**Issues in Domestic Violence: The Effects**

**Introduction**

*Case Vignette*

*Dr. Katz has been working with Kelly, a 46-year-old client for a month. The primary focus of counseling to this point in time has been Kelly’s anxiety. As a nurse at a local hospital, she has talked about the stresses that job entails. Dr. Katz is surprised, however, to learn that Kelly has been fired from her position. As she breaks down in Dr. Katz’s office, Kelly reveals that the termination resulted from the numerous and relentless phone calls her husband had been making to her while she was at work. Her supervisor was concerned that she was unable to focus on her patients and when she did make a relatively minor mistake with some medication, Kelly was terminated. As Dr. Katz probes, he realizes that Kelly has been dealing with domestic violence.*

As the case vignette illustrates, domestic violence has many potential effects on its victims. Like Kelly, many men and women who are subjected to intimate partner violence do not disclose it, due to shame or fear. The reach of domestic violence is far: stress, economic hardship, psychological illness, and addiction. Like other forms of trauma, intimate partner violence has a number of effects on its victims. However, the impact of domestic violence varies enormously between individuals. Clinicians working with victims of domestic violence should not assume that they are one homogeneous group. In addition to individual differences, it is also important to consider whether the person who has experienced domestic violence has any prior history of trauma. There are also differences in terms of the type and severity of abuse.

While these differences are important, research indicates that there are a number of long-term effects of domestic violence. These may include (Newton, 2001):

- anxiety
- chronic depression
- chronic pain
- drug and alcohol dependence
- eating disorders
- hyper vigilance
- emotional numbing
- chronic health problems
- panic attacks
- post traumatic stress symptoms
- self-injury and self-neglect
- inconsistent parenting
While domestic violence adversely affects its victims, it is important to recognize that domestic violence is a family matter in that it also affects the children in the family. These reactions can vary depending on the child's gender and age. Children exposed to family violence are more likely to develop social, emotional, psychological and or behavioral problems than those who are not. Recent studies indicates that children who witness domestic violence show more anxiety, low self esteem, depression, anger and temperament problems than children who grow up in homes where there is no trauma. The effects of family violence can continue into adulthood.

The National Coalition Against Domestic Violence defines domestic violence as “the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another.” Domestic violence is displayed across a broad spectrum of cultural, economic, religious and racial groups. While this is not an exhaustive list, Kurst-Swanger and Petocsky (2003), have identified some behaviors indicative of intimate partner violence which include:

- Denying a person autonomy
- Isolating victims from family and friends
- Instilling fear through intimidation, threats and violence
- Manipulating behavior
- Punishing victims for challenging an abuser’s authority
- Unjustified jealousy
- Controlling financial resources
- Using children as a way to hurt, control or manipulate

This course will discuss the effects of domestic violence. The terms domestic violence, domestic abuse, and intimate partner violence will be used interchangeably throughout the text.

Upon completion of this course participants will:

**Educational Objectives:**

1. Define domestic violence and the term “intimate partner”
2. Discuss common patterns of abusive behavior
3. Discuss chronic physical symptoms in survivors of domestic violence
4. Discuss mental health effects of domestic violence, including depression and posttraumatic stress disorder
5. Describe the effects of domestic violence on children

**Common Patterns of Intimate Partner Violence**

Prior to discussing the effects of domestic partner abuse, it is helpful to understand common patterns of abuse. There is also variability in the degree of
chronicity with which abusive behaviors occur. Johnson and Ferraro (2000) describe these patterns of violence:

**Common Couple Violence** - within the context of a single issue, there is one or at most two incidents of violence, and it is not used as part of a pattern of behavior to control the partner. This is similar to the "family-only" batterer, or someone who is not violent outside the home and is the least likely to be sexually and emotionally abusive. Johnson and Ferraro report this kind of batterer is about evenly split between males (56%) and females (44%), and some studies showing that in younger samples women may use *more* aggression than men. However, women still tend to suffer more serious injuries compared to men.

