

Key Issue

Co-occurrence of Child Maltreatment and Woman Abuse: The Effects of Intimate Partner Violence on Children

When investigations into possible causes for violence between intimates began, professionals started by interviewing adult victims and perpetrators of domestic violence. They initially focused on social learning theory to explain the dynamics of domestic violence. This theory proposes that people are products of their environments and will repeat patterns in adult relationships according to patterns learned as children. Initial investigation into childhood experiences of perpetrators and victims quickly and clearly revealed that many of those who were experiencing domestic violence as adults had experienced domestic violence in their families of origin. That revelation led professionals to turn their attention to the experiences of children and youth currently experiencing violence in their homes. Those studies revealed that the list of physical, emotional, psychological and behavioral responses experienced by children witnessing domestic violence was strikingly similar to responses found in children who were physically abused and neglected, as well as children who had experienced sexual abuse. Social learning theory was not adequate to explain these responses and other theories, such as trauma theory, were explored. Evidence over the years has indicated that no one theory can be used to explain the detrimental effects of domestic violence on children—the complexity of the problem requires attention to the experiences of each child within each family.

The idea that exposure to intimate partner violence appeared to be as detrimental to children as direct physical and verbal assault was met with debate and denial in many communities. To validate their initial findings, researchers and other professionals in child and youth service fields began the arduous task of examining and documenting information from observations of children made in shelters, research laboratories, classrooms and juvenile detention centers. The one constant found was a strong correlation between intimate partner abuse and child maltreatment and the indication that, while many children were the victims of physical and sexual abuse, the effects of “mere” exposure were enough to leave children with emotional and psychological deficits.

Over the past 30 years, intimate partner violence has been recognized and addressed in local, state and national communities. However, as stated earlier, initial attention given to children focused on physical injury to the child during an incident or sexual assault of the child by the perpetrator. It was noted that children often received injuries when trying to protect their mothers. They might be hurt when items were thrown or when weapons were used. Infants and small children were frequently injured if being held by their mothers when the aggressors lashed out. The earliest research studies provided important documentation of the many ways in which children were physically endangered. As research progressed, a realization regarding the extent of non-physical forms of abuse and neglect became apparent. Survivors, and the agencies that served them, had long recognized the emotional, cognitive and behavioral repercussions suffered by children

exposed to domestic violence. Information and understanding have steadily increased since over the past three decades.

In order to relate the ways in which domestic violence negatively impacts children, an overview of a few dynamics often experienced by children is presented below.

Isolation, vital to the abuser's successful use of power and control over the adult victim, creates a situation wherein children, particularly pre-schoolers, are limited to family feedback regarding their self-worth and their ability to interact with others. Verbal abuse (shaming, blaming, intimidation and threats) is a common technique the abuser employs to control the children's behavior. From these verbal assaults, the child may acquire a sense of worthlessness, getting the message that he or she is unlovable and incapable of success. Isolated from other adult input, the child often internalizes these negative messages from a very early age. In addition to direct verbal abuse, arguments about parenting practices and children's behavior are major causes of friction in violent homes. Children's beliefs that they are responsible for the violence, coupled with their inability to control or stop it, have a serious negative impact on their self esteem (Rossman & Rosenbaum, 1990). Finally, isolated children are unable to practice social skills. They find it difficult to set healthy personal boundaries and often don't respect the boundaries of others. They seldom learn appropriate means of problem solving or acceptable means of conflict resolution. Young children frequently don't know how to play, and older children may lack the ability to make or keep friends.

Children may experience **decreased parent availability** in violent families. The abused parent may be unable to provide adequate care for the children because of injuries, emotional exhaustion or depression. The abusive parent may be too involved in controlling the adult partner to give children the attention they need. If the abuser is male, stereotypical beliefs regarding who is responsible for parenting may prevent him from meeting the needs of the children when the woman is unable to do so. Children's attempts to identify with unpredictable and frequently childlike role models may leave them with a shaky sense of self. In an attempt to establish autonomy, children often engage in bargaining behavior with parents, siblings and peers, vacillating between compliance and aggression (Jaffe, et. al., 1990). For older children, attempts to control their environment might involve assuming responsibility for the care and protection of younger siblings.

