



National Resource Center on Domestic Violence

RESPONDING TO THE LONG-TERM NEEDS OF ADULT CHILDREN EXPOSED TO DOMESTIC VIOLENCE: EXPLORING THE CONNECTION TO SUICIDE RISK

Technical Assistance Guidance

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Adult Children Exposed to Domestic Violence (ACE-DV) Leadership Forum
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"I started trying to take my life at the age of 32. That was my first attempt. I always felt like there was something wrong with me. Like I was a damaged soul that could never be fixed and could never stop feeling pain." – Marissa Herrera, ACE-DV

This Technical Assistance Guidance, a product of the [Adult Children Exposed to Domestic Violence \(ACE-DV\) Leadership Forum](#), explores the connection between exposure to domestic violence in childhood and, among other consequences, the risk for suicide in adulthood. It is important to note that both exposure to domestic violence in childhood and risk for suicidality are complex issues. This guidance discusses the impact of domestic violence exposure through the lifespan and provides recommendations to better serve adult children exposed to domestic violence (ACE-DV). The purpose of this guidance is to raise awareness of the potentially adverse consequences of domestic violence on an often-overlooked population and provide strategies to reduce risk factors and promote resilience. Future documents will focus on other more-frequently occurring outcomes of childhood exposure. There are many factors that influence the course of an individual's life, and this guidance does not suggest that exposure to domestic violence will inevitably lead to suicidality or any other adverse outcome discussed within.

Nearly 65 million adults are likely to have been exposed to domestic violence over their lifetime (Bureau, 2011; Hamby et al., 2011). Child exposure to domestic violence is defined as seeing or hearing adult-to-adult violent interactions and/or the effects of violence (e.g. bruises or overturned furniture), including hearing stories about domestic violence (Kitzmann, Gaylord, Holt, & Kenny, 2003). The negative effects of exposure to domestic violence in childhood can be long lasting, and often carry into adulthood. For example, the social and academic difficulties experienced in childhood may affect adult relationships and economic potential. Symptoms of depression, anxiety, and post-traumatic stress disorder have been reported in adults who were exposed (Anderson & Bang, 2012; Diamond & Muller, 2004). All of these factors may contribute to suicide risk among adults who experienced domestic violence in childhood.

Impact of Domestic Violence Exposure in Childhood & Risk for Suicide

There is a growing body of research that supports a link between childhood trauma and risk for suicidality. The increased risk for depression, anxiety, and attachment disorders among those exposed to domestic violence (Cox, Kotch, & Everson, 2003; Spilsbury et al., 2007) are widely identified risk factors for suicide among adolescents and adults (Hooven, Snedker, & Thompson, 2011). Other individual-level suicide risk factors such as substance use, aggression, and delinquency are also associated with exposure to domestic violence in childhood (Cox et al., 2003; English et al., 2009). Additionally, suicide risk factors such as minimal family support, lack of parental involvement, and isolation (Hooven, Snedker, & Thompson, 2011) are correlated with domestic violence exposure (Kitzmann et al., 2003). Finally, academic difficulties related to exposure to domestic violence may also increase the risk for suicide. McCarty et al., 2008 (in Hooven et al., 2011) report that academic problems are associated with long-term negative impacts including suicide risk.

As young people transition to adulthood, the negative effects of exposure to domestic violence, including mood disorders, emotional dysregulation, and isolation may increase emotional distress leading to risk for suicidality (Hooven, Snedker, & Thompson, 2011). While media and community response to suicide is often focused on teenagers, adults are at the greatest risk for suicide (Xu, Murphy, Kochanek, Bastian, 2016). Of the 41,149 completed suicides in one year in the United States, 69% were adults aged 25-64, 19 % were 65+ and 12% were aged 5-24 (Xu et al., 2016). Notably, males represented 78% of all completed suicides in 2013 (Xu et al., 2016). A 2008 study found that exposure to child abuse, sexual abuse, or domestic violence in childhood accounted for 16% of suicidal ideation and 50% suicide attempts among women, and 21% ideation and 33% attempts among men (Afifi et al., 2008). Adults exposed to domestic violence in childhood may lack adequate coping and problem solving skills needed to manage the stressors of adulthood, which may exacerbate the risk for suicide among this population. While the impacts listed here exist for some people who have trauma histories, it should be stated that suicide is *not* a normal response to stress. To reduce risk of suicidality, it is important to recognize and promote resilience among those exposed to domestic violence.

Protective Factors or Resilience Promotion

Humans have a tremendous innate ability to recover, heal, and thrive in the face of adversity. Resilience, the term used to refer to this phenomenon, must be examined using a person-in-environment framework. That is, peoples' resilience is influenced by internal and external protective factors (Ungar, 2005). Resilience can be understood as the ability to overcome exposure to trauma with relatively normal psychological and/or social success (Afifi & MacMillan, 2011; Liebenberg, Ungar, Van de Vijver, 2012; Masten, 2001). That said, resilience may be difficult to assess due to the complexity of operationalizing psychological and social success. In other words, how can one define or measure the achievement of an "end" when resilience – much like *healing* – is an intrinsically fluid process?

