

Childhood Exposure to Domestic Violence

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Connecticut Family Violence Task Force

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An ordinary day in the life of a child exposed to domestic violence



Credit: Freddie Rittner

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Domestic Violence is More Than a Partner Problem

- DV is a family problem
- More than half of households with known DV involve children – most of them under the age of 5
- In Connecticut
 - >90% of women receiving DV shelter services are mothers
 - >25% of DV-related arrests involve children present
 - >75% of children involved with child protective services have documented DV exposure
 - >50% of youth involved with juvenile justice services have a history of DV exposure
 - >25% of women receiving prenatal services endorse ongoing DV

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Children As Silent Victims

- Children can be exposed to DV in a number of ways
- Children can display a variety of behaviors while witnessing DV
- Children need not directly witness DV nor display distress to suffer consequences



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What Are Children Exposed To?

Physical Aggression

"He threw hot coffee at her face, choked her, shoved her into walls, kicked her, punched her – gave her a black eye, put her in the hospital. One time he tried to run her over with the car"

– 11-year-old boy

Psychological Aggression

"Sometimes everything seemed good. We would go to McDonalds, he would make jokes and stuff. Then he would accuse my mother of something. He like controlled her every move. There'd be screaming and cursing. I'd put my headphones on to ignore the yelling. Once I heard my father threaten to take me and my brother away from her. That scared me."

– 13-year-old girl

Sexual Aggression

"It was disgusting. He would grab her in places right in front of me. He was constantly telling my mother that she needed to ...you know, have sex – one time I heard my mother – I thought she was hurt and I walked right into him on top of her."

– 15-year-old girl

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Children's Reactions

- Qualitative interviews with maternal victims (Izaguirre & Calvete, 2015)
 - "My children would not come near us; they would stay in their room, paralyzed with fright."
 - "I screamed so loud that my girl approached us. I couldn't breathe, and my daughter hit her father on the head and said, *Let Go of Momma*" (6 y.o. girl)
 - "My daughter and son grabbed their father and said, *Let momma alone! Let momma alone!* They would stand next to me so that he wouldn't hit me. The time he hit me, my daughter told her father: *Momma is good, momma is very good. Why did you hit her?*" (3 y.o. girl)

Izaguirre, A., & Calvete, E. (2015). Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children. *Child Abuse Negl.* doi: 10.1016/j.chabu.2015.05.002

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Children's Reactions, cont.

- “If it was nighttime, I’d find my little boy with his pillow pulled over his head.” (7 y.o. boy)
- I would look at my oldest son, and he would understand me. At age five, he’d take his brother by the hand, and they’d go outside. From the street, they could hear the screams...” (5 y.o. boy)

Izaguirre, A., & Calvete, E. (2015). Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children. *Child Abuse Negl.* doi: 10.1016/j.chabu.2015.05.002

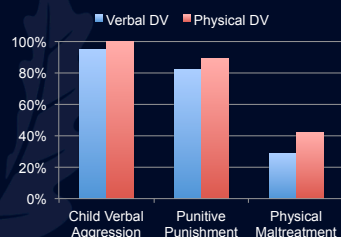
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Children Exposed to DV are also likely to Experience Direct Aggression

- DV in the home exponentially raises the risk of emotional and physical violence towards the child as well as neglect.
- The prevalence of child physical, sexual, and emotional maltreatment in families with DV is estimated to range from 30% to 60% (Appel & Holden, 1998; Colletti et al., 2008).
- Perpetrators can behave towards children as they do their partners and can exploit the children to hurt victims
- Victimized caregivers are also likely to exhibit harsh or non-optimal parenting, including behavior that crosses the line of abuse (Edelson, 1999; Hartley, 2002; Levendosky & Graham-Bermann, 2000)

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DV and Maltreatment Overlap in a Sample of Preschool Children



Grasso, D. J., Henry, D., Kestler, J., Nieto, R., Wakschlag, L. S., & Briggs-Gowan, M. J. (2015). Harsh parenting as a potential mediator of the association between intimate partner violence and child disruptive behavior in families with young children. *Journal of interpersonal violence*, 0886260515572472.

