Chapter 1: Introduction

Family is a place of safe harbor, a place of sustenance and care. A parent is supposed to protect and care for a child and spouses are supposed to love and cherish each other. So, the idea that a parent or spouse would intentionally and knowingly inflict injury on a loved one is counterintuitive. We might ignore the violence in the home precisely, because it is so predictable and the harm it might cause is traded off against the safety and sanctity of the family. However, often the family may become a source of maltreatment and violence. Offenders are not strangers climbing through windows, but the loved ones, the family members. People are more likely to be physically assaulted, beaten, and killed in their own home at the hands of a loved one than any other place, or by anyone else (Gelles and Straus, 1988; Hobbs, Hanks and Wynne, 2001; Holmes, 2013).

A person’s earliest experiences with violence occur in the home such as spankings and physical punishments from parents. One may come along, instances where there would be a certain amount of violence that accompanies intimacy. Violence in the home is not the exception we fear, it is all too often the rule we live by (Barnett, Miller-Perrin and Perrin, 2005).

All families (even the best families and loving couples) might have tensions and sometimes may resolve these tensions in inappropriate ways. Some observers have proposed that violence in the families is more common than love (Hobbs, Hanks and Wynne, 2001). Actually, it happens across all countries, cultures, religions and sectors of society (WHO, 2009). For example, women and girls have been found to be victimized
of a vast array of cultural practice, including genital mutilation, foot binding, dowry death, child abandonment and infanticide, sexual exploitation, forced prostitution and violent pornography (Min, Minnes, Kim and Singer, 2012).

All societies concentrate on violence in the streets because our goal is not just to eliminate violence but to enforce some kind of social order that renders the world predictable and hopefully safe (Gelles and Straus, 1988). We read about maltreatment within families in the newspapers, and we see new stories about it on television, many of us might be aware of people who have been abused by their family members or we ourselves might have been abused or might have witnessed abuse of our parents. Though almost everybody agrees that domestic violence exists, but the fact that most of the family violence occurs behind closed doors, it is often hidden, unnoticed or ignored.

Domestic violence can be stated as abuse occurring within intimate relationships which encompasses a range of different behaviors, including physical violence, emotional and psychological abuse, sexual abuse and financial abuse. Levesque (2001) stated that family violence includes family members’ acts of omission or commission resulting in child physical abuse (CPA), sexual abuse, neglect or other forms of maltreatment that hamper individuals’ healthy development. It is predominantly women who experience such abuse and predominantly men who perpetrate this violence (WHO, 2006). British Governmental Home Office in 2012, announced domestic violence as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but
is not limited to the following types of abuse include psychological, physical, sexual, financial and emotional. Browne (1989) suggested that domestic violence can be categorized into active and passive abuse. Active abuse involves violent acts in a physical, emotional or sexual context. Passive abuse refers to neglect which can only be considered violent in a metaphorical sense as it does not involve physical force. Neglect can, of course, result in both physical and emotional injury. Physical abuse of a child is that which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents (WHO, 1999).

Researchers have shown that both women and children are victims of domestic violence (Atuire, 1992; McKay, 1994). Child abuse is 15 times more likely to occur in households where adult domestic violence is also present (WHO, 2006). Women who have been beaten by their spouses are, in turn, reportedly twice as likely as other women to abuse a child. Many child witnesses of domestic violence experience increased problems themselves (WHO and UNICEF, 2008). After neglect, child physical abuse is the most prevalent problem within families with domestic violence (Cummings and Mooney, 1988).

