



Children and Domestic Violence: A Bulletin for Professionals

Scope of the Problem

Domestic violence is a devastating social problem that impacts every segment of the population. While system responses are primarily targeted toward adult victims of abuse, increased attention is now being focused on the children who witness domestic violence. Studies estimate that 10 to 20 percent of children are at risk for exposure to domestic violence (Carlson, 2000). These findings translate into 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). Research also indicates children exposed to domestic violence are at an increased risk of being abused or neglected. A majority of studies reveal there are adult and child victims in 30 to 60 percent of families experiencing domestic violence (Appel and Holden, 1998; Edleson, 1999; Jaffe and Wolfe, 1990).

Impact of Domestic Violence on Children

Children who live with domestic violence face increased risks: the risk of exposure to traumatic events, the risk of neglect, the risk of being directly abused, and the risk of losing one or both of their parents. All of these may lead to negative outcomes for children and may affect their well-being, safety, and stability (Carlson, 2000; Edleson, 1999; Rossman, 2001). Childhood problems associated with exposure to domestic violence fall into three primary categories:

- **Behavioral, social, and emotional problems.** Higher levels of aggression, anger, hostility, oppositional behavior, and disobedience; fear, anxiety, withdrawal, and depression; poor peer, sibling, and social relationships; and low self-esteem.
- **Cognitive and attitudinal problems.** Lower cognitive functioning, poor school performance, lack of conflict resolution skills, limited problem solving skills, pro-violence attitudes, and belief in rigid gender stereotypes and male privilege.
- **Long-term problems.** Higher levels of adult depression and trauma symptoms and increased tolerance for and use of violence in adult relationships.

Children's risk levels and reactions to domestic violence exist on a continuum where some children demonstrate enormous resiliency while others show signs of significant maladaptive adjustment (Carlson, 2000; Edleson, 1999; Hughes, Graham-Bermann & Gruber, 2001). Protective factors, such as social competence, intelligence, high self-esteem, outgoing temperament, strong sibling and peer relationships, and a supportive relationship with an adult, can help protect children from the adverse affects of exposure to domestic violence.

Comprehensive assessment regarding the protective factors of children and the effects of domestic violence can inform decision-making regarding the types of services and interventions needed for children living with violence. Additional assessment factors that influence the impact of domestic violence on children include:



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- **Nature of the violence.** Children who witness frequent and severe forms of violence or fail to observe their caretakers resolving conflict may undergo more distress than children who witness fewer incidences of physical violence and experience positive interactions between their caregivers.
- **Coping strategies and skills.** Children with poor coping skills are more likely to experience problems than children with strong coping skills and supportive social networks.
- **Age of the child.** Younger children appear to exhibit higher levels of emotional and psychological distress than older children. Age-related differences might result from older children's more fully developed cognitive abilities to understand the violence and select various coping strategies to alleviate upsetting symptoms.
- **Elapsed time since exposure.** Children often have heightened levels of anxiety and fear immediately after a violent event. Fewer observable effects are seen in children as more time passes after the violent event.
- **Gender.** In general, boys exhibit more "externalized behaviors" (e.g., aggression or acting out) while girls exhibit more "internalized" behaviors" (e.g., withdrawal or depression).
- **Presence of child physical or sexual abuse.** Children who witness domestic violence and are physically abused are at risk for increased levels of emotional and psychological maladjustment than children who only witness violence and are not abused (Carlson, 2000; Edleson, 1999; Hughes et al, 2001).

Implications on Practice

Since children respond differently to domestic violence, professionals are cautioned against assuming that witnessing domestic violence constitutes child maltreatment or child protective services intervention (Aron & Olson, 1997; Beeman, Hagemeister & Edleson, 1999; Carter & Schechter, 1997; Findlater & Kelly, 1999; Spears, 2000; Whitney and Davis, 1999). Some States are considering legislation that broadens the definition of child neglect to include children who witness domestic violence. Expanding the legal definition of child maltreatment, however, may not always be the most effective method to address the needs of these children. Communities can better serve families by allocating resources that build partnerships between service providers, child protective services, and the array of informal and formal systems that offer a continuum of services based upon the level of risk present (Carter and Schechter, 1997; Edleson, 1999; Spears, 2000).

