (1995) points out, *invisible victims*.

There is growing acknowledgement of the need to understand the contribution to the child's psychological adjustment of the characteristics of violence, including type, severity, frequency, chronicity and age at onset, relationship to the aggressor, number of aggressors, or concurrence of different types of violence (Kinard, 2004). Different types of abuse and negligence have been linked to different types of difficulty (Manly, Cicchetti & Barnett, 1994). However, few systems are available for the assessment of domestic violence that focus on both the mother and the child, and which assess gender violence directly.

In the USA programmes have begun to be introduced aimed at child protection professionals, which include training in the use of screening instruments for domestic violence. Screening instruments should be brief, exclude questions that are too direct or invasive, be easily integrated into professionals' regular

practice, permit the establishment of a good rapport with mothers, be culturally adapted to the informant and be useful to research. In general, child abuse screening instruments present high sensitivity but low specificity, increasing the proportion of false positives. Therefore, some authors have argued that their use can generate problems, such as punitive attitudes toward the family, false labelling, or family stress and tension, to name but a few. On the other hand, the failure to detect cases of child abuse or of gender violence would increase the negative consequences for both mother and child (Magen, et al., 2001). Even so, it should be borne in mind that information from children on possible abuse or experiences of gender violence can be affected by social desirability, unrealistic expectations and the mother's erroneous attributions (Stowman & Donohue, 2005), so that it is necessary to include social desirability scales in the construction of instruments. The *Domestic Violence Questionnaire* (Task Force on Family Violence, 1993), which assesses through the mother issues such as type of exposure to the child and the action she took in response to the violence, is an example of a screening questionnaire for health professionals. The *Child Abuse Potential Inventory* (Milner, 1986) is a self-report for parents, validated in Spain (Arruabarrena & de Paúl, 1992), which detects behaviours indicative of child abuse. The aim of the *Conflict Tactics Scale* (Straus, Hamby, Finkelhor, Moore & Runyan, 1998), which is available in a version for parents and for children, is to detect negligence, sexual abuse, psychological violence, physical aggression and non-violent disciplinary methods; it is widely used in research in North America.

Attempts to assess children directly reveal the need for the type of instrument used to be suited to the child's developmental stage, taking into account his or her cognitive and linguistic capacities. The *Violence Exposure Scale for Children*, pre-school version (Fox & Leavitt, 1995), is made up of pictures that depict each event, permitting children aged 4 to 10 to identify with the character in the story. The children are asked whether they have witnessed or been the direct victim of any of the actions of physical violence depicted. Information is obtained on the frequency of the event, the person who was with the child at the time and where and when it occurred. There is also a version for parents. The *Children's Perception of Interparental Conflict Scale* (Grych, Seid & Fincham, 1992) assesses the perceptions of children aged 9 to 12 about marital conflict (frequency, intensity, type of resolution and satisfaction, and child's assessment of the conflict). The *Juvenile Victimization Questionnaire* (Hamby, Finkelhor, Ormrod & Turner, 2004) is used for obtaining information on the victimization history of children aged 8 and over (the version for caregivers is for under-eights). Its authors consider that the presence of one type of abuse or victimization increases the risk of the child suffering other types of abuse, and use the term "polyvictimization" (Finkelhor, Ormrod, Turner & Hamby, 2005). The instrument has two formats, one self-report and the other interview, and permits the detection of 34 types of offensive act against children (including abuse and exposure to domestic violence). Once the type of victimization experienced has been detected, the child is asked for more details, about, for example, the frequency of the event, injuries suffered, hospitalizations, and the figure of the perpetrator.

