

# Understanding the emotional impact of domestic violence on young children

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*Young children who live with domestic violence represent a significantly disempowered group. Developmentally, young children have relatively limited verbal skills and emotional literacy. In addition, the context created by domestic violence frequently involves an atmosphere of secrecy and intimidation, as well as reduced emotional availability from children's main caregivers. Taken together, these factors severely restrict these young children's capacity and opportunities to make their voices and needs heard. This qualitative study gave children who had lived with domestic violence, the opportunity to share their emotional worlds through projective play and drawing assessments. Eight children aged between 5 and 9-years-old, took part together with their mothers. Transcripts of semi-structured interviews with the mothers and projective play assessments with the children were analysed using abbreviated, social constructionist grounded theory. Interpretations from the children's drawings served to elaborate and validate themes found in the transcript data. Themes were then linked and mapped into an initial theoretical model of how domestic violence impacts emotionally on young children. The data gathered shows that domestic violence generates a range of negative and overwhelming emotions for young children. There is also a concurrent disrupting impact on the dynamics in the family which undermines the security and containment young children need to manage and process their emotions. The presence of an attuned adult and age-appropriate means to communicate is argued to be important in supporting young and traumatised children to share their emotions. Implications for service planning, clinical practice and educational professionals are discussed.*

**Keywords:** Domestic violence; young children; emotional impact.

**D**OMESTIC VIOLENCE remains widespread in the UK, accounting for 14 per cent of all violent crime (Office for National Statistics, 2013). Whilst domestic violence can and does occur in all varieties of intimate and familial relationships, the focus of the present study was on women and children who had experienced violence or abuse by male perpetrators. Data suggest that between 25 to 30 per cent of women experience domestic abuse over their lifetime with a common onset being at the time of pregnancy, birth or when children are small (Council of Europe, 2002; Snyder, 1998). In almost half of reported cases, victims have been abused more than once, with the average length of an abusive relationship being five years (Chaplin et al., 2011; Co-ordinated Action Against Domestic Abuse (CAADA), 2013). Domestic violence occurs in all ethnic, social, religious and educational groups (Martin, 2002).

A recent large-scale study, found that 12 per cent of under-11s had been exposed to domestic abuse between adults in their homes (NSPCC, 2011). Suggestions that children can remain oblivious to domestic violence taking place in their home, have long since been replaced by a recognition that children are very much aware of both incidents of violence and their aftermath. In a study of 246 children living with mothers who had been physically assaulted by their partners, Abrahams (1994) reported 73 per cent of the children as having directly witnessed assaults on their mothers and 52 per cent as having seen the resulting injuries. Overall, 92 per cent of the children were found to have been in the same or next room whilst their mothers were assaulted.

## **Research review**

Appreciating the high prevalence of domestic violence in UK homes and recog-

nising that children are inextricably caught up in these abusive relationships, brings with it a need to consider what impact such experiences have on our children. A body of research, starting in the 1980s, began to address this question. These early studies generally used quantitative methodologies, asking mothers to complete questionnaire measures about violence that had occurred in their homes and symptoms that they had observed in their children. Reviews and meta-analyses of these studies (see Kitzmann et al., 2003) conclude that living with domestic violence is related to a significant negative effect on children's functioning, with rates of psychopathology being up to four times higher among children who have lived with domestic violence than among children from non-violent homes. Reported symptoms include externalising problems such as aggression and hyperactivity, internalising problems such as anxiety and depression, reduced social competencies and higher rates of physical symptoms such as bedwetting, disturbed sleep and failure to thrive, particularly among younger children. Children who have been exposed to domestic violence were found to have lower IQs than children from non-violent homes, contributing to lower levels of attainment in the classroom. In all of these areas of difficulty, a significant positive correlation was found between the duration of the domestic violence experienced and the levels of problems reported.

These quantitative studies made an important contribution in demonstrating a clear association between childhood experience of domestic violence and higher rates of psychological distress. However, the focus of the methodology on statistical analyses of large samples has been criticised for failing to capture the unique experience of individual children and for offering little insight into the processes through which experiencing domestic violence leads to later difficulties. In addition, collecting data from parents, rather than directly from children themselves, incorrectly assumes that

children's perspective is identical to that of adults. Hearing children's own perspectives on their experience has been recognised more recently as essential both for research and practice in the area of domestic violence (Goddard & Bedi, 2010).

