

The Impact of Domestic Violence on Infants and Young Children



Infant Mental
Health Promotion

IMHP

Key Messages:

1. The development of young children is strongly impacted by their caregiving environment.
2. Children need caregivers to assist them in understanding and regulating their emotions in response to stressful life events.
3. Exposure to domestic violence can have a detrimental impact on the cognitive and emotional development of infants and young children.
4. Positive caregiving experiences are the most ameliorative factor in helping a child overcome adversity in early childhood.

This brief was created as a part of the Infant Mental Health and Family Law Initiative (FLI).

© copyright Infant Mental Health Promotion, The Hospital for Sick Children, 2012

Contributing Author: Angelique Jenney, Child Development Institute, Toronto

Photos by Amy Hatkoff



For more information contact:
Infant Mental Health Promotion (IMHP)
c/o The Hospital for Sick Children, Toronto
416-813-6062
imp.mail@sickkids.ca

www.IMHPromotion.ca

The Impact of Domestic Violence on Infants and Young Children

It is a common **misconception** that infants and young children are minimally impacted by their experiences and their environment because they are unable to conceptualize these experiences through language or other cognitive means. The issue of domestic violence (DV) and very young children is often ignored due to a set of erroneous beliefs:

- 1) that such young children are not affected by the violence due to their level of emotional and cognitive development;
- 2) that the needs of such young children cannot be adequately taken into consideration since they cannot express their own experiences, and;
- 3) because the meaning of conflict to each individual child is considered highly subjective.

However, global prevalence studies indicate that domestic violence occurs more frequently in homes with younger children (UNICEF, 2010), which should be cause to examine the issue more closely. Recent Canadian data indicates that 25% of children investigated for direct exposure to DV are between 1-3 years of age, and 10% of exposed children are under the age of one year (Trocmé et al., 2008). Research has found associations between exposure to violence and negative developmental trajectories in very young children (Bogat et al., 2006; Osofsky, 1995, 1999; Zeanah et al., 1999), including specific impairments in brain development and cognitive sensory growth (Cook et al., 2005; Perry, 2002).

Research has also demonstrated that young children can not only register observed/experienced events and remember them for significant periods of time, but they are also capable of developing post-traumatic stress symptoms in relation to traumatic events (De Young, Kenardy, & Cobham, 2011; Gaensbauer, 2002, 2004; Scheeringa & Zeanah, 2001).

“Chronic childhood trauma interferes with the capacity to integrate sensory, emotional and cognitive information into a cohesive whole and sets the stage for unfocused and irrelevant responses to subsequent stress.”

(Streeck-Fischer & van der Kolk, 2000, p. 903)

Many studies have successfully established the link between violence against women and parenting (Levendosky & Graham-Bermann, 2000, 2001; Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006). Caregiver experiences impact young children. Traumatized caregivers may struggle with issues of emotional availability, responsiveness and affective attunement, and this is hypothesized to impact directly on their ability to respond to the anxieties of their children (Osofsky, 1997). Here it is also important to consider that in our society, the burden of caregiving generally falls on women, leaving fathers absent from the intervention and treatment dialogue. It is important not to lose sight of the fact that women’s caregiving is often influenced by their own caregiving experiences as well as their partner’s actions (or lack of) and beliefs around parenting.

Exposure to domestic violence can be direct as well as indirect. Women report experiencing violence while holding infants in their arms and their children being injured while trying to intervene to stop the abuse (Edleson, 1999a; McGee, 2000).

Immediate effects on young children have been documented and include excessive irritability, sleep disturbances and emotional distress (Holt, Buckley, & Whelan, 2008; McGee, 2000; Osofsky, 1999) Exposure to domestic violence at a young age can also interfere with the development of autonomy in children when it interferes with the normal development of trust needed to promote exploratory behaviours (Osofsky & Fenichel, 1994).

Research has clearly demonstrated that adversity in the life of a young child can have measurable effects on physical health and development. For example, an analysis of the National Longitudinal Survey of Children and Youth (1994/95) suggested that exposed children had lower health status and more health conditions and problems compared to non-exposed children (Onyskiw, 2002). We also know that young children exposed to domestic violence demonstrate more behavior difficulties, post-traumatic stress symptoms, and have lower self-esteem and capacity for empathy (Holt, et al., 2008).

Furthermore, it is understood that exposure to domestic violence in childhood can lead to a host of problematic psychological issues and behaviours (Edleson, 1999a; Holt, et al., 2008; Jaffe, Wolfe, & Wilson, 1990; Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003) that may continue into adulthood if not addressed early.

While not every child exposed to domestic violence suffers immediate and long-term negative effects, such exposure increases the likelihood that children will exhibit behavioural and/or emotional problems.