Every census regarding the prevalence of domestic violence should be interpreted with a degree of caution. Actually no way, can we know with certainty, how much family violence exists in our society. Straus, Gelles and Steinmetz summarized that because there are variety of definitions on domestic violence, and because many
cases of child abuse and parents conflicts go unrecognized and unreported, it is impossible to say what the true population of child victims of domestic violence is. It is indicated that the incidence of child abuse in the United State simply does not exist (2009, pp.15). Levesque (2001) cited, estimates made by the United Nations that about 17-38% of the world women are victims of intimate violence and this being as high as 60% in the developing countries. World Health Organization and UNICEF (2008) in a survey carried out in 12 countries in 2006-07, showed that 43% of males and 29% of females, between 13 and 15 years of age, were physically or psychologically abused. Kilpatrick, Saunders and Resnick (1998) in a study on sample of four thousand, 12-17 years old American adolescents found that 8% had experienced sexual assault, 17% physical abuse and 39% had witnessed significant acts of violence. It is estimated that 10 million children annually witness the punching, kicking, and beating of their parent, most commonly their mother (McNeal and Amato, 1998). Annually, approximately 1200 children die as a result of abuse or neglect, and one fourth of Americans are victims of domestic violence. Battering is the primary cause of injury to women in the United States (Barnett, Miller-Perrin and Perrin, 2005). A study conducted in India by International Center for Research on Women, revealed that 45% of the interviewed women had been victim of domestic violence (Manohar, 2001). Approximately 14000 Russian women are killed each year by intimates (it is five times the rate found in America; Barnett, Miller-Perrin and Perrin, 2005). Panter-break, Eggerman, Gonzalez and Safdar (2009) did a survey on 1011, 11-16 years old children in Afghanistan and found that two third of the children reported traumatic experiences, out of which the most common was the domestic violence. Some studies have shown that about 38% of
women and 60% of children were victims of family violence in Iran (Kermanshahi, Hamidi and Asadollahi, 1997; Jaberghaderi et al., 2006; Naghavi, 2006). Stephenson, Sheikhattari, Assasi, Zamani and Eftekhar (2006) in 1370 school students aged 11-18 years of Kurdistan province of Iran found that boys were maltreated more than girls in any kind of child maltreatment. Residency in a rural area, poor parental relationships and the use of addictive substances by household members were significantly associated with reported child maltreatment.

Children are especially vulnerable within the family because those are subordinated and might be younger to other family members and might not be able to fight back in the conflicts. Besides, they can not choose with whom they will or will not interact. Unfortunately, although aggression between spouses is less acceptable, yet most of these people agree that sometimes is necessary to discipline a child with a good hard spanking (Barnett, Miller-Perrin and Perrin, 2005). In the Asian cultural scenario, violence of this kind is often justified as a man’s right to chastise his wife and children. Because of this strong cultural bias such violence is often not reported (Manohar, 2001). On one hand, using of corporal punishment, or marital slapping or sibling hitting is acceptable to the family members, on the other hand family relationships are protected by law and can not be easily severed. Spouses feel trapped by the cultural, legal and economics constrains of marriage. Since children are dependent on their parents, so even if child maltreatment comes to the attention of the concerned authorities, the male dominant society, traditional family privacy and autonomy make it difficult to intervene and punish the grownups.
Child abuse is not a new phenomenon. A glimpse of its history, illustrates the troubled life, the high rates of disease and the visibility of death particularly in children's life. Most societies regard children as the property of their parents, who were allowed to treat their property as they considered fit. Thus, from the prehistoric times to the present, children have been mutilated, beaten and maltreated. Such treatment was not only condoned but was often mandated as the most common child-rearing method. Children were, and continue to be, hit with rods and canes. In some ancient cultures, children had no rights until the right to live was bestowed upon them by their fathers. The right to live was sometimes withheld by fathers, and newborns were abandoned or left to die (Gelles, 2007). Although since 1800 until 1900, there were considerable movements toward child protection like criminalizing parents’ abusive and neglectful behavior and specifying procedures for meeting the needs of abused and neglected children, yet the full recognition of child abuse as a social problem was completed in 1960 by Kempe and his colleagues as the “battered child syndrome” (Barnett, Miller-Perrin and Perrin, 2005). However, defining childhood as a separate stage and children as in need of protection did not reduce the likelihood of maltreatment (Gelles, 2007).

In Iran, although Islam religion (most common religion in Iran) promote positive cultural values of protecting children and supporting wives within families, yet as the dissemination surveys have shown, domestic violence does exist in the majority of families (Kermanshahi, Hamidi and Asadollahi, 1997; Jaberghaderi et al., 2006). However, because of the war in the past few decades, child abuse had been more or less ignored as a social problem. Child maltreatment was considered a mythical or a rare phenomenon that could occur in lower class families or in families with step
parents. Due to the increasing child severe physical abuse cases which are being referred to the hospitals and the physicians’ articles in the professional journals and some NGOs’ movements, led the Iranian National Parliament to sanction the Child Protecting Rule.

