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CONSEQUENCES OF DOMESTIC VIOLENCE ON THE MENTAL HEALTH OF CHILDREN

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Abstract

While domestic violence and child abuse are known to be highly correlated, several related areas of functioning of children are not well researched on and have implications for the provision of services. A complex pattern of results documented high levels of abuse and associated trauma disorders in children. Being exposed to violence in the home during war increases risk of developing problems in mental health and psychosocial wellbeing (MHPSW), a small but robust evidence base shows that. Studies reveal that living with domestic violence can cause physical and emotional harm to children and young people in the following ways: Ongoing anxiety and depression, emotional distress, eating and sleeping disturbances. Conversely, this evidence shows that supportive parenting can be a protective factor against the demonstrated negative effects of war on children´s mental health. Evidence from multiple sources increasingly shows that exposure to war alone cannot account for how children exposed to similar war events experience different mental and psychosocial states and trajectories. Other factors, including home life, provide complementary, at times even better, explanations In fact, in many cases, factors that traumatize children stem not only from war events, but also from everyday hardships. Home life can be a moderator, and potentially a mediator, of the effects of war.

Keywords: Domestic Violence, Child Abuse, Brain Development, Toxic Stress, Child Protection.

Introduction

Domestic violence is a significant problem for those whose life is affected by this issue, the social, health and criminal justice agencies that respond to it, and wider society that must bear the costs. Whilst domestic violence is not a new phenomenon, the past thirty years has seen increasing public awareness and a growing political consensus that something needs to be done, even if what should be done is less clear (Holt and Devaney, 2015). Over time our understanding about the presentation, dynamics and impact of domestic violence has developed, resulting in the need to define what is it that society needs to tackle. This, however, has not been a trouble free endeavor, with definitions and understanding of violence varying across research studies, regions and cultural settings. It can be easy to overlook the problems of children that are involved in domestic violence families. The children seem to be doing well, or the parents are doing their best to keep the children out of the violent episodes, but the impact of witnessing the events are detrimental (Pfouts, Schopler, & Henley Jr., 1982). Witnessing domestic violence does not necessarily mean that the child is in visible range of the violence. According to McGee (1997) many children can describe very traumatic events that they heard, but have never seen the actual act of violence. The most prevalent forms of

domestic violence are psychological and emotional abuse and these are often impossible to measure and difficult to prove. The controlling tactics can be so contrived that the victim can come to believe the perpetrator's behaviour is the result of the victim's failings.

The most prevalent forms of domestic violence are psychological and emotional abuse and these are often impossible to measure and difficult to prove. The controlling tactics can be so contrived that the victim can come to believe the perpetrator's behavior is the result of the victim's failings. These children clearly need help to share their experiences and to feel supported in making sense of their emotional responses, which have been documented to include fear, helplessness, frustration, guilt, shame and confusion.

Forms of Domestic Violence

Domestic violence finds expression in a number of ways and below are the common forms of it;

- Physical
- Verbal
- Sexual
- Psychological, and
- Emotional.

Physical abuse is the most commonly reported type of domestic violence according to police statistics from 2009 to 2011 (Police report). Sexual abuse involves any kind of forced sexual contact without partner consent (Domestic Violence Act Chapter5:16). Sexuality largely determines one's identity as a person and when attacked in a sexual manner it can be injurious to the victim's character. It can be reasonable to suggest from this evidence that sexual assault is less common due to cultural specific factors which do not overtly encourage victims to discuss let alone report on such matters of spousal intimacy. The types of subtle forms of suffering endured by victims of domestic violence have include feeling helpless, depressed, low self - worth and self esteem, and these have been classified as defamation of character and as such legal intervention is expressly excluded (Domestic Violence Act 5:16). Other forms of domestic violence include financial abuse, such as withholding money from the victim, controlling the entire household bills and expenditure. Social abuse, where the perpetrator isolates the victim from friends, family and support services are commonly reported during interview sessions. Harassment and stalking are included as forms of domestic violence, as these behaviors induce unequal power relations and harmful consequences to the victim

Factors Leading to Domestic Violence

There are a high number of internal and external factors, affecting the emergence of domestic violence, while the development and the course of many of them cannot be accurately described in any way. Interestingly, besides the external factors, on the rise of violent behavior in families even internal factors are significantly participating. These factors are generally investigated on the side of the aggressor, but the behavior of the victims may contribute to their own victimization, though without their knowledge or intention.