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Short-Term Effects of Violence on Children

- Generalized anxiety
- Sleep problems
- Nightmares
- Difficulty concentrating
- Hyperactivity
- Increased aggression or irritability
- Increased separation anxiety
- Intense worry about a parent's safety
- Somatic problems (e.g., stomachaches, headaches)
- Regression of developmental competencies (young children)

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Long-Term Effects of Violence on Children

- Physical health problems (e.g., respiratory, gastrointestinal)
- Externalizing disorders or conduct problems
- Internalizing disorders (e.g., depression, anxiety, suicidality)
- Trauma-specific symptoms (e.g., posttraumatic stress)
- Alcohol/drug use
- Social impairment (e.g., fewer social skills, relational aggression)
- Functional impairment (e.g., school, justice involvement)

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Child Traumatic Stress

1. Intrusive thoughts/ re-experiencing
2. Persistent avoidance that causes functional impairment
3. Negative changes in mood and cognition
 - Absence of positive emotion, increase in negative emotions/thoughts, restricted play/activities
4. Changes in arousal and reactivity

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Mothers' Perception of Child Consequences

- "My son never goes out; he only goes to class. He has no friends, so he doesn't go out." (17 y.o. boy)
- "My daughter...stops laughing. She never smiles and never goes out alone after 6pm. When her father is out of prison...she does not sleep and she has nightmares..."

Izaguire, A., & Calvete, E. (2015). Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children. *Child Abuse Negl.* doi: 10.1016/j.chiabu.2015.05.002

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Mothers' Perception of Child Consequences, cont.

- "His father used to beat me in the mornings... so every time I took my son to the park after the beatings, he used to slap the faces of little girls... he transmitted to the little girls what he saw at home." (2 y.o. boy)
- "My son accepted it as normal and reacted the same way [as his father]. When my son didn't get what he wanted, he would hit me." (9 y.o. boy)

Izaguire, A., & Calvete, E. (2015). Children who are exposed to intimate partner violence: Interviewing mothers to understand its impact on children. *Child Abuse Negl.* doi: 10.1016/j.chiabu.2015.05.002

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Increased Risk for Violence Perpetration

"I was about 4 years old when I first saw my mother being struck. When I saw it, I knew it was wrong...The beatings I endured were constant, like taking a daily shower, like breathing, like combing my hair or brushing my teeth. I remember watching my aunt get slapped across the room when my uncle thought that she was being disrespectful. I was being taught that that was how you could control someone. I learned, before the age of 5, how to be an abuser."

By Anthony Hamilton, www.ozy.com

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Children's Early Exposure to DV can be a Gateway to Subsequent Victimization and Poly-Victimization

Exposure to chronic, pervasive, and multiple forms of violence, trauma, and loss in multiple contexts and across multiple developmental stages

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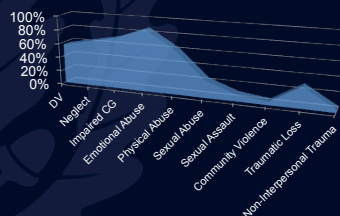
Research Supports a Dose-Response Relationship between the Number of Types of Adversities and Impairment

- Adverse Childhood Experiences Study (Anda et al., 2006)
 - ACEs of 7+ - 17 times more likely to attempt suicide
- National Survey of Children's Exposure to Violence (Turner, Finkelhor, & Ormrod, 2010)
 - Poly-victims were evident across all age groups
 - Poly-victims at exponentially greater risk for re-victimization and trauma-related impairment
- Poly-victimization in child protective services (Grasso et al., 2013)
 - Increased risk for PTSD and depression 1-year later
 - Fewer social support and resources

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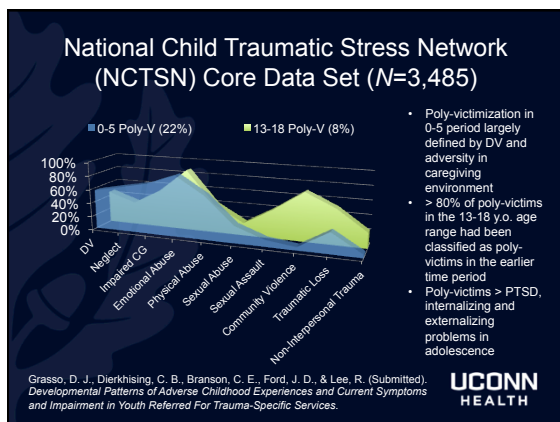
National Child Traumatic Stress Network (NCTSN) Core Data Set (N=3,485)

0-5 Poly-V (22%)

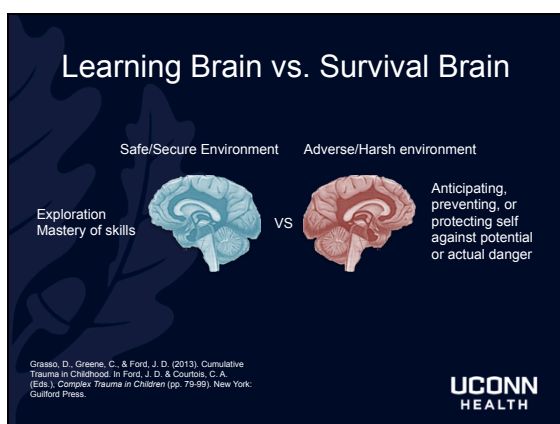


Grasso, D. J., Dierkhising, C. B., Branson, C. E., Ford, J. D., & Lee, R. (Submitted). Developmental Patterns of Adverse Childhood Experiences and Current Symptoms and Impairment in Youth Referred For Trauma-Specific Services.