**Intimate Terrorism** – this pattern of relationship violence is centered on the abuser’s need to control his/her victim. This form of violence is likely to increase over time, to involve a higher frequency of incidents, and more serious injuries.

**Violent Resistance** - This kind of violence occurs in response to a perceived threat, and is not part of a pattern of control and manipulation.

**Mutual Violent Control** - this kind of violence occurs when two parties use violence to control each other. Johnson and Ferraro note that even in these cases some gender differences remain. In 31% of these couples, the male initiated more violence, as opposed to 8% for the female.

**Effects on Victims**

*Unexplained Physical Symptoms/Somatization*

Emotional pain is often expressed through physical pain. Studies confirm an association between domestic violence and poor physical health (Hagion-Rzepka (2000; Mitchell & Anglin, 2009). While it may seem to follow that these symptoms are a result of the person having been physically assaulted, this does not appear to be the case. Often the problems appear unrelated to physical injury.

Those who have been victims of domestic violence may exhibit a wide range of physical symptoms, a greater number of symptoms, and more severe symptoms. According to Hagion-Rzepka (2000) “The stress of being in an abusive relationship often has a physiological impact, as well as the obvious physical and psychological impact: it often increases one’s vulnerability to illness.” The following case study provides an example.
Case Vignette
Natalie, a 48-year-old woman, who has been in an emotionally abusive and controlling relationship is presenting for therapy. She states that she is there reluctantly, and knows that “the doctor just hasn’t found what is wrong.” Symptoms include diffuse pain, periods in which her fatigue is so great that she cannot get out of bed, shortness of breath, and blinding headaches. Natalie has consulted with several doctors, including her PCP, a neurologist and a cardiologist. Natalie believes that she must have a rare physical problem, but that it has not yet been found. She is upset that the doctor has referred her for therapy.

Patients with unexplained physical ailments generally first seek treatment in primary care settings, but may be even more common in neurologic settings. In addition to “unexplained” physical problems, such as chronic pain or migraine headaches, a number of symptom-based syndromes are also related to domestic violence. These include fibromyalgia, chronic fatigue syndrome, multiple chemical sensitivity, temporomandibular disorder, irritable bowel syndrome, and tinnitus (Richardson & Engel, 2004). These disorders share some important features, such as fatigue or pain, disability that is out of proportion to physical findings and stress or psychosocial factors. They also tend to effect women more than men.

The impact of abuse seems to be in large part biological. Abuse appears to activate the body’s stress responses, and the release of cortisol. While small increases in cortisol are not problematic, chronic stress has negative effects. For example, since cortisol affects blood sugar and heart rate, chronic stress is linked to gastrointestinal conditions, hypertension, stroke, and heart disease.

Another possible link between domestic violence and chronic health conditions concerns the body’s is telomeres, the caps on the end of the DNA that become shorter as we age. Several studies have found that people who are under chronic stress tend to lose the length of their telomeres more rapidly, meaning the stress is permanently aging cells (Tyrka et al., 2010). This may be why women under the stress of an abusive relationship may suffer diseases like arthritis that typically affect women who are much older.

In addition to biology, chronic stress has psychological effects. Somatization is the idea that emotional pain and stress are expressed through bodily symptoms. While some victims of intimate partner violence may meet DSM criteria for Somatization Disorder, many do not meet the full criteria. It is helpful to recognize that trauma may underlie unexplained physical symptoms.
**DSM Criteria: Somatization Disorder**

A history of many physical complaints beginning before age 30 years that occur over a period of several years and result in treatment being sought or significant impairment of functioning.

Each of the following criteria must have been met, with individual symptoms occurring at any time during the course of the disturbance.