Individual factors (relating to an individual)

◎ Low age that is the partners´ youth, which is associated with the level of their personal maturity, physical and psychological predispositions; opportunities to become parents and to function in this role,
◎ Excessive alcohol consumption of one of the partners,
◎ Usage of some other narcotics by one of the partners,
◎ Mental illness, disorders, serious depressive states,
◎ Strong temperament, emotional liability, affectivity,
◎ Any or only basic or vocational education,
◎ Financially poorly ranked job classification of low income in general, ◎ Dispositions of domestic violence which are encoded in individuals from their original family environment (usually when they were directly exposed to domestic violence or they were witnesses of domestic violence as children).

Factors rooted in the idea of our society – so called social factors

◎ In society there is a family arrangement where the man represents the head of the family and he is its guardian and leader,
◎ Hierarchy of relationships between a woman and a man in which woman has a subordinate, inferior and less-ranked position,
◎ Social perception of a woman solely as a wife and a mother, with which the care of the household, the man, the births of the babies and their upbringing is connected,
◎ The existence of norms that help the survival of violence in society (different sayings in which domestic violence often occurs).

Impact of Enforcement and Judicial Treatment of Domestic Violence Cases

Children are at serious risk of potential harm when domestic violence is not properly assessed and evaluated by law enforcement or justice system representatives. Individual jurisdictions and the law enforcement, legal, and judicial systems with these jurisdictions have great discretion when making decisions about domestic violence. This leads to a lack of uniformity in the handling of domestic violence cases that directly affects the safety and wellbeing of children.

Law Enforcement

Police have discretion about whether to arrest either party if the police determine that the violent offender was not the primary physical aggressor. In other words, the police may arrest the victim if the police decide that the offender was acting "under the influence of provocation." While police discretion is important, there is no further guidance on what constitutes "provocation" or how to determine who is a "primary aggressor." There is also no requirement that the well-being of any children in the household be considered.

Psychological Effects of Domestic Violence on Children

These physical and mental health outcomes have social and emotional sequel for the individual, the family, the community and the society. Over both the short term and long term, children's physical injuries and mental trouble either interrupts, or ends, their educational and career paths leading to poverty and economic dependence. Family life gets disrupted which has a significant effect on children, including poverty (if divorce or separation occurs) and a loss of faith and trust in the institution of the family. These sequels

not only affect the quality of life of individuals and communities, but also have long-term effects on social order and cohesion (WHO, 2001). The physical health consequences of domestic violence are often obscure, indirect and emerge over the long term. Social and emotional development is what affects our mind and our behavioral regulations, such as intellectual abilities, mental activities, and behaviors. Physiological and physical development is what affects our body, such as structural differences in the brain or body, sexual orientation. In a study of young children from Scheeringa and Zeanah (1995), it was reported that children who even sensed a perceived threat to their caregiver were more likely to have negative behavioral and emotional outcomes than other types of childhood stressors. In those children, the most common symptoms were hyperactive arousal, fearfulness, and increased aggression toward peers, compared to children who had not experienced this type of exposure.