Studies using a more qualitative methodology have directly involved children and young people as research participants and used their own words from interviews to describe and begin to understand their experience. Some consistent themes reoccur across a number of these studies. Children describe domestic violence not as discrete violent episodes interspersed with times of calm, but rather as an ever-present atmosphere, created by controlling behaviour and intimidation. In addition, there is the ongoing threat of actual physical violence and harm (Goldblatt, 2003) forcing children to be constantly alert and hyper-vigilant (Epstein & Keep, 1995). Since the atmosphere between violent assaults is described by children as equally part of their difficult experience as the actual violent attacks, it seems appropriate for research to allow children to tell us about their everyday family life, beyond specific incidents of violence. Children living with domestic violence have described feeling isolated and ignored (Ericksen & Henderson, 1992) or struggling to share their concerns due to restrictions on their peer relationships (Epstein & Keep, 1995) or through fears of not being believed by professionals (McGee, 2000). These children clearly need help to share their experiences and to feel supported in making sense of their emotional responses which have been documented to include fear, helplessness, frustration, guilt, shame and confusion (Abrahams, 1994; Epstein & Keep, 1995; Ericksen & Henderson, 1992; Mullender et al., 2002). Research data reporting children's own perspectives and their views on how professionals could help them is invaluable to service designers and providers. However, the majority of research participants from whom this data has been gathered are aged

8 and above. Opportunities have remained extremely limited for younger children who have lived with domestic violence to share aspects of their experience that feel significant to them and using methods of communication that facilitate their self-expression.

***Play and drawing with young children who have experienced domestic violence***

It is well documented in the childhood trauma literature that children who have experienced trauma are likely to struggle to put their experiences into words. Van der Kolk (2005) writes:

‘These children rarely spontaneously discuss their fears and traumas... They tend to communicate the nature of their traumatic past by repeating it in the form of interpersonal enactments, in their play and their fantasy lives.’

Young children who have lived with domestic violence are a particularly suitable population for creative methods of data collection such as play and art. Their developmental stage leaves them less able to verbally convey their experiences, particularly since memories of traumatic events at any age are commonly stored in affective, non-declarative memory making them less accessible for verbal recall (Moore, 1994).

Whilst there are several books that report on clinical work using art with children who have experienced domestic violence, documented research using art with this population is extremely limited. Similarly, although there are a number of published research studies that have used the structured play scenarios of story-stems to collect data with children who have experienced domestic violence, the overall research designs have been quantitative, using predefined scoring procedures to code story stem responses and compare these with scores on questionnaire measures such as children’s well-being or maternal psychopathology (see Grych et al., 2002; Huetteman, 2005; Shamir et al., 2001).

The present study had a different aim; to build an understanding about the emotional impact of domestic violence on young

children, by hearing directly from them about their experiences within their families. Using drawing and projective play allowed these children to share their expectations and perceptions of family life and relationships, just as older children and adolescents have done in previous qualitative studies through interviews and recorded conversations.

**Method**

***Participants***

Mother and child pairs or groups were recruited via voluntary sector agencies working with survivors of domestic violence. Support workers provided written information about the study to mothers who were asked to discuss the study with their child or children and to contact the researcher to opt-in. Eight children, from five families, took part in the study, together with their mothers. The children, four boys and four girls, were aged between 5 and 9-years-old. All of the children had at least one sibling living in the same house. For two of the families, several siblings fell within the age range of the study and all took part. Mothers were aged between 24 and 42-years-old. Their relationships with their violent partners had all ended between six months and two years prior to the study. All participants were white British.

***Ethical considerations***

The study aimed to truly hear children’s own perspectives on their experiences and treat them as active participants in the research process. Researching with young children who have already lived through distressing life experiences raises issues of possible exploitation or harm caused by insensitive research methods. However, denying young children the opportunity to make their voices and needs heard has the potential to lead to harm of a different kind. Over-protecting children from research means that they do not have the opportunity to inform and shape the services and interventions created by adults and intended to be

supportive (Mullender et al., 2002). With this dilemma in mind, the present research study gave particular consideration to ethical issues in order to ensure that young children could provide research data, whilst remaining protected from potential harm. Consent was sought independently from each mother and child. Information packs about the study were produced for mothers and separately for children. The children's packs used age appropriate language and pictures to explain why the study was being done and what participation would involve. Consent from a mother did not assume consent from her child. It was made clear that the decision to participate would have no influence on service provision. Both mothers and children were given the option to withdraw from the study at any time. Time was taken at the beginning of each child's meeting with the researcher to build trust through free play, drawing or talking. The boundaries of confidentiality were made clear, as were procedures that would be followed in the event of ongoing harm being disclosed. Consent was checked again at the beginning of each child's session. The impact of the session was continuously monitored using a pictorial rating scale to help children express how they were feeling. Frequent opportunities to stop the sessions were offered. Time was made at the end of each session for further free play or drawing and monitoring of each child's emotional state. All of the families were linked into support services. Agreement was made to call on staff known to the families should this be necessary, although this was not in fact needed.

