

# DOMESTIC VIOLENCE AND ITS IMPACT ON CHILDREN'S DEVELOPMENT

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When we talk about the impact of domestic violence on children's development, we are considering the effects on children of living in a home where spousal abuse is occurring.

Children are living in most homes where there is domestic violence. 'Research on children who witness family violence is a special case of counting the hard-to-count and measuring the hard-to-measure...' (Fantuzzo, Boruch, Beriana, Atkins & Marcus, 1997; p.121), so it is impossible to be definitive about the number of families affected. However, several studies have found that 85-90% of the time when a violent incident took place in a domestic situation, children were present and children were also abused during the violent incident in about 50% of those cases (Queensland Domestic Taskforce, 1998; Cleaver et al, 1999, cited in Fleischer, 2000).

Childhood is regarded as a period of special protection and rights in western culture. Children's development is expected to unfold within a secure and nurturing environment. Where the environment is infected by violence and fear, all the normal tasks of growing up are likely to be adversely affected. For example, exposure to violence can result in 'regressive' symptoms such as increased bedwetting, delayed language development and more anxiety over separation from parents (Osofsky, 1995, cited in Margolin & Gordis, 2000). These symptoms may affect children's ability to learn to get along with other children or to concentrate in school.

An extensive survey of the research evidence has shown how strongly the experience of violence is associated with adverse outcomes for children's development (Zeanah, Danis, Hirshberg, Benoit, Miller & Heller, 1999; Mathias, Mertin, & Murray, 1995; Cummings & Davies, 1994; Margolin & Gordis, 2000). Marital conflict has been found to be the strongest risk factor for behavioural problems (Marshall & Watt, 1999). It was significantly associated with externalising and internalising behaviours and social, attention and thought problems when children were assessed at the age of five. And the more frequent and intense episodes of interparental conflict were, the more likely it was that children exhibited problem behaviours.

However, there are some difficulties in interpreting this data that we need to keep in mind. First of all, research on children exposed to domestic violence has often looked at children in refuges or shelters. These children are coping not only with the aftermath of frightening domestic incidents but a sudden change of home, of schooling and friendships, adjustment to refuge living and what may have been the breaking of the family secret. In short, there are many significant disruptions to their way of life. They are not typical of most children exposed to domestic violence. Only a tiny minority of families where domestic violence is present (about 6%) have contact with statutory services (Office of the Status of Women, 1998). Most affected children are 'suffering in silence' at home and researchers do not have access to them. Because of all the confounding factors and the impossibility of studying a 'representative' sample of children exposed to domestic violence, 'making definitive statements regarding the child witnessing phenomenon... would be a risky endeavour' (Fantuzzo, Boruch, Beriana, Atkins & Marcus, 1997; p.116).

Other studies rely on 'retrospective' accounts, for example, adults with mental health problems looking back on their childhood and remembering incidences of domestic violence. People's memories are distorted and selective and retrospective studies are not a reliable way of teasing out cause-effect relationships.

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Again, we need to remember that 'association is not causation'. Just because two things are linked, it doesn't mean that one causes the other. We can't say that exposure to domestic violence causes these behaviours to develop in children; it's not that simple. Domestic violence is nearly always associated with other risk factors (Margolin & Gordis, 2000; Fantuzzo & Mohr, 1999; Goddard & Hiller, 1993; Margolin, 1998; Edelson, 1999). Poverty, substance abuse, child sexual and physical abuse, parental antisocial personality, maternal depression, parenting style, all may co-occur and complicate the picture. In particular, child physical abuse and domestic violence often co-occur. Estimates place it in the 30-60% range, perhaps higher than that (Edelson, 1999).

An interesting finding was that where parent-child violence was low, witnessing violence between the parents had a significant and adverse effect on adjustment. However, the effect of witnessing violence between parents was negligible when the level of parent-child violence was high (O'Keefe, 1995). This fits in with the idea of a 'hierarchy of needs' (Maslow, 1943), which puts the need for 'safety and security' ahead of 'love and belongingness' needs. Hence, the child who is terrified that they might be hurt or killed may have little emotional energy left over to worry about his or her parent. Another child who is not in danger but witnesses violence by one parent towards another may be specifically affected by exposure to that violence.

What is it about the experience of domestic violence that damages the child? We need to avoid 'the misuse of dramatic, generalising descriptions of child witnesses of domestic violence, of 'pathologising' this group of children' (Peled & Davis, 1995; p.110). We can also take a positive approach: what are the protective factors or influences in a child's life which lessen the impact of domestic violence and make the child more able to resist its adverse effects? Children do grow up to be well functioning adults despite these experiences (Humphreys & Mullender, 2000). Some studies suggest that 30% of boys exposed to interparental violence will grow up to be violent themselves (Jaffe et al, 1990, quoted in Margolin & Gordis, 2000). This is horrifying, however it still means that 70% will not grow up to be violent and will not go on to 'reproduce the cycle of violence'.