- 4 pain symptoms: a history of pain related to at least 4 different sites or functions
- 2 gastrointestinal symptoms: a history of at least 2 gastrointestinal symptoms other than pain
- 1 sexual symptom: a history of at least 1 sexual or reproductive symptom other than pain
- 1 pseudoneurological symptom: a history of at least 1 symptom or deficit suggesting a neurological condition not limited to pain

Either:

After appropriate investigation, each of the symptoms cannot be fully explained by a known general medical condition or the direct effects of a substance OR

When there is a related general medical condition, the physical complaints or resulting social or occupational impairment are in excess of what would be expected from the history, physical examination, or laboratory findings

The symptoms are not intentionally produced or feigned.

It is important for clinicians to be aware of the possibility that clients with chronic pain or unexplained physical symptoms (but especially with multiple symptoms) may have a history of abuse, and explore this sensitively. It is important that clinicians not express doubt as to the symptoms or imply that they are “imagined,” but rather to state that traumatic experiences can worsen the experience of pain or make physical symptoms more severe or difficult to handle.

**Other Mental Health Consequences of Domestic Violence**

Domestic abuse and other forms of violence are associated with increased risk for developing a range of psychiatric conditions — including depression, anxiety and posttraumatic stress disorder — or of exacerbating existing mental health concerns. Substance abuse, somatoform disorders, eating disorders, sexual difficulties and psychotic episodes have also been linked to adult and childhood
abuse (Briere et al, 1997; McCauley et al, 1995; Poirier, 2000). Partner abuse is also a significant risk factor for suicidality (Plichta & Weisman, 1995). What is also concerning is that living with a serious mental illness may increase a woman’s vulnerability to abuse.

Some of these prevalence statistics are as follows:

- Of 140 women attending an outpatient psychiatric clinic, 64% had a lifetime history of physical and/or sexual abuse (Surrey et al, 1990). On average, half of all women seen in a range of mental health settings have been abused by an intimate partner (Friedman & Lou, 2007).

- Among 153 women seen in a range of psychiatric settings, half had been sexually abused and 16% had been physically assaulted as children (Mueser et al, 1998). As adults, 64% had been sexually assaulted, 36% had been physically attacked, and 24% had witnessed severe violence.

- Out of 303 depressed women culled from a large random sample, 63% had experienced abuse at some point in their life (Scholle et al, 2008). 55% reported having been abused in adulthood by “a family member or someone they knew well, such as a boyfriend.”

Experiences of abuse and violence are especially high for men women diagnosed with serious mental illness.

- Khalifeh et al. (2015) studied 300 randomly recruited psychiatric patients with severe mental illnesses. They found that men and women with SMI who are under the on-going care of psychiatric services are 2–8 times more likely to experience sexual and domestic violence than the general population, with a high relative burden of family violence. Women with SMI are more likely than women in the general population to suffer psychological ill health and attempt suicide following sexual assaults, but most do not disclose violence to healthcare professionals.

- Teplin et al. (2015) looked at the prevalence and incidence of crime victimization among persons with SMI. They found that more than one quarter of persons with SMI had been victims of a violent crime in the past year, a rate more than 11 times higher than the general population rates.

- Family violence comprises a greater proportion of overall domestic and sexual violence experiences among victims with SMI than general population victims (Krug, 2002). People with SMI are known to have elevated risks of childhood maltreatment, and abuse by family members, including parents, may extend into adulthood (Varese et al. 2012).

*Case Vignette*
Anna has been married to Mark, and has been a victim of intimate partner violence. She has been able to seek help from Dr. Frank, an outpatient psychologist. Dr. Frank has diagnosed Anna with depression, and she has begun taking medication. Anna was tearful in the last session, stating that Mark now had “more ammunition against me.” Whenever he becomes upset with her, he asks if she has taken her medication and frequently calls her “crazy.” He has also shared the fact that she is in therapy with members of her church, and is seen as a “saint” for sticking by her.

