

THE INFLUENCE OF PARENTAL FIGURE BEHAVIORS ON DEVELOPING CHILDREN
AND THEIR FUTURE SOCIAL INTERACTIONS

by

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Abstract

Interparental violence is a serious and prevalent issue that affects both the mother and child in various ways. Not only can the abuse affect them physically, emotionally, and psychologically, but this damage can impact the child's future relationships. As a child grows, the quality of the attachment between mother and child is principal for the growing child's capabilities to regulate a multitude of emotions, resolve conflicts, and create healthy relationships with others as they grow. The interactions that a child witnesses between their parents serve as models for what is and what is not acceptable in romantic relationships and social interactions more generally. The aim of this theoretical thesis was to review and examine various pieces of literature on the consequences of exposure to interparental violence as well as the effects of intimate partner violence.

The Influence of Parental Figure Behaviors on Developing Children and Their Future Social Interactions

The violence that takes place in one's home can affect anyone regardless of age, ethnicity, and social-economic status (Boeckel et al., 2015). Although the victim of the abuse is the main concern when in need of medical assistance, children who have witnessed violence between family members may also need treatment. Even if a child was not the target of physical abuse, the mere chance that they have been exposed to the abuse between their parents is enough to raise concerns. This exposure will not only create a false narrative of what abuse is, such as instilling the belief that abuse is the first and only way of solving conflict, but it may also cause children to believe that abuse is appropriate in relationships. Also, parents who are in an abusive relationship may be unable to provide the type of nurturing care that the child needs. For example, female victims of intimate partner violence may be more likely to avoid prenatal care, and those that have been exposed to intimate partner violence for a longer period of time throughout their life are at a greater risk of having their children show elevated rates of malnutrition (Boeckel et al., 2015).

The bond that takes place between primary caregiver and child in the early stages of development is a key component to ensuring proper emotional growth as well as interpersonal functioning for a growing child. Stress, neglect, and prolonged emotional abuse towards a child can all be painful situations; at this time a child may experience a sense of loss towards their caregiver resulting in the disorder that is known as Complex Trauma. This psychological disorder may develop when a child is faced with multiple traumas in their childhood. Traumas can vary, but many involve violence, neglect, and abuse (Aideuis, 2007).

This theoretical thesis will look into various studies that examine intimate partner violence, which is abuse between romantic partners that results in a pattern of physical aggression, and its relation to witnessing inter-parental violence as a child. This paper will also explore the long-term consequences for both victim and child witnesses of inter-parental violence, the likelihood the child could grow to be the perpetrator or the victim of abuse once older, and the possible preventive measures that can be taken to lessen those chances.

Consequences of exposure to interparental violence

It has been estimated that more than 10 million US children are exposed to interparental violence each year (Narayan et al., 2013). Interparental violence is the physical aggression that occurs between parental figures. Children who witness interparental violence may lack opportunities to see their parents successfully manage their anger and conflict towards one another (Kingsfogel & Grych, 2004). When a child is met with an early exposure to interparental violence, this exposure can result in harmful experiences as well as maladaptive behaviors in the child's future romantic relationships. The way a child views familial relationships can also be affected when a child is exposed to a hostile parental conflict; that child will have a higher chance of having a negative view towards both marital and parent-child interactions (Ibabe & Jaureguizar, 2013). The quality of the child's attachment to their caregivers may be negatively impacted by exposure to interparental violence, and the child may experience trauma or other mental health challenges.

When the use of violence at home is the way in which problems are solved and there are little to no consequences being given to the aggressor, to a child, the act of violence may then be viewed as a just action. According to social learning theory, children learn how to treat others based on the way they have seen others being treated and by mirroring those same behaviors they

had once witnessed being modeled by others (Bandura & Walters, 1977). Therefore, children who have developed in a familial atmosphere where interparental violence or child abuse is common will have a higher chance of imitating or tolerating violent behaviors than children from nonviolent homes (O'keefe, 1998). The normalization of abusive behavior through social learning has been documented by Kingsfogel and Grych (2004), who found that adolescent males from the ages of 14 to 18 who had been exposed to aggressive inter-parental maltreatment were, compared to males who didn't have such exposure, more likely to hold the belief that aggression is a justifiable action in relationships, and to report having friends who engage in abusive romantic relationships. They were also more likely to have poor self-regulation skills when angry. These findings ultimately predict a strong chance of that child engaging in high aggression toward future romantic relationships (Fosco et al., 2007).