Act of violence within family can range from a slap on the hand to a cigarette burn on the face to an attack so violent that the result is death. Thus, there is a continuum of violent practices against children. Some of these behaviors might be acceptable forms of violence like slapping, pushing and spanking. Straus (1991) stated that “spanking a child or slapping a spouse may not be physically harmful, but it does tremendous psychological and social harms”. Straus, Hamby, Finkelhor, Moore and Runyan (1998) found that spanking is positively correlated with sibling assault, crime outside the home including delinquency and homicide and also antisocial behaviors such as cheating, telling lie and disobedience in school children. However, some research has shown that spanking is positively correlated with other forms of family violence, including sibling abuse and spouse assault (Barnett, Miller-Perrin and Perrin, 2005). Several authors have suggested that splitting these children into separate groups is to make artificial divisions among what may, in fact, be the same cohorts of children (Slep and O'Leary, 2001; Saunders, 2003).

Beside physical and other kinds of abuse, children are significantly affected by exposure to domestic violence in a number of ways including observing violent acts, injury to themselves, and suffering neglect by their caretakers (Tolan, Gorman-Smith and Henry, 2009). Children are disproportionately represented in households in which
there is intimate partner violence and a sizable number of these children are involved. The children are caught in the cross fire, or are directly physically abused by the perpetrator (Fantuzzo, Boruch, Beriama, Atkins and Marcus, 1997). Children living with inter-parental violence can face the direct and indirect impact of trauma. The impact of such exposure is believed to be more powerful, in case, the child is emotionally closer to the victim and is in the physical proximity to the violence. Thus, violence that occurs at the hands of one parent and that victimizes the other parent may create a world for children that is frightening, confusing and lacking security and safety. Inter-parental violence transforms the home into a dangerous and unpredictable environment. The indirect impact of violence is associated with impaired parenting even when marital conflict does not involve violence. Specifically, parents experiencing marital conflict experience greater disagreements over child rearing, and more emotionally unavailable or withdrawn from their children, and provide more inconsistent and punitive discipline (Margolin and John, 1997).

Studies demonstrate that children are not differentially affected by exposure to domestic violence. Children react in different ways to trauma, and they have a range of strengths and vulnerabilities to cope with this stress. Some children appear to be more resilient; others may be deeply affected. Variables such as age, gender, proximity to the violence and the frequency and severity of the violence affect children's responses. In addition, the response of the caregiver, other characteristics of the family and community also affect children's responses (Grych and Fincham, 1990; Sullivan, Nguyen, Allen, Bybee and Juras, 2000).
Domestic violence can affect parenting. The emotional sequelae of being injured, harassed or terrified may be significant for the parent who is victimized. Affected parent may be less attuned to children’s needs or may be less emotionally available to the children. However, this does not mean that victims of intimate partner violence are inherently abusive or neglectful of their children. Parents who batter are generally less involved with child rearing, more likely to use physical punishment and less able to distinguish or recognize the child’s needs as separate from the parent’s needs (Family Violence Prevention Fund, 2002).

Children who are exposed to intimate partner violence, particularly chronic episodes of violence, often show symptoms associated with posttraumatic stress disorder. One study found that exposure to intimate partner violence (without being directly victimized) was sufficiently traumatic to precipitate moderate to severe symptoms of posttraumatic stress in 85 percent of the children (Kilpatrick, Litt and Williams, 1997). Children who are exposed to intimate partner violence are more likely to exhibit behavioral and physical health problems including chronic somatic complaints, depression, anxiety and violence towards peers (Jaffe and Sudermann, 1995). They are also more likely to attempt suicide, drug and alcohol abuse, run away from home, engage in teenage prostitution and commit sexual assault crimes (Wolfe, Wekerle, Reitzel and Gough, 1995). Children who are exposed to intimate partner violence have increased difficulties with learning and school functioning because symptoms of trauma including sleep difficulties, hyper-vigilance, poor concentration and distractibility which interfere with a child’s ability to focus and to complete academic tasks in a school setting (Rossman, 1998). McFarlane, Groff, O’Brien and Watson (2003) suggested that,
children, aged 6 to 18 years, of abused mothers exhibit significantly more internalizing, externalizing, and total behavior problems than children for the same age and sex of non-abused mothers. Pears, Kim and Fisher (2008) also found the above mentioned symptoms besides lower cognitive function in the profiles of child maltreatment (particularly in physical abuse).