One of the most widely-used coding systems for the study of the typology of violence is that proposed by Barnet, Manly and Cicchetti (1993) for child protection service professionals. This instrument includes frequency, chronicity, number of perpetrators, developmental period in which the violence took place and history of separations of the principal caregivers. Barnet's proposal was conceived for the study of children who had suffered abuse. However, up to now no studies have used the instrument with children of abused women. A second system of coding in a dimensional way the abuse experienced by children is the *Record of Maltreatment Experiences* (McGee, Wolfe & Wilson, 1990), designed for obtaining a global assessment of the child's victimization history. It assesses frequency and severity at three developmental points. Moreover, it offers the possibility of assessing the mother's exposure to abuse independently of other forms of abuse, which makes it appropriate for this context. In our own country of Spain, the Taxonomy of Domestic Violence (*Taxonomía de Violencia Doméstica*) (Unitat d'Epidemiologia i de Diagnòstic, 2006) was specifically designed for studying the consequences of domestic violence on the mental health of children. It takes into account the number of aggressors to whom the child has been exposed and his/her relationship to them, the aggressor's characteristics and current age, type of exposure, explanation about the aggression given by the mother to the child, type of violence and severity, presence of injuries, attention required as a result of the violence, frequency of abuse, child's age at first and last exposure to domestic violence, final episode experienced, escalation of the violence, role of the mother in relation to the abuse and resolution of the conflict, and type of direct abuse suffered by the child. One of the advantages of this instrument is that the assessor has to combine the information relating to the mother and to the child, as well as including information on the aggressor's characteristics, very often ignored in assessments of gender violence. The instrument permits information to be collated by professionals in a systematic and consistent manner in cases of child abuse and exposure to domestic violence, and taking into account the least evident form of harm, the psychological type.

Assessment of the effects of exposure to violence

The conditions associated with situations of abuse, such as gender violence, impede normal child development and place the child at high risk of developing psychopathology (Cicchetti & Toth, 1997). In order to identify the psychological consequences

for children of domestic violence it is necessary to assess their cognoscitive, emotional and behavioural state (Osofsky, 1999). The alterations they present vary according to their developmental stage.

In pre-school children, exposure to domestic violence is associated with excessive irritability, retarded language development and sphincter control, sleep disorders (insomnia, sleep-walking), separation anxiety, and problems with the normal development of self-confidence and subsequent exploratory behaviours, all of them related to autonomy (Osofsky, 1999). Post-traumatic stress disorder (PTSD) symptoms, such as repeated re-experience of the traumatic event, avoidance, and increased arousal, are also present in small children. For pre-schoolers the information is usually provided by the mother or other significant adults. *The Child Behaviour Checklist* (CBCL 1½-5 and TRF 1½-5; Achenbach & Rescorla, 2001), responded to by the mother or by teachers, provides a general symptomatological profile of the behavioural and emotional problems of children at these ages. The *Gabi Interactive Questionnaire* (Spanish adaptation of the *Dominic Interactive;* Valla, Bergeron & Smolla, 2000) is a self-report screening instrument for psychopathological symptoms suitable for children aged 6 to 11 years. It is presented in audiovisual format with drawings about a boy or a girl, in either case referred to as Gabi. Each item describes a situation involving the character, and the child must indicate whether the same applies or has happened to him or her. There are 8 rating scales in total (specific phobias, separation anxiety, generalized anxiety, depression/dysthymia, opposition, behaviour problems, attention deficit/hyperactivity and strong points/capacities).

Children of school age show symptoms of anxiety, depression, aggressive behaviour and post-traumatic stress, as well as associated problems, such as difficulties for sleeping, concentrating or coping with their particular environment. Their attitudes, social skills and school functioning are affected, and, as they grow, so does their risk of school failure, committing vandalism and presenting psychopathology, including substance use (Osofsky, 1999). Adolescents who witness domestic violence present higher rates of involvement in crime (Fagan, 2003) and tend to justify the use of violence in their intimate relationships (Lichter & McCloskey, 2004). The structured diagnostic interview with mother and child separately is that which provides the most important clinical information. Protocols adapted to the Spanish context are available, and include the *Diagnostic Interview for Children and Adolescents* (Reich, 2000; Entrevista Diagnóstica para Niños y Adolescentes, De la Osa, Ezpeleta, Doménech, Navarro & Losilla, 1997; Ezpeleta et al., 1997) and the *Children's Interview for Psychiatric Syndromes* (Weller, Weller, Rooney & Fridstad, 1999), adapted by Molina, Zaldívar, Gómez and Moreno (2006), which permit diagnoses according to the criteria of the DSM-IV (APA, 2001). Both are suitable for children aged 8 to 18. Dimensional questionnaires, such as the *Child Behaviour Checklist* (CBCL 6-18) or the *Youth Self Report* (YSR 11-18) (Achenbach & Rescorla, 2001), constitute a good complement for the dimensional assessment of general psychopathology.