While the statistics verify the scope of mental health consequences and domestic violence, what is not reflected in the statistics is that mental illness and intimate partner violence have a circular effect. Mental illness is often cited as the impetus for incidents of family violence, particularly among those with severe mental illnesses. Additionally abuse results in more acute symptoms of these disorders, or can be a stressor underlying the mental health concern.

**Depressive Disorders**

Chief among the mental health effects of domestic violence is depression. Prevalence rates of women who have been abused by a partner range from 37.7% to 63% (Bonomi et al., 2006). One factor that increases a victim’s risk for depression is perpetrator behavior. Perpetrators often exert control, manipulate and degrade their victims, and isolate them from friends and family. When sexual abuse or assault is added to the mix, the result is even higher levels of depression.

Several studies of depression and intimate partner violence suggest that the strongest predictors of depression among abuse victims are the frequency and severity of family violence, emotional or psychological abuse, sexual violence, and lack of social support (Koopman, Ismailji & Palesh, 2007, Pico-Alfonso, 2005, Pico-Alfonso, Garcia-Linares & Celda-Navaro, 2006). These appear to be stronger predictors than cultural/demographic factors or preexisting mental illness.

The research also confirms that the incidence of depression is higher among women who reported more frequent sexual abuse by partners. Among those surveyed in the National Violence Against Women Study, twenty-five percent of women and 8 percent of men, said they were raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some time in their life; 1.5 percent of women and 0.9 percent of all men said they were raped by a partner (Thaden & Thonnes, 1998). Although symptoms of anxiety more often predominate immediately following a sexual assault, depression quickly develops and can persist over time. Survivors of childhood abuse who are then assaulted by adult partners are at significant risk of depression (Dickinson et al., 1999).
While depression (as well as posttraumatic stress disorder) is related to violent behaviors that occur during the course of the time that victims are within the abusive relationship, it can also be a serious concern following the culmination of the relationship, particularly in situations in which there are children involved, necessitating continued contact with the abuse perpetrator. Rivera, Sullivan, Zeoli et al. (2016) looked at this issue, citing evidence that when men harm their partners, they are more likely to harm their children, and evidence suggests that this harm continues post-separation. The goal of the study was to look at the mental health impact this form of abuse has on mothers.

The researchers looked at 40 women who had separated, or were planning to separate, from an abusive partner with whom they shared children. Results confirmed that, in addition to men's physical abuse perpetration relating to subsequent increases in mothers' depression and PTSD symptoms over time, their harm to the children predicted both mothers' depression and PTSD symptoms.

Depression appears to be significantly associated with domestic violence. Clinicians should be aware that this may a consequence of intimate partner violence and screen for such symptoms when working with survivors.

**Case Vignette**

Anna Louise, a 28-year-old married woman has a history of psychiatric illness. In her most recent hospitalization for a failed suicide attempt, Anna Louise disclosed that she was a victim of sexual abuse in childhood. When she initially met her husband Ken, she thought that he was “different,” but that has not proven to be the case. She states that he is verbally abusive and controlling. Her hospitalization was precipitated by an incident in which she felt that Ken “forced” her to have sexual intercourse despite her indications that she did not wish to. Anna Louise is despondent and hopeless that her situation will change.

**Posttraumatic Stress Disorder**

Like depression, posttraumatic stress disorder (at clinical or subclinical levels) is frequently a consequence of intimate partner violence. Rates of PTSD among survivors of domestic violence are estimated to be between 33% and 84% (Kemp, Rawlings & Green, 1994; Woods & Wineman, 2004). In the National Violence Against Women Study (Thaden & Thonnes, 1998), 24% of those who had experienced partner violence in the past year met full clinical criteria for PTSD.
Diagnostic criteria for PTSD include exposure to a severe stressor (such as threats to the physical integrity of oneself), a response that involved intense fear, helplessness, or horror. For a diagnosis of PTSD, the person must also have experienced symptoms of intrusive recollection, such as recurrent and intrusive distressing recollections of the event, dreams, or flashbacks; avoidant/numbing reactions, such as efforts to avoid things that arouse recollections of the trauma, diminished interest or participation in significant activities or restricted range of affect; hyperarousal, such as irritability or exaggerated startle response. Responses of men and women who have been victims of domestic violence are similar to those of other types of traumatic exposure.