We should then consider how society in general and services in particular, can attempt to minimise the harmful effects on children of exposure to domestic violence.

## How early in children's lives does domestic violence have an impact?

### Pregnancy

Many women are subject to domestic violence while they are pregnant. Some studies put the figure at 42%, with 20% of women experiencing domestic violence for the first time when they are pregnant (Australian Women's Safety Survey, quoted in Laing, 2000; p.9). A Canadian study found pregnant women were four times as likely as other abused women to say that they experienced 'very serious' violence at this time.

Some important evidence comes from Dr Julie Quinlivan, working with teenage pregnant women in Western Australia. The incidence of domestic violence among pregnant Australian teenagers is higher than rates reported for the general community. In her research using sheep as subjects, she found that where maternal levels of the stress hormone cortisol are raised during pregnancy, the result is poor fetal growth (which is linked to subsequent development of adult diseases) and effects on brain development (delays in the growth of brain, reduction in the quantity of central nervous system myelination). Defects in myelination have been linked to hyperactive childhood syndromes such as ADD.<sup>1</sup> She also found deficits

<sup>1</sup> *I wonder, in passing, whether some of the many children currently diagnosed as ADD or ADHD fall into this category.*

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in brain cell numbers and increased vulnerability of the brain to toxins and chemicals. She concludes that 'removing any pregnant woman from an environment of abuse may be as critical for the future well-being of her infant as any other possible intervention in modern obstetrics' (Quinlivan, 2000; p.57).

Some adverse outcomes of pregnancy and labour, such as miscarriage, low birth weight, stillbirth, the birth of a disabled child, may be attributable to traumatic domestic violence. The stress of violence and abuse may lead to other consequences, for example, failure to obtain adequate nutrition, rest and medical care.

One initiative in response to these disturbing facts has been the development of a routine, universal, standardised screening system, implemented in seven Queensland hospitals, to encourage pregnant women to disclose violence. Approximately 8.9% of the women screened disclosed domestic violence, a figure consistent with incidence studies in Brisbane and overseas. Of these 11% of these accepted the offer of help which is built into the screening (Stratigos, 2000).

## Infancy

We know that infants are often directly involved in violent domestic incidents. They are held as a shield by the mother, hit by thrown objects, or intentionally threatened or hurt to terrify the mother. Even when they are apparently lying passively in their cots, infants are exquisitely sensitive to their surroundings and especially to the emotional signals given out by their caregivers, including the caregiver's depressed, anxious, fearful or angry mood.

## Effects of exposure to domestic violence on the developing brain

At birth, a baby's brain is 25% of its adult weight, increasing to 66% by the end of the first year due to the 'brain growth spurt' which occurs between the seventh prenatal month and the child's first birthday. The developing brain is most vulnerable to the impact of traumatic experiences during this time. New research on brain development suggests that exposure to extreme trauma will change the organisation of the brain, resulting in difficulties in dealing with stresses later in life (Perry, 1997).

It seems to work this way:

- Raised levels of the steroid hormone cortisol are a normal response to stress in humans. Frequent and prolonged exposure to elevated cortisol levels may affect the development of a major stress-regulating system in the brain (Cynader and Frost, 1999) either heightening the stress feedback system (leading to hypervigilance, chronic fear and anxiety, negative mood and problems in attending) or reducing it, leading to depression (De Bellis et al, 1994; Hart et al 1995, 1996; Putnam and Trickett, 1997, all cited in Margolin and Gordis, 2000). Chronic stress can cause depression of the immune function as well as other body systems controlled by the brain (Coe, 1999).

It is not surprising, then, that observed changes in infant behaviour include irritability, sleep disturbances, more extreme 'startle' responses and more minor illnesses (Osofsky & Scheeringa 1997, Zeanah & Scheeringa, 1997, cited in Margolin & Gordis, 2000).

## Disruption of attachment and its consequences

An enormous number of research studies attest to the truth of the statement that 'the strongest theoretical influence in modern-day studies of infant-parent relationships is attachment theory' (Bee, 2000; p.318). Many of these studies show a link between secure attachment in infancy and later, positive developmental outcomes. Negative consequences have often been found where infant-parent attachments have been classified as insecure. According to the theory, a child's sense of security depends on security of attachment to its earliest caregiver(s) and the quality of this relationship serves as a model of how to relate to

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people later in life and get what you need from them. If children learn in their earliest relationships that adults are not to be relied upon, the effects are likely to be long-lasting and far-reaching.