In some cases it is appropriate to use more specific instruments. Twenty percent of children exposed to gender violence present a diagnosis of PTSD, the risk being greater when the children witness parental violence directly or suffer abuse themselves (National Council of Juvenile and Family Court Judges, 1993). The *Trauma Symptom Checklist for Children and Young Children* (Briere, 1996), a self-report for children aged 10 to17, rates PTSD symptoms and associated psychopathology in the wake of a traumatic event, such as witnessing abuse of one's mother. The version for parents and caregivers is designed to obtain information on children aged 3 to 12 (Briere et al., 2001). Likewise, obtaining information on depression and anxiety symptoms can be useful for providing measures applicable to intervention programmes with children exposed to domestic violence. The *Children's Depression Inventory* (Kovacs, 1992), adapted by Del Barrio, Moreno and López (2000), is a 27-item self-report for assessing depressive symptoms in those aged 8 to 17. In the case of pre-schoolers it is necessary to use questionnaires for parents, such as the *Preschool Children Depression Checklist* (Levi, Sogos, Mazzei and Paolesse, 2001) for children aged 2 to 4. Its 39 items assess three dimensions: lack of vitality, tendency for withdrawal, and aggressiveness. The *Revised Children's Manifest Anxiety Scale* (Reynolds & Richmond, 1978), adapted by Sosa, Capafons and López (1990), is a 53-item instrument measuring anxiety levels in 6 to 19-year-olds. It comprises three scales: physiological anxiety, worry/oversensitivity and social concerns/concentration.

The cognitive development of the child who witnesses family violence can also be affected. It has been shown that there is a negative correlation between domestic violence and general cognitive development. Koenen, Moffitt, Caspi, Taylor and Purcell (2003) found that children exposed to domestic violence had IQ scores 8 points below those who had not been exposed. We shall not list here the cognitive development tests that can be used, as they are sufficiently well known to professionals.

Child abuse victims present deficient self-concept and low self-esteem (Bolger, 1997), which are associated with adjustment difficulties, such as anxiety, depression and behaviour problems. Furthermore, self-esteem mediates the impact of the quality of the mother-child relationship on the child's functioning (Kim & Cicchetti, 2004). The AC Questionnaire (*Cuestionario AC*, Martorell, Aloy, Gómez & Silva, 1993) rates the self-concept of children and adolescents in a range of contexts, while the *Self-Esteem Scale* (Rosenberg, 1965) assesses positive and negative self-image in children and adolescents through 10 items, and has been adapted for Spanish population (Vázquez, Jiménez & Vázquez, 2004).

The presence of psychopathological symptomatology in children of abused women results in a series of difficulties in diverse areas of the child's everyday life. *The Child and Adolescent Functional Assessment Scale* (Hodges, 1995) and the *Preschool and Early Childhood Functional Assessment Scale* (Hodges, 1999) assess level of functioning in eight areas (role-fulfilment in the home, at school and in the community, cognition, behaviour towards others, mood, emotions, and substance use) at the different developmental stages. The scales are to be applied by clinical professionals familiar with the case (Ezpeleta, Granero, de la Osa, Doménech & Bonillo, 2006).

Assessment of mediating variables

Individual characteristics

In the process of assessment of the effects of domestic violence on children we should not overlook resistance, or a child's capacity for adapting appropriately to his/her environment despite the presence of serious threats to his/her development. Crucial protective factors in the face of exposure to violence include having an adult caregiver and a supportive home/community and the appropriate individual characteristics in the child. Among the characteristics of the child that aid development of the resistance referred to are good intellectual capacity, high self-esteem, individual talents, religious affiliations, a good socioeconomic situation and a sufficiently sound and caring social network (Osofsky, 1999). Other characteristics of the child that may act as protective factors in situations of adverse events, or that may be affected by them, are social skills. The Socialization Battery (*Batería de Socialización*), in its two versions for parents and teachers of children aged 6 to 15 (Silva & Martorell, 1983) and self-report version for adolescents aged 11 to 19 (Silva & Martorell, 1995), comprises 75 items divided in four scales of facilitatory social aspects (leadership, good-humouredness, social sensitivity and respect/self-control) and three scales of disruptive aspects (aggressiveness-stubbornness, apathy-withdrawal, anxiety-shyness). A global rating of social adjustment is also obtained. The Interpersonal Difficulty Scale for Adolescents (*Escala de Dificultad Interpersonal para Adolescentes*) (Méndez, Inglés & Hidalgo, 2001) is a self-report instrument that uses a grille format to obtain information on children's abilities in 4 areas of functioning (friends, family, school and community) with different person-stimuli (schoolmates, parents, teachers, groups, etc.). The *Children's Assertive Behavior Scale* (Wood, Michelson & Flynn, 1978) classifies children as aggressive, submissive or assertive. It comprises 27 items, and was adapted for Spanish children aged 6 to 12 by De la Peña, Hernández and Rodríguez (2003).