Using a PTSD framework is helpful as it places symptoms squarely within the context of it being a consequence of the abuse. It is also important to look at factors which may mediate PTSD symptoms, such as addressing common maladaptive beliefs related to intimate partner violence.

Cognitive trauma therapy (CTT), a method of treatment developed by Kubahy and Ralston (2008) is an approach to working with women who have experienced domestic violence and are demonstrating symptoms of PTSD. It includes modules on trauma history exploration, negative self-talk monitoring, stress management, PTSD education, exposure to trauma reminders, overcoming learned helplessness, challenging “supposed to” beliefs, building assertiveness, managing mistrust, identifying potential abusers, managing contacts with former partners, managing anger, decision-making, self-advocacy, and a very important module on overcoming trauma-related guilt (TRG).

Allard, Norman, Thorp et al. (2016) investigated reductions in TRG contribute to improvements in PTSD and functioning, using cognitive trauma therapy (CTT). Twenty women with intimate partner violence-related posttraumatic distress were recruited from the community and completed CTT as part of a larger neurobiological study of PTSD. The researchers found that these women experienced statistically and clinically significant improvements in functioning as well as expected reductions in PTSD and trauma-related guilt.

As with depression, PTSD in domestic violence victims has been associated with severity of the abuse, history of repeated abuse, sexual abuse and/or assault, and psychological abuse. Stalking is also associated with the development of PTSD. The more kinds of abuse someone experiences (physical, emotional, sexual) the greater his or her risk becomes for developing PTSD (Coker, Davis & Arias, 2002).

Case Vignette
Marybeth is a 29-year-old woman presenting for an initial consultation with Dr. Arian. She states that she has been feeling overwhelmed and exhausted. She has been more irritable than normal, is having sleep problems and nightmares, and has a feeling of “dread.” Due to her current symptoms, Marybeth is
increasingly isolating herself and has missed several days of work. She reports that she is separated from her husband Charlie, who is an alcoholic and often violent and unpredictable.

**Substance Use Disorders, Gambling, and Eating Disorders**

There are a number of other mental health issues associated with both the perpetration of intimate partner violence and the experience of having been a victim.

**Substance Abuse**

The relationship between substance use disorders (including alcohol, legal and illegal drugs) is often seen as controversial due to the idea of “excusing” behaviors due to impaired judgment. There is a link between both perpetration of intimate partner violence while impaired, and of victims utilizing substances subsequent to domestic violence. Cases of dual perpetrator domestic violence have been found to include the highest number where both partners were alcoholics or heavy drinkers, with alcohol present in 88% of such dual perpetrator situations. This is significantly higher than the sole domestic violence perpetrators (63%) in the same sample (Institute of Alcohol Studies, n.d.).

The Substance and Mental Health Services Administration (SAMSHA), states that substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. Alcohol and substance abuse are very prevalent in society, especially among males and young adults. Approximately half of Americans 12 years of age or older endorse being “current drinkers” and nearly one in ten were “current drug users” (Cunradi, 2009).

While substance abuse is not present in all families with domestic violence, high rates of drinking have been noted among perpetrators and victims of intimate partner violence. Studies have also shown that alcohol and drug use is correlated with the severity of injury in intimate partner violence. Heavy drinking by perpetrators is a contributor to intimate partner violence (Cunradi, 2009; Timko, Valenstein, Lin et al., 2012). Two-thirds of victims suffering violence by a current or former spouse or partner report that the perpetrator had been drinking, compared to less than one-third of stranger victimizations. Among spouse victims, three out of four incidents reportedly involved an offender who had been drinking (National Council on Alcoholism). Violence may be more closely associated with alcohol than other drug use. In one study of women who were injured intentionally, 52% reported that their partners were using alcohol just
before the assault while 15% said partners used drugs prior to the assault (Kyriacou, Anglin, Taliaferro, et al., 1999).