Previous studies have shown general behavioral, cognitive, and emotional implications when children are exposed to DV or IPV including; irritability, sleep problems, fear of being alone, immaturity, language development, poor concentration, aggressiveness, antisocial behaviors, anxiety, depression, violence behaviors, low frustration tolerance, problems eating, and being passive or withdrawn. Infants tend to also have sleeping and feeding disorders which can lead to poor weight gain. When children reach preschool age, and are witnessing domestic violence, they commonly show withdrawn social behaviors, have heightened anxiety and are more fearful. Unfortunately, when children reach school-age, the effects of witnessing domestic violence can impact their educational abilities (Hornor, 2005). In a noted study, it was found that children whose parents reported partner violence performed on average 12.2 percentile points lower than children whose parents reported no IPV in the home. In boys, the effects of witnessing domestic violence can be seen through externalized behaviors such as aggressiveness or disobedience, where girls tend to show more internalized behaviors such as anxiety and depression. Currently, research does not indicate that a child's age makes any significant difference in respect of whether they are more or less affected by their exposure to domestic violence, although the ways in which they are affected may differ. For example, babies living with domestic violence appear to be subject to higher levels of ill health, poorer sleeping habits and excessive screaming, along with disrupted attachment patterns. Children of pre-school age tend to be the age group who show most behavioural disturbance such as bed wetting, sleep disturbances and eating difficulties, and are particularly vulnerable to blaming themselves for the adult violence. Older children are more likely to show the effects of the disruption in their lives through under performance at school, poorly developed social networks, self-harm, running away and engagement in anti-social behavior.

Beyond the psychological effects, children who witness domestic abuse often are physically abused (Antle et al., 2010). According to Judith Herman (1997), "trauma inevitably brings loss". She continues to describe how for those who are lucky enough to escape physical abuse, they lose psychological structures. Those that are physically abused lose a sense of themselves and their body integrity. When discussing the traumatic events with a child victim, it inevitably causes the child to experience profound grief. The loss and grief experienced by children can lead to the child having to change homes often. Schools, friends, and people that they have learned to trust and can rely on therefore change often. The instability that domestic violence causes to the child can be extremely high with multiple factors that affect the child; which furthers the need for services.

Behavioral Outcomes

- **Aggression**. Most studies have found that exposure to domestic violence was related to more aggressive behavior in preschool children,50-53 in elementary school age children,47,54-56 and in adolescent children.57,58 When looking at the relation longitudinally, some research has identified a delayed or long-term effect of exposure to domestic violence on later aggressive behavior**.**

- **Antisocial Behavior**. Exposure to domestic violence has been linked to children harming people, property, or animals.68,69. For example, researchers have found that children who were exposed to domestic violence were more likely to harm animals compared with children who had no exposure.70-72. Children exposed to domestic violence were also more likely to be fire setters than children who lived in homes with no violence.71 In addition, research has suggested that children who are exposed to domestic violence are more likely to have harmed others compared with non-exposed children 57,73 and are more likely to develop conduct disorders over time.

Mental Health Outcomes

- **Anxiety and Depression**

Much research has been conducted examining the link between exposure to domestic violence and internalizing symptoms such as anxiety and depression. Researchers have consistently demonstrated that children who have been exposed to domestic violence have higher levels of anxiety and depression symptoms compared with non-exposed children.41,42,56,75-80. This relation has been demonstrated with preschool age children,29,30,81,82 early school-age children,35-37,43,83 and adolescents.39,84-88. Long-term and lasting effects of exposure to domestic violence on internalizing symptoms have also been established by longitudinal studies.

- **Emotional Dysregulation.**

Emotional regulation can be defined as the ability to effectively respond to different experiences with a range of socially appropriate emotions. Most research has documented that children exposed to domestic violence are more likely to have diminished emotional regulation compared with non-exposed children.

- **Self-Blame and Negative Affect**.

School-age children exposed to domestic violence are more likely than children not exposed to domestic violence to blame themselves for conflict between parents.115-118. Gender differences were found in one study in which boys, but not girls, had higher levels of self-blame.116 .Another study found that, compared with non-exposed children, children exposed to domestic violence had increased negative affect and were more likely to describe their feelings as negative, such as sadness or anger.