Children exposed to diverse abusive situations, including witnessing domestic violence, present maladaptive coping strategies when they are older (illusory thoughts, avoidance of problems, social withdrawal and self-critical behaviour) (Leitenberg, Gibson & Novy, 2004), and tend in general to use strategies characterized by lack of commitment, as opposed to strategies oriented to the problem (Ornduff & Monahan, 1999). In school situations, such children use aggressive strategies with their schoolmates and verbal aggression with teachers (Lisboa, Koller & Ribas, 2002). The *Self-Report Coping Measure* (Causey & Dubow, 1992) is a self-report for children aged 9 to 12 for assessing coping strategies (social support-seeking, problem-solving and avoidance strategies: distancing, exteriorization, interiorization). The *Adolescent Coping Scale* (Frydenberg and Lewis 1996, Spanish translation) assesses three types of strategy: productive (strategies focused on solving the problem, also maintaining physical fitness and with socially connected), non-productive (avoidance strategies) and other-oriented (seeking help from others).

Assessment of the family and social context

The study of the consequences of domestic violence for children involves understanding the problem of violence as something more than an event between two people. Despite the strong link between the fact of witnessing domestic violence and the emergence of problems in children, the impact of this experience varies widely (Lieberman, van Horn & Ozer, 2005). As already mentioned, this impact depends on the personal characteristics of both the child and the mother, but also on the structure and characteristics of the violent act itself. Therefore, comprehensive knowledge about the family situation in its broadest sense, the community context in which the child develops and the peculiarities of the violent event can help us to learn about and improve the child's ability to cope with the problem or the likelihood of an increase in its negative consequences (Carter, Weithorn & Berhman, 1999). Given the strong and well-documented association between domestic violence and child abuse, the contextual risk factors involved should also be the object of assessment.

The best way of assessing the family, according to Cook (2005), would seem to be through the use of items that directly affect pairs of relationships, as well as making a circular assessment in which each member of the family can assess all the others, so that parents assess children, who assess their siblings, and vice-versa. The use of instruments with parallel versions for the different family members is the preferred technique.

Poverty, belonging to a one-parent family and parents' low educational level are factors that increase the risk of domestic violence (Carter et al., 1999). On the other hand, financial dependence and the presence of small children explain, in part, the continued cohabitation of victim and aggressor (Echeburúa, Amor & de Corral, 2002). The *Kemple Family Stress Inventory* (Korfmacher, 2000) is a brief rating scale for assessing parents' risk of having difficulties with the upbringing of their children based on the presence of diverse psychosocial situations, such

as previous history of neglect or abuse in parents, substance use history, mental illness or legal problems, emotional functioning, unwanted pregnancy, attitude to and perception of the child, or parents' level of stress. Data on validity suggest a relationship between scores on the inventory and increase in rates of abuse, potential for abuse and educational difficulties. This instrument should be used, according to its authors, as part of a broader battery.

The consequences of violence can mean children have to experience situations of loss and frequent and unwanted changes, separation, death or imprisonment of their parents, changes of residence, city and friends, financial hardship, and so on. Research has repeatedly found evidence that developmental outcomes are better predicted by accumulated risk factors than by a simple pathogenic condition (Sameroff, 2000). It is important to know which situations (and how many) apply, as well as how their consequences are perceived by the child. Lists of stressful life events that incorporate the possibility of assessing their impact on the child's life constitute useful instruments. The *Life Event Checklist* (Johnson & McCutcheon, 1980) is an example.