Due to the strong correlation between substance use and family violence, it is important that alcohol and substance use be a part of prevention programs. Similarly substance use disorder treatment programs often do not monitor family violence. Timko, Valenstein, Lin et al., (2012) surveyed directors of a sample of substance use disorder treatment programs and batterer intervention programs to examine the extent to which both address substance abuse. They found that few had a policy requiring assessment of potential clients, or monitoring of admitted clients, for violence perpetration; almost one-quarter did not admit potential clients who had perpetrated intimate partner violence, and only 20% had a component or track to address violence. About one-third suspended or terminated clients engaging in violence. The most common barriers to substance use programs providing domestic violence services were that violence prevention was not part of the program’s mission, staff lacked training in violence, and the lack of reimbursement mechanisms for such services. The researchers in this study support such integration of services. Similarly Conradi (2009) suggests that integrated treatment be a component of therapeutic interventions with perpetrators and victims of domestic violence.

Substance use is also found among survivors/victims of domestic violence. Many studies suggest the use of alcohol and other substances as a way to mitigate the survivor thoughts, feelings and responses to physical or emotional violence. Overall, women who have been abused in any way are fifteen times more likely to abuse alcohol, and nine times more likely to abuse drugs than those who have not been abused (Shipley, 2004). In 2002, the Department of Justice found that 36% of victims in domestic violence programs also had substance abuse problems (Collins & Spencer, 2002). The primary reason that domestic violence victims abuse substances is a way to numb or self-medicate. Thus they are using alcohol or substances as a way to cope with the domestic violence (Institute of Alcohol Studies, n.d.).

Child survivors of domestic violence are also at risk. A recent Canadian study (Fuller-Thomson, Roane & Brennenstuhl, 2016) looked at the link between adverse childhood experiences (ACEs) and substance use. The authors were specifically investigating whether more “passive” ACEs, such as witnessing domestic violence, were as likely to result in adult substance use problems. The study found a strong association between all of these types of childhood trauma and adult substance abuse.

Gambling

“Gambling Disorder” is the term used by the American Psychiatric Association in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) to describe the most severe form of the disorder (American
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According to the DSM-5, gambling disorder is indicated by four (or more) of the following:

- Preoccupied with gambling
- Unable to cut back or control
- Irritable or restless when attempting to cut down or stop gambling
- Risks more money to reach desired level of excitement
- Gambles to escape problems or depressed mood
- “Chases” losses
- Lies to family and others about gambling
- Risks or loses relationships or job because of gambling
- Relies on others for financial needs caused by gambling

The National Council on Problem Gambling (NCPG) and other sources note the following statistics.

- 15 percent of Americans gamble at least once per week
- Approximately two to three percent of Americans meet the criteria for problem gambling. That's around 6 million adults and about a half million teens

Gambling is also a factor correlated with intimate partner violence. A 2009 study by Afifi, Brownridge, MacMillan et al. examined the connections between family violence and gambling problems. The researchers looked at both dating and marital/domestic violence. They studied data connected to 3334 subjects and drawn from the US National Comorbidity Survey Replication. The results indicated that problem gambling was associated with increased odds of the perpetration of dating violence, while pathological gambling was associated with increased odds of the perpetration of dating violence. Additionally, dating violence, marital violence, and severe child abuse victimization were associated with increased odds of gambling problems.

Case Vignette

Connie is a 39-year-old mother of two married to Carl. She has been concerned about Carl's frequent visits to the local casino and about the recent withdrawals from the family bank account. This past weekend she attempted to stop him from leaving the house to go gamble. The normally mild-mannered Carl became so enraged that he pushed her down, stating that if she tried to do that again he would “beat the sh** out of her.”

