



Research Brief

Children Exposed to Intimate Partner Violence

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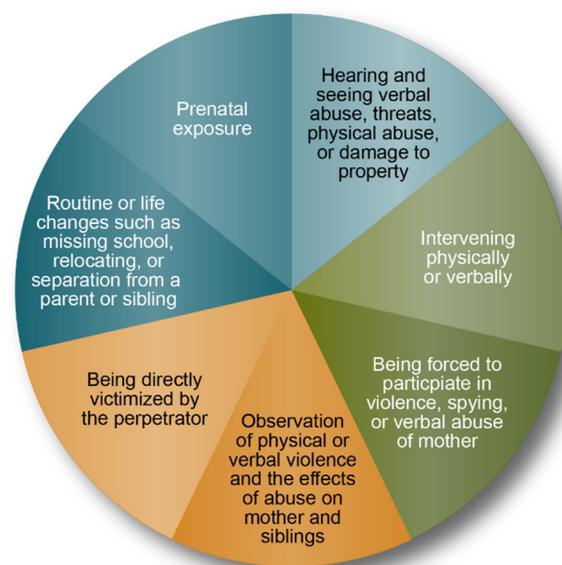
Introduction

Intimate partner violence (IPV) affects four to six million individuals each year in the United States, regardless of socioeconomic status, ethnicity, gender, sexuality, or religious affiliation.¹ IPV, also known as domestic violence, is a pattern of coercive control tactics used to emotionally, physically, sexually, and/or economically abuse a past, current, or potential romantic partner. This abuse is perpetrated to establish and maintain power over one's partner. Onset may be gradual as perpetrators (also known as batterers or abusers) progressively isolate, intimidate, stalk, deprive, and threaten their victims. The physical and emotional effects can be long-lasting and can have serious repercussions for a victim's lifelong health.² Both men and women can be victims; however, women are disproportionately affected.³ Please note that this brief refers to *mothers* as victims or survivors of IPV to reflect the gender discrepancy. In addition, the term *victim* will be used to describe an individual experiencing IPV and *survivor* will be used for someone who has previously identified as an IPV victim but has since reached out for help.

The impact of IPV can go beyond adult victims. Research has suggested that as many as 15.5 million children live in homes where IPV is present, and at least seven million children live in homes where there is ongoing, severe physical violence.⁴ Some survivors believe that the violence was hidden from children; however, research suggests that between 80 and 90% of children in homes where IPV is present witness violence and can provide detailed accounts.⁵ Keep in mind, however, that

not all children are exposed to IPV in the same way; there are multiple means of exposure beyond directly witnessing violence.⁶

Figure 1: Ways Children Are Exposed to Domestic Violence⁷



Children are highly sensitive and not only respond negatively to physical and emotional abuse, they also may respond negatively to any expressions of anger, including nonverbal anger. Children can sense unresolved conflicts, which may cause confusion, anxiety, and high levels of stress.⁸

Exposure to multiple events and/or multiple types of violence has been linked to increased adjustment problems (e.g., problems in school, difficulties with peers), compared to children who have experienced one traumatic event or a single type of violence. In addition, IPV has been identified by numerous studies as a significant risk factor for child maltreatment in general and for child maltreatment fatalities in

particular.⁹ It is estimated that in 30–60% of IPV cases, child abuse is co-occurring.¹⁰ The co-occurrence of exposure to IPV and child maltreatment is particularly threatening to children’s physical, cognitive, and socio-emotional development because of the potential separation from their caregivers. For example, a parent might be arrested or leave the home, and in some cases a parent may become emotionally unavailable while perpetrating or experiencing IPV.¹¹ Furthermore, children might feel fear or distress either for a parent, for a sibling, or for themselves, as well as become injured during a violent incident or be used by the perpetrator to control their partner.¹²

However, it is important to note that not all children who are exposed to IPV are impacted to the same extent. Children are resilient, and children who are particularly so may experience minimal impact. A number of factors influence the level of impact a child experiences, including:

1. The nature of the violence and coercive control.
2. The severity, length of time, and frequency of the violence.
3. The child’s coping strategies and problem-solving skills.
4. The age of the child.
5. How much time has passed since exposure.
6. The presence of co-occurring child abuse.¹³

Understanding the Dynamics of IPV

IPV perpetrators use a variety of tactics to progressively control, manipulate, and intimidate their partners. Perpetrators can gradually increase their partners’ isolation from friends, family, and support systems; control them economically; intimidate them both physically and through threats; use physical and sexual violence to control and intimidate; and often use culture and religion to humiliate, control, or punish their partners.

