

INFORMATION BRIEFING – NO. 3

The impact of domestic abuse on children and young people

Introduction

The body of literature on the impact of domestic abuse on children has grown rapidly in the last three decades. The wealth of research on this topic has led to a general consensus that exposure to domestic abuse has negative consequences for children. Child development research has found that children exposed to domestic abuse are more likely to have adjustment problems than other children without exposure. Less clear is the extent of its impact and why impact can vary from child to child, with variation even occurring amongst children in the same family.

The effects of domestic abuse

Although many mothers make strenuous efforts to protect children from domestic abuse, research tells us that children are often very aware of and at times involved in the abuse (see Scottish Women's Aid 'How children and young people are affected by domestic abuse for further information). Because domestic abuse does not always stop when parents separate, children may have to move house several times in order to flee from the perpetrator. These repeated upheavals are characterised by disruptions to their education and social activities, as well as a loss of friends, family members and belongings. Children can experience a range of short-term and or long-term effects. These effects are overlapping but can be broadly categorised as being physical, social and emotional, and behavioural.

Physical

Children affected by domestic abuse may exhibit physical symptoms that are associated with trauma and stress. For instance, they may develop eczema, experience bed-wetting, have nightmares, or suffer from sleep disturbances.

Some children may sustain physical injuries. These can result from direct assaults made by the perpetrator. Children also sustain injuries as a result of intervening to protect their mother or siblings during attacks. At its most extreme children may be killed by the perpetrator.

Key findings:

All of the children whose mothers participated in a study had experienced disruptions to their sleep. Mothers attributed these disruptions to the abuse they had experienced. Disruptions included disturbed sleep patterns, bed-wetting and frequent nightmares. These continued even after separation (Humphreys et al, 2009).

One study found that 1 in 2 children who experienced domestic abuse had physically intervened to protect their mother during an attack (Mullender et al, 2002).

Reviews of child death inquiries have shown that there are a significant proportion of cases where the child's mother was subject to domestic abuse. Post-separation has been found to be a time of particular risk (Saunders, 2004).

Social and emotional

Research reports that children with experience of domestic abuse can have intense feelings of fear and anxiety. Some children feel guilty and responsible for the abuse that it is happening. They may feel responsible for protecting their siblings and mother. Children also describe feelings of extreme sadness and experience low self-esteem and depression.

Children endure severe disruptions to their lives as a result of domestic abuse. They might find it difficult to attend and concentrate at school. Some children become socially isolated and as a result find it difficult to make and keep friends.

Key findings:

Children living with domestic abuse are more likely to exhibit symptoms associated with trauma than the general population (Graham-Bermann and Levondosky 1998).

Higher rates of depression and anxiety exist for children living with domestic abuse than those who do not (Jaffe et al, 1990).

Behavioural

Given the physical, social and emotional effects of domestic abuse it is not surprising that children who experience domestic abuse are more likely to have behavioural and developmental problems than other children. Some children may experience 'externalising' problems, for example they may become aggressive or 'act out'. Other children may experience 'internalising' problems, for example they may become introverted or withdrawn.

How children are able to express distress or feelings about domestic abuse can depend on individual circumstances. Young children are more likely to have physical symptoms connected with anxiety. For instance, disturbed sleep or excessive screaming as babies (Jaffe et al, 1990). Older children may express distress through their behaviour, for example they may try to remove themselves from the situation by avoiding home (Mullender et al, 2002, Stafford et al, 2007). Research however has not shown a clear delineation between boys and girls responses to domestic abuse. Studies have shown that both boys and girls can express internalising and externalising behaviours. Caution should be taken in accepting gender stereotypes like boys will become aggressive and girls will become withdrawn (Kitzmann et al, 2003).

Key findings:

Children exposed to domestic abuse have been found to be between twice (Sternberg et al, 2006) and four times (Martinez-Torteya et al, 2009) more likely to exhibit internalising and externalising problems than children without exposure.

Kitzmann et al's (2003) meta-analysis of 118 studies on children and domestic abuse found that children exposed to domestic abuse had significantly poorer outcomes than children who had not been exposed. The study also found that there was little difference between children who had witnessed domestic abuse and those children who were also physically abused. This suggests that witnessing domestic abuse in itself may be sufficient to disrupt a child's development.

Factors that can influence the effects on children

The harmful effects that domestic abuse has on children should be taken seriously. However, it should be noted that studies also reveal that some children living with domestic abuse are 'doing as well' as children who are not living with domestic abuse. Why some children cope better than others is often explained by the concept of 'resilience'.

Resilience is the idea that children have different capacities that allow someone to overcome the negative effects of an adversity like domestic abuse. 'Protective factors' can help build children's resilience, while 'risk factors' can reduce it.

Protective and risk factors

The severity of abuse and length of time that children are exposed to it are important risk factors for children's resilience (Edleson et al, 1999 and Grych et al, 2000).

Mothers play an important role in children's resilience. Hughes et al (2001) found that children's resilience may be linked to the mental health of their mothers.

Other factors that have been found to support children's resilience include support provided by their family, friends and community (Mullender et al, 2002) and by having a supportive relationship with an adult family member (Levondosky et al, 2000)

Conclusion

This briefing has explored how domestic abuse can affect children in a number of ways. It has described the physical, behavioural, social and emotional disruptive effects that domestic abuse can have on children. That these effects vary from child to child and how several factors can influence the effects of domestic abuse highlight the complexity of the issue. Concepts of resilience can provide us with a framework for understanding why effects vary and insights into how to support children affected by domestic abuse.

References

- Edleson, J (1999) 'Children Witnessing of Adult Domestic Violence', *Journal of Interpersonal Violence*, 14, 839-70
- Grych, J, Jouries, E, Swank, P, McDonald, R and Norwood, W (2000) 'Patterns of adjustment among children of battered women', *Journal of Consulting and Clinical Psychology*, 68, 84-94
- Hughes, H, Graham-Bermann, S and Gruber, G (2001) 'Resilience in Children Exposed to Domestic Violence' in Graham-Bermann, S and Edleson, J (eds) *Children Exposed to Marital Violence American Psychology Association*, Washington, DC, 185-221
- Humphreys, C, Lowe, P and Williams, S (2009) 'Sleep disruption and domestic violence: exploring the interconnections between mothers and children', *Child and Family Social Work*, 14, 6-14
- Kitzmann, Gaylord, N, Holt, A and Kenney, E (2003) 'Child Witness to Domestic Violence a Meta-Analytic Review', *Journal of Consulting Clinical Psychology*, 1, 223-353
- Levondosky, A, Bogat, G and von Eye, A (2000) *Risk and protective factors for domestic violence*, Atlanta, GA: Centers for Disease Control, Injury Prevention Center
- Martinez-Torteya, C, Bogat, A, von Eye, A and Levondosky, A (2009) 'Resilience Among Children Exposed to Domestic Violence', *Child Development*, 80, 562-577
- Mullender, A, Hague, G, Imam, U, Malos, E and Regan, L (2002) *Children's Perspectives on Domestic Violence*, London: Sage
- Stafford, A, Stead, J, Grimes, M (2007) *The Support Needs of Children and Young People Having to Move Home Because of Domestic Abuse*, Edinburgh: Scottish Women's Aid
- Sternberg, K, Lamb, M, Guterman, E and Abbott, C (2006) 'Effect of early and later family violence on children's behavior problems and depression: A longitudinal multi-informant perspective', *Child Abuse & Neglect*, 30, 283-306
- Saunders, H (2004) *Twenty-Nine Child Homicides: Lessons Still to be Learnt on Domestic Violence and Child Protection*, Bristol: Women's Aid