Childhood maltreatment as a result of domestic violence is a risk factor for diverse psychopathology and other deleterious outcomes. Several types of child maltreatment are associated with increased incidences of Posttraumatic Stress Disorder (PTSD), depression, suicide, substance abuse, and other risky behaviors, as well as increased risk of HIV (Cohen, Mannarino, Murray and Igelman, 2006). About half of sexually abused and one third of physically abused children will meet diagnostic criteria for posttraumatic stress disorder (PTSD), and more will have at least some posttraumatic stress symptoms (McLeer et al., 1998; McCloskey and Walker, 2000). MacMillan et al. (1999) in study of 9953 Americans aged 15 years and older, found a linear association between the frequency of slapping and spanking during childhood and a lifetime prevalence of anxiety disorder, alcohol abuse or dependence and externalizing problems and also major depression. Severe physical punishment may be defined as being hit with an object, being kicked, choked, smothered, burnt, scalded, branded, beaten or threatened with a weapon. Bordin et al. (2009) in a study found severe punishment to be an independent correlate of co-morbid internalizing and externalizing problems but was not associated with internalizing problems only. Mitchell et al. (2009) by examining 230 African mothers, found that physical discipline strategies, were positively associated with young children’s internalizing and
externalizing behavior in the context of high or moderate but not low maternal violence exposure. Results suggest that having a history of frequent physical and psychological violence in childhood is a risk factor for poorer adult health status and declining trajectories of health throughout adulthood (Greenfield and Marks, 2009). In fact, there will be the more Sequelae of domestic violence victimization in children that the study will be focused on some of them. Posttraumatic symptoms are important Sequelae of exposure to violence. These Sequelae potentially including post-traumatic stress disorder (PTSD), developmental delays, increased anxiety and depressive symptoms, psychosomatic, internalizing and externalizing symptoms and even disruptive, and regressive behaviors (Keyes et al., 2012; Holmes, 2013).

Thus, there is a clear imperative to identify, disseminate, and implement effective psychosocial treatments for maltreated children and their families, and to provide these in a timely manner. Therefore, an important task of clinical psychologist is to determine what treatments will be effective in helping these child victims recover from these abuse-related problems. There are relatively few controlled studies on the efficacy of treatments for the sequelae of family violence (Saywitz, 2004).

Cognitive behavioral therapy (CBT) is qualified as an established treatment that is most effective in treating children and adolescent victims of child maltreatment (Wethington, Hanha and Fuqua, 2008). CBT is a psychotherapeutic approach that aims to solve problems concerning dysfunctional emotions, behaviors and cognitions through a goal-oriented, systematic procedure. The use of CBT has been extended to children and adolescents with positive results. It is often used to treat major depressive disorder,
anxiety disorders, and symptoms related to trauma and posttraumatic stress disorder. CBT has also been validated as effective in a group setting for the treatment of youth and child anxiety (Deblinger, Mannarino, Cohen and Steer, 2007). Because of the wide variety of emotional and behavioral difficulties of physical abuse and high rate of co-occurrence of intimate partner violence and child physical abuse, treatment outcome research has focused on addressing the physically abusive behaviors of the parents who perpetrate the abuse (Cohen, Mannarino, Murray and Igelman, 2006) and the externalizing behavior problems of the children who experience the abuse. Abuse-Focused Cognitive Behavioral Therapy (AF-CBT; Kolko and Swenson, 2002) is an evidence-based treatment (EBT) designed to improve the relationships between children, parents, and families involved in physical coercion/force and chronic conflict/hostility. AF-CBT targets offending (physically abusive) parents' parenting skills or practices, including increasing the use of positive child management practices and reducing the use of harsh and coercive discipline practices. It concurrently targets physically abused children's externalized behavior problems, and attempts to increase their pro-social behaviors and improve peer interactions. AF-CBT does not specifically focus on internalized symptoms but on improving familial and peer interactions which may lead to improved self-image and self-efficacy and thereby improve depressive and anxiety symptoms in these children. Child-directed components include the following: socialization to models of stress and CBT; describing the child's exposure to family hostility and violence; cognitive processing of the circumstances and sequelae of the referral incident in part to modify aggression supporting beliefs, distortions, and other misattributions about the incident; psycho-education about child abuse preventions,
child safety, and common child abuse reactions; affect regulation skills including identification of abuse-specific triggers, stress management, and anger control; coping skills discussions (healthy vs. unhealthy coping) and training to address everyday problems; and, development of social support plan and skills training to enhance social competence. Parent-directed components include the following: socialization to models of stress and CBT, including contributors to violent or coercive behaviors; understanding the parent’s view on hostility and violence, including child-related developmental expectation and general attributions that may promote coercive interactions and affect management (Cohen, Mannarino, Murray and Igelman, 2006).