Perpetrators typically choose their behaviors carefully to intentionally impact their partners. Therefore, IPV is not a problem with anger or impulse control, rather it is calculated coercion. These abusive decisions impact children in many ways. Perpetrators expose children to emotional and physical intimidation, and through the isolation and control of their mother, children are often isolated from their friends, family, or other social outlets. Perpetrators often involve children in abuse by telling them that the mother doesn’t care for them; by blaming the mother; or by getting the children to participate in name calling, physical abuse, put-downs, or spying. Children also become a part of the perpetrator’s tactics when they are used as a means to continue to control the former partner after separation through means such as custody battles, harassment and intimidation during visitation exchanges, or through undermining the mother’s parenting. Perpetrators can also impact children’s medical care and can increase their risk of mental illness and trauma.



There is a direct connection between a mother’s psychological functioning and attachment style and her parenting behaviors. Mothers, as victims, may have trouble regulating their own emotions, particularly those related to fear and anxiety, and may be unable to help children regulate their own feelings.¹⁴ As a consequence, a child’s mental representation of the world can reflect his or her mother’s feelings of danger, helplessness, and aggression.¹⁵ Some mothers experiencing IPV may become abusive to their children; however,

others are still emotionally available and use nonviolent forms of discipline.¹⁶

The Impact of IPV on Children

The effect that exposure to IPV has on children depends on their physical, psychological, and social development; their support systems; and other socio-economic factors.¹⁷ The table below indicates ways that children can be impacted by IPV.

Table 1: The Impact of IPV Exposure on Children

Physical Impact	<ul style="list-style-type: none"> • Increased risk of being physically abused¹⁸ or neglected¹⁹ • Hyper-alertness²⁰ • High risk for medical problems and developmental challenges²¹
Emotional Impact	<ul style="list-style-type: none"> • Post-traumatic symptoms²² • Short- and long-term confusion, anxiety, depression, and low self-worth²³ • Feelings of rejection and abandonment²⁴ • Unexpected and exaggerated reactions²⁵ • Difficulty expressing emotions²⁶ • Anger and fear of abandonment²⁷ • High risk for mental health problems²⁸
Cognitive Impact	<ul style="list-style-type: none"> • Diminished academic performance²⁹ • Impact on short-term and long-term development³⁰ • Impaired cognitive functioning³¹ • Limited problem-solving skills³²
Behavioral Impact	<ul style="list-style-type: none"> • Aggressive behavior³³ • Oppositional behavior³⁴
Social Impact	<ul style="list-style-type: none"> • Poor social adjustment and difficulty with intimate relationships³⁵ • Decreased social competence³⁶ • Lack of trust toward adults, even as an adult³⁷ • Less secure attachments³⁸

Childhood exposure to IPV and the experience of any form of child maltreatment are examples of adverse childhood experiences (ACEs). The more ACEs a child encounters, the more likely the child is to suffer from toxic stress,³⁹ which occurs when a child’s physical stress response is persistently activated without a protective adult relationship to buffer that response.⁴⁰ ACEs lower the brain’s stress response threshold, leaving children (and later adults) experiencing a state of sustained stress, which alters their brain architecture.⁴¹

The effects of toxic stress are long-lasting and wide-ranging. Toxic stress in early childhood has been connected to poor adult physical

health (e.g., diabetes, cardiovascular disease, viral hepatitis, liver cancer, chronic obstructive pulmonary disease, autoimmune diseases, poor dental health, and even early death), as well as to adult mental illness (e.g., depressive disorders, suicide attempts, anxiety, panic reactions, sleep disturbances, memory disturbances, antisocial behavior, poor anger control).⁴²

Furthermore, children exposed to multiple ACEs are more likely to engage in unhealthy risk-taking behaviors, poor decision making, and substance abuse. Poor decision making and risk taking can ultimately lead to interrelated negative consequences such as school failure, incarceration, gang membership, homelessness, committing a violent crime, and becoming a single parent.⁴³ Parents who experienced high numbers of ACEs are more likely to become involved in abusive relationships and are less likely to be able to provide safe and stable relationships for their own children, creating the conditions for the intergenerational transmission of ACEs.



Not every child who is exposed to IPV suffers long-term negative consequences. Each child has a varying ability to cope with stress and varying levels of positive self-esteem, social skills, hope for the future, and empathy for others—all of which influence the impact of IPV on the child.⁴⁴ A child's environment factors in as well; for example, poverty can exacerbate the effects of trauma and family violence, but the availability of a safe parent and the support of other caring adults can mitigate the impact.⁴⁵ Positive maternal mental health, parents' positive problem-solving abilities (especially withstanding stress), a mother with financial security, and socio-economic and social supports are additional protective factors for children.⁴⁶ In addition, family routines that remain consistent, such as disciplinary tactics and daily living routines, have a protective effect.⁴⁷ This is one reason that it is so critical that survivors of abuse attempt to keep their children's home and routine as consistent as possible despite the perpetrator's behaviors.