The intensity of psychological reactions to the trauma of domestic violence depends on the social support available, and especially on the child's perception of it (Osofsky, 1997). The presence of a competent adult figure and a strong relationship with that person is the most important protective factor in the presence of difficulties. However, in this case, the parents, who are generally the principal source of support for children when they need protection, security and care, may not be in a position to provide these when they are exposed to or victims of violence. In addition to the direct impact of violence, such children receive indirect impact, due to stress, to psychopathology in the mother or to a lack of communication that affects the quality of the mother's emotional availability for her children (Huth-Bocks, Levendosky & Semel, 2001). Labrador, Rincón, De Luís and Fernández (2004) situate at between 55% and 84% the prevalence of post-traumatic stress disorder in women victims of domestic violence, among whom it is also common to find anxiety and depression disorders, as well as the use of tranquillizers and alcohol (Echeburúa, Amor & Corral, 2004). Assessment of the mothers' mental health therefore constitutes a crucial aspect. Clinical examination should utilize a structured diagnostic interview that permits a thorough assessment of the presence of psychopathology. The *Structured Clinical Interview* (SCID) (SCID-I; First, Spitzer, Gibbon & Williams, 1997; SCID-II; First, Gibbon, Spitzer, Williams & Smith, 1997), which meets these requirements, has been adapted to the Spanish context by Torrens, Serrano, Astals, Pérez & Martín (2004).

The PTSD Symptoms Severity Scale (*Escala de Gravedad de Síntomas del TEPT*) (Echeburúa & Corral, 2002) and the *Beck Depression Inventory* (Beck & Steer, 1993) would also be appropriate instruments for assessing the presence and seriousness of the commonest disorders. Nor should we overlook, in the context of violence, the assessment of the aggressor's dangerousness, given the need for information on the potential danger of the victim's situation. De Luis (2004) has developed the *Dangerousness Assessment Interview*, which comprises questions about the characteristics of the threat related to the descriptive profile of the aggressor, the pattern of his (or her) aggression, and the victim's situation and coping resources.

Research shows that a part of the consequences of domestic violence for women victims is that they can come to think they are incapable of looking after their children (Matud et al., 2004). Children, indeed, may have a parallel sensation, on being unable to understand why they are not protected in their own homes. Therefore, children's perception about their caregivers' "capacity" for providing them with support should also be assessed. *Perceived Parental Support* (Stice, Barrera & Chassin, 1993) is a self-report for adolescents that measures their perception of parental support as regards affect, companionship, help, expression of admiration and intimacy, which has been related to the presence of anxiety and depression in response to risk situations. It consists of just six items, which must be responded to for each parent separately.

Family relationships are acknowledged as relevant in child development. Within this framework, sibling relations are the most lasting, and extend to the greatest range of contexts. Tucker, McHale and Crouter (2001) report that both younger and older siblings are perceived as sources of support in the case of having to cope with family problems, especially in adolescence and in relation to personal adaptation (Branje, Lieshout, van Aken & Haselager, 2004). Such situations would include cases of domestic violence. The *Relational Support Inventory* (Scholte, Cornelis, van Lieshout & van Aken, 2001) provides information for mother, father, siblings and close friends in relation to quality of information, respect for children's independence, emotional support, convergence of objectives and acceptance of children. It is applicable to 12 to 18-year-olds.

Domestic violence is commonly concealed behind implicit or explicit pacts of silence. Children experience their situation as something that must be kept secret, something to be ashamed of, and denial and concealment are constants rather than the exception. This makes it difficult for them to express themselves about the problem, share it with others and seek help from peers. Likewise, the interpersonal style of the perpetrators may be dysfunctional, and hinder the involvement of their children in broader social networks. Knowing about their capacity for communication and involvement in such networks is important. In this case, friends would be the most accessible social sphere for children in situations of domestic violence. Some studies on abused children report isolation and restrictions on social contact with other children (Lynch & Cicchetti, 1991), and

therefore, risk of problems with their peers. Self-reports such as the *Friendship Quality Questionnaire* (Parker & Asher, 1991), with 41 items, have been used in this field, and explore children's friendship relations in six dimensions: care, resolution of conflicts, betrayal, help and advice, camaraderie and fun, and intimacy.