As part of understanding resilience, it is important to recognize and identify the protective factors that promote resilience. Internal and external protective factors may increase

positive coping strategies, which often influence well being and response to adverse events (Garcia, 2009). Coping is the process of “cognitive and behavioral efforts” to manage stress (Garcia, 2009). Coping strategies may include problem solving, cognitive restructuring, emotional expression, and use of social support networks (Griffing et al., 2006). Internal protective factors include perceived control over circumstances, temperament, and self-identity (e.g. self-esteem, self-efficacy) (Benzies & Mychasicuk, 2008; Ungar et al., 2007). External factors include supportive social relationships (e.g. peers, mentors), access to resources (e.g. money, education), and community or civic engagement (Benzies & Mychasicuk, 2008; Ungar et al., 2007). Protective factors such as these have been found to promote resilience and have a buffering or moderating effect on suicide risk (Johnson, Wood, Gooding, Taylor, & Tarrier, 2011; Roy, Carlie, & Sarchiapone, 2011).

For children exposed to domestic violence, there are a number of specific internal and external protective factors that contribute to resilience, including maternal health, social support, positive parenting, good self esteem, and affect regulation (the ability to manage and express emotions; Kimball, 2015). Identifying and promoting these factors in a child’s life can, in turn, promote the child’s coping skills into adulthood, lessening the risk of adult suicidality and other long-term adverse impacts of exposure to domestic violence.

Recommendations for Practice

There is clear evidence that traumatic experiences during childhood can be destructive to a person’s body and mind, but we have learned through practice that trauma-informed, culturally-responsive intervention and treatment can foster resilience and promote healing. Intervention with a specific focus on resilience building has been shown to mitigate depressive symptoms and decrease the risk of suicide for individuals with a history of trauma exposure (Wingo, Wrenn, Pelletier, Gutman, Bradley, & Ressler, 2010).

“When we talk about trauma, we often talk about the losses, but not the additions.” – Rick Azzaro of *Illuminations*

The fact is that adult children exposed to domestic violence are complex individuals with tremendous strength. Domestic violence programs, along with community partners, can help them discover and capitalize on those strengths to reduce risk for suicidality and other long-term adverse consequences of childhood trauma.

Building Capacity to Serve Adult Children Exposed to Domestic Violence (ACE-DV)

To best understand and serve ACE-DV, there are two core competencies that must be realized: 1) a basic understanding of human development, and 2) knowledge of the impacts of trauma over the lifespan.

Human Development. Understanding the stages and developmental tasks or milestones associated with the social and emotional growth of people is essential to gaining insight about the experiences and challenges of trauma survivors. Beyond an understanding of the [impact of exposure to domestic violence on child development](#), it is equally important to become familiar with stages of growth into later life, when impacts are likely to surface or

additional trauma experiences may bring complex layers to a person's experience. When we understand the challenges that must be overcome at each life stage, the cumulative impacts begin to make sense and we can work in partnership with ACE-DV to anticipate and work through future developmental tasks to promote healthy outcomes.

Trauma Impacts. A basic understanding of trauma and its potential impacts across the lifespan is fundamental to providing effective services to ACE-DV. One important finding of the 2011 [National Survey of Children's Exposure to Violence](#) revealed that children who were exposed to even one type of violence, both within the past year and over their lifetimes, were at far greater risk of experiencing other types of violence. This concept of polyvictimization reflects a common experience for ACE-DV, and speaks to the importance of learning the trauma histories of the people we serve.

*"Trauma is a **common human experience** that is largely overlooked in existing explanations of and responses to human behavior." – Joan Schladale of [Resources for Resolving Violence](#)*

A trauma-informed, culturally-responsive approach acknowledges that peoples' experiences shape the way they see and navigate the world, considering responses to trauma as *normal* reactions to *abnormal* circumstances. Trauma-informed practices with ACE-DV explore the way trauma has shaped their feelings and reactions, core beliefs, sense of stability, and choices. Resources on [building program capacity to provide trauma-informed domestic violence services](#) are available to inform organizational assessment and change.

Domestic Violence Programming

Domestic violence services historically and necessarily focus on responding to adult victims in crisis. Most also provide services to their dependent children. However, while such programs are well equipped to respond to the needs of ACE-DV, the majority do not offer comprehensive services specific to this population.