Approaches to Addressing Children Exposed to IPV

Just as the impact that IPV has on children is unique to their circumstances, treatment should not be “one size fits all.”⁴⁸ A holistic, nuanced, and developmentally appropriate understanding of IPV and its impact on children is needed in order to intervene effectively. A number of organizations and systems are responsible for responding to children and families impacted by

IPV. These organizations should perform a comprehensive assessment of children's needs, focusing on resiliency factors.⁴⁹ Research also indicates that to be most effective, the needs of children, especially very young children, should be addressed simultaneously with the mother's needs⁵⁰ because their well-being is often interrelated. The list below indicates how several systems respond to the impact of IPV on children (note that many organizations dedicated solely to serving these individuals and families use the term *domestic violence*).

Organizations Who Serve Children Exposed to IPV

- **Child Welfare Agencies**
Receive/Investigate reports of abuse, assess IPV, and provide support and referrals for survivors and children.
- **Law Enforcement Agencies**
Respond to reports of abuse and arrest perpetrators.
- **Court System**—Grant restraining orders and determine child custody.
- **Domestic Violence Organizations**
Provide advocacy, support, counseling, safe shelter, resources, and referrals for survivors and children.
- **Mental Health Organizations**
Provide counseling and support.
- **Medical Organizations** Treat physical injuries and illnesses.

Families who seek help from these organizations are often best served when organizations work together. For example, domestic violence organizations and child welfare agencies share the same goal of reducing violence in families and promoting well-being. However, the groups have distinct interpretations of how to achieve their goals, which has historically created tension.⁵¹ Still, there are many states currently building collaborations between systems. Many states use a “co-located advocate model,” which

places a trained IPV advocate in child welfare offices to assist in assessing and addressing cases of co-occurring child welfare concerns and IPV.

Multidisciplinary review boards exist in most states to review fatalities from IPV and child abuse. These boards aim to prevent future fatalities, protect the safety of IPV and child abuse victims, and hold perpetrators accountable for the abuse. In addition, the boards make recommendations for future best practices. Participants on review boards may include representatives from child welfare agencies, domestic violence organizations, law enforcement, health organizations, and other service providers. These boards often encounter cases of co-occurring child maltreatment and IPV, and work together to determine ways to improve collaboration between systems to best respond to families and prevent fatalities.

Crisis response teams such as the Domestic Violence Home Visiting Program and the Child Trauma Response Team support families when they encounter law enforcement after a severe violence incident. They provide psycho-education about the impact of exposure to IPV on young children and appropriate referrals to screen and treat trauma symptoms, which directly address issues related to trauma while providing support to caregivers.⁵²

In addition to organizations collaborating to address IPV, a number of interventions have been developed to help children who have been exposed, both to prevent future exposure and to treat the effects of past exposure. The list below shows some interventions used by organizations providing therapeutic services to children and families. This list is helpful for other organizations to identify potential referrals for families who need intensive services.

- **Healthy Marriage & Relationship Education:** This education model teaches skills and principles such as communication, conflict resolution,

parenting, and financial management in order to promote family safety.

<https://www.healthymarriageandfamilies.org/about-healthy-marriage-relationship-education>

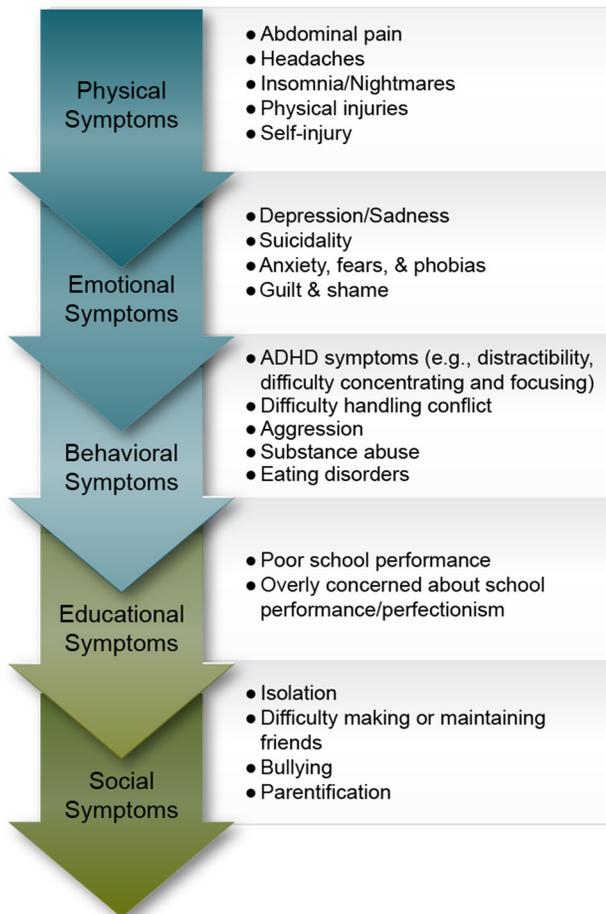
- **Child Advocacy Programs:** Available in most domestic violence organizations, these programs include group and individual therapy, creative therapies, and supportive advocacy. Visit <http://nnedv.org/resources/coalitions.html> to locate your state coalition's list of programs for children.
- **Child-Parent Psychotherapy (CPP):** The goal of this relationship-based intervention is to alleviate children's traumatic stress symptoms and behavior problems through joint child-parent therapy, which might be more effective than interventions with the child alone. http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/Child_Parent_Psychotherapy_CPP_fact_sheet_3-20-07.pdf
- **Responsible Fatherhood for Perpetrators:** Derived from the Safe & Together Model™ developed by David Mandel and Associates, LLC, this model provides strategies for serving fathers with a history of coercive control and violent behaviors toward a partner or partners. The model teaches safe engagement, holds perpetrators accountable to high parenting standards, and develops their understanding of responsible fatherhood and how their behaviors toward a partner affect children's well-being. http://endingviolence.com/wp-content/uploads/2013/01/st_model.pdf