Quality of the mother-child relationship is a mediator in the emergence of behaviour problems in children who witness domestic violence (Levendosky, Huth-Bocks, Shapiro & Semel, 2003). Mothers who have experienced marital violence have a greater tendency to be impulsive, using more punitive strategies with their children or showing more aggressiveness toward them (Osofsky, 1998). Likewise, the few published studies on rearing styles among abusive parents show that they are less accessible to their children, less involved in conversations with them and less affectionate. Parenting styles based on warmth and respect for autonomy appear to be those that present the least correlation with high rates of poor functioning (Barnes, Farrel & Banerjee, 1994; Stice & Barrera, 1995). The most frequently-used scales refer to the dimensions of emotional warmth, hostility, respect for the child's autonomy and the setting of limits (Scholte et al., 2001). Among the most relevant instruments here would be: the *Parental Bonding Instrument* (Parker, Tupling & Brown, 1979), which includes rating scales for care, overprotectiveness and authoritarianism; the *Parental Discipline Practice Scales* (Goodman et al., 1998), which assess parents' disciplining styles, distinguishing between non-punitive discipline and physical punishment; and the *EMBU* (*Inventory for Assessing Memories of Parental Rearing Behavior*; Perris, Jacobson, Lindström, Knorring & Perris, 1980), adapted for Spanish population by Castro, Toro, Van der Ende and Arrindell (1993). The last-named of these instruments assesses the child's perception of the rearing style of his/her father and mother separately, and in four dimensions: rejection, overprotectiveness, emotional warmth and involvement. There are similar versions for adolescents and for parents.

The degree of family supervision can be affected when the mother becomes involved in situations of abuse. Emotional blocking, on the one hand, and the time invested in seeking resources and solutions, on the other, can have a negative effect on her knowledge about her child's activities and emotions. The *Parental Monitoring Scale* (Goodman et al., 1998) provides a measure of the extent to which the principal caregivers control or supervise their child's behaviour. The inclusion in the assessment protocols of questions related to openness between parents and children, such as on how often they discuss matters at school or whether there are secrets or complicity between them, provides a rating of the quality of communication (Stattin & Kerr, 2000).

The concept of "expressed emotion" refers to affective attitudes and behaviours, and is related to the quality of the emotional climate between a family member and another member with a mental health problem. Women abuse victims live within a situation of continuous stress that can increase the risk that they will, in turn, abuse their children, either physically or psychologically. The form in which emotion is expressed in mother-child relationships may include criticism or complaints toward a person (negative affect) (Cook & Kenny, 2004) or, in contrast, approval and complements (positive affect). Hostility, critical attitudes and emotional over-involvement are the most

TABLE 1
DOMESTIC VIOLENCE ASSESSMENT PROTOCO FOR CHILDREN AND ADOLESCENTS

VARIABLES	INSTRUMENT	INFORMANT	AREA ASSESSED
Exposure to domestic violence and abuse	Domestic Violence Questionnaire (Task Force on Family Violence, 1993)	Mother	Type of exposure to violence and action taken by mother.
	*Child Abuse Potential Inventory (Milner, 1988)	Mother	Detection of behaviours indicative of child abuse.
	Violence Exposure Scale for Children (Fox & Leavitt, 1995)	Child 4-10 yrs.	Exposure to or victim of physical violence. Visual format.
	Children's Perception of Interparental Conflict Scale (Grynch et al., 1992)	Child 9-12 yrs.	Child's perceptions about marital conflict.
	Juvenile Victimization Questionnaire (Hamby et al., 2004)	Mother children < 8 Children > 8	Victimization history. Includes abuse and exposure to domestic violence.
	Record of Maltreatment Experiences (McGee, Wolfe & Wilson, 1990)	Professional	Professional victimization history at three developmental stages. Includes violence toward the mother.
	*Taxonomía de Violencia Doméstica (UED, 2006).	Professional	Characteristics of domestic violence.
Psychological effects	Child Behavior Checklist 11/2 -5 (Achenbach & Rescorla, 2001)	Mother of children 1.5-5 yrs.	General symptomatological profile of children's behavioural and emotional problems.
	Dominic Interactive (Valla et al., 2000)	Children 6-11 yrs.	Psychopathological tendency.
	*Diagnostic Interview for Children and Adolescents (Reich, 2000).	Caregivers and children 8-18	DSM-IV (APA, 2001).
	Youth Self Report (Achenbach & Rescorla, 2001)	Adolescents 11-18	General symptomatological profile of behavioural and emotional problems.