The mirroring of modeled behavior has been demonstrated in young males who had witnessed their mother be victimized physically by their father (Ibabe & Juareguizar, 2013). Males who had witnessed their father victimizing their mother had a higher chance of being physically aggressive towards their mother than males who had not witnessed this type of interparental violence. This pattern was not observed in females. It is important to consider the gender of the perpetrator and the child's gender when evaluating the influence of social modeling on the child's behavior. Gender may influence which of the modeled behaviors the child learns to adopt. And it is possible that victimized children will hold a different reaction to the acts of physical aggression between spouses based on whether the mother, the father, or both parents acted with violence and which parent initiated the violence. In fact, it is less likely that children will place blame solely on one parent when the violence that has occurred is reciprocal,

compared to other families where only a single parent is the aggressor. Gender can ultimately have an effect on the way a child identifies with the perpetrator or victim (Fosco et al., 2007).

Complex trauma and mental health

Complex trauma is a diagnosis that is common in children who have experienced profound neglect, distress, and violence throughout their early years of existence. There are a total of seven domains that describe the symptoms as well as the behavioral characteristics that make up the disorder that is known to be complex trauma (Aideuis, 2007). The first domain relates to attachment: at this time the children will experience doubts about the genuineness of the world that surrounds them, and they will have a difficult time being receptive to the emotional state of others and may wrongly interpret social cues. The second domain is biological: a child will begin to experience issues with sensory processing as well as becoming hypersensitive to physical contact and can even develop analgesia, which is the inability to feel pain. The third domain is in relation to emotional regulation: a child will experience a sense of emptiness, thoughts of suicide, as well as find it difficult to express feelings, and have potential outbursts of anger. The fourth domain has to do with dissociation: a child will experience the sense of loss of self and their identity, also known as personalization and de-realization. The fifth domain is behavioral control: a child will feel as if they have very little control of their life and will find it harder to not give into impulses such as self-harm and substance abuse. The sixth domain is cognition: the child will have a difficult time keeping focus on one task as well as completing it. Problems with language development may also arise in this stage. Lastly, the seventh domain is self-concept: the child will believe it to be true that one cannot evolve or change due to the trauma they have endured during their childhood, believing that the trauma, they have experienced has now caused permanent irreversible damage.

The intense fear that violence at home creates for children can be so overwhelming that it can produce an increased emotional reaction (Fosco et al, 2007). This will stem from the lack of the child's emotional security and not knowing how to effectively manage the intense feelings they encounter. Witnessing violence in the home can lead to the child becoming hypervigilant to signs of conflict as well as anger in relationships they have no connection to, leading them to judge the situation as more alarming than it actually is, with the result of causing harm to future interactions the child may have with their peers. Evidence has been found to indicate that exposure to severe stress can result in damage to the development of neurobiological regulatory systems like the sympathetic nervous system (SNS) and the limbic-hypothalamic-pituitary-adrenal (LHPA), resulting in sizable reactivity to future stressors (DeBellis, 2001). When these neurobiological systems are interrupted by traumatic experiences in early childhood, they may result in negative changes on children's cognitive development, as well as their behavioral and emotional regulation.

Exposure to interparental violence not only normalizes aggression in relationships, but it can have a lasting effect on psychological health (Fosco et al., 2007; Narayan et al., 2013). This early childhood experience can have long-term consequences that may appear in the child at any age and can be the cause of setbacks in the child's physical, emotional, cognitive, and social development (Aideuis, 2007). Children's responses to interparental violence, such as disturbances to sleep, avoidance, panic, irritability, and motivated forgetting have been recognized as characteristic of behaviors that happen in response to traumatic events. In an effort to restore and lessen the feeling of helplessness and increase predictability of control, both adults and children who are victims of trauma may hold themselves responsible for the event they have endured. They may go through waves of placing blame on themselves and suffer from decreased

self-confidence and a poor sense of personal worth (Campbell, 1997). Children who witness violence at home can end up having several behavioral adjustment problems that involve aggression, substance abuse, and mental health disorders (e.g. depression, PTSD, anxiety).