#### ***Data collection***

In deciding the methods of data collection, priority was given to supporting children to express their experiences in a way that was familiar and meaningful given their developmental stage and traumatic experiences. Each child completed eight stories, selected from the Story Stem Assessment Profile (SSAP). The SSAP was originally developed

for the specific purpose of measuring children's internal mental representations of attachment figures. There is a manual to guide the use of a numerical coding system (Hodges et al., 2004). However, for the current study the story stems were used only to provide structured play prompts that could be replicated with each of the children. The task provided an engaging and non-threatening means through which children could express their expectations, feelings and perceptions in displaced form and using both verbal and non-verbal communication.

Each child also completed two drawing assessments; the Kinetic Family Drawing (Burns & Kaufman, 1972) and the Human Figure Drawing (Koppitz, 1968). Both of these tasks allow children to depict issues or feelings that feel most important to them, without feeling pressurised to respond to particular direct questions. The KFD refers directly to the child's own family and could, therefore, potentially inhibit expression for children who find their family situation confusing or traumatic. However, when children are asked to draw as well as talk about emotional experiences, they have been found to report more than twice as much information than those who are asked just to talk (Gross & Harlene, 1998). Furthermore, as with play assessments, drawing allows children to express non-declarative memories which may have been stored pre-verbally or following trauma (Moore, 1994).

Each of the mothers completed a semi-structured interview. Interview prompts guided each mother to talk about her child, their relationship and the child's characteristic responses over time. Some interview prompts also sought contextual information about the family and the domestic violence that had occurred. This information facilitated interpretation of the data from the children's projective assessments.

#### ***Data analysis***

Transcripts of the children's stories, together with the interview data from the mothers,

were all analysed using grounded theory. A brief summary interpretation of each of the children's drawings was also produced, noting features that were highlighted in the literature as potentially significant (e.g. Malchiodi, 1997; Wohl & Kaufman, 1985). All interpretations were made cautiously, with no single feature used as a sole indicator of a child's emotional experience and no fixed meanings applied to any images. These summaries were then used to further elaborate and validate the themes found through the grounded theory analysis. Conceptual links were made between the themes, grouping them into categories and leading to an initial theoretical model, as shown in Figure 1. The model was shared with four of the participant mothers, all of whom felt that it was a valid representation of their family's experience.

## Results

All of the children spent an hour with the researcher and willingly engaged in the play and drawing tasks. Many of the children asked to continue with further stories and drawings of their own choice and several of the children asked whether they would be able to meet with the researcher again. The way in which these children presented even within a single meeting, conveyed a sense of their need to connect with someone who would listen to and contain their experiences. In the examples that follow, all names have been changed to preserve anonymity.

The validity of the play and drawing assessments as a means to facilitate the children to share their experiences was supported. Several of the children included in their play and drawing, aspects of the domestic violence that were separately and independently reported by their mothers. For example, Dan, aged 8, told the story of a boy, complaining that he gets, 'a pain in my head, every April and nothing can sort it out'. His mother separately reported within her interview that the worst incident of physical violence from her ex-partner, during