Increased awareness regarding the co-occurrence of domestic violence and child abuse compelled child welfare and domestic violence programs to re-evaluate their services and interventions with families experiencing both forms of violence. Although adult and child victims often are found in the same families, child welfare and domestic violence programs historically responded separately to victims. The divergent responses are largely due to differences in each system's development, philosophy, mandate, policies, and practices (Aaron and Olson, 1997; Beeman, Hagemeister and Edleson, 1999; Carter and Schechter, 1997; Findlater and Kelly, 1999; Spears, 2000; Whitney and Davis, 1999). For example, some child welfare advocates have charged domestic violence service providers with discounting the safety needs of children by focusing solely on the adult victim. Conversely, some domestic violence advocates accuse child

protective services caseworkers of “revictimizing” adult victims by blaming them for the violence, removing their children and charging them with “failure to protect”. Despite these differences, child welfare advocates and service providers share areas of common ground that can bridge the gap between them, including:

- Ending violence against adults and children.
- Ensuring children’s safety.
- Protecting adult victims so their children are not harmed by the violence.
- Promoting parents’ strengths.
- Deferring child protection services intervention, if possible, and referring adult victims and children to community based services.

A number of national, State, and local initiatives are demonstrating that a collective ownership and intolerance for abuse against adults and children can form the foundation of a solid, coordinated, and comprehensive approach to ending child abuse and domestic violence.

Examples of promising practice approaches include:

- Co-locating domestic violence advocates in child welfare offices for case consultation and supportive services.
- Developing cross-system protocols and partnerships to ensure coordinated services and responses to families.
- Instituting family court models that address overlapping domestic violence and child abuse cases.
- Cross training domestic violence and child welfare advocates.
- Creating domestic violence units in child welfare agencies.
- The Temporary Assistance for Needy Families Program provides funding, services, exceptions from work requirements, and other waivers, under the Family Violence Option, for families experiencing domestic violence.

Institutional and societal changes can only begin when an expansive network of service providers integrate their expertise, resources, and services to eliminate domestic violence in their communities. Thus, child welfare and domestic violence service providers can collaborate to achieve a shared goal of freeing victims from violence and working to prevent future violence.

**Resources
for Further
Information****WEBSITES****The Link Research Project: Understanding the Link Between Child Maltreatment and Woman Battering**

www.mincava.umn.edu/link

Provides up-to-date information on current research, practice, and promising intervention models with families experiencing domestic violence and child abuse and neglect.

Resource Center on Domestic Violence: Child Protection and Custody

www.nationalcouncilfvd.org

Comprehensive publications and technical assistance to the fields of domestic violence, child protection, and custody regarding policy and practice issues inherent in work with children exposed to domestic violence.

Child Witness to Violence Project

www.bostonchildhealth.org/special/CWTV/overview.html

Offers general information about the effects of domestic violence on children, statistics, and the *Report on Violence and Children*.

The “Greenbook” Federal Initiative

www.thegreenbook.info

Provides resources and information regarding the six federally funded communities implementing the National Council of Juvenile and Family Court Judges guidelines, *Effective Intervention in Domestic Violence & Child Maltreatment Cases: Guidelines for Policy and Practice*.

ADDITIONAL PUBLICATIONS

American Public Human Services Association (2001). *Guidelines for public child welfare agencies serving children and families experiencing domestic violence*. Washington, DC.

David and Lucile Packard Foundation (1999). *The future of children: Domestic violence and children*, 9(3). Los Altos, CA.

National Council of Juvenile and Family Court Judges (1999). *Effective intervention in domestic violence & child maltreatment cases: Guidelines for policy and practice*. National Council of Juvenile and Family Court Judges: Reno, NV.

National Council of Juvenile and Family Court Judges (1998). *Family violence: Emerging programs for battered mothers and their children*. Reno, NV.

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Straus, M. A. and Gelles, R. J. (Eds.). (1990). *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families*. New Brunswick, NJ: Transaction.

Whitney, P. and Davis, L. (1999). Child abuse and domestic violence: Can practice be integrated in a public setting? *Child Maltreatment*, 4(2), pp. 158 to 166.