IMPACT OF INTIMATE PARTNER VIOLENCE ON CHILDREN

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Topics

Rates, prevalence, co-occurrence of maltreatment
Types of IPV and relevance to impact on children
Intergenerational transmission
Healthy child development

Attachment & resilience
Trauma & brain development
Child welfare
Successful interventions
Marital conflict and children’s adjustment

- Frequent arguments, high level of hostility
- Post-divorce continuation of conflict
- Poorer school performance
- Behavioral problems
- Depression, withdrawal
Physical, psychological or sexual harm to parent increases risk to children.
Rates of Exposure: General population

6.6% prior year; 17.9% lifetime (National Survey of Children’s Exposure to Violence II)

=8.2 million youth/year; 18.8 million lifetime.
Agency samples

Much higher: 29% of children involved in child welfare, DV in prior year¹

Police studies: 44-50% of DV incidents, children present; other risk factors, poverty & single mother; included most serious forms of DV.²

RI DPH, VAW Survey, 44% of documented DV cases had children present

Women living in shelters: 73% of children witnessed assaults
Forms of Exposure to IPV

Seeing violent acts

Hearing violence-less likely to be accurate than seeing

Seeing injuries from IPV

Being told about IPV
Data from the National Survey of Children’s Exposure to Violence.


EPV= Exposure to physical violence. Any EPV included any exposure to physical violence between intimate partners, including seeing, hearing, being told of violence, or seeing resulting injuries. Severe assault=kicking, choking or beating up.
Percentages of Various Types of Exposure to Physical IPV

- Eyewitness: 90%
- Heard, saw or was told about injuries: 10%
Children's Immediate Responses to Violence Against Parents

<table>
<thead>
<tr>
<th>Behavior</th>
<th>% of children exposed to family violence who engaged in this behavior at least once</th>
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</thead>
<tbody>
<tr>
<td>Yelled to stop</td>
<td>49.4</td>
</tr>
<tr>
<td>Tried to get away</td>
<td>43.9</td>
</tr>
<tr>
<td>Called for help</td>
<td>23.6</td>
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Perpetrators of Family Violence in Front of Children

- Father: 62%
- Boyfriend of mother: 12%
- Other males: 11%
- Mother: 8%
- Other females: 7%
Perpetrator Patterns by Gender Across All IPV Incidents

- Males only: 69%
- Females only: 22%
- Both: 9%
Children exposed to IPV are at higher risk for all forms of victimization
Co-occurrence of WPV & maltreatment

90% of IPV cases, children directly witness abuse

34% of kids who witnessed partner violence maltreated in prior year

57% of WPV maltreated over lifetime

72.3% of kids experiencing custodial interference also WPV
“Intimate partner violence” is a blanket term that disguises important distinctions!
## Major types of intimate partner violence

<table>
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<tr>
<th>Situational couple violence</th>
<th>Intimate terrorism</th>
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<tbody>
<tr>
<td>Mutual violent control</td>
<td>Violent resistance</td>
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Conflicts turn to arguments that escalate. Both men and women perpetrate at fairly equal rates. Men’s violence more likely to injure and frighten. Huge variability in nature of SCV:

- 40% only one incident, but can involve chronic and severe violence
- Variable causes of chronic SCV include chronic conflict, substance abuse, anger issues, communication issues, and others
- By far the most common type of IPV
Intimate terrorism

Pattern of violent coercive control

use of multiple control tactics (violent and non-violent) to attempt to take general control over one’s partner

Specific control tactics vary from case to case, involving different combinations of economic control, isolation, emotional abuse, intimidation, use of children, and other control tactics

In heterosexual relationships, perpetrated primarily (but not only) by men

Relatively rare in general population, but common in agencies
Violent resistance

When victims fight back against abusers

Ranges from minor levels of violence to homicide

Not the same as bi-directional violence

Occurs in response to abuse

Ineffective in curbing violence

Primarily female perpetrated
Mutual violent control

Both partners using violent coercive control to attempt to assert dominance. Gender symmetrical. Unusual & understudied.
Cycle of Violence or Intergenerational Transmission: Variations on the theme

- Child witnesses become adult perpetrators of IPV (males)
- Child witnesses become adult victims of IPV (females)
- Child victims become adult child abusers
- Child victims and witnesses become juvenile offenders
- Child victims and witnesses become adult offenders
Intergenerational transmission or cycle of violence

Postmus & Merritt (2010) explored factors that influence the beliefs and attitudes of 64 CPS workers from a Midwestern state.