Social Outcomes

- Bullying and Peer Relationships. Research has indicated that children who are exposed to domestic violence are at an increased risk of bullying perpetration toward their peers as well as an increased risk of being a victim of bullying. Regarding peer relationships, one study found that compared with non-exposed children, children exposed to domestic violence were more likely to report problems with peer

relationships, including reports of loneliness and conflict in friendships. Difficulty with peer relationships is amplified for children who are residing in domestic violence shelters as they are more likely to be socially isolated, less likely to have close friends, and more likely to have
difficulty developing new peer friendships. Some research has indicated that difficulties with peer relationships are not long-lasting and diminish over time

Coping at the time of the violence

There is some evidence that indicates that not all children exposed to domestic violence appear to suffer from poor outcomes. A secure attachment to a non-violent parent or other significant career has been cited consistently as an important protective factor in mitigating the trauma and distress associated with exposure to domestic violence (Holt et al., 2008).Therefore practitioners and service providers should develop interventions that seek to repair and promote these positive attachments, either between children and their parents, of, if necessary, another significant adult such as a grandparent. It is common for children to use different strategies at different times, although younger children are more likely to use emotional-focused coping, and in particular emotional disengagement, rather than problem-focused coping. This is to be expected, as a younger child will be less able to intervene and is at greater risk of sustaining injury and will, therefore, be more likely to seek to block out the sights and sounds associated with a violent episode. This might mean that professionals responding in the immediate aftermath of a violent incident might misinterpret a child sitting quietly playing or listening to music as meaning the child has been unaffected. However, research indicates that emotional-focused coping is associated with higher levels of mental health problems in the longer term.

What are some strategies for managing children's behaviors that may occur in families with domestic violence?

A: A parent who has experienced domestic violence may expend a lot of energy simply surviving and helping the children survive. Other aspects of parenting may suffer as a consequence. The parent may become either overly permissive or too rigid and harsh in applying discipline. Or the parent may be inconsistent and fluctuate between permissiveness and harshness. Roles in the family may have become reversed. Children may have taken on parenting responsibilities in an effort to care for and protect family members.

Adequate support. Parents who get help and support in coping with their own feelings are better equipped to help their children. They should be encouraged to seek help from mental health professionals or other support systems.

Relaxation. Teaching children simple relaxation skills, such as deep breathing, and providing the space for them to practice relaxing, can be very effective in helping them manage fear and anxiety. Relaxation can decrease acting-out behavior that may be due to anxiety and exposure to trauma reminders. For younger children, providing a safe and quiet place to play and explore can be helpful.

Active ignoring or "picking your battles." Children's negative behaviors may be efforts to get attention from adults. An effective strategy is to identify the behaviors that can be ignored.

Of course, a parent cannot ignore unsafe behaviors, but withdrawing attention from other negative or unwanted behaviors should eventually decrease them.

Mental Health Interventions Mental health interventions for children who witness violence have traditionally been available only in battered women's shelters or from agencies providing services to battered women. However, in recent years, more programs serving these children have been established in other venues, reflecting the growing recognition that children affected by domestic violence reside outside of shelters as well, and require service availability in a broad range of settings.

Secondly, Therapists seek to help children understand and cope with their emotional responses to the violence, while promoting their acquisition of positive behavior patterns. Strategies include assisting children with understanding why their parents fight and helping them to realize that the fighting is not their fault, and that they are not responsible for managing it. With older children, groups may also discuss violence in personal relationships, and address anger management and the use of conflict-resolution skills. Thirdly, mental health interventions seek to reduce the symptoms the children are experiencing in response to the violence. Most approaches strive to help the child and the no abusing parent to link the problematic symptoms to the exposure to violence, and to teach specific strategies for managing and decreasing symptoms. For example, if the child is suffering from insomnia and nightmares, an individual therapist might work with the parent and child to build soothing and comforting rituals into bedtime routines. In accomplishing this task, the therapist must often help the family address additional stressors, such as substance abuse or housing difficulties. In situations where the children and mother are not living with the batterer, mental health intervention strives to promote the children's feelings of safety and security. Therapists work with parents to help them understand the children's needs for consistent routines. With parental permission, treatment may also include consultation with teachers or child care providers in order to develop consistent strategies for the classroom or day-care setting. In addition, therapists attempt to strengthen those emotional supports potentially available to the children, and work to reinforce the bond between the child and the non-abusing parent.