Implications for Practitioners

Most social services practitioners, regardless of the purpose of their organizations, can encounter children who have been exposed to IPV. Practitioners should know the "red flags," or symptoms, which indicate that a child may

have been exposed. All children react differently to trauma, so knowing the various symptoms of exposure is necessary. The list below provides a number of key symptoms that children may exhibit.

Figure 2: Symptoms of Child Exposure to IPV



Such symptoms may or may not be indicative of IPV in the home. Hence, if symptoms are present, the first step is to ask whether children (or their mothers) are unsafe in the home. Keep in mind that it is critical to do so in a safe, private place, where the child knows the perpetrator cannot hear. It can be helpful, especially for younger children, to be creative and use a game, art, or an activity to aid in building rapport while asking the child questions. Allow children to tell their stories while showing them you care by validating their feelings, reflecting back what they say, and letting them know you believe what they are telling you.

Should a child disclose exposure to IPV, it is important to identify safety strategies that are age appropriate for the child, such as choosing a safe person and a safe place to go to if they are afraid. Discussing the child’s coping strategies can build a sense of empowerment and help to create an individualized safety plan that works for that child. Of course, if you believe the child is in imminent risk of harm, it is important to inform the local child protective services agency and ask for assistance.

If a child does not confirm that there is IPV in the home but you are still concerned, you should still talk with the child about the importance of being safe at home, create a safe space for the child with you by establishing rapport, and ensure adequate time and consistent structure when meeting with the child in the future.

It may also help to display literature, such as brochures or posters in waiting areas, offices, and bathrooms, which shares the symptoms children exposed to IPV might have and includes contact information for an organization that can help. Mothers may see such literature and realize that their children may be affected by the violence that they thought was hidden. Create a safe place for mothers to openly talk about violence and abuse, and offer referrals.



For organizations that are not able to address IPV in-house, it is important to develop relationships with advocates at your local domestic violence services provider. Become familiar with their programs, specifically those

designed to help children heal. You can visit <http://nnedv.org/resources/coalitions.html> where you can look up your state domestic violence coalition, which can help you locate your local program online. You can also reach out to the National Domestic Violence Hotline to locate services and find support (1-800-799-7233, www.thehotline.org). These providers can also provide resources for you, ranging from brochures and other materials to training opportunities for your organization. You can also find additional information on websites such as the following:

- Promising Futures, <http://promising.futureswithoutviolence.org>
- Child Welfare Information Gateway, <https://www.childwelfare.gov/topics/systemwide/domviolence/casework-practice/responding>

Finally, it is important to avoid offering certain types of services to couples experiencing IPV, including couples counseling, family therapy, and mediation. Such services assume that there is equality in the relationship and the couple is experiencing what is known as “common couple conflict.”⁵³ However, when there is coercive control, equality is missing; therefore, perpetrators might keep victims from being honest about problems at home, or worse, might punish their partners for any revelations during counseling. Instead, it is important to refer victims to domestic violence organizations and perpetrators to batterers’ intervention programs (BIPs). BIPs are often psycho-educational programs that hold batterers accountable for their behavior and strive to keep victims safe from further abuse. Research on the effectiveness of these programs provides mixed results;⁵⁴ however, leading researchers and practitioners believe that BIPs are still needed to end IPV and to serve as a place for perpetrators to get help.

Conclusion

Millions of children are exposed to IPV in the United States alone and they may experience short-term and long-term consequences from such exposure on everything from their health to their social competence. However, identifying these children, asking them about their experiences in a safe way, and connecting them to appropriate services will potentially alleviate the impact of violence and abuse experienced in the home and give children a better chance at a future of stable and healthy relationships.

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