TABLA 1
PROTOCOLO DE EVALUACIÓN DE VIOLENCIA DOMÉSTICA PARA NIÑOS Y ADOLESCENTES (continuación)

VARIABLES	INSTRUMENTO	INFORMADOR	ÁREA EVALUADA
• **PTSD**	Trauma Symptom Checklist for Children and Young Children (Briere, 1996).	Children 10-17 yrs. Caregivers of children 3-12 yrs.	PTSD symptoms and associated psychopathology.
• **Depression**	*Children's Depression Inventory (Kovacs, 1992)	Children 8-17 yrs.	Depressive symptoms.
	Preschool Children Depression Checklist (Levi et al., 2001)	Mother children 2-4 yrs.	Depressive symptoms.
• **Anxiety**	*Revised Manifest Anxiety Scale (Reynolds & Richmond, 1978)	Children 6-18 yrs.	Anxiety symptoms.
• **Cognitive development**	Cognitive development and level scales		
• **Self-esteem**	*Cuestionario AC (Martorell et al., 1993)	Children & adolescents	Self-concept.
	*Self-esteem Scale (Rosenberg, 1965)	Children & adolescents	Self-esteem.
Social functioning	Child and Adolescent Functional Assessment Scale (Hodges, 1995)	Clinician	Daily functioning in 8 areas.
	Preschool and Early Childhood Functional Assessment Scale (Hodges, 1999)		
	*Batería de Socialización (Silva & Martorell, 1983; 1995)	Caregivers/teachers children 6-15 yrs. Adolescents 11-19 yrs.	Facilitatory and disruptive social aspects.
Social skills	*Escala de Dificultad Interpersonal para Adolescentes (Méndez et al., 2001)	Adolescents	Social skills in 4 areas of functioning.
	*Children's Assertive Behavior Scale (Wood et al., 1978)	Children 6-12 yrs.	Assertive, submissive and aggressive behaviours.
Coping strategies	Self-Report Coping Measure (Causey & Dubow, 1992)	Children 9-12 yrs.	Coping strategies
	Adolescent Coping Scale (Frydenberg & Lewis, 1996)	Adolescents	
Family context	Kemple Family Stress Inventory (Korfmacher, 2000)	Mother	Rearing difficulties.
• **Family support**	Perceived Parental Support (Stice et al., 1993)	Adolescents	Support received from parents.
	Relational Support Inventory (Scholte et al., 2001)	Adolescents 12-18 yrs.	Support and communication with parents, siblings and friends.
• **Parenting styles**	Parental Bonding Instrument (Parker et al., 1979)	Mother	Care, overprotectiveness and authoritarianism.
	Parental Discipline Practice Scales (Goodman et al., 1998)	Mother	Non-punitive and punitive disciplinary practices.
	*EMBU Inventory for Assessing Memories of Parental Rearing Behavior (Perris et al., 1983)	Adolescents and parents children < 12 yrs.	Parenting style.
• **Supervision**	Parental Monitoring Scale (Goodman et al., 1998)	Mother or caregivers	Supervision and control of child's behaviour.
• **Emotional expression**	Camberwell Family Interview (Rutter & Brown, 1966)	Mother	Positive or negative affect in mother-child relations.
Social context	Friendship Quality Questionnaire (Parker & Asher, 1991)	Children	Friendship relations.
Stressful life events	Life Event Checklist (Johnson & McCutcheon, 1980)	Children	Stressful events throughout the child's life.
Mother's mental health	SCID-I & SCID-II (First et al., 1997)	Mother	Axes I & II DSM-IV (APA, 2001).
	SCL-90-R (Derogatis, 1994)	Mother	Psychopathological symptoms.

*Instrument constructed or adapted in Spain.

widely-studied aspects through the various instruments available (Humbeeck et al., 2002). Among the most widely-used and well validated of these instruments is the *Camberwell Family Interview* (Rutter & Brown, 1966), from which many subsequent scales have been derived.