Research on attachment in infancy has shown that the more serious the level of partner violence, the higher the likelihood of insecure, specifically disorganised, attachments. It seems that frightening or frightened behaviour of the caregiver might promote disorganised attachment. While over 70% of infants in 'average' households are generally classified as 'securely attached' over 50% of babies in a sample of mothers who had been the target of domestic violence were classified as having 'disorganised attachment'. The attachment figure (the mother in these cases) is a source of both fear and comfort and babies are both afraid of, and for, their mothers. In these confusing circumstances, the baby does not develop a consistent or coherent strategy for obtaining help and comfort from its mother (Zeanah, Danis, Hirshberg, Benoit, Miller & Heller, 1999).

Research on the link between cortisol levels and attachment status shows a contrast between securely and insecurely attached infants. Raised levels of the steroid hormone cortisol are a normal response to stress in humans. Responsive alleviation by caregivers of infants' distress leads to a 'buffering' of the neuroendocrine system (HPA) involved in cortisol production. Secure babies are therefore less affected by stress.

Insecure infants have elevated cortisol levels even after mild stressors (Gunnar & Barr, 1998). It is as if these babies have been 'primed to be reactive', what has been described as hypervigilant, that is always on the outlook for danger. As they grow up, this may be protective for children living with violence, but if it means they are hyper-reactive, oversensitive to the possibility of danger at school, this might make them inclined to be aggressive in readiness to defend themselves and therefore unpopular with classmates.

There is much research showing the importance of responsive and sensitive mothering in the healthy development of children. Some mothers heroically are able to remain sensitive and responsive to their children's signals despite their own suffering. But others in this situation may be overwhelmed and so full of anxiety that they are not emotionally available to their children.

Thus babies are more likely to be deprived of quality parenting where domestic violence is present, with its associated high levels of stress.

## Childhood

The dangerous circumstances of home life mean that the young child may not develop a sense of trust or security. So by three years, it has been found that children exposed to domestic violence may respond to adult anger with greater distress and increases in aggression directed at peers. One research found boys were more aggressive and girls more distressed. While others have not found gender differences (Margolin, 1998; Mathias, Mertin & Murray, 1995). But there is a consistent thread running through the research findings of higher levels of aggression, greater likelihood of seeing the intentions of others as hostile, psychosomatic disorders, difficulties with school work, poor academic performance, school phobia and difficulties in concentration and attention (Cumming & Davies, 1994).

## Lack of meaning

Another thread that runs through the research literature is the impact on the child of the meaninglessness of the violence they witness or experience. No one talks about what is happening and the mother's sense of helplessness leads her to 'dissociate' from the violence so that when it is not happening, she may act as if there's nothing wrong. So the child's thoughts and feelings about the experience become fragmented, disorganised and they are unable to make sense of it (McIntosh, 2000). This failure to 'de-brief' is well illustrated in an episode from the film *Australian Rules*, where the older boys, hearing the familiar sounds of

father abusing mother through a closed door, silently pick the younger children up out of bed in a well-rehearsed routine, take them to spend the night in the 'chook house' and return home next morning, all without a word being spoken.

To sum up, 'violence affects children's view of the world and of themselves, their ideas about the meaning and purpose of life, their expectations for future happiness and their moral development. This disrupts children's progression through age-appropriate developmental tasks' (Margolin & Gordis 2000; p.445; p.449).

## Adolescence

The impact may be different for adolescents who have been part of an abusive system from their earliest years compared with those who experience it for the first time in adolescence. Violence against mothers in childhood is highly associated with ongoing depression in adolescent girls (Spaccarelli, Sandler & Roosa, 1994). Adolescents from homes where domestic violence is present are more likely to be homeless (Department of Education Training and Youth Affairs 2000). The stresses associated with violence in the home may make usual adolescent risk-taking and escape behaviours worse and they may begin to participate in family violence themselves (Howard, 1995; Kalmuss, 1984; McInnes, 1995).

## Protective factors

The findings thus far presented paint a depressing picture. But there's also a need to take into account protective factors, aspects of children's lives that enable them to overcome the damaging effects of living with domestic violence. Some of these protective factors have been identified in child development research as:

- The qualities of children themselves – an easy temperament, 'high cognitive ability' (intelligence).
- Good mothering. I noted that despite their troubles, mothers may still be emotionally available to their children, teaching them 'the art of surviving' and modelling 'assertive and non-violent responses to violence (Blanchard, Molloy & Brown, 1992; Mullender, Kelly, Hague, Malos & Imam, 2000). One writer noted that 'many of these women seemed to be actively working to compensate for the negative effects of the violence on their children' (Levendosky, Lynch & Graham-Bermann, 2000; p.257, cited in Laing, 2000).
- It has repeatedly been shown that having just one reliable source of support and comfort can make all the difference (Egeland, Carlson & Sroufe, 1993). It may be the mother or someone else such as a grandparent, a teacher or an elder sibling.
- In adolescence, the peer group can be a positive influence: it's been found that male 'dating violence' is influenced by male peer support (Levendosky, Lynch & Graham-Bermann, 2000).
- Some children reported that a reliable, sympathetic and capable adult/neighbour living within walking distance was a very useful source of support (Holder, 1998).

