

# Research Review: The Impact of Domestic Violence on Children

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**Summary:** This paper reviews the research on the prevalence and impact of domestic violence on children, and considers how professionals should respond to children's needs to best provide support and ensure their safety.

**Keywords:** domestic violence, impact on children, child abuse, coping mechanisms, brain development, toxic stress, interventions, child protection.

## Introduction

Domestic violence is a significant problem for those whose life is affected by this issue, the social, health and criminal justice agencies that respond to it, and wider society that must bear the costs. Whilst domestic violence is not a new phenomenon, the past thirty years has seen increasing public awareness and a growing political consensus that something needs to be done, even if what should be done is less clear (Holt and Devaney, 2015). Over time our understanding about the presentation, dynamics and impact of domestic violence has developed, resulting in the need to define what is it that society needs to tackle. This, however, has not been a trouble free endeavour, with definitions and understanding of violence varying across research studies, regions and cultural settings (European Union Agency for Fundamental Rights, 2014). In Northern Ireland domestic violence (also referred to as domestic abuse or intimate partner violence in the literature) has been defined as:

Threatening, controlling, coercive behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted

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on anyone (irrespective of age, ethnicity, religion, gender or sexual orientation) by a current or former intimate partner or family member.

(Department of Health, Social Services and Public Safety and Department of Justice, 2013)

In a British Crime Survey it was reported that half of those who suffered domestic violence in the previous year were living with a child aged sixteen years or younger (Mirrlees-Black, 1999). Within the United Kingdom it is estimated that up to one million children have been exposed to domestic violence (UNICEF, 2006). Yet in spite of these stark statistics there has been, until recently, a systemic failure by public agencies to appreciate that the presence of domestic violence should be an indicator of the importance of assessing the needs of children to both support and protection when living in the same household as the victim. This article seeks to summarise the key messages from the research literature on the prevalence and impact of domestic violence on children, and to draw some conclusions about how professionals should respond to children's needs for safety and support.

### **The extent of domestic violence**

In Northern Ireland the most comprehensive statistics on domestic violence were published in the Northern Ireland Crime Survey (a continuous, representative, personal interview survey of the experiences and perceptions of crime of 3,856 adults living in private households throughout Northern Ireland). In this survey women reported a higher victimisation rate than men (18 per cent compared with 10 per cent) (Carmichael, 2008). In Northern Ireland, three in ten victims believed that their worst incident had been seen and/or heard by their children. The survey also reported that 21 per cent of female victims had suffered threats and/or force from a partner while they were pregnant. Victims claimed that half (50 per cent) of the perpetrators were under the influence of alcohol and 9 per cent were under the influence of drugs at the time of their worst incident. Analysis of repeat victimisation revealed that 59 per cent of all victims experienced domestic abuse from the same perpetrator on more than one occasion, with 35 per cent victimised four times or more. Over three-fifths (64 per cent) of victims sustained injuries as a result of their 'worst' incident of abuse. The most frequently reported type of injury was 'mental or emotional problems' – reported by

a third (34 per cent) of the victims recalling their worst incident (Carmichael, 2008). A comparable study involving 3,077 adults in the Republic of Ireland was conducted in 2003 and established that 15 per cent of female respondents and 6 per cent of male respondents experienced severe abusive behaviour of a physical, sexual or emotional nature from a partner at some point in their lives, with the result that 11 per cent of the Irish population had experienced a pattern of abusive behaviour with actual or potential severe impact (Watson and Parsons, 2005).

The evidence from international surveys suggests that only between 10 per cent and 15 per cent of women experiencing domestic abuse actually report it to the police. As such recorded crime statistics represent only a fraction of all incidents and the scale of the problem is likely to be far greater (Watson and Parsons, 2005). The Northern Ireland survey reinforces this point with victims reporting that the police only knew about 20 per cent of the worst incidents of domestic violence, and the survey in Ireland found that only 29 per cent of women and 5 per cent of men reported incidents of domestic violence to An Garda Síochána. In fact, fewer than 25 per cent of those severely abused reported to An Garda Síochána, and 33 per cent of those who had been severely abused had never told anybody. For those who do not report the abuse to the police, the most common reasons given (based on data gathered in England as comparable data does not exist in either jurisdiction in Ireland) are that the abuse was too trivial or not worth reporting (42 per cent), it was a private, family matter and not the business of the police (34 per cent) or the victim did not think the police could help (15 per cent) (Smith *et al.*, 2012).

