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Impact on Children at Different Ages of Witnessing Intimate Partner Violence

EXPOSURE TO VIOLENCE HAS VARIED IMPACTS depending on children's developmental stages. Approximately 1 in 15 children in the United States witnesses intimate partner violence (IPV) each year (Howell, Barnes, Miller, & Graham-Bermann, 2016). Adverse outcomes resulting from IPV include an increased risk of developing psychological, social, emotional, and behavioral problems including mood and anxiety disorders, post-traumatic stress disorder (PTSD), substance abuse, and school-related problems (Wathen & MacMillian, 2013). Living with IPV is associated with significant negative effects on children's functioning, with rates of psychopathology being up to four times higher among children living in violent homes (Thornton, 2014). Children witnessing IPV also have an increased risk of experiencing emotional, physical, and sexual abuse later in life (Holt, Buckley, & Whelan, 2008).

The responses and outcomes for children exposed to IPV will be affected by the actions of adults in their homes, by their own temperament and actions, and by the reactions of other people in their lives (Holt et al., 2008).

Infants and Toddlers

Infants and toddlers (0-2 years of age) are dependent upon others for their care and well-being. The dynamics of IPV at such a young age may undermine the provision of safety and security needs by adults, potentially resulting in the child's development of a disorganized attachment to the mother (Howell et al., 2016). Distress in these children may manifest as excessive irritability, regressed behavior around language and toileting, sleep disturbances, emotional distress, a fear of being alone, and difficulty separating from parents (Holt et al., 2008). The consequences of exposure to IPV at this young age could have devastating developmental consequences, including contributing to the intergenerational cycle of IPV.

Preschoolers

Preschoolers (3-6 years of age) may witness more violence than any other age group (Graham-Bermann, Castor, Miller, & Howell, 2012). They are likely to have behavioral challenges, social difficulties, possessiveness, symptoms of post-traumatic stress, diminished capacity for empathy, and poorer self-esteem (Holt et al., 2008). There is some evidence that upwards of 50% of children ages 6 and under experience clinically significant symptoms of post-traumatic stress following exposure to IPV (Graham-Bermann et al., 2012). Preschoolers learn self-regulatory skills from caregivers; consequently, children chronically exposed to IPV may have difficulty with emotion regulation (Thornton, 2014). Their inability to verbalize the thoughts and feelings they experience may manifest in temper tantrums, aggressive behaviors, crying with resistance to being comforted, despondency, and anxiety (Howell et al., 2016).

School-Aged Children

Developing friendships and burgeoning social skills are an inherent milestone of school-aged children (6-12 years of age), yet social problems resulting from exposure to IPV may interfere with a child's ability to master these developmental skills (Howell et al., 2016). Connecting with peers and developing healthy friendships may be hindered in children who are exposed to IPV. They may react to perceived aggressive cues in their interactions with other children and either engage in bullying behaviors or be at increased risk of being bullied.

These children can also have underdeveloped verbal skills, difficulties with acting out behaviors, challenges adhering to rules in the classroom, and may experience more sadness and depression than children who do not witness violence (Holt et al., 2008; Howell et al., 2016). According to Levendosky, Bogat, and Martinez-Torteya (2013), two years after their mother had left a violent relationship, post-traumatic stress was found in almost half of children who witnessed IPV.

IPV-exposed children can also have more physical health problems than children living in non-violent homes. In a 2012 study by Lamers-Winkelman, de Schipper, and Oosterman, results showed that these children had more health complaints such as constipation, nausea, overtiredness, sleeping troubles, nightmares, aches/pains, stomach aches, and dizziness at a higher rate than non-exposed children. Learning potential may also be compromised due to competing demands between educational requirements and the need to process reactions to the home environment. This may result in significant academic problems (Fry et al., 2017; Holt et al., 2008; Howell et al., 2016).

Adolescents

Adolescents (13-18 years of age) who have been exposed to IPV may engage in intimate peer relations based on interactions exhibited within their family (Howell et al., 2016). "Violence in the home is the best predictor of adolescent male abusive behavior and a significant predictor of male and female experiences of victimization in intimate relationships" (Holt et al., 2008, p.803). According to Rosmalen-Nooijens, Lahaije, Wong, Prins, and Lagro-Janssen (2017), young people who witness IPV display a higher degree of sexual risk-taking and sexual perpetration. They may also exhibit a higher rate of aggression toward both peers and family members (Knous-Westfall, Ehrensaft, MacDonell, & Cohen, 2012). Additionally, antisocial behavior in adolescents, greater risk for being in a violent relationship, and committing violent crime in young adulthood have been significantly predicted in teens who experience exposure to IPV (Huang, Vikse, Lu, & Yi, 2015; Ireland & Smith, 2009).

As children get older they may attempt to intervene or prevent IPV from occurring. Anger could be directed at the abuser or anger could be focused on the mother for perceived failure to protect, inability to leave, or returning to the abuser. Some adolescents may adopt caretaking roles for their mother and siblings resulting in a loss of childhood and the likelihood of severe emotional distress (Holt et al., 2008).

Teens in violent homes are twice as likely to have PTSD, have higher rates of depression and anxiety, and develop coping mechanisms which may include mental and emotional disengagement, as well as experimentation with nicotine, alcohol, and other mood alternating substances (Howell et al., 2016; Schiff et al., 2014; Zinzow et al., 2009).

Poly-Victimization and IPV

IPV is often not an isolated event but could be indicative of multiple stressors within a family. Children exposed to IPV are frequently exposed to other forms of abuse and adversity such as child maltreatment, parental substance abuse and mental health difficulties, parental unemployment, homelessness, social isolation, and involvement in crime (Holt et al., 2008). Failure to differentiate between children who witness violence and are also abused, from those who witness violence only, may lead professionals to inaccurately attribute children's difficulties only to the impact of witnessing violence. In such cases the child's experiences of personal victimization may go unrecognized and untreated (Holt et al., 2008). According to Finkelhor, Ormrod, Turner, and Holt (2009), a significant number of children victimized in one arena such as IPV, experience five or more other types of victimization in a single year.

Summary

Exposure to IPV causes problematic outcomes for children of all ages, with evidence of challenges to psychological and behavioral function, physical health, as well as cognitive and intellectual functioning. Though there are common challenges across developmental stages, there are also unique challenges at specific ages with deleterious consequences lasting into adulthood (Howell et al., 2016).

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