Another factor faced by children in these situations is **the chronic, elevated level of tension and stress** in the family. Children in violent families may live in constant fear of injury or death for themselves and every member of the family. In response to that fear, children become hyper-vigilant, hoping to monitor adult behavior and provide protection for mother, siblings and self. In the process, children work to develop coping strategies to avoid or control the violence, placing overwhelming and impossible demands on themselves, thus experiencing incredible stress (Rossman & Rosenbaum, 1990).

Finally, child witnesses live in homes where **violence is seen as the norm**. They have no understanding of the dynamics and may view power and control, aggression and violence as the only means to get needs met. Many children participate in a "pecking order" of

domestic abuse, victimizing younger siblings, peers and animals. While some children may model violent behavior, others may withdraw and become passive, adopting the victim role in their interactions with others. Children may exhibit low impulse control, inability to monitor and appropriately express emotions, and little gratification delay. Conflict resolution is often limited to aggression or passivity.

Reactions of child witnesses to violence are as varied as the personalities and experiences of the children. Many factors come into play: age of the child, cultural context, intensity and frequency of abuse, coping skills of the child, degree of isolation, availability of external support persons, etc. However, certain patterns of behavior and belief frequently emerge.

Children of all ages are affected by abuse that is taking place in their environments. Many people still believe that infants and very young children are not aware of the violence in their homes. In reality, infants exposed to domestic violence frequently present with any number of issues related to the violence. Many babies appear detached and are unresponsive to adult attention. Battered women may be unable to nurture and care for their babies the way they would wish. In response, the babies may become passive, not expecting needs to be met, or conversely seem inconsolable—crying and fussing incessantly for attention or in reaction to the stress in the home. Sleep disturbances and eating disorders are common with infants.

Toddlers and preschoolers, like infants, are assumed by many to be oblivious to domestic violence. However, research has shown that they are acutely aware of their environment. They, too, may experience sleeping and eating disorders along with somatic complaints such as stomachaches and headaches. They may cling to their mothers, showing signs of extreme separation anxiety. Young children often have nightmares related to the violence. Expected to be “little adults”, they are often denied the exploration and experimentation necessary for development. Speech, motor skill and cognitive delays may result. Many preschoolers show signs of depression and anxiety and may find it difficult to express any emotion but anger.

By school age, many children have developed coping skills that may lead them in one of two directions. Some children may see few options and expect little success. In school, because of frequent mood swings, erratic attendance and/or inability to concentrate, their self esteem continues to drop. They may experience frequent conflicts with classmates and teachers because of poor social skills. Their success is compromised. Other children strive to overcome family dysfunction by excelling in school. In classrooms they experience the consistent, predictable environment not experienced at home and they excel in this well-ordered world. They seek approval, becoming perfect students and making many friends. In either case, these children continue to live with frightening and unpredictable events. They experience conflict over loving/hating their parents. Stress related physical ailments may persist. Guilt, sadness, depression and underlying feelings of powerlessness are often expressed by children of this age. They find themselves unable to relax or sleep, and may even show signs of post-traumatic stress disorder.

In adolescence, difficulties experienced by these children may be even more alarming. Eating difficulties can advance into disorders, such as anorexia, bulimia or obesity. Academic frustration may result in dropping out. Feelings of fear, powerlessness and hopelessness can result in running away, delinquency, acting out sexually, substance abuse or even suicide. Adolescence is when children begin establishing intimate partner relationships. They may put into practice the sex roles and communication patterns learned at home. Without proper intervention, there is a risk that they will continue the generational cycle of violence.

Though the experiences and responses of children outlined above indicate serious risk factors for children exposed to domestic violence, these indicators cannot be interpreted as prophecies of doom for every child. It is important to remember that this body of research is relatively recent and some findings are compromised by methodological flaws. It is also difficult to conclude that the problems these children present are solely attributable to their exposure to intimate partner violence.

There is strong evidence that intervention, support and safety can often reverse the negative impact of domestic violence on children. Many children show remarkable resiliency, developing coping mechanisms that allow them to endure and survive exposure to even frequent and severe intimate partner violence. The effects of domestic violence on children are not irreversible. With appropriate intervention, the cycle can be broken. Child advocates throughout the complex system of service provision must coordinate efforts to address the needs of these children

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See also:

- Dowling, Claudia Glenn. (1998). Violence lessons. *Mother Jones*, 23 (4), 32- 41.