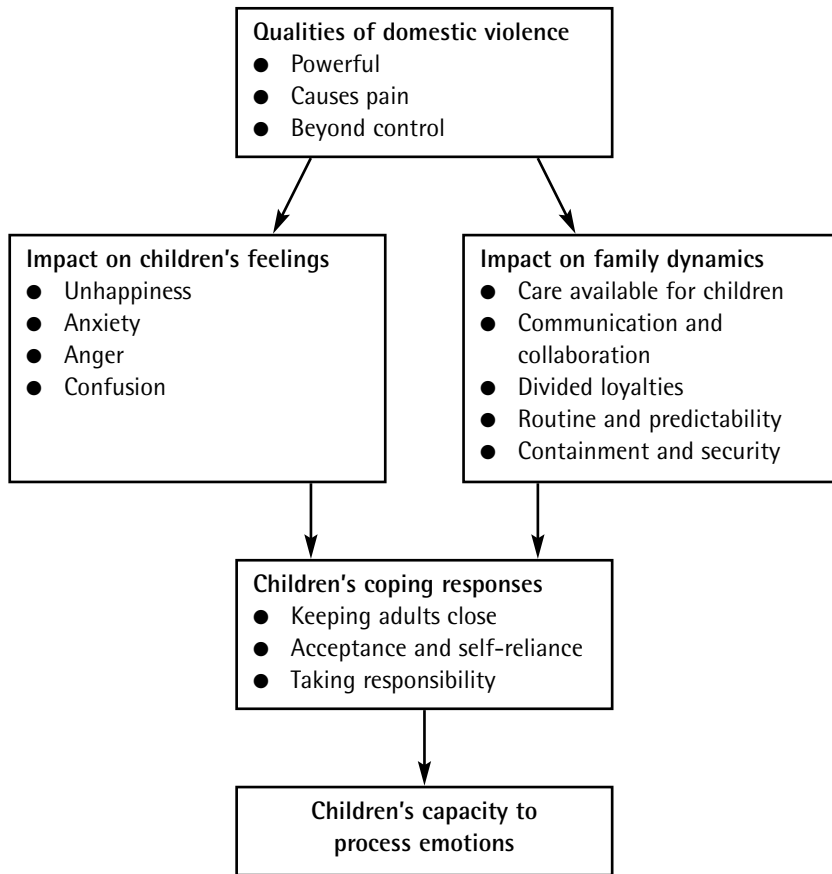
which Dan had called the police, had taken place the previous April. Similarly Gemma, aged six, drew a tiny female figure with a break in the line drawn for her right arm. Gemma's mother spoke during her interview of an incident when her violent partner had picked Gemma up and thrown her across the room, causing injury to her right arm.

For all of the children, the content and style of their drawings and stories evidenced both emotional distress and negative expectations of family relationships. All of the mothers were felt by the researcher to be impressively open in describing the domestic violence experienced within their family. However, the views offered by mothers about the emotional impact of these experiences on their children frequently underestimated or missed aspects of the children's difficulties as represented in their play and art. In attempting to explore and map this emotional impact for the current study, precedence was given to the children's data with information gathered from the mothers serving primarily to aid interpretation. The model generated is illustrated in Figure 1.

### *Qualities of domestic violence*

Interview data from the mothers confirmed that all of the children within this small-scale study had witnessed physical and verbal aggression directed at their mother, either from within the same room or overheard from another room in the house. During their play and drawing assessments, the children frequently represented violence and aggression, depicting it as powerful, as causing pain and as being beyond control. When asked to draw a person, Aaron, age 7, chose to draw a wrestler, filling the entire page (Figure 2). This powerful image is in contrast to the tiny stick figures Aaron drew when he was asked to draw his family (Figure 3), as well as being at odds with the timid and withdrawn presentation of Aaron himself, both within the research interview and reported by his mother.

Figure 1: Theoretical model of the emotional impact of domestic violence on young children.



### *Impact on children's feelings*

Feelings ranging from unhappiness and anxiety to anger and confusion were evident in the children's data. Many of the children's drawings included excessive heavy shading in selective areas or figures, indicating feelings of anxiety (Koppitz, 1968). Five-year-old Jane scribbled heavily over the arms, legs and body of (only) the male figure in her KFD. Jane's older sister Jessica, aged 7, heavily coloured-in just the faces of all the family members in her KFD, meaning that she depicted all of her figures without eyes, ears or mouths. As she drew she said, 'I don't want to put my eyes on' thus allowing her to disconnect from perceiving or feeling the traumatic experiences around her.

### *Impact on family dynamics*

As well as creating a range of distressing emotions for young children, this study found that domestic violence also has a concurrent disrupting impact on relationships and dynamics within the whole family. The children's representations of family showed a number of perceived impacts of domestic violence including; a disruption to the care available for children; reducing opportunities for communication and collaboration in decision making; forcing divided loyalties; disrupting routines and predictability and; reducing parents' capacity to provide containment and security for children.

Figure 2: Aaron's Human Figure Drawing.