The most prevalent forms of domestic violence are psychological and emotional abuse and these are often impossible to measure and difficult to prove. The controlling tactics can be so contrived that the victim can come to believe the perpetrator's behaviour is the result of the victim's failings. At the extreme end of the continuum domestic homicide accounts for approximately one in four of all murders, manslaughters and attempted murders in Northern Ireland (Northern Ireland Policing Board, 2011). In England and Wales it is estimated that 140 individuals are killed each year by the crime of uxoricide – the killing of one parent by another (Coleman *et al.*, 2006). The crime is overwhelmingly committed by men, and results in children being deprived of both the parent who has been murdered and subsequently the parent who is incarcerated. Even when couples have separated the risk to women of being

killed by their former partner increases (Monckton Smith *et al.*, 2014; O'Hagan, 2014).

### **Children's experiences of domestic violence**

There is a growing awareness of children's experiences of domestic violence. This has sometimes been referred to as 'witnessing' the violence, but this fails to capture the ways in which children become caught up in incidents of abuse. It also fails to acknowledge that far from watching passively children experience the violence with all of their senses. Therefore it may be more accurately referred to as children being exposed to or experiencing domestic violence. Children may not always observe the violence (and in many instances the abuse is manifested in psychological and controlling behaviour by the perpetrator) but they are still aware that the abuse is happening (Øverlien and Hydén 2009; Swanston *et al.*, 2014).

A major limitation of most crime surveys that have been undertaken is the lack of data on children's victimisation. One useful source of information has been the prevalence survey of child maltreatment undertaken by the NSPCC across the United Kingdom in 2009. Respondents reported that 12 per cent of under elevens, 18 per cent of eleven to seventeen year olds and 24 per cent of eighteen to twenty-four year olds had been exposed to domestic violence between adults in their home during childhood. 3 per cent of the under elevens and 3 per cent of the eleven to seventeens reported exposure to domestic violence in the year prior to the survey. Overall, 24 per cent of young adults reported witnessing at least one episode of violence between their parents, with 5 per cent of the children reporting that the violence was frequent and ongoing (Radford *et al.*, 2011). This equates to 19,000 children in Northern Ireland being exposed to frequent and ongoing domestic violence.

Risk of severe abuse for both men and women in the Republic of Ireland was found by Watson and Parson's (2005) crime survey to increase with the presence of children, with this enhanced threat significantly higher for women when compared with men. This, the authors suggest, may arise from the increased stress of parenthood, greater difficulty leaving a relationship or restricted options for moving on when children are involved. This study also notes that nearly three-quarters of women seeking refuge from domestic violence are accompanied by children and that the risk of severe abuse for women who have

children increases by more than 50 per cent at the point of separation. Indeed O'Hagan (2014) has highlighted the very real dangers for women with children trying to leave their abusive partner, and the poor understanding of the phenomena of filicide-homicide in the context of separation and divorce.

Research conducted with children has also highlighted that their awareness of the abuse is greater than their parents acknowledge. Children are neither untouched by the violence nor passive bystanders (Buckley *et al.*, 2007; Swanston *et al.*, 2014).

### **Domestic violence and child abuse**

It is now widely accepted that children living with domestic violence are also at greater risk of experiencing neglect, physical and/or sexual abuse. For example, in the UK the NSPCC prevalence study found that young people experiencing family violence were between 2.9 and 4.4 times more likely to experience physical violence and neglect from a caregiver than those young people not exposed to family violence (Radford *et al.*, 2011). Similarly, Moffitt and Caspi's (2003) New Zealand study found that children's risk of abuse was three to nine times higher in homes where parents fought one another than for other children in their study. At the most basic level, living in an emotionally charged and violent household has negative implications for children's emotional and mental health in both the immediate and longer term (Kitzman *et al.*, 2003; Wolfe *et al.*, 2003; Evans *et al.*, 2008).

The frequent co-existence of domestic violence and child abuse can be accounted for in a number of ways. First, violent adults may often not discriminate between different family members. Second, adult victims may not be able to meet the physical, emotional or supervisory needs of their children as a result of physical injury and/or poor mental health. And third, children may be injured whilst trying to intervene or while being carried by the adult victim at the time of assault. Whilst there is some evidence that biological fathers have been found to be more likely than social fathers to express concern about the effects of their domestically violent behaviour on their children, they are no more likely than the social fathers to express an intent to stop their violence or to take action to reduce the impact on their children (Rothman *et al.*, 2007), raising the need for professionals to identify ways to effectively work with perpetrators without increasing the risk to victims (Devaney, 2014).

