ENCYCLOPEDIA on Early Childhood Development

[Archived] Domestic Violence and Its Impact on the Social and Emotional Development of Young Children

Katherine M. Kitzmann, PhD

University of Memphis, USA

February 2012, 2e éd. rév.

Introduction

Population statistics from the U.S. indicate that 29.4% of children in dual-parent homes live in a family in which partner violence has occurred within the last year.[1] Even when children in violent homes are not the target of abuse by parents, they are frequently involved in their parents' violence in other ways that put them at risk.[2] Children are at physical risk when they intervene in their parents' fights or accidentally get caught in the "crossfire." Children may also experience psychological distress, especially when they are in the position of having to report the violence to authorities and even testify in legal proceedings related to charges against a parent. This distress may be compounded by parents' attempts to blame the child for the parents' conflict and aggression.

Subject

©2012-2026 ABILIO | MALTREATMENT (CHILD)

It is important to pay attention to child witnesses because domestic violence is more likely in families with children, especially children from birth to age five.[2] Physical violence is highest early in the domestic relationship, when children are likely to be young.[3] Children in violent homes commonly see, hear and intervene in episodes of domestic violence.[2,4,5]

There is increasing evidence that children who witness domestic violence are at risk for a range of psychosocial problems.[6] Indeed, problems seen in child witnesses to domestic violence are quite similar to those seen in children who are the direct victims of physical abuse.[7] Because witnessing domestic violence can terrorize children and significantly disrupt child socialization, some experts have begun to consider exposure to domestic violence a form of psychological maltreatment.[8,9,10]

Problems

Children show a wide range of reactions to witnessing domestic violence, including intervening, withdrawing or becoming aggressive. These behaviours may be adaptive in the context of family violence, but are maladaptive in other settings.[11] Children who witness domestic violence are at risk for a wide range of psychological, emotional, behavioural, social and academic problems.[7,12,13,14,15,16]

Not all children exposed to domestic violence show clinically significant levels of maladjustment.[17,18] However, these children may still experience mild problems that put them at risk for subsequent psychological or interpersonal problems.[19,20] For example, these children may show inappropriate attitudes about violence as a means of resolving conflict, greater willingness to use violence themselves and stronger beliefs about being responsible for their parents' conflicts.[21]

Research Context

Child outcomes: The first case studies of child witnesses appeared in the 1970s, and the first empirical studies in the 1980s. Few studies have focused specifically on effects seen in very young children. Empirical research includes correlational studies (examining correlations between extent of exposure to domestic violence and child outcomes) and group-comparison studies (comparing groups of children who were exposed to domestic violence with those who were not). Child outcomes are typically defined in terms of parent reports or child self-reports of children's internalizing and externalizing problems. A smaller line of research has examined children's responses to simulated or hypothetical incidents of inter-adult conflict in laboratory

settings.

Treatment: Treatment programs such as the Boston City Hospital's Child Witness to Violence Project have been developed to address the special needs of child witnesses to inter-adult violence.[22] However, there are very few published reports of control-group studies evaluating the effectiveness of these programs.[23] Promising results come from a 10-week program designed to help eight- to 13-year-old witnesses develop more effective ways of coping with and responding to domestic violence.[24,25] Compared to the control group, children in the program showed improved attitudes about inter-parental anger and a reduced sense of responsibility for parents' violence. Another program, Project SUPPORT, was also evaluated in a randomized study. Participating children between the ages of four and nine showed a significantly lower rate of conduct problems two years after treatment compared to children receiving existing services.[26]

Key Research Questions

Should mild/moderate aggression be distinguished from more severe aggression? In many studies, more extreme forms of violence (choking, beating) are not distinguished from milder forms of aggression (pushing, shoving). This distinction may be useful, both in terms of documenting the effects of violence and in terms of understanding the mechanisms of these effects.[27]

What are the mechanisms by which witnessing domestic violence disrupts development? Exposure to less severe forms of aggression may affect children through the same processes identified in research on general family conflict, including direct effects due to children's behavioural and emotional dysregulation and indirect effects due to disruptions in parenting.[19,28] More severe aggression is more likely to be traumatic for children, and as such its processes of effect may be more similar to those identified in research on child abuse and neglect than those identified in research on family conflict.