Children who witness violence between their parents may also become the target of the abuse happening within their home. When children are victims of abuse, their self-perception and self-worth are constantly being threatened. These children have grown accustomed to being the recipient of their parent's jarring cruel words and actions. They will question the purpose their life holds, and whether they are deserving of receiving love. They can end up attributing their own self-identified faults, mistakes, and negative traits as the causes of the abuse that they have experienced (Margolin & Vickerman, 2007).

Disruptions to attachment

Mothers who are the victims of violence may experience a reduced capacity to bond with their children. The bond between caregiver and child plays an important role in a child's development. The quality of the relationship between a mother and child is most crucial in the early years according to John Bowlby; therefore, it is important to take into consideration both the maternal bond and maternal attachment. The maternal bond relates to a mother's capacity to provide a safe and steady base for her child's development, resulting in an established relationship (Boeckel et al., 2015). The affectionate relationship between mother (caregiver) and child is known as attachment; this is most relevant and can be witnessed during a child's first years of development. Overall, a secure attachment produces a protective source of mutual regulation. This promotes the articulation of feelings through the caregiver being able to model and teach the child how to cope with problems that may arise. A mother's ability to properly

foster a secure attachment will result in a child who is more confident when exploring their environment and one who is able and ready to learn new things (Aideuis, 2007).

In a 2015 study (Boeckel et al.), it was reported that younger-aged mothers that had been victims of intimate partner violence reported a disruption in maternal bond quality, causing them to be less available to their children. A mother's availability can also strongly be influenced by difficulties in emotional regulation. When a mother's capacity to respond considerately to their child is undermined, as a result, this can lead to the child having a difficult time effectively managing and responding to an emotional experience. Unfortunately, due to this, a child will be left to cope by themselves with very few resources. As a result, as many as 80% of children who are being maltreated will have a strong chance of being diagnosed with disorganized attachment, this will later predict inappropriate representations of attachment in preschoolers and school-aged children (Stovall-McClough & Cloitre, 2006).

How does exposure to interparental violence influence a child to be a future perpetrator or victim?

Children who have witnessed interparental abuse may have an increased risk of repeating this pattern of abuse with their own romantic partners later in life. The role that an individual takes in these later romantic interactions may reflect the role that was modeled for them along with the gender roles that have been normalized in their culture. Societal practices will often excuse males for their aggressive actions, as captured by the well-known phrase "boys will be boys." Males are often encouraged to be aggressive towards others, while females are generally encouraged to be more passive. Males who have witnessed their mother's abuse as a bystander have a higher risk of mirroring that behavior towards their mother (Ibabe & Juarehuizar, 2013) and may in the future be more inclined to take on the role of the perpetrator when interacting

with their own romantic partners. Females, on the other hand, may grasp onto the victim role from having witnessed their mothers play out that role (Ibabe & Juarehuizar, 2013).

Children who haven't been exposed to models of healthy conflict negotiation between their parents may have trouble navigating conflicts in their own relationships. When highly sensitized youths begin to date, they may be overly cautious to any type of anger they may receive from their partner, resulting in an aggressive response (Fosco et al, 2007). If they choose to do the alternative and ignore conflict, this can still make it difficult to work out any type of disagreements that arise. This will ultimately affect any proper development of trust and intimacy between partners.