## **Impact of domestic violence on children**

Studies seeking to overview the key research have affirmed that a significant majority of the children exposed to domestic violence are affected by the experience in both the immediate and longer term (Stanley, 2011). While the research has established associations between exposure to domestic violence and adverse outcomes for children, there is now a growing body of convergent evidence that suggests that the association is a causal one (Goddard and Bedi, 2010). A series of meta-analyses of research studies examining the effects of children's experience of domestic violence have indicated that exposure is related to a range of subsequent emotional, behavioural and social problems (Kitzman *et al.*, 2003; Wolfe *et al.*, 2003; Evans *et al.*, 2008). The pathway is a complicated one involving children's reaction to what they have seen and heard, the decrease in parental warmth and caring in a household where violence takes place and the protective factors that ameliorate some of the negative effects (Stanley, 2011).

The most robust evidence of the impact of domestic violence on psychosocial outcomes for children comes from a meta-analysis of 118 studies (Kitzmann *et al.* 2003). It showed significantly poorer outcomes on 21 developmental and behavioural dimensions for most of the children exposed to domestic violence compared to children who had not been exposed to such abuse.

There is growing recognition of the heightened risk of domestic violence to women during pregnancy. It has been estimated that around 30 per cent of domestic violence begins during pregnancy, and that between 11 per cent and 44 per cent of pregnant women who had been abused in the past, were assaulted during pregnancy. In 90 per cent of all settings this abuse was carried out by the father of the unborn child (British Medical Association, 2007). During pregnancy women are less able to protect themselves and their unborn babies, resulting in possible miscarriage or long-term disability for a child. The impact of domestic abuse during pregnancy is recognised to be a significant contributory factor to maternal and foetal mortality and morbidity (CEMACH, 2009). There is a need to ensure that health professionals working with new and expectant mothers routinely ask about domestic violence and are clear about how to respond if disclosures are made (Lazenbatt and Thompson-Cree, 2009).

Other research has shown that children as young as one year old can

manifest heightened distress in response to verbal conflict between parents (Overlien, 2010). Children living with domestic violence generally have significantly more frequent behavioural and emotional problems than their peers who do not live with domestic violence (Meltzer *et al.*, 2009). Children who have also been physically abused display the highest levels of behavioural and emotional disturbance. It is important to recognise that individual children may react in different ways to the violence to which they are exposed. Some children may 'externalise' their feelings and confusion through aggressive or anti-social behaviour, whilst others may 'internalise' the behaviours resulting in higher levels of depression, anxiety and trauma symptoms. Research indicates the impact of domestic violence on both boys and girls is similar with regard to internalising behaviours, but that boys are more likely to display externalising behaviours (Evans, Davies and DiLillo, 2008).

Currently, research does not indicate that a child's age makes any significant difference in respect of whether they are more or less affected by their exposure to domestic violence, although the ways in which they are affected may differ. For example, babies living with domestic violence appear to be subject to higher levels of ill health, poorer sleeping habits and excessive screaming, along with disrupted attachment patterns. Children of pre-school age tend to be the age group who show most behavioural disturbance such as bed wetting, sleep disturbances and eating difficulties, and are particularly vulnerable to blaming themselves for the adult violence. Older children are more likely to show the effects of the disruption in their lives through under performance at school, poorly developed social networks, self-harm, running away and engagement in anti-social behaviour (Humphreys and Houghton, 2008).

### **Coping at the time of the violence**

There is some evidence that indicates that not all children exposed to domestic violence appear to suffer from poor outcomes (Kitzmann *et al.*, 2003). A secure attachment to a non-violent parent or other significant carer has been cited consistently as an important protective factor in mitigating the trauma and distress associated with exposure to domestic violence (Holt *et al.*, 2008). Therefore practitioners and service providers should develop interventions that seek to repair and promote these positive attachments, either between children and their parents, or, if necessary, another significant adult such as a grandparent.

A limited number of studies have also sought to analyse children's own strategies and actions for coping when living with domestic violence (Øverlien and Hydén, 2009). This does not mean that children should have to cope, but that children have to use coping mechanisms to survive. Coping in this context has been defined as the constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person (Lazarus and Folkman, 1984). An important component of the model is that it distinguishes between emotional-focused coping (managing and reducing stress, such as a child withdrawing from violent episodes and distracting themselves by listening to music or playing with toys), and problem-focused coping (changing the problematic situation, for example, by attempting to intervene physically, by distracting the violent parent or summoning help). It is common for children to use different strategies at different times, although younger children are more likely to use emotional-focused coping, and in particular emotional disengagement, rather than problem-focused coping. This is to be expected, as a younger child will be less able to intervene and is at greater risk of sustaining injury and will, therefore, be more likely to seek to block out the sights and sounds associated with a violent episode. This might mean that professionals responding in the immediate aftermath of a violent incident might misinterpret a child sitting quietly playing or listening to music as meaning the child has been unaffected. However, research indicates that emotional-focused coping is associated with higher levels of mental health problems in the longer term (Øverlien and Hydén, 2009).