In particular, there is an increased risk for the development of Complex Trauma or Relationship Trauma, since the traumatic experiences are encountered within the context of a caregiving relationship, the same relationship in which children would expect to experience safety and comfort. Courtois (2008) defines complex trauma as that which “occurs repeatedly and cumulatively, usually over a period of time and with-

in specific relationships and contexts” (p.86). Cook (2005) notes that the experience of complex relational trauma, such as chronic exposure to domestic violence, can result “in a loss of core capacities for self-regulation and interpersonal relatedness” which place children at risk for future adversities and that there are 7 primary domains of difficulty that professionals need to consider: attachment, biology, affect regulation, dissociation (i.e., alterations in consciousness), behavioral regulation, cognition, and self-concept (Cook, et al., 2005, p. 390).



The long term ramifications can be felt across all the major areas of human functioning: emotional, cognitive, behavioural and social.

The impact of this experience is mitigated by a number of factors, including gender, age, personality, circumstances of the abuse, other stressors, and the extent of available support systems. Yet, the critical importance of the mental health of young children in these situations and the potential long-term ramifications for these children still go largely unrecognized in many professions that are responding to the issue of domestic violence. These ramifications can be felt across all the major areas of human functioning: emotional, cognitive, behavioural and social. For young children there are two specific areas of concern that relate to future development, neither of which can be separated from the state of the children’s relationship with an immediate caregiver: the development of attachment and the emotional regulation of distress.

The Importance of Relationship: The Development of Attachment

A developing body of literature indicates exposure to domestic violence is a risk factor for parent-child relationship difficulties and that disorganized attachment has been detected in infants with mothers who had experienced serious partner violence (Zeanah, et al., 1999). Attachment is simply the response of the caregiver to the child's distress, and the child's experience of that response as soothing. Disorganized attachment occurs in children when the child's source of comfort (the caregiver) is also a source of fear and distress (a caregiver who is being abused) (Osofsky, 1997).

Violence negatively influences the emotional availability of the infants' caregiver and thus, the mother-child relationship (Osofsky, 1995). Of significant concern is evidence that parents who are involved in violent relationships are at risk of maltreating their children (Edleson, 1999b; Osofsky, 2003; Tajima, 2001).

For example, when domestic violence is present in the first year of life, parents may develop significantly more negative views of their children (McGuigan, Vuchinich, & Pratt, 2000). This finding is supported with additional research illustrating that pregnant women who had experienced domestic violence "had significantly more negative representations of their infants and themselves as mothers" (p.79) than women who had not experienced domestic violence (Huth-Bocks, Levendosky, Theran, & Bogat, 2004). These negative representations increase the risk that parents will be less attuned to the needs of their child which may increase the risk of future maltreatment or neglect.

The Importance of Relationship for Emotional Regulation of Distress

Very young children have limited developmental capacity to regulate feelings and cognitively process environmental information. Thus, they are more dependent on cues from their parents to interpret the meaning of events (Rossman, Hughes, & Rosenberg, 2000). This makes the impact of domestic violence even more significant for young children since both parents are effectively unavailable to the child during moments of heightened distress.

The importance of caregivers for a child's development is well-established. The family is the child's most immediate environment and, in the case of very young children, their affect regulation systems directly interact with those of their caregivers (see Schore, 1994, 2001). In the case of domestic violence, both caregivers are dysregulated at the very time when the infant requires buffers from the stress and supportive stress regulation. In addition, research with mothers who have experienced domestic violence indicates that mothers' experiences of trauma or depressive symptoms might influence whether or not infants subsequently exhibit trauma symptoms. (Bogat, DeJonghe, Levendosky, Davidson, & von Eye, 2006; Bogat, et al., 2006; Levendosky & Graham-Bermann, 2001; Levendosky, et al., 2006).

It is this interaction of regulatory systems that is behind the Theory of Relational Post-Traumatic Stress Disorder (PTSD) (Scheeringa & Zeanah, 2001), which looks at how the experiences of both mother and child mutually influence each other. Consistent with Scheeringa & Zeanah (2001), Bogat et al (2006) found that infants who witness severe domestic violence experienced their mothers' distress as an additional stressor. It has further been suggested that the threat to the caregiver is particularly distressing for young children due to their extreme dependence; in fact, some posit that the threat to the caregiver could be the most psychologically damaging aspect of domestic violence exposure for young children.

This provides further support for the Emotional Security Hypothesis, which suggests that children exposed to repeated conflict in the home have their capacity for regulating emotions and behavior reduced due to the decrease in emotional security (Cummings & Davies, 2010). An example of this is the management of fear and anxiety.