Aggressive behaviors that are modeled by a child's parents can influence that child's attitudes and behaviors. Kinsfogel and Grych (2004) reported that male and female adolescents between the ages of 14 and 20 years old who had been exposed to at least one parent threatening to hit or throw something at the other and who proceeded to do so, reported having poor self-regulation when angry and also engaged in a very high level of verbally aggressive behavior and were also more likely to report having friends who engage in abusive romantic relationships. The study stated that 20% of the adolescent males and females had recognized that they had slandered and degraded their significant others in front of others. In relation to physical aggression, 19% had recognized that they had forcefully shoved and shook their partners, and another 17% recognized they had struck their partners. However, this study also revealed that witnessing conflict between parents had no association with the females' self-reports of their own aggression toward their romantic partners, thus showing that exposure to aggression between parents is a stronger predictor for males than females when it comes to future dating behavior.

When children were asked how they viewed their fathers who take the role of the perpetrator and their personal beliefs on violence being wrong, it was found that children with abusive fathers identified their fathers in three different ways (Fosco et al, 2007). Some children had positive views about their fathers due to them downplaying their fathers' aggressive behaviors, others stated that violent actions meant their fathers were bad people, and other children said their fathers were generally good fathers who from time to time displayed bad behavior. These findings ultimately show how a child may define what domestic violence is and to some extent bring up the concern about the rationalization processes that result in children viewing violence as an acceptable action.

As children turn into adolescents, the peers they choose to surround themselves with become a strong influence in their lives. Adolescents will involve themselves with peer groups that hold similar value systems, and the way their friends view and handle conflict in their personal romantic relationships can become as important as their parent's choices when handling conflict in the home. In a longitudinal study, male adolescents from the ages of 17 to 18 were observed when talking to their closest friends. The results showed that antagonistic and derogatory commentary about females predicted future aggression toward romantic partners at the ages of 20 to 23 years old (Kingsfogel & Grych, 2004). The attitudes of peers can normalize aggressive or derogatory behaviors.

Children are not only witnesses of violence within their family; sometimes they are the victims, and this cycle of victimization can recur in later relationships. Female survivors of childhood maltreatment are three times more likely to experience adult victimization than individuals who report not having experienced childhood victimization (Desai et al, 2002). Through the use of a survey, it was reported that 21% of women who had been victims of

intimate partner violence were victimized by multiple partners, and 5 to 13% had experienced intimate partner violence for more than 20 years (Thompson et al., 2006). Women that are involved with partners who display intimate partner violence may avoid prenatal care, and their children tend to show higher rates of malnutrition because of difficulties these mothers experience with emotional regulation, which may cause them to be less attentive to their child (Boeckel et al, 2015).

Intimate partner violence and the effect it has on the victim's health

Children who witness violence between their parents may have an increased risk of experiencing violence in their own future romantic relationships (Fosco et al., 2007; Kinsfogel & Grych, 2004). Intimate partner violence—any violent behavior between two people who are in a romantic relationship—includes isolated incidents as well as repeated patterns of physical aggression (Ibabe et al, 2020). Even though gender does not prevent a person from being a victim of domestic abuse, statistics show that a great number of females are treated for injuries imposed by a romantic partner than males (Laffaye et al, 2003). However, intimate partner violence affects all genders. It was reported from a total of 1,608 adults in the United States that 5.6% of women and 5.8% of men attested to being a victim of intimate partner violence. Experiencing intimate partner violence can affect mental health. One study reported that increases in the occurrence of violence that took place over the course of a year were associated with a greater chance of one developing a psychiatric disorder, or symptoms such as dependency on alcohol or drugs (Okuda et al, 2011).

Even long after abuse has ended in a relationship, intimate partner violence can result in long-term negative health consequences for the survivors. Abuse can result in poor health status, poor quality of life, and high use of health services. Data collected from a national survey

revealed that women who had been severely battered had nearly twice the number of days in bed due to sickness than other women. The use of the word “battering” is described as recurrent physical or sexual abuse by an intimate partner in relation to forceful control. Battering itself is a notable risk factor for various physical health problems that are used when treating outpatients in primary care settings and in emergency departments (Campbell & Lewandowski, 1997). In fact, both the fear and stress that arise from intimate partner violence have the possibility of resulting in chronic health problems, such as chronic pain (e.g., headaches, back pain) as well as recurring central nervous system symptoms that include fainting and seizures (Campbell, 2002). Women who are victims of intimate partner violence have an increased risk of developing mental health problems, such as posttraumatic stress disorder (PTSD) and substance use disorders. Research has indicated that women who are victims of intimate partner violence are more likely to take part in substance use as a motive to cope with their depression and trauma-related symptoms (Nathanson, 2012).