### **A developmental perspective on the consequences of living with domestic violence**

There are a number of theories that seek to explain why children's exposure to domestic violence is likely to adversely affect their development. It is accepted that children, and in particular infants and toddlers, are totally dependent upon the care of others, and that they have an inbuilt need to form an attachment to at least one significant care giver, typically their mother. Attachment theory states that, within close relationships, young children develop mental representations, or working models, of their own worthiness based upon other people's availability and their willingness to provide care and protection (Howe, 2011). If an



adult's ability to provide care to a child is compromised, or is less than optimal, then a child's attachment can suffer. Domestic violence undermines this developmental need for security and stability, through the main care giver's lack of availability and the child's exposure to a hostile atmosphere. This can result in the child developing attachments of poor quality (Shemmings and Shemmings, 2011). A chain reaction starts whereby the child manifests this poor attachment through their behaviour further challenging parents who are already struggling to cope with their own emotions and need for safety (Bentovim *et al.*, 2009). Unsurprisingly, research has shown that mothers with young children in such circumstances experience more parenting difficulties than others, in turn reinforcing the difficulties within the parent-child relationship (Levendovsky *et al.*, 2003). This can bring the family to the attention of child protection services, which may focus on the presenting problem of the parent-child relationship, without being aware of, or enquiring about, the underlying domestic violence (Devaney, 2008).

Other researchers have started to focus on the impact of exposure to domestic violence on children's brain development. The structure of the brain is developed over a succession of sensitive periods, each of which is associated with the formation of specific neural pathways (i.e. connections between brain cells) that are associated with specific abilities. The development of increasingly complex skills builds on the neural pathways and skills that were formed at earlier stages of development. Through this process, early experiences create a foundation for lifelong learning, behaviour, and subsequent physical and mental health. A strong developmental foundation in the early years increases the probability of positive outcomes, whilst a weak foundation increases the odds of later difficulties (National Scientific Council on the Developing Child, 2007). There is emerging evidence that young children who have witnessed domestic violence score lower on cognitive measures even when controlling for mother's IQ, child's weight at birth, birth complications, the quality of intellectual stimulation at home, and gender. Exposure to domestic violence particularly in the first two years of life appears to be especially harmful (Enlow *et al.*, 2012).

The development of neural pathways appears to be the result of the continuous and mutual influence of both an individual's genetic make up and their environment. Whilst genes determine when specific neural pathways are formed, individual experiences shape how that formation unfolds. Whilst children are pre-programmed to respond to stressful

situations, such as hunger, meeting new people or dealing with new experiences, it is clear that some stressors are more harmful than others. The strong and prolonged activation of the individual child's stress management system results in *toxic* stress. In situations where a child's stress levels are high, such as in situations of domestic violence, persistent elevations of stress hormones and altered levels of key brain chemicals produce an internal physiological state that disrupts the structure of the developing brain and can lead to difficulties in learning, memory, and self-regulation. Continuous stimulation of the stress response system can also affect the immune system and other metabolic regulatory mechanisms, leading to a permanently lower threshold for their activation throughout life. As a result, children who experience toxic stress in early childhood may develop a lifetime of greater susceptibility to stress-related physical illnesses (such as cardiovascular disease, hypertension, and diabetes) as well as mental health problems (such as depression, anxiety disorders, and substance abuse) (National Scientific Council on the Developing Child, 2007). They also are more likely to exhibit health damaging behaviours, such as smoking, and adult lifestyles, such as drug taking, that undermine well-being, and subsequently lead to earlier death (Brown *et al.*, 2009).

### **Intervening to support and protect children**

Whilst we have an increasing understanding of the processes that underpin risk and protective factors in children exposed to domestic violence, we have substantially less knowledge about how to influence these processes in order to increase a child's resilience (Stanley, 2011). Risk factors heighten the probability that children will experience poor outcomes in both the immediate and longer term whereas resilience factors increase the likelihood that children will resist or recover from their exposure to adversities.