Conclusion

This article has argued that for the significant number of children living with domestic violence, the experience is often traumatic and the consequences in both the immediate and longer term are significant for the majority of these children. Children who appear to cope better tend to have strong attachments to a non-violent parent or other significant adult, and to have had the opportunity to engage in therapeutic work sooner rather than later. Professionals working in criminal justice organisations can and should intervene whenever they suspect that a child is being exposed to domestic violence. We noted the psychological effects of witnessing domestic violence on the children's mental health, academic standard, social lives and even their emotional mind and some of the ways we can curtail its damages on children and their future.

Recommendations

Expansion of service-delivery locations and networks is necessary, in that available services are not sufficient to meet the needs of the population. If professionals succeed in identifying greater numbers of children affected by domestic violence, the need for such expansion will be even more pressing. Mental health providers treating children exposed to domestic violence must learn how to work with this population, developing expertise in child development and crisis intervention, and learning about the effects of trauma on individuals and appropriate assessment and treatment approaches.

Furthermore, the establishment of a data collection system will allow service providers and agencies to pool information about the children they serve, how they are serving them, and the results of intervention. In this way, the field can significantly improve its knowledge base about basic epidemiological issues, as well as the availability, use, and success of various intervention approaches. Finally, increased funds are needed from both the public and private sectors to create and maintain the expertise, the services, and the data necessary to help these children. It is hoped that public attention to the plight of children who witness domestic violence will lead to greater commitment of financial resources.

References

Groves, B., Zuckerman, B., and Marans, S. Silent victims: Children who witness violence. Journal of the American Medical Association (1993).

Zuckerman, B., Augustyn, M., and Groves, B. Silent victims revisited: The special case of domestic violence. Pediatrics (1995) Letourneau NL, Fedick CB, Willms JD. Mothering and domestic violence: A longitudinal analysis. J Fam Violence. 2007;22(8):649–659

Vu NL, Jouriles EN, McDonald R, Rosenfield D. Children's exposure to intimate partner violence: A metaanalysis of longitudinal associations with child adjustment problems. Clin Psychol Rev. 2016;46:25–33.

Wolfe DA, Crooks CV, Lee V, McIntyre-Smith A, Jaffe PG. The effects of children's exposure to domestic violence: A meta-analysis and critique. Clin Child Fam Psychol Rev. 2003;6(3):171–187.

Rutter M. Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. Br J Psychiatry. 1985;147:598–611.

Shamir, H., Du Rocher Schudlich, T. & Cummings, E.M. (2001). Marital conflict, parenting styles and children's representations of family relationships. Parenting, Science and Practice, 1(1), 123–151.

Snyder, G.R. (1998). Men's violence during parenthood-related transitions in the couple relationship: Partner abuse during pregnancy and/or children's infancy. Dissertations Abstracts International: Section B: The Sciences and Engineering, 59 (5–B), 2437.

Van der Kolk, B. A. (2005). Developmental trauma disorder: Towards a rational diagnosis for chronically traumatised children. Psychiatric Annals.

Wohl, A. & Kaufman, B. (1985). Silent screams and hidden cries: An interpretation of artwork by children from violent homes. New York: Brunner/Mazel.

Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., Brymer, M. J., & Layne, C. M. (2008). Creating traumainformed systems: Child welfare, education, first responders, health care, juvenile justice. Professional Psychology: Research and Practice, 39, 396-404