How should child outcomes be measured? It is important to document not only clinical levels of distress, but also children's sub-clinical distress, as well as resilience in the face of family violence.[8,29] Resilience would be defined not just as the absence of pathology, but also as the presence of competence in the face of stressors associated with inter-parental aggression. Thus, it will be important in future research to assess children's stage-salient competencies in developmental tasks such as attachment, peer relations and successful adaptation to school.[8]

Recent Research Results

Kitzmann and colleagues conducted a meta-analysis of 118 empirical studies examining the psychosocial adjustment of child witnesses to domestic violence.[7] Results showed that 63% of child witnesses were faring more poorly than the average child who had not been exposed to inter-parental violence. Problems included aggression, anxiety, difficulties with peers and academic problems, all to similar degrees. Limited evidence from a small number of studies suggested a greater risk for preschoolers. For children of all ages, similar levels of adjustment problems were seen in children who witnessed domestic violence, children who were physically abused and children who both witnessed and experienced physical aggression.

Conclusions

Children exposed to domestic violence are at risk for a range of psychosocial problems, even when they themselves are not the target of physical aggression. These problems are similar to those seen in physically abused children, suggesting that violence anywhere in the family may disrupt child development. Although very young children are disproportionately exposed to domestic violence, little research has focused on the adjustment of children in this age group. There is some evidence to suggest that younger children are more at risk, presumably because of their limited understanding of conflict and limited coping strategies. Few treatment programs have been tested in randomized trials. Research needs to include more precise measures of violence (e.g. distinguishing mild from severe aggression), multiple risk factors (e.g., controlling for the presence of parental alcohol abuse) and outcomes (e.g., identifying sub-clinical distress that may put the child at risk for later problems).

Implications

Policy

Discussions concerning consensus definitions of child abuse and the distinction between child abuse and child maltreatment may need to be expanded to include consideration of children who witness violence in the home but are not themselves the target of violence.[23,27] This question has direct implications for decisions about arrest, child placement and social-services interventions in cases of domestic violence.[30] In 2001, U.S. federal legislators proposed but did not enact the Children Who Witness Domestic Violence Protection Act. Scaled-back versions of this legislation were included in the No Child Left Behind Act of 2002 and the Keeping Children and Families

Safe Act of 2003, both of which provide funding for programs to address the needs of children who witness domestic violence. Similar provisions have been enacted by several Canadian provinces.

Treatment

Interventions should target both the direct effects of exposure to domestic violence (e.g. helping children learn to cope with the stressors associated with family violence) and the indirect effects via disruptions in parenting (e.g. helping parents provide consistent nurturance and discipline, despite disruptions caused by violence). A multi-systemic approach to treatment may be important to address the multiple social influences that increase or decrease risk among children exposed to domestic violence.[31]

References

1. McDonald R, Jouriles EN, Ramisetty-Mikler S, Caetano R, Green CE. Estimating the number of American children living in partner-violence families. *Journal of Family Psychology* 2006;20(1):137-142.
2. Fantuzzo JW, Boruch R, Beriama A, Atkins M, Marcus S. Domestic violence and children: Prevalence and risk in five major U.S. cities. *Journal of the American Academy of Child and Adolescent Psychiatry* 1997;36(1):116-122.
3. O'Leary KD, Barling J, Arias I, Rosenbaum A, Malone J, Tyree A. Prevalence and stability of physical aggression between spouses: A longitudinal analysis. *Journal of Consulting and Clinical Psychology* 1989;57(2):263-268.
4. Holden GW, Ritchie KL. Linking extreme marital discord, child rearing, and child behavior problems: Evidence from battered women. *Child Development* 1991;62(2):311-327.
5. Rosenberg MS. Children of battered women: The effects of witnessing violence on their social problem-solving abilities. *Behavior Therapist* 1987;10(4):85-89.
6. Osofsky JD. The effect of exposure to violence on young children. *American Psychologist* 1995;50(9):782-788.
7. Kitzmann KM, Gaylord NK, Holt AR, Kenny ED. Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology* 2003;71(2):339-352.
8. McGee RA, Wolfe DA. Psychological maltreatment: Toward an operational definition. *Development and Psychopathology* 1991;3(1):3-18.
9. Peled E, Davis D. *Groupwork with children of battered women:a practitioner's guide*. Thousand Oaks, Calif: Sage Publications; 1995.
10. Somer E, Braunstein A. Are children exposed to interparental violence being psychologically maltreated? *Aggression and Violent Behavior* 1999;4(4):449-456.
11. Emery RE. Family violence. *American Psychologist* 1989;44(2):321-328.
12. Fantuzzo JW, Lindquist CU. The effects of observing conjugal violence on children: A review and analysis of research methodology. *Journal of Family Violence* 1989;4(1):77-94.
13. Jaffe PG, Wolfe DA, Wilson SK. *Children of battered women*. Newbury Park, Calif: Sage Publications; 1990.
14. Kolbo JR, Blakely EH, Engleman D. Children who witness domestic violence: A review of empirical literature. *Journal of Interpersonal Violence* 1996;11(2):281-293.