98% of respondents either agreed or strongly agreed that children who were abused or witnessed abuse in their homes “often” become abusers as adults.

97% of respondents either agreed or strongly agreed that children who were abused or witnessed abuse in their homes often become victims of abuse.

They argue these data suggest “overwhelming support” among social workers for the concept of the intergenerational transmission of violence.
Problems with research

- Rely on retrospective or 3rd party accounts
- Don’t specify nature or severity of abuse
- Don’t specify whether child observes, experiences, or both
- Often do not control for other factors correlated with violent behavior
- Report very small effects as proof of causal relationship
**Meta-analyses**

Stith, et al., 2000: Effect sizes for men exposed to IPV who perpetrate IPV much higher for agency samples (d=.35) than general survey samples (d=.11). Also larger for men (d=.21) than women (d=.13).

Wood & Summers, 2011: direct causal relationship between witnessing parental IPV and adult perpetration or victimization not supported.
Type of IPV matters!

Only correlation between childhood family violence and adult partner violence was for men who witnessed intimate partner violence within their families. Such men were more than 7 times as likely to be intimate partner terrorists as men who did not witness violence.
Double Whammy/Dose Response Theory

Exposure to child maltreatment & parental IPV increases negative outcomes

Exposure to more frequent and severe parental IPV increases negative outcomes

Multiple male abusers increases negative outcomes
Polyvictimization

Children exposed to multiple forms of victimization have higher scores on trauma symptoms.

Of children with 11 or more forms, 87.5% witnessed family violence.

Symptoms scores 3 times higher for kids with polyvictimization v only EPV

Presumed influence of EPV may be due to underlying influence of polyvictimization.
Internalizing:
Withdrawal
Depression
Anxiety
Somatic complaints
PTSD
Symptoms increase with age.
Affects girls & boys
Externalizing:
Aggression
Hostility
Bullying
Substance abuse
Greater impact on boys, but also affects girls
Cognitive:

Some research demonstrates lower academic functioning in children who are exposed to domestic violence.
Child fatalities linked to abuse of mother & mother’s polyvictimization

“You’re spoiling her.”

“You don’t know how to discipline her.”

“Let me show you how.”

“If you don’t shut that kid up, I’m outa’ here.”
Failure to protect fatalities

- Presence of child from past relationship
- Multiple interventions by CPS
- Substance abuse by both caregivers
- Trauma history for both caregivers
- Pregnancy with abuser
- Extreme poverty
- Low intellectual functioning
- Mental health problems
Parental homicide, near death & murder/suicide

Jaffe--of 920 cases, 273 kids present, 199 witnessed, 95 killed.

Lewandowski, et al., Campbell’s 10 city study--121 femicides (half murder/suicide) with 146 kids, 57 attempted homicides, with 91 kids

67% prior IPV

9% substantiated CPS cases

35% witnessed

37% found the body

In homicides, 58% of kids received counseling, perhaps only 1 session

Witnesses & those who found body, 22% no counseling

Near deaths, 50% received NO counseling

Witnesses and those who found injured mom, 40%, NO counseling
Complex trauma of parental homicide

Loss of both parents

Dislocation

Ongoing secondary victimization

Disruption of school, friends, normal routines

Typically long term exposure to DV prior to homicide

“Now we have nothing.” When mothers incarcerated for killing abusive father:

- Kids placed with paternal relatives
- Rare visits to prison, not good environment
- Older kids take on adult role
- Kids not told the truth
95% probability that child experiencing IPV will experience at least one other ACE.

More than one third (36%) of children exposed to IPV had 4 or more ACEs.

Adverse outcomes:
- Health: diabetes, heart disease, obesity, hypertension
- Cognitive: poorer academic achievement
- Social: relationship problems, behavioral disorders, criminality, substance abuse
- Emotional: depression, anxiety, suicidality
BUT--many children show no harmful effects

ACES are not destiny! 37% of exposed kids show no negative effects.

Children vary in their responses

Children can rebound from traumatic stress

Trauma informed care includes awareness of children’s strengths
ACES are normal

Most people experience an adverse experience while growing up.

The response of parents and the community, as well as children’s own resources, shapes the outcome.
What promotes healthy child development?

- Safety
- Consistency
- Recognition
- Stimulation
- Good nutrition
- Exercise
- Cuddles
- Respect
- Supported autonomy
Needs vary across stages

Space & autonomy needs increase

Stimulation requires more people and friends

Cognitive stimulation becomes more complex

Need for own identity may signal lack of interest in parents

But all people need healthy environments, respect & love throughout life.
How does IPV interrupt healthy development?