The acceptance, and even expectation, that certain cultural and social groups may display in relation to the pattern of male dominance, as well as the justification of certain aggressive or dominant attitudes towards women, can hinder the study of domestic violence, play down its effects or lead to denial of its existence. Knowing what is "tolerated" or justified from a certain perspective is crucial to effective intervention. Positive attitudes to male dominance, favoured by a patriarchal culture, increase the acceptance and frequency of physical abuse and the subjugation of women by men. Different thresholds of tolerance to violence may mean that certain forms of abuse are not

considered as such, resulting in their perpetuation through lack of acknowledgement or official reporting. One of the ways in which domestic violence affects children and becomes psychological violence is through the modelling of violent and misogynistic behaviours, with the result that children consider them normal and may reproduce them, or tolerate their reproduction, in adult life. The *Abuse Attitude Form* (Faramarzi, Esmailzadeh & Mosavi, 2005) contains 10 items measuring women's tolerance to certain partner behaviours that may be at the root of domestic violence. This instrument, which has no equivalent for children and has not yet been adapted for the Spanish context, deals with an area of great relevance to a global assessment of the possible effects of domestic violence on children's wellbeing, that is, the possibility of their reproducing in the future behaviours they suffer in childhood.

RECOMMENDATIONS FOR ASSESSMENT

Throughout this work we have referred to various assessment instruments, some of which have not yet been adapted to the Spanish context. Table 1 summarizes the proposed assessment protocol for child victims of domestic violence, indicating the informant and the areas assessed. A first recommendation that emerges from this presentation concerns the need to adapt and/or create instruments that are appropriate for the psychological assessment of women and children in our context. Hamby and Finkelhor (2000) have listed the recommendations for assessing and developing instruments for child victims of different types of abuse and violence (Table 2), which is presented as a supplement to our proposal. As remarked above, exposure to domestic violence can be considered a type of (psychological) abuse that often occurs in conjunction with other types of child abuse (e.g., physical, other forms of psychological abuse and/or negligence). Thus, the recommendations of these authors are applicable on assessing these children. To summarize, one part of these recommendations refers to the classification of the violent act, which would circumscribe the content of the questions that should be asked; another part is related to general questions about the formulation of the content in cases of child assessment; finally, there is some advice on ethical issues. Some of the indications are especially relevant for the situation of domestic violence. This would be the case of the assessment of victimization by the family which, unless highlighted, will be under-reported; of including offences that are specific to the child's situation of dependence, such as negligence or sexual abuse; of the importance of obtaining self-reports from the child from the age of 7, which is commonly overlooked in assessments; and of obtaining information from the mother. As Hamby and Finkelhor note, "many areas of study have grown considerably thanks to the development of well-designed and reliable measurement instruments" (p.838). At the present time, the field of domestic violence, and specifically its effects on children, needs to grow in a similar way.

TABLE 2
RECOMMENDATIONS FOR THE ASSESSMENT AND DEVELOPMENT OF INSTRUMENTS FOR CHILD VICTIMS OF DIFFERENT TYPES OF ABUSE AND VIOLENCE (HAMBY & FINKELHOR, 2000)

- ✔ Situate the child's victimization in the conventional categories of criminal activity
- ✔ Include non-violent victimization
- ✔ Situate the data within the categories of offences controlled by the child protection system
- ✔ Broaden the assessment context to matters that go beyond the criminal activity
- ✔ Assess the victimization by the family and by other known perpetrators (i.e., not strangers)
- ✔ Include offences specific to the child's situation of dependence
- ✔ Establish methods for comparing victimizations of children/adolescents and of adults
- ✔ Use specific questions on behaviours as opposed to general questions
- ✔ Use simple vocabulary
- ✔ Use simple grammar and syntax
- ✔ Obtain self-reports from children from the age of 7
- ✔ Use the information from caregivers in some circumstances
- ✔ Protect privacy during the data-collection process
- ✔ Use computer-based audio technology
- ✔ Obtain data on incidents occurring over a period of one year
- ✔ Take into account possible ethnic, class and gender differences in the self-reports
- ✔ Use informants' life events to help focus recall
- ✔ Use simple time and numerical concepts
- ✔ Provide practice items
- ✔ Be prepared to help the child in danger

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