Child maltreatment research has documented a variety of risk factors and Sequelae of domestic violence, and this variability requires treatment that can be adapted for different needs. So, for example, the treatment needs of a suicidal teen abused by an alcoholic father may differ from those of a child reported to be aggressive at school and hostile towards a mother who is also a victim of violence. AF-CBT begins with a multi source assessment to identify the nature of the problems that the child is experiencing, specific parental and family difficulties that may be contributing to the risk of abuse, and the child’s and family’s strengths that may help influence change. Tailoring the treatment to the family’s specific strengths and challenges is key to efficient outcomes (Kolko and Swenson, 2002; Kolko, Igelman, Taylor, Wilson, and Thorvaldsen, 2007). According to Nixon, Sterk and Pearce (2012) and Smith et al. (2013), various forms of theory-based TF-CBT are highly effective in the treatment of children and adolescents with posttraumatic stress symptoms.
A newer treatment, eye movement desensitization and reprocessing (EMDR; Shapiro, 1995), is a comprehensive, integrative psychotherapy approach. It contains elements of many effective psychotherapies in structured protocols that are designed to maximize treatment effects. These include psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies (Shapiro, 2002). EMDR is an information processing therapy and uses an eight phase approach to address the experiential contributors of a wide range of pathologies. It attends to the past experiences that have set the groundwork for pathology, the current situations that trigger dysfunctional emotions, beliefs and sensations, and the positive experience needed to enhance future adaptive behaviors and mental health. During treatment various procedures and protocols are used to address the entire clinical picture. One of the procedural elements is "dual stimulation" using either bilateral eye movements, tones or taps. During the reprocessing phases the client attends momentarily to past memories, present triggers, or anticipated future experiences while simultaneously focusing on a set of external stimulus. During that time, clients generally experience the emergence of insight, changes in memories, or new associations. The clinician assists the client to focus on appropriate material before initiation of each subsequent set (Shapiro, 2001). EMDR is a therapeutic process that uses eye movements, sounds, and repetitive motions to help clients process and come to terms with traumatic memories more quickly than talk therapy alone. And since many children and some adults are unable to verbalize traumatic experiences of abuse, EMDR can often provide the breakthrough that more traditional therapies can’t. Nothing can erase the memories of the abuse, but EMDR can help children make sense of the experience. It can release
the child from feeling stuck or acting stuck in the trauma. Trauma therapies can assist children to process the memories, learn coping skills, and increase confidence and self-esteem. And, they can learn that abuse is never the fault of a child. Though the mere telling of this truth will often have no effect, through trauma processing, children often come to this conclusion for themselves with profound positive effects (Shapiro, 2002).

EMDR has been shown to be efficacious in a number of adult trauma studies, and preliminary findings with traumatized children are also promising. The procedure consists of a structured sequence of treatment components that have been identified as being effective across trauma treatment modalities (Hyer and Brandsma, 1997), including psycho-education, coping skills training, and exposure (including: emotional processing and cognitive restructuring components). In working with children, one gets the satisfaction of seeing the traumatic residue disappear quickly and of knowing that the children will be spared years of suffering and will not be driven to engage in behaviors that repeat the abuse on others (Shapiro, 1995). EMDR is a powerful psychotherapy with well-researched benefits for adults and children who are experiencing post-traumatic stress and post-traumatic stress disorder (Norgate, 2012).