Figure 3: Aaron's Kinetic Family Drawing.



Children from all five families in the study portrayed parents' capacity to notice and attune to children's distress as low. Nine-year-old Andrew completed a story stem about a child crying outside on his own with, 'Lewis (a sibling) and daddy get up, cause they don't hear the crying and they walk off'. Gemma (age 6) goes further in her completion of the same story, to suggest that the limited care available to children is directly related to mothers investing this time in their partners instead. This was a theme that was repeatedly raised in many of the mothers' interviews. The crying child in Gemma's story finds her own way home unnoticed. The child's distress and her arrival home are both ignored by her mother who 'gets up and she (mum) goes to walk in the kitchen. She gets a cup of tea, makes some to dad and he drinks it all up'.

Children's confusion over which parent to remain loyal to, was repeatedly played out in their stories and drawings. Dan (age 8) alternately put the mother and then the father into jail when he told a story about the

police arriving following an argument between two parents. Dan was keen to point out that the son in the story had not telephoned the police and was not to blame for them coming. Andrew (age 9) managed to avoid aligning himself with either parent by omitting both his mother and his father from his KFD. After drawing himself and his two brothers Andrew told me, 'I'm going to do two more people and that's um, my cousin Dean and then I'll do... daddy or mummy... That's a bit unfair. Maybe, maybe our uncle'.

Several children represented in their stories their sense that the containment usually provided by parents, was missing. Parental figures were often depicted as lacking influence, as failing to provide boundaries or as behaving in child-like ways. Jane (age 5) depicted a very chaotic scene when completing a story stem about a child spilling her drink. None of the adults in the story commented on the child's behaviour or found a practical solution to the spilled drink. Instead, all of the characters, both

children and adults, responded by repeatedly throwing their own drinks and knocking over furniture until the entire house fell down around them.

### ***Children's coping responses***

The range of impacts on family dynamics both intensify the difficult and distressing emotions experienced by children and concurrently reduce the support available to them to process their feelings. Children represented in their play and drawing, a number of strategies to manage and cope with this reality. These include attempts to keep adults close; acceptance of the domestic violence and developing skills in self-reliance; and taking responsibility for the violence and for their mothers.

Many of the children depicted in their stories and drawings children with huge smiles, who were endlessly forgiving or who worked hard to gain praise, making themselves as easy as possible to love. Whilst this inclination to please in some cases led to children being very hard-working in school, in over half of the families mothers talked about their children asking to stay home from school or faking illness in efforts to stay close to their mothers. Mandy (age 8) indicated her strong desire to keep her mother close to her by ending the majority of her stories with the mother and daughter characters spending time alone together and all of the other story characters disappearing. Mandy also, very unusually drew two figures in her HFD, rather than a drawing of a single human figure as requested (see Figure 4). She told me that the figures were herself and her mother and she filled the rest of the page with numerous large clouds, suggesting anxiety, perhaps about her mother, or about her own capacity to feel complete without her mother (Wohl & Kaufman, 1985).

All of the children represented violence in their stories indicating their perception that it was part of family life. Several of the boys went further by portraying child characters making weapons or forming alliances to protect themselves, although these attempts

**Figure 4: Mandy's Human Figure Drawing.**



never resulted in overpowering the aggressor in the stories. Many of the children also demonstrated a very independent attitude to problem solving in their stories, possibly reflecting their expectation that adults would not come to their aid. However, whilst these approaches may serve children in the short-term, the long-term reality is that separating themselves from the support of their caregivers is not an option. Not only do children rely on their parents and want to keep them close, but many children also feel responsible for the safety of their mothers, which again, draws them back into the family.

All of the children portrayed in their story stem responses, children intervening and stopping arguments between adults. Dan (age 8) even created extra characters such as policemen and lifeguards in his stories who waited near to the adults whilst children were away at school or in bed. Some children also took the idea of responsibility further to depict their perception that the children were to blame for arguments happening in the first place. Seb (age 5) continued this theme through several of his stories, with 'mummy' and 'daddy' being angry with their son for causing arguments and difficulties.