Treatments and Preventive Measures

Exposure to family violence can lead to a variety of complications for a growing child. Being able to quickly recognize domestic violence and provide a suitable intervention can be key in order to decrease the effects of domestic violence on children who are victims as well as other family members who have been impacted (Hornor, 2005). One of the main challenges when providing services for children who have had exposure to interparental violence is first being able to identify which children are currently being exposed. Once identified, primary care providers will then evaluate the child, their family, their living conditions, and the occasion the child has been exposed to, in order to determine whether mental health interventions will be necessary. In the case that intervention is to be needed, the professional must come to a

conclusion about which services will be appropriate. A variety of recommendations may turn out to be appropriate depending on various factors such as the age of the child, their level of development, the effect the abuse has had on the child's functioning, the current environment the child resides in, and the child's effort when asked to speak on the violence (Groves, 1999).

Several treatments have been specifically developed for youth that have had an early exposure to violence during specific developmental stages. Interventions that are aimed for younger children, such as preschoolers and school-age children, are often incorporate play, whereas interventions for adolescents incorporate more adult specified treatments, yet still focus on unique challenges adolescents tend to face in regards to risk-taking and social pressures (Vickerman & Margolin, 2007). Young child witnesses are especially vulnerable to the impact of witnessing acts of violence against their mothers because of their cognitive immaturity, their limited use of verbal skills to communicate connections between their experiences and their feelings, as well as their dependence on caregivers in meeting their basic emotional and safety needs (Meyel, 1999).

In a model review of a play-based family therapy approach (Meyel, 1999), three play interventions (unstructured, structured, and nurturing) were developed to address exposure to maternal abuse in children between 0 to 5 years of age. The unstructured play intervention is an important beginning for a family with young children as it allows the preschooler to explore the room, providing a sense of control in the environment while diminishing feelings of anxiety. The mother of the child may choose to engage as an observer or participant in her child's play. If there is a preference for being an observer, the therapist may encourage the mother's input as a narrator of her child's play. The mother's narration provides important information about the child, the mother's perceptions of her child and child's behavior/play, as well as making

important links to the child's experience of violence. An example commonly shared by many abused mothers is their perception that their male preschooler is exactly like the abusive father because of his aggressive behavior toward others. When the mother chooses to directly participate in her child's play it becomes an opportunity for the therapist to understand risk and protective factors related to the parent-child relationship such as the expression of nurturance, parental control, the ability to support the child's problem-solving endeavors, as well as observing the child's responsiveness to the mother.

The following method known as the structured intervention is intended to be more directive, enabling the therapist to elicit specific information and develop interventions in relation to safety, personal space/boundaries, problem-solving, and feelings. Structured activities are intended to provide a general introduction to the family's more personal experience with violence. Within this structure, the therapist may assume a more directive position to help guide specific accounts of the family's personal experience and to support family members in voicing their memories. For some families, discussion of the abuse experience may trigger traumatic symptoms or memories; in this case, the use of metaphors or symbolic representations of the memory can help contain the experience and provide a sense of personal control. Activities for directive interventions might include a family puppet show, creating a place of safety through drawing or using materials in the room, or reading family violence theme stories followed by drawing exercises.

The final intervention within the family play session involves a nurturing ritual. This therapy session can be a safe place for the family to rehearse the nurturing activities they plan to use at home. Nurturing activities with families include sharing a story, having a mother tell a story, the mother sharing her positive thoughts about her children, and having the mother and

children sing a song or share a snack. Children may also take this opportunity to introduce or suggest activities they would like their mother to share with them. Ritualizing nurturing interactions positively reinforces the child's self-esteem and self-worth; it also provides an alternative to the violent interactions that have saturated the family's experience together.