Eating Disorders

In the United States, 20 million women and 10 million men suffer from a clinically significant eating disorder at some time in their life, including anorexia nervosa, bulimia nervosa, binge eating disorder, or EDNOS (Wade, Keski-Rahkonen, &
Hudson, 2011). (EDNOS is now recognized as OSFED, other specified feeding or eating disorder, per the DSM-5.) The rate of development of new cases of eating disorders has been increasing since 1950 (Hudson et al., 2007; Streigel-Moore & Franko, 2003; Wade et al., 2011). Additionally it is common for eating disorders to occur with one or more other psychiatric disorders, which can complicate treatment and make recovery more difficult. Among those who suffer from eating disorders: for example alcohol and other substance abuse disorders are 4 times more common than in the general populations (Harrop & Marlatt, 2010).

Intimate partner violence is also a potential risk factor for the development of eating disorders. Stress associated with intimate partner violence may lead women to seek control in their eating habits, which caused an increased risk of eating disorders (Lucea, Francis & Sabri et al., 2012). A large-scale review of suggested that eating disorders are associated with a high prevalence and increased odds of lifetime domestic violence among both males and females (Bundock, Howard, Trevillion et al., 2013). A limitation among many of the studies is that they failed to control for premorbid factors that could be causal factors in the development of eating disorders (such as the presence of childhood trauma.)

Case Vingette
Carol is a 45-year-old woman presenting with anorexia nervosa. This is a recurrence of anorexia that was initially treated successfully as a teen. In assessing sources of social support, Carol described her relationship with her live-in boyfriend John. She says that John can be “overly supportive,” telling her what she should and should not eat and often criticizing the way she looks in order to help her “better herself.” Carol is stunned when the therapist terms these behaviors abusive.

Domestic Violence and Children

While many past research efforts have focused on direct victims of intimate partner violence, increased attention is now being focused on the children who witness domestic violence. Between 10 to 20 percent of children nationwide are exposed to domestic violence (Carlson, 2000). That means that approximately 3.3 to 10 million children who witness the abuse of a parent or adult caregiver each year (Carlson, 1984; Straus and Gelles, 1990).

Children are affected by domestic violence in a variety of ways. Domestic violence in the household is often accompanied by other major developmental risk factors for children such as poverty, female-headed household, and low education level of primary care giver (Fantuzzo, et al, 1997).
Children who live in violent households also are at risk for physical injury both prenatally and post-natally (Peedicayil et al., 2004). Prevalence rates for domestic violence during pregnancy range from 0.9% to 20.1% depending on the definition for violence in the study (Peedicayil et al., 2004). Domestic violence is the major cause of trauma-related visits to health care providers during pregnancy (Harner, 2004).

While many children who live in homes in which there is intimate partner violence also are recipients of the violent acts, children who live in homes in which there is domestic violence are victims, whether or not they are the direct target of the violent behaviors. "Families under stress produce children under stress. If a spouse is being abused and there are children in the home, the children are affected by the abuse." (Ackerman & Pickering, 1989).

Research does indicate that children exposed to domestic violence are at an increased risk of being abused or neglected. In 30 to 60 percent of families in which there is past or present domestic violence, children are also abused (Edleson, 1999; Jaffe and Wolfe, 1990). Kaufman and Henrich (2000) estimate that approximately 40% of children who witness domestic violence are also physically abused. The severity of the domestic violence appears predictive of the severity of the child abuse (DiLauro, 2004). Mothers in domestic violence relationships are more likely to physically and/or emotionally abuse their children than are mothers in nonviolent relationships (Lutenbacher, Cohen, & Conner, 2004).

Children who grow up in families in which there is domestic violence are also four to six times more likely to be victims of sexual abuse (as cited in Wilson, 2006). This may be because abusers have a history of requiring others to meet their needs, and this may extend to sexual needs.