### ***Children's capacity to process emotions***

The model suggests that while domestic violence is ongoing, children experience repeated emotional distress and family dynamics continue to be disrupted, meaning



that children are left with inadequate coping strategies and ultimately therefore become overwhelmed. For some children, their internal chaos was represented vividly in the style of their story-telling and drawing. Others had managed to distance themselves from their overwhelming feelings, but their underlying anxieties were evident in their drawings and play. All of the mothers reported changes in their children's presentation since they had separated from their violent partners, with children becoming more expressive in their emotions. The increased feelings of stability and security within the family overall were cited by several mothers as creating the window of possibility for this change. However, many of the mothers acknowledged still feeling overwhelmed themselves at times. It is to be expected, therefore, that children's own journeys towards emotional security were still far from complete.

### **Discussion and evaluation**

The data for the present study was drawn from a small, non-representative sample of children. Further exploration is necessary to validate the theoretical model and to extend its utility. The model as it stands has limited capacity to explain individual differences in children's responses to domestic violence, with the only mediating factor suggested being family dynamics. Further research using a larger sample size could also explore the impact of other variables, including gender and age, on emotional responses to domestic violence. Despite these points for development, the findings of the present study make an interesting contribution to our understanding of the emotional impact of domestic violence on younger children. In addition, the methodology and the wealth of information gathered through it, clearly show that young children can and should be valued and enabled to participate in research.

Overall the themes found here resonate with many of those reported in previous qualitative research with older children and

adolescents who have experienced domestic violence. This finding further refutes any lingering suggestions that children do not notice or remember domestic violence taking place in their homes. A key theme from this study was that living with domestic violence is emotionally overwhelming for young children. How this emotional experience can be recognised and alleviated by professionals is of key importance. Early quantitative studies highlighted physical problems such as bedwetting and failure to thrive as being prevalent amongst younger children who have experienced domestic violence. It seems likely that these ostensibly physical presentations are the route through which emotional turmoil shows itself in children who lack the words to voice it or who feel compelled to keep the domestic violence they are experiencing a secret. Similarly, a child's behavioural presentation can provide a useful indicator of their underlying emotional distress, although emotions such as anxiety or unhappiness may be displayed through very different behaviours depending on the age, gender and personality of the child. Play and art offer a further window into the internal emotional world of a young child, with the potential to signal to professionals that a child is struggling with emotional experiences that they are unable to name or process alone.

### **Implications for clinical and educational professionals**

The current study has shown that even a non-clinical sample of children evidence a negative emotional impact following domestic violence. However, younger children's relative lack of cognitive and linguistic skills together with the secrecy and isolation that often accompanies domestic violence means that child victims of domestic violence are very unlikely to spontaneously talk about their experiences. It therefore remains for professionals to be aware of important indicators of emotional distress in children's presentation and behaviour. Educational professionals are well

placed to notice these signs given their extended contact with children and their ability to repeatedly observe young children's behaviour, play and art work. Training and consultation to schools regarding the prevalence of domestic violence and signs to look out for in children would increase the skills set and confidence of staff to effectively notice and support these children, and refer on to clinical services for those most in need.

The model generated suggests that young children become overwhelmed following domestic violence due to a combination of direct trauma combined with indirect influences on the family support system, which together leave the child with inadequate coping strategies to effectively process their emotions. This process is in line with descriptions of 'complex developmental trauma' which refers to a collection of symptoms resulting from ongoing unmanageable stress during childhood. Van der Kolk writes that, without the availability of a caregiver to modulate the child's arousal levels, the child is left 'unable to organise and categorise its experiences in a coherent fashion'. When these traumatised children present in school perhaps with high levels of emotional arousal or conversely with extreme anxious withdrawal, their primary need is for an attuned adult to notice, understand and co-regulate their emotional distress. If schools can take this approach there will be benefits both for children's emotional well-being and for their behaviour and capacity to learn in school. An increasingly popular pro-active

strategy being introduced in schools to help all children manage their stress and anxiety levels is the inclusion of mindfulness practices within the school day. Mindfulness can be of use to all children, with particular benefits possible for those who are struggling with high levels of emotional distress.

Some children will require more intensive support following domestic violence in the form of individual or group therapy from clinical services. Where appropriate, therapeutic support could also be offered for family groups and mother-child dyads. Boosting the resilience of the family unit and the relationships between children and their mothers is a key part of the healing process. Family members can be supported to acknowledge and shift away from the negative changes that domestic violence has inflicted on family dynamics, as well as bringing the role of emotional containment and connection back within the parent-child relationship.

However help is offered, we need to start by listening to the communications of young children who have lived with domestic violence, about their emotional worlds. They are able to show us, using their own methods, if we can tune in and listen.

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