ACE-DV may not access traditional domestic violence programs for a number of reasons, including the perception that services are not available. They may not see themselves or their experience reflected in outreach materials. Furthermore, ACE-DV may not identify as trauma survivors or even recognize their own challenges as consequences of their childhood trauma. Traditionally seen as secondary victims, children exposed have not had their unique experiences consistently named in our movement.

Perhaps the most significant model from which to draw is the provision of [services to adult survivors of child sexual abuse](#) in rape crisis centers. This approach to addressing long-term consequences of childhood trauma focuses on resilience building from a strengths-based perspective, and draws on the expertise of advocates who understand the impacts and dynamics of sexual violence. Similarly, domestic violence programs can respond to ACE-DV across a wide range of services, many of which are already in place.

The recommendations below offer practical, low-cost ways to integrate helpful services for ACE-DV into existing domestic violence programming, creating opportunities to bring healing, visibility, and voice to survivors with this experience.

Crisis Hotline. What we know about polyvictimization suggests a high likelihood that callers presenting with current victimization may also have past trauma to address. Trained listeners can identify callers to the crisis line who may be ACE-DV by asking simple questions related to trauma history such as, “Growing up, did you ever feel afraid for your caregiver’s safety?” The [ACE Score Calculator](#), available in 7 languages, is one of many validated tools that offers basic questions to assess for adverse childhood experiences. Once identified, crisis line advocates may refer callers to providers and resources specializing in ACE-DV.

In addition, all crisis line listeners should be trained to recognize the warning signs related to suicide, determine if someone is at risk, and apply appropriate crisis intervention techniques. These techniques include directly asking callers about suicidal thoughts and/or plans and referring callers to the National Suicide Prevention Lifeline (www.suicidepreventionlifeline.org/1-800-273-TALK [8255]). *Crisis line listeners should understand that asking about suicidality does not increase risk for suicide attempts.* Collaboration and cross-training with suicide crisis lines may be of great benefit to assisting ACE-DV callers, as both can incorporate helpful screening and referral practices. The [American Association of Suicidology](#) offers various trainings in suicide prevention, including one specifically designed for crisis workers.

Counseling. Programs that offer individual counseling with domestic violence victims can also offer these services to ACE-DV to provide emotional support, help identify and foster strengths, and explore options for healing. ACE-DV often need support in dealing with the burdens of shame, secrecy, caretaking, and anger. Counselors can help to develop safety plans around ongoing interactions with abusers – for themselves, their partners, and their children. They can also assist in crafting coping plans for addressing triggers or trauma echoes that may surface, providing tools for ACE-DV to remain centered, present, and healthy.

“Experiencing abuse early in life in the home may lead to a tendency to perceive and experience stressful events as catastrophic and insurmountable” ([Social Work Today](#)). Counselors can help build the capacity of ACE-DV to more effectively cope with stress, and avoid reliving the familiar experience of feeling powerless. Counseling approaches that focus on building problem solving skills can help ACE-DV regain control and confidence in their ability to face everyday stressors and current or future traumas.

Domestic violence counselors should practice within their scope of expertise, and refer survivors in need of greater psychological support than they are able to provide, especially when it comes to suicidality. For those with therapeutic training, cognitive behavioral therapy (CBT) has been found to be effective in teaching people different ways of handling stress. In fact, CBT is an effective tool in helping people to consider alternatives when suicidal thoughts occur. In addition, long-term therapy can be helpful to ACE-DV as they

explore the impact of their experiences on their current relationships (with partners, parents, children, friends) and themselves, and can provide helpful tools and skills for building resilience. Research illustrates the importance of assessing for trauma history in therapeutic settings, especially when assessing the risk of suicide. In fact, studies have shown high associations between childhood trauma (specifically child sexual abuse and emotional abuse in childhood) and suicidality, even in the absence of a current diagnosis of depression (Marshall, Galea, Wood, and Kerr, 2013 & Read et. al, 2001). “Without having taken an abuse history, psychologists trying to estimate suicide risk in adults may seriously compromise their assessment” (Read et. al, 2001, p. 371).

Support Group. Perhaps one of the services providing the greatest impact with the lowest investment of resources is the provision of support groups for ACE-DV. Support groups, whether facilitated or peer-led, are particularly valuable to ACE-DV because of the sense of belonging and normalization that they provide, especially to a population who often feel secondary or forgotten. Opportunities for mutual support can reduce isolation, helping ACE-DV discover that their experiences are not unique, and can be a resource for effective coping and healing strategies. Again, support group facilitators should be trained to recognize suicidality and the process and resources needed to assist participants who may be suicidal.