15. Margolin G, Gordis EB. The effects of family and community violence on children. *Annual Review of Psychology* 2000;51:445-479.

16. Wolak J, Finkelhor D. Children exposed to partner violence. In: Jasinski JL, Williams LM, eds. *Partner violence: A comprehensive review of 20 years of research*. Thousand Oaks, Calif: Sage Publications; 1998:73-112.

17. Grych JH, Jouriles EN, Swank PR, McDonald R, Norwood WD. Patterns of adjustment among children of battered women. *Journal of Consulting and Clinical Psychology* 2000;68(1):84-94.

18. Hughes HM, Luke DA. Heterogeneity of adjustment among children of battered women. In: Holden GW, Geffner R, Jouriles EN, eds. *Children exposed to marital violence: Theory, research, and applied issues*. Washington DC: American Psychological Association; 1998:185-221.

19. Cummings EM. Children exposed to marital conflict and violence: Conceptual and theoretical directions. In: Holden GW, Geffner R, Jouriles EN, eds. *Children exposed to marital violence: Theory, research, and applied issues*. Washington, DC: American Psychological Association; 1998:55-93.

20. Graham-Bermann SA. The impact of woman abuse on children's social development: Research and theoretical perspectives. In: Holden GW, Geffner R, Jouriles EN, eds. *Children exposed to marital violence: Theory, research, and applied issues*. Washington, DC: American Psychological Association; 1998:21-54.

21. Jaffe PG, Hurley DJ, Wolfe DA. Children’s observations of violence: I. Critical issues in child development and intervention planning. *Canadian Journal of Psychiatry* 1990;35(6):466-470.

22. Groves BM, Zuckerman B. Interventions with parents and caregivers of children who are exposed to violence. In: Osofsky JD, ed. *Children in a violent society*. New York, NY: Guilford Press; 1997:183-201.

23. National Research Council. *Understanding child abuse and neglect*. Washington, DC: National Academy Press; 1993.

24. Jaffe P, Wilson S, Wolfe DA. Promoting changes in attitudes and understanding of conflict resolution among child witnesses of family violence. *Canadian Journal of Behavioural Science* 1986;18(4):356-366.

25. Wagar JM, Rodway MR. An evaluation of a group treatment approach for children who have witnessed wife abuse. *Journal of Family Violence* 1995;10(3):295-306.

26. McDonald R, Jouriles EN, Skopp NA. Reducing conduct problems among children brought to women's shelters: Intervention effects 24 months following termination of services. *Journal of Family Psychology* 2006;20(1):127-136.

27. Emery RE, Laumann-Billings L. An overview of the nature, causes, and consequences of abusive family relationships: Toward differentiating maltreatment and violence. *American Psychologist* 1998;53(2):121-135.

28. Owen AE, Thompson MP, Kaslow NJ. The mediating role of parenting stress in the relation between intimate partner violence and child adjustment. *Journal of Family Psychology* 2006;20(3):505-513.

29. Cicchetti D, Lynch M. Failures in the expectable environment and their impact on individual development: The case of child maltreatment. In: Cichetti D, Cohen DJ, eds. *Risk, disorder, and adaptation*. Oxford, England: John Wiley & Sons; 1995:32-71. *Developmental Psychopathology*; vol 2.

30. Chalk R, King PA, eds. *Violence in families: Assessing prevention and treatment programs*. Washington, DC: National Academy Press; 1998.

31. Henggeler SW, Mihalic SF, Rone L, Thomas C, Timmons-Mitchell J. *Blueprints for violence prevention: Multisystemic therapy*. Boulder, Colo: University of Colorado; 1998.