Length of treatment may vary depending on the needs of the individual families. Either way, the use of video recording can be helpful in evaluating and/or revisiting the progress a family has made. Additionally, the tapes can become the means through which the mother reconstructs an alternative experience for her family relationships, as well as cherishing their existing strengths. A review of the earlier sessions can provide the mother with an experience of growth, and progress when she may feel she is struggling to restore familial relationships (Meyel, 1999).

Turning points: Seeking help

Many times, women who are victims of intimate partner violence fail to realize that there is help out there, not just from healthcare providers but from people much like themselves who managed to break free from these physically and emotionally draining relationships who are willing to help others in their journey to recovery. Being able to have a better understanding of how and when women in abusive situations came to the realization that they needed professional help can in turn be useful to healthcare providers as well as support groups in creating programs and interventions for women who are victims of intimate partner violence.

In 2010, Chang et al. published a study that included both a focus group and a semi-structured interview group that were used to get a look into the multiple factors that are associated with victims and their turning points within their personal intimate partner violence case. The focus group consisted of a total of seven groups; two of the groups included women

who were residing in a women's shelter and the other four groups included women that were not living in shelters. These victims were asked what the turning point was when they decided that they would need to seek for help. For the semi-structured interview group that was conducted in the form of individual interviews, participants were asked about their experience with intimate partner violence with the efforts of describing them in chronological order and continuing with when they initially became aware that the physical violence happening in their relationships was a serious issue. It is important to note that in addition to the physical violence that was being or had been experienced, twenty of these women were also victims of emotional abuse. Results found that the factors that led to the drastic change in women's views on intimate partner violence were the escalation of the abuse which in turn had caused them to fear for their life as well as their child's. Women also began to fear that the violence they were enduring in their relationship was beginning to affect others such as family members, children, and unborn children. Becoming aware that their partner was giving them fake promises and ultimately a false sense of hope but realizing that support existed outside the walls of their home in forms of advocacy groups from victims of intimate partner violence, much like themselves, also caused them to contemplate ways to seek help getting out of these relationships (Chang et al, 2010).

Conclusion

Whether one is exposed to interparental violence or is a victim of intimate partner violence, the feeling that one is deserving of the abuse they have endured in their home may not seem farfetched to the victim, and this can result in an internal battle with oneself. Self-blame is a common reaction for both victim and children. It is essentially the start of a long journey that may include self-loathing, hopelessness, and trauma.

As we have seen in the research of Campbell (2002) and Nathanson (2012), exposure to physical and emotional abuse can be detrimental to the victims' mental and physical health. Studies from Fosco et al. (2007), Kingsfogel and Grych (2004), and Ibabe and Juarehuizar (2013) have shown us how children may view the abuse and be molded to believe that these unjust actions are acceptable. Children are growing humans who absorb what is being presented to them. Knowing this, primary care providers should seek to provide this population of children with the adequate care they need and deserve.

Overall, a proper home setting consists of mutual understanding and respect. Being the witness to a parent's mistreatment can cause immense emotional pain but it does not mean that one should believe that they are permanently scarred and that this will continue to proceed in future relationships. Therefore, some questions that were raised as I dove into this theoretical thesis were "why do some children whether male or female follow the path of violence in relationships while others are able to break away from the cycle?", as well as "how are children's perceptions of parents affected in relation to whether the victimized parent had sought support or not?" The literature I reviewed lead me to believe that the physical and verbal abuse that are present in these children's households can cause them to have a lack of emotional knowledge and make it difficult to be able to differentiate right from wrong when it comes to hostile actions in a relationship. After all, young children especially rely heavily on their parental figures. I also believe that the level of violence in a home and how long it was tolerated/ experienced may influence how a child may perceive the parent that is or was being victimized. Violence in homes is unpredictable and can occur with anyone, but if the evolving minds of children in this setting are properly cared for, we can hope that a child will not take what they learned about violence

into future relationships and instead create a new domino effect far gone from the trauma they once endured.

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