

Children & Domestic Violence

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The audience is asked to “play pretend” and imagine themselves as a four-year old boy or girl who crawls out of bed after hearing Mommy and Daddy arguing in the living room as they then watch a scene from the 2002 movie *Enough*. On the screen, lovely Jennifer Lopez is arguing with her husband

who is brazenly having an affair, when suddenly he first slaps her and then slugs her with his fist. For many of the people in this audience, the imaginary world of the motion picture is the closest they will come to the reality of domestic violence that damages the lives of nearly a quarter of women in the United States and haunts the lives of perhaps ten million children every year. These children tend to be disproportionately below the age of five, a time when children’s brains and bodies are transiting through periods of critical and rapid development[1]. To get their attention we ask the audience to “play pretend”, but domestic violence is shattering so many families in this country that the American Medical Association reports that “physical and sexual violence against women is a public health problem that has reached epidemic proportions”[2].

Children who are raised in homes where violence occurs are at risk for panoply of problems. In the short-term, 30%-60% of children who are exposed to domestic violence are also victims of child abuse, abuse that can come at the hands of their fathers or mothers [3]. According to many studies, 40%-70% of the children in homes where there is domestic violence are themselves victims of physical abuse or neglect[4]. The impact of exposure to violence in early childhood is potentially devastating because the central nervous system is exquisitely sensitive to stress and without proper buffering from the external world, a child raised in a violent home is exposed to repetitive levels of elevated stress hormones that change the way the brain is organized until a fear state that should be aroused only occasionally becomes instead a trait.

The Adverse Childhood Experiences Study is providing us a window into what the future holds in store for many of these children. This study, funded by the Centers for Disease Control and known as the “ACE Study”, is the largest public health study of its kind ever done[5]. It looked at the relationship between adverse childhood experiences, like living as a child or adolescent with a mother who was a victim of domestic violence, being physically, emotionally, or sexually abused as a child or adolescent, or living with someone as a child who was mentally ill or a substance abuser, and the long-term effects of these experiences on adult physical, emotional, social, and occupational health. The results are staggering. Of this middle-class, well-educated, Caucasian population in the study, 52% admitted to belonging to at least one category of serious childhood adversity. Even more staggering were the clear, graded relationships between the number of categories of adversity exposure and a number of adult illnesses. In fact, as the authors of the study point out,

“Adverse childhood experiences are the main determinant of the health and social well-being of the nation”[6].

Growing up in a violent home puts a child at a significant disadvantage. Along with their mothers, these children tend to be isolated, deliberately prevented from engaging in the routine activities of children from healthier homes, as the batterer attempts to exert control over every hour of his family’s life. At the same time as the child is prevented from forming relationships outside the home, his or her mother is relatively unavailable as she becomes progressively emotionally and physically injured. As a result, attachment relationships and therefore key aspects of parenting, including healthy development of the self, emotional management and cognitive skills may all be compromised. These homes are chronically tense with little humor, positive emotional interaction, or playfulness between the members of the family. Instead, violence becomes the normative style of interaction, violence that is threatened even when it is not being acted upon. Although many parents believe that they have protected their children from the abuse in the home, studies have demonstrated that between 80%-90% of these children were able to give detailed descriptions of the violence that had occurred[7].

The impact of domestic violence will vary somewhat depending upon the age of the child. Many infants appear detached and are unresponsive to adult attention. 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[8]. Toddlers, just beginning the process of individuation and separation, may have substantial difficulties in separating from their mothers and have difficulty connecting to childcare workers. They may startle easily, be extremely distressed by loud noises and have difficulty settling down once aroused. The development of an aggressive style of interaction with other children and even with adults may already be noticeable at this age. By pre-school, children are learning how to appropriately express anger and aggression, but these children are likely to be quite confused by the conflicting messages they receive at pre-school and at home. Children at this age are also thinking in egocentric ways and as a consequence may blame themselves for the violence at home, attributing the constant battles to something they have or have not done, and feeling guilty for not being able to help their mother or stop the violence. This is likely to have a negative impact on the child’s developing sense of self. Pre-schoolers are also forming ideas about gender roles based on social messages and children from violent homes are learning that being a boy is associated with hitting and dominating other people, and being a girl means being a victim. Much of the child’s learning in this period focuses on a growing sense of physical independence and skill-building, but children exposed to violence may not achieve this independence or may regress to earlier periods of development.

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By the time children reach school-age they are becoming increasingly aware of their own emotions and the emotions of others, and their thinking is becoming progressively complex, particularly in regard to definitions of right and wrong, fair play, and intentionality. As a result, children of school age are becoming more aware of their own reactions and of the impact on their mother of the violence at home. Simultaneously they may become anxious about the risk to their father posed by arrest for the violence. They are also developing expanded definitions of gender role in the family and continue to be at risk for associating being a man or a woman with perpetrator/victim roles. Academic and social success at school is helping to determine the child's sense of self, but the child from a violent home may be having cognitive and emotional problems that interfere with this kind of success.

As children from violent homes move into adolescence, problems may emerge that are typically ascribed to adolescent adjustment difficulties of all kinds – problems with aggression, with authority, running away, promiscuity, mood instability, poor impulse control, risk-taking behavior and, of course, substance abuse. Many children and adolescents exposed to violence will develop post-traumatic stress disorder with its typical presentation of flashbacks, nightmares, avoidance symptoms, and physiological hyperarousal. These children may be triggered by things like loud noises, to discussions or movies about trauma, or anything that makes them feel vulnerable or pressured.

Helping children who are living in dangerous homes involves critical acts of both intervention and prevention. The amount of help that can be directed at the child without also helping the child's mother is limited, but in interactions with children exposed to violence, it is helpful to focus on safety and on helping the child learn what it means to be safe, assisting the child in developing some simple skills for managing powerful emotions and a safety plan for keeping as safe as possible. Adults can assist the child in finding words for experiences that have proven so far to be inexpressible and can guide a child in learning to channel anger, fear, sadness, shame and guilt into creative and constructive outlets. Adults can also help and support a child in working through the losses that are so common accompaniments of violence. For an embattled child, any time spent in a healthy, loving and supportive environment serves as an antidote to the turmoil at home, an inner representation of what a possible future can hold.

References

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