Speaking Out. According to researcher Sherry Hamby, “[r]esilience is strengthened by recognizing that we are all experts in our own lives and we all have something to share with others” (*Psychology Today*). Sharing one’s story can have many benefits, including impacting others, finding a voice, re-affirming values, finding peace, and (re)discovering hope. Storytelling not only positively impacts resilience, but can also promote healing and provide a sense of power to ACE-DV, whose experience of powerlessness are profound and often leave long lasting emotional scars. *From the Front of the Room: A Survivor’s Guide to Public Speaking* provides helpful guidance to those who wish to share their story publicly, and reviews some of the ways in which storytelling can benefit ACE-DV. *Suicide Awareness Voices of Education* (SAVE) provides a space for people to share stories of hope.

Nontraditional Programming. Those who have experienced traumatic events in childhood can benefit greatly from programming designed to connect the mind to the body. Domestic violence agencies can coordinate with community centers, health and fitness centers, parks, nature preserves, farms, and stables to offer programs for ACE-DV including yoga, art, music, dance, running, hiking, nutrition, horticultural, or equestrian activities. With a focus on grounding oneself while enhancing coping skills, these activities can foster resilience and an overall sense of wellbeing, while also building a supportive community of ACE-DV.

Advocacy. To best address the long-term needs of ACE-DV, it is imperative that domestic violence programs **build relationships** with healthcare, mental health, substance abuse, eating disorder, and other such human services. The importance of building a community network of trauma-informed providers cannot be overstated. The groundbreaking *Adverse Childhood Experiences (ACE) Study* reveals the important connection between childhood experiences of adversity and lifelong experiences of illness, poor quality of life, and early

death. When long-term complications arising from childhood trauma surface, these providers may be the first point of contact for ACE-DV. With proper training and collaboration with domestic violence agencies, these providers can better provide trauma-informed care, and can adapt the best practice of screening for trauma history as a routine part of their assessment, especially considering the risk of suicide.

Advocates for ACE-DV can help prepare them for interactions with human services and wellness providers so that the significance of their trauma histories is legitimized. Another important advocacy need for ACE-DV, to enhance justice and safety, might include assistance in navigating family dynamics – whether that includes safety planning or separation.

Successful advocacy on behalf of ACE-DV includes intentional efforts to represent their voices and experiences when it comes to both internal organizational practices and policies as well as community collaboration – ensuring ACE-DV are “at the table” in a meaningful way to guide the direction of services and the work of task forces and community groups. For example, do agency intake forms include questions about trauma history? Promoting the visibility of ACE-DV is of key importance to ensuring that services are holistic, accessible and inclusive. ACE-DV should recognize themselves, their experiences, and their concerns in agency literature, posters, and public messaging.

Outreach strategies to promote services to ACE-DV should be intentional about engaging diverse men. While we know that ACE-DV are less likely than victims currently experiencing abuse to contact domestic violence programs, we understand that women, in general, are more likely to seek support in healing from trauma. Programs should ensure that community messaging clearly emphasizes the availability of services for men who have experienced childhood trauma, especially given what we know about the particularly high rates of suicide among men. Domestic violence programs can play a clear role in mitigating and preventing the negative long-term impacts of childhood exposure to domestic violence, and helping to ensure a healthier community for all.

Conclusion

“If I feel like the suicidal feelings are getting so strong that I am developing a plan, I tell someone – my partner, some friends who have agreed to have me call them, or the suicide hotline in my area. Once I can say it out loud, the power of it goes away. The thoughts aren’t so compelling. Then I let myself feel the pain. – Olga Trujillo, ACE-DV

The number of adults in the United States who were exposed to domestic violence in childhood is simply staggering. Many of these individuals struggle with long-term negative outcomes of their childhood experiences including physical, psychological, and social consequences, and some ultimately lose their lives to suicide. That said, many, too, have learned positive lessons from having had such experiences, including choices around respectful and non-violent partnering and parenting, or contributing in many ways to cultural shifts toward accountability and social equity. And, for a number of reasons, many

may not identify as trauma survivors or even recognize the ways in which their experiences of domestic violence have shaped their behaviors, reactions, or choices throughout their lives.

While the experiences of ACE-DV are complex and multi-faceted, research reveals strong and important themes in terms of outcomes for those whose lives included exposure to domestic violence. One common thread among them is the role of protective factors in promoting resilience, suggesting that the best way to support ACE-DV in healing and thriving is intervention with a specific focus on resilience building. Domestic violence programs can play an important role in providing services to meet this need, and contribute to the health and wellbeing of ACE-DV and our communities overall.

Adult children exposed to domestic violence are a traditionally underserved population of survivors with tremendous strength and important contributions to our understanding of violence and trauma. We must increase the visibility of ACE-DV by advocating for trauma-informed, culturally-responsive, strengths-based systems responses, naming and reflecting these experiences in our policies and practices, and representing the voices of ACE-DV in our broader movement work. For more information, visit the [ACE-DV Leadership Forum](https://www.nrcdv.org/ace-dv) at www.nrcdv.org/ace-dv, a project of the National Resource Center on Domestic Violence.

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