- Unavailability of either parent, emotionally and physically
- Concern with minimizing parental anger and distress
- Isolation, limits interaction with supportive adults and children
- Stress interferes with thinking, eating, sleeping, playing
- Trauma impacts neurological development
- Maternal attachment inhibited
What About Us? Perspectives of Children of Domestic Violence

Children's Perspectives

- Fear
- Anger
- Loneliness
- Sadness
- Divided loyalties
- Protectiveness
- Helplessness

https://www.youtube.com/watch?v=eWK_xebLg bk
The best protection against the harms of exposure to DV is a strong bond with non-abusing parent.

Mediating Factors:
- Maternal mental health
- Support for mother-child dyad
- Family & community engagement
- Child’s cognitive and emotional abilities
- Caveat: Almost no research on fathers
Brain Development

- We are hard wired to survive.
- Brain architecture is established early in life.
- Healthy brain architecture is the necessary foundation required for optimal future learning, behavior and health.
Epigenetics: epigenome determines which genes switched on or off.
2.) “Serve and Return” Interaction shapes brain circuitry.

Nurturing, responsive, and individualized interactions from birth build healthy brain structure

Serve and Return Clip

https://www.youtube.com/watch?v=m_5u8-QSh6A&feature=youtu.be
3.) Toxic Stress derails healthy development

[Video Clip: Toxic Stress]

https://www.youtube.com/watch?v=rVwFkcOZHZJw&feature=youtu.be
Healthy Brain
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

An Abused Brain
This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.
Patterns of positive adaptation in the context of significant risk or adversity.

Internalization of emotionally attuned relationship

Stimulation, activity and contact

Nutrition

Opportunities to develop competence

Moral guidance, boundaries
The brain’s ability to change in response to experiences

The amount of effort such change requires

AGE

2 4 6 8 10 20 30 40 50 60 70

SOURCE: LEVITT (2009)
Structural factors: How’s our community doing?

Child poverty: US ranks 30 of 41 developed countries for income inequality, with 20% of children in poverty.

Poor education: 12.2% of 15 year olds fall below level 2 on reading, math and science.

Health: 28% of children report one or more health problem each day

Happiness: US #21 in children’s expressed life satisfaction
Bad effects of good intentions

Nicholson v Williams, 2001

Mandatory reporting of child witnesses

Impact on children & mothers
Sr. District Judge, Jack B. Weinstein, in Nicholson v Williams:

The evidence before this court reveals widespread and unnecessary cruelty by agencies of the City of New York towards mothers abused by their consorts, through forced unnecessary separation of the mothers from their children on the excuse that this sundering is necessary to protect the children. The pitiless double abuse of these mothers is not malicious, but is due to benign indifference, bureaucratic inefficiency, and outmoded institutional biases.
Greenbook Initiative, 1999

“create safety, enhance well-being, and provide stability for children and families” and “as a way to ensure stability and permanency for children, child welfare administrators and juvenile court personnel should try to keep children affected by maltreatment and domestic violence in the care of their non-offending parent (or parents), whenever possible” (Schechter & Edleson, 1999, p. 14)
Statutory recognition of the impact of DV on children


5 states define CEDV as a separate criminal act

18 states, including Arizona, have statutory provisions prescribing how child welfare should deal with the co-occurrence of DV and CMT

10 states, including Arizona, mandate DV training for child welfare workers
Programs that work:

Intergenerational mobility program, Center for the Developing Child, Harvard 
https://www.youtube.com/watch?v=GUBFo9NiNXI

FIND, U Washington,
https://www.youtube.com/watch?v=OYdMGnBnR8k&feature=youtu.be

MOMS, New Haven, CT.  https://www.youtube.com/watch?v=D9J2bwIsFg8

Child Witness to Violence Project  http://www.childwitnessstoviolence.org/

Attachment Vitamins Program  https://www.zerotothree.org/
Resources:


Futures Without Violence: https://www.futureswithoutviolence.org/

Center on the Developing Child, Harvard: http://developingchild.harvard.edu/

Childhood Violent Trauma Center, Yale: http://medicine.yale.edu/childstudycenter/cvtc/

"...this is my world with no violence in it. I make a beautiful park with apple trees and flowers and it is always sunny out!"

Ky-Nam (Age 5)