Just as the Domestic Abuse Prevention Project developed a Domestic Violence Wheel, they have also developed a Child Abuse Wheel. It is significant that many of the descriptors on the wheel mirror the Domestic Violence Wheel (see Introduction to Domestic Violence).
Although the abused parent frequently tries to shield children from exposure to the domestic violence, 80 to 90 percent of children from households in which there is domestic violence can recount in detail the violent episodes (Doyne, Bowermaster & Meloy, 1999). They may hear the parent’s screams or crying, or the abuser’s threats. They may also see the aftermath of the abuse, such as broken furniture or windows. This results in emotional trauma, fears and guilt (Wilson, 2006).

Dynamics of domestic violence which are unhealthy for children include (Alabama Coalition Against Domestic Violence):

- control of family by one dominant member.
- abuse of a parent.
- isolation.
- protecting the "family secret".

The results of domestic violence vary, depending on the child’s age, individual personality variables, and the type and frequency of violence that they are exposed to. In general, children are more likely to develop negative psychological effects from witnessing domestic violence if they witness severe or chronic violence, if they are younger, if the violence is frequent, and if it is perpetrated in close proximity to them (Knapp, 1998).
Overall, the trauma children experience can show up in emotional, behavioral, social and physical disturbances that effect their development and can continue into adulthood (Alabama Coalition Against Domestic Violence).

Effects of Domestic Violence on Children

Emotional

- Depression, helplessness, powerlessness.
- Shame, guilt, and self-blame.
- Confusion about conflicting feelings toward parents.
- Fear of abandonment
- Anger.
- Shame

Behavioral

- Acting out or withdrawing.
- Aggressive or passive.
- Refusing to go to school.
- Care taking; acting as a parent substitute.
- Lying to avoid confrontation.
- Rigid defenses.
- Excessive attention seeking.
- Bedwetting and nightmares.
- Out of control behavior.
- Reduced intellectual competency.
- Manipulation, dependency, mood swings.

Social

- Isolation from friends and relatives.
- Stormy relationships.
- Difficulty in trusting, especially adults.
- Poor anger management and problem solving skills.
- Excessive social involvement to avoid home.
- Passivity with peers or bullying
- Engaged in exploitative relationships as perpetrator or victim
Physical

- Somatic complaints, headaches and stomachaches
- Nervous, anxious, short attention span
- Tired and lethargic
- Frequently illnesses
- Poor personal hygiene
- Regression in development
- High risk play
- Self abuse

While the list above documents a number of behavioral effects of domestic violence, just as with adult victims, children are at risk for depression, anxiety disorders, and posttraumatic stress disorder. The severity, duration, and proximity of an individual’s exposure to the traumatic event are the most important factors affecting the likelihood of developing PTSD (Groves, 1999). The criteria includes exposure to a traumatic event in which the person witnessed or experienced an event that involved actual or threatened death or serious injury to self or others and the individual’s response involved intense fear, helplessness, horror, or, in children, disorganized or agitated behavior. For children with PTSD re-experiencing symptoms may include repetitive play expressing a theme of the trauma.

In addition to the childhood effects of domestic violence and children, it is also important to understand the long-term effects. There is much evidence that domestic violence begets domestic violence. According to the American Psychological Association, Violence and the Family: Report of the APA Presidential Task Force on Violence and the Family (1996), A child's exposure to the father abusing the mother is the strongest risk fact for transmitting violent behavior from one generation to the next. Witnessing domestic violence as a child increases the risk for the child to be in a violent relationship as an adult (Ornduff, Kelsey, & O’Leary, 2001).

Summary

Domestic violence is an important mental health issue that affects the entire family. There are a number of long-term effects of domestic violence, including chronic anxiety and depression, inconsistent parenting and posttraumatic stress symptoms. Children that witness domestic violence are also at risk not only for mental health concerns, but also for carrying the violence forward to the next generation. It is important, then, to intervene with the whole family system.
References


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