All children experience fears during childhood as part of the normal process of development, and these are usually temporary in nature because of the transitory nature of the threat (e.g. strangers, the dark) and the support of their caregiver to help them manage this fear and anxiety. In particular, most children's fears are resolved as they develop their understanding between what is real and what is imaginary. In the case of domestic violence, the young child is presented with a particularly difficult situation, such as a fear,

that is caused by the presence of caregivers and which may occur for prolonged periods of time with no support from the caregivers for co-regulation or the development of a coping strategy. As a result, the child is left to manage their own regulation of stress, often unsuccessfully.

What is particularly concerning about the chronic, repetitive nature of domestic violence in the presence of young children is the knowledge of how the experience of fear, and the response to it, can increase the risk of children developing a conditioned response (or a trigger). In the case of domestic violence, this might look like a heightened fear response to verbal conflict, which might have been associated to occur prior to the domestic violence. This has already been documented in research that found that infants as young as 1 year exposed to domestic violence showed more distress when presented with a simulated episode of mild, verbal conflict compared to those not exposed

The problem becomes more evident if we consider the trajectory of normal development and contrast that with the risks posed to children exposed to domestic violence.

(DeJonghe, Bogat, Levendosky, von Eye, & Davidson, 2005). It may also become problematic even further if the child acquires such as response to the sound of raised voices or to negative facial expressions, regardless of the threat of the actual situation. Thus, for children who perceive the world as a threatening place, a range of situations might trigger anxious feelings that impair their ability to learn as well as interact socially with others.

Young children who are experiencing a threat in their environment do so without having the capacity to manage their emotional response to it, nor to reduce it or even remove themselves from it. If these feelings of anxiety persist during critical moments of cognitive and emotional development, these developmental aspects may be compromised, leading to emotional and behavioural difficulties later. Unlike developmentally appropriate fears that disappear over time, the ones that are learned or conditioned will be more difficult to alleviate, and simple removal from the situation may not be adequate to change those impacts. For those children, providing consistent, safe and secure environments will be needed to help them regain a sense of control and predictability within their environments (Fox & Shonkoff, 2011).

The problem becomes more evident if we consider the trajectory of normal development and contrast that with the risks posed to children exposed to domestic violence. Healthy developmental conditions, those where mothers and their young children spend a considerable amount of time in mutual enjoyment of one another, are contrasted with families exposed to domestic violence where the caregiver is frightened or otherwise pre-occupied and unable to respond to her child in an optimal way. We can see how the above aspects of healthy child development may be compromised.

Recommendations

For the same reasons that the negative impact of domestic violence on young children is often over-looked by society, professionals struggle with finding ways to adequately assess this impact of exposure to domestic violence on the young children they are assisting. In the absence of formal assessments, professionals might want to consider the amount of exposure a child may have experienced, (such as the length and frequency of violent episodes and the age of the child), the systems that have been put in place for the protection of the child, as well as the presence of (or opportunities for) intervention or treatment services.

Evidence suggests that while domestic violence may interfere with optimal mother-child relationships, often that relationship is also the most ameliorating factor in helping children successfully navigate the experience of exposure to domestic violence (McGee, 2000; Schechter et al., 2011). Therefore, supporting the positive development of this relationship offers the most opportunity for change. In particular, addressing the capacity of the caregiver which has been compromised by her abusive partner and limiting ongoing contact with an abusive partner could provide one option; providing supportive services to address the caregiver's trauma experiences or symptoms would be another. Programs that focus on parent-child work while recognizing that mother and child can serve as reminders to each other of the traumatic event are promising avenues of intervention. In particular, programs that focus on (re)building parental sensitivity and confidence while reducing parenting stress are considered the most effective at this time (Bohr, Halpert, Chan, Lishak, & Brightling, 2010; Jenney & Root, 2010; Levendosky & Graham-Bermann, 1998; Levendosky, et al., 2006; Lieberman & Van Horn, 2005).