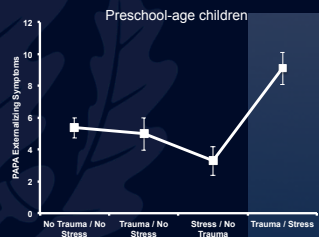
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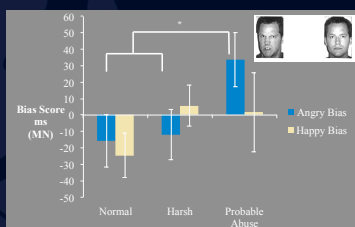
DV Can Sensitize Children to Respond Less Adaptively to Subsequent Stressors



Grasso, D. J., Ford, J. D., & Briggs-Gowan, M. J. (2013). Early life trauma exposure and stress sensitivity in young children. *J Pediatr Psychol*, 38(1), 94-103. doi: 10.1093/jpepsy/jps101

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Family Violence and Attention Bias toward Threat



This is the first study to link family violence with attention bias in children as young as 4 years of age and symptoms of anxiety

Briggs-Gowan MJ, Pollak SD, Grasso D, et al. (in press). Attention bias and anxiety in young children exposed to family violence. *Journal of child psychology and psychiatry, and allied disciplines*.

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The First Opportunity for DV to Affect Children: Prenatal Risk

- Risk of DV rises during pregnancy
 - Surveillance for Pregnancy-Associated Mortality in Maryland 1993-1998 (Heron & Cheng, 2001)
 - 43% of maternal deaths during pregnancy attributed to partner homicide
 - 20% within first year of delivery
- Higher rate of adverse pregnancy/birth outcomes
 - Increased risk of infant mortality (Amin, 2012)
 - Psychological and/or physical DV associated with a two-fold increase in risk of preterm birth (Sanchez et al., 2013)
 - Psychological and Physical DV resulted in a 4.66-fold increase in preterm birth (Sanchez et al., 2013)

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DV Associated Prenatal Risk Factors in Hartford Hospital Pilot Study (N = 54)

- Group mean comparisons (any DV vs. no DV)
 - Prenatal distress 2-times greater
 - PTSD symptoms nearly 3-times greater
 - Depressive symptoms more than 7-times greater
 - Anxiety symptoms more than 3-times greater
 - Impulse control symptoms more than 2-times greater
 - Number current life stressors more than 3-times greater

Grasso et al. (2015). Connecticut Injury Prevention Center Science Cafe.

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Take Home Messages

- DV reflects a family culture of violence
- DV is prevalent – and where there is DV, there are likely children present
- When children are exposed to DV they are also likely victim to other forms of child maltreatment and adversity
- Children exposed to DV can experience emotional and behavioral problems across the lifespan and disruptions in normal development

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Potential Focus Areas

- How to effectively identify children exposed to DV and assess their needs?
 - Health care settings
 - Child protective services
 - Juvenile Justice
 - Other child-serving professionals
 - Educational settings

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Potential Focus Areas, cont.

- How to handle children's exposure to DV in the context of child protection?
 - Only one state has 'family violence' as a standalone category of child maltreatment (Nat'l Study of Child Protective Services Systems and Reform Efforts, USDHHS)
 - Emotional Maltreatment
 - "Exposure to violence against another person in the home" (MT)
 - "Domestic Violence related to child abuse" (UT)
 - Connecticut (emotional abuse)
 - "...repeated violent, brutal, or intimidating acts or statements among members of the household..." that lead to "...observable and substantial impairment of the child's psychological, cognitive, emotional and/or social well-being and functioning."
 - Linking DV exposure to 'observable and substantial impairment' is not trivial – especially without a comprehensive assessment. Are DV exposed children 'falling through the cracks' if this connection is not made?

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Potential Focus Areas, cont. 2

- How to provide services to children with impairment associated with DV exposure?
 - E.g., Children in DV shelters
- How to prevent children's exposure to DV?
 - E.g., Identifying women at risk during pregnancy
- How to raise public awareness of the effects of DV exposure on children?

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