There is a debate about whether instigating child protection investigations into situations of domestic violence where children are present is always helpful (Stanley *et al.*, 2009). This is because the majority of referrals to the police and children's social services do not meet the threshold for intervention. However, this is not the same as saying that the children are not in need of support services (Hayes and Spratt, 2014). Regardless of whether a child is in need of a child protection plan or not, the research evidence indicates that all children living with

domestic violence or its aftermath can benefit from individual and group work to help them understand what has happened to them and their families, to overcome the negative impact of living with abuse, and to move forward in their lives (Mullender, 2004). Such work can raise awareness about the issues, help children to learn strategies for keeping safe, ensure that they feel less isolated and 'different', and help them to feel better about themselves. It needs to be done sooner rather than later. Involvement of the child's mother in this work has been found to be helpful, although this should usually be done in parallel with individual work for the mother in her own right (Mullender, 2004). There is also emerging evidence of involving fathers who have perpetrated domestic violence in such work, with benefits for some children, and both the victim and perpetrator (McConnell *et al.*, 2014).

Additionally, there is strong evidence to show that children and their families can be better supported by professionals who have undertaken training in responding to domestic violence, underpinned by clear protocols between agencies setting out their respective roles and responsibilities (Stanley *et al.*, 2009). For example, training of police officers can both dispel myths about the nature and seriousness of domestic violence as well as better equipping officers in how to respond effectively and helpfully (Eigenberg *et al.*, 2012). Schools have a key role in identifying children who may be living with domestic violence and in providing a safe place for children to receive support (Sterne and Poole, 2009). Similarly, health professionals working in adult mental health teams are well placed to ask sensitively about domestic violence and to identify children who may be currently exposed to domestic violence or living with its legacy (British Medical Association, 2007).

### **Work with perpetrators of domestic violence**

There is a growing concern however that whilst victim support services have increased, the incidence of domestic violence appears to be growing. Indeed there is statistical evidence to show that referrals to the police and children's social services are on the increase in the United Kingdom (Stanley *et al.*, 2009). Whilst this may be partly to do with increased public and professional awareness that domestic violence should not be tolerated, there is also some evidence to show that domestic violence has one of the highest rates of recidivism. Questions though are now being asked about whether the interventions currently

being used with the perpetrators of domestic violence are effective as a means of reducing repeat revictimisation (Gadd, 2012). While a review of the literature on working with perpetrators of domestic violence is beyond the scope of this article, it is relevant to mention three emerging issues.

First, there is a debate in the academic and clinical literature about whether a criminal justice approach to working with perpetrators of domestic violence is the most useful. Whilst the use of criminal justice sanctions such as pro-arrest polices and prosecution is important in dealing with individuals and also symbolical of society's abhorrence of these types of behaviour, the evidence of effectiveness in terms of recidivism of individuals and as a disincentive to others is very mixed (Buzawa *et al.*, 2012). Next, there is growing evidence that some perpetrators of domestic violence do appreciate that they need their behaviour to change and do want to seek help. However, the range and number of services designed to work with domestically violent individuals is impressively small given the size of the issue. Finally, as McGinn *et al.* (2015) note, effective work with perpetrators of domestic violence must be built upon a better understanding of how and why they change their behaviour. If we believe that some individuals can be supported to take responsibility for their behaviour towards their current or former partners, and their children, then we need to explore who might be amenable to changing, in what ways and under what circumstances (Mahon *et al.*, 2009). This requires a greater appreciation of perpetrators as being heterogeneous, and a fuller understanding of how professionals should respond (Gondolf, 2012). Initiatives such as *Caring Dads* (McConnell *et al.*, 2014) and *Strength to Strength* (Stanley *et al.*, 2012) show the importance of seeing male perpetrators as fathers and responding to this aspect of their identity, whilst also bearing in mind the potential for some men to use their children as a means of continuing the victimisation of their partner (O'Hagan, 2014).

As such professionals and their employing agencies need to have clear processes and tools for assessing and managing the risk that is associated with domestic violence.

## **Conclusion**

This article has argued that for the significant number of children living with domestic violence, the experience is often traumatic and the

consequences in both the immediate and longer term are significant for the majority of these children. Children who appear to cope better tend to have strong attachments to a non-violent parent or other significant adult, and to have had the opportunity to engage in therapeutic work sooner rather than later. Professionals working in criminal justice organisations can and should intervene whenever they suspect that a child is being exposed to domestic violence. This should involve a range of measures including:

- clear procedures within organisations for safeguarding the child based on a clear assessment of the child's needs, their parents' capacity to provide for these needs and any wider environmental or family factors that may impact on the home situation
- agreed inter-agency procedures for working with the child, the victim and the perpetrator of the abuse
- the provision of therapeutic support services to the child and adult victim
- a response that aims to work with perpetrators to get them to take responsibility for their behaviour and the impact it has on others
- a range of services that are tailored to the specific needs of perpetrators based on their ability to engage and willingness to change.

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