This presumption of the 'invisibility' of much domestic violence is an argument for 'universal' preventative programs which target the whole community

## Implications of research for the provision of programs and services

The first major factor is the research findings that aren't there. We have seen that the estimated proportion of families afflicted by domestic violence who come to the attention of statutory agencies is as low as 6%. It is extremely difficult to estimate the prevalence of domestic violence, however even if it were twice as high, if 12% are publicly identified, this still means that the majority of violent families are not exposed to public attention. Perhaps these 'secret' families are different from the ones who are identified. We could assume that families of higher socioeconomic status are more likely to be able to keep domestic violence a secret. Children in such families might be exposed to fewer risk factors, for example, less poverty or unemployment, access to better nutrition, housing, educational and technological resources.

Research has consistently shown that the more risk factors a child is exposed to, the higher the likelihood of behavioural disturbance. For example, in Rutter's early classic study, children exposed to one of six identified risk factors were no more likely to exhibit disturbed behaviour than children exposed to none. When four or more of these six risk factors were present, there was 20 times the level of behavioural disturbance compared with those exposed to one or none (Rutter, 1979). However, we can surely assume that fear, the difficulty of making sense of what goes on around them, the 'dissociation', the effects of stress I referred to earlier, the limitations imposed on their lives by the family secret, all adversely affect children even in the most well-off and 'successfully violent' families, where the perpetrator doesn't need to be physically violent in order to maintain his or her reign of terror.

This presumption of the 'invisibility' of much domestic violence is an argument for 'universal' preventative programs which target the whole community. An example is the 'Be Cool...not Cruel' advertising campaign directed at young people in the Northern Territory (Rudd & Jacob, 2000). It is an argument for campaigns that aim to change cultural attitudes towards violence. The public education campaign planned for later this year (2002), which is to be associated with changes in the NSW laws regarding corporal punishment, could be seen to be in this category.

Other types of strategies designed to help and educate parents and/or children can be considered briefly in relation to their appropriateness for domestic violence prevention and support of spouses who are experiencing violence. These include:

- Family support programs that include home visiting may be difficult to implement where domestic violence is present. One worker refers to the 'frank dangers' of home visits and comments that 'it is concerning just how many of these violent families have large and frightening dogs[!]' (Packer, 2000).
- 'Naming the reality': interviews with preadolescent children revealed that the intervention of police and other outside agencies who labelled their father a criminal marked a major turning point in children's understanding of their situations (Peled, 1998). On the other hand, some children reported that mandatory notification make their situation worse, in 'outing' the family's shameful secret. We need to know more about this.
- Given the overlap between child abuse and domestic violence, many programs directed at child abuse prevention and treatment, or for families exposed to other risk factors, could also be appropriate for the prevention of domestic violence and in the treatment of children exposed to such violence.

We are still a long way from knowing how to best help children whose development has been adversely affected by their exposure to domestic violence. There is a particular need to address the dearth of knowledge regarding perpetrators of violence and how to reach and work with them. The issue of 'responsible mothers and invisible men' was raised by Stark and Flitcraft (1988), but Edleson (1998) argues that 'too often, women are held accountable for



systemic failure to deal with violent men' (Laing, 2000; p.17). The PARKAS program (Bunston and Crean, 1999), 'acknowledges the significance of the father/perpetrator in the children's lives and helps them to address issues about this relationship, including the conflict of loyalties with which the children often struggle' (Laing, 2000; p.11).

A big step forward has been the implementation of the Commonwealth Government's *Partnerships Against Domestic Violence* initiative, which provides many opportunities for collaboration between the various levels of government and community agencies in gathering knowledge, developing good practice and seeking to find better ways of preventing and responding to domestic violence. *Proceedings* of the forum *The Way Forward: Children Young People and Domestic Violence* held in April 2000 (available at [http://www.padv.dpmc.gov.au/oswpdf/way\\_forward.pdf](http://www.padv.dpmc.gov.au/oswpdf/way_forward.pdf)) provides an overview of a diversity of programs that are attempting to prevent and treat the consequences for children of domestic violence.

With cooperation and communication between agencies and proper evaluation of programs, we are now in a position to accumulate knowledge that will enable us to do a better job of helping children from violent homes in the future.



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