References

- Bogat, G. A., DeJonghe, E., Levendosky, A. A., Davidson, W. S., & von Eye, A. (2006). Trauma symptoms among infants exposed to intimate partner violence. *Child Abuse & Neglect, 30*, 109-125.
- Bohr, Y., Halpert, B., Chan, J., Lishak, V., & Brightling, L. (2010). Community-based parenting training: do adapted evidence-based programmes improve parent-infant interactions? *Journal of Reproductive and Infant Psychology, 28*(1), 55-68.
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., & al., e. (2005). Complex Trauma in Children and Adolescents. *Psychiatric Annals, 35*(5), 390-398.
- Courtois, C. A. (2008). Complex Trauma, Complex Reactions: Assessment and Treatment. *Psychological Trauma: Theory, Research, Practice and Policy, S*(1), 86-100.
- Cummings, E. M., & Davies, P. T. (2010). *Marital Conflict and Children: An Emotional Security Perspective*. New York: The Guilford Press.
- De Young, A. C., Kenardy, J. A., & Cobham, V. E. (2011). Trauma in Early Childhood: A Neglected Population. *Clinical Child and Family Psychology Review, 14*, 231-250.
- DeJonghe, E., Bogat, G. A., Levendosky, A. A., von Eye, A., & Davidson, W. S. (2005). Infant Exposure to Domestic Violence Predicts Heightened Sensitivity to Adult Verbal Conflict. *Infant Mental Health Journal, 26*(3), 268-281.
- Edleson, J. L. (1999a). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence, 14*(8), 839-870.
- Edleson, J. L. (1999b). The overlap between child maltreatment and woman battering. *Violence against Women, 5*(2), 134-154.
- Fox, N. A., & Shonkoff, J. P. (2011). How persistent fear and anxiety can affect young children's learning, behaviour and health. *Early Childhood Matters*(116), 8-14.
- Gaensbauer, T. J. (2002). Representations of trauma in infancy: Clinical and theoretical implications for the understanding of early memory. *Infant Mental Health Journal, 23*(3), 359-277.
- Gaensbauer, T. J. (2004). Telling their stories: Representation and reenactment of traumatic experiences occurring in the first year of life. *Zero To Three, (May 2004)*, 25-31.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse & Neglect, 32*, 797-810.
- Huth-Bocks, A. C., Levendosky, A. A., Theran, S. A., & Bogat, G. A. (2004). The impact of domestic violence on mothers' prenatal representations of their infants. *Infant Mental Health Journal, 25*(2), 79-98.
- Jaffe, P. G., Wolfe, D. A., & Wilson, S. K. (1990). *Children of battered women*. Newbury Park: Sage Publications.
- Jenney, A. (1999). Treating the effects of intergenerational trauma: A case study. *Imprint, 26*, 1-4.
- Jenney, A., & Root, J. (2010). *Mother's in Mind: A Relationship-based Intervention Program for Abused Women Involved with Child Protection Services and their Young Children*. Paper presented at the OACAS Critical Connections Symposium.
- Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child Witnesses to Domestic Violence: A Meta-Analytic Review. *Journal of Consulting and Clinical Psychology, 71*(2), 339-352.
- Levendosky, A. A., & Graham-Bermann, S. A. (1998). The Moderating Effects of Parenting Stress on Children's Adjustment in Woman-Abusing Families. *Journal of Interpersonal Violence, 13*(3), 383-397.
- Levendosky, A. A., & Graham-Bermann, S. A. (2000). Trauma and parenting in battered women: An addition to an ecological model of parenting. In R. A. Geffner, Jaffe, P. G., & Sudermann, M. (Ed.), *Children Exposed to Domestic Violence: Current Issues in Research, Intervention, Prevention, and Policy Development* (pp. 25-35). New York: Haworth Press.
- Levendosky, A. A., & Graham-Bermann, S. A. (2001). Parenting in Battered Women: The effects of domestic violence on women and their children. *Journal of Family Violence, 16*(2), 171-192.
- Levendosky, A. A., Leahy, K. L., Bogat, G. A., Davidson, W. S., & von Eye, A. (2006). Domestic Violence, Maternal Parenting, Maternal Mental Health, and Infant Externalizing Behavior. *Journal of Family Psychology, 20*(4), 544-552.
- Lieberman, A. F., & Van Horn, P. (2005). *Don't Hit My Mommy: A Manual For Child-parent psychotherapy with young witnesses of family violence: Zero to Three*.
- McGee, C. (2000). *Childhood experiences of domestic violence*. Philadelphia: Jessica Kingsley Publishers Ltd.
- McGuigan, W. M., Vuchinich, S., & Pratt, C. C. (2000). Domestic violence, parent's view of their infant, and risk for child abuse. *Journal of Family Psychology, 14*(4), 613-624.
- Onyskiw, J. E. (2002). Health and use of health services of children exposed to violence in their families. *Canadian Journal of Public Health, 93*(6), 416-420.
- Osofsky, J. D. (1995). *The Effects Of Exposure To Violence On Young Children*.
- Osofsky, J. D. (1997). *Children in a violent society*. New York: Guilford Press.
- Osofsky, J. D. (1999). The impact of violence on children. *The Future of Children, 9*(3), 33-49.
- Osofsky, J. D. (2003). Prevalence of children's exposure to domestic violence and child maltreatment: Implications for prevention and intervention. *Clinical Child and Family Psychology Review, 6*(3), 161-170.
- Osofsky, J. D., & Fenichel, E. (1994). Caring for infants and toddlers in violent environments: hurt, healing, and hope. *Zero To Three, 14*, 1-48.
- Perry, B. D. (2002). Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture. *Brain and Mind, 3*, 79-100.
- Rossmann, R., Hughes, H., & Rosenberg, M. (2000). *Children and interpersonal violence: the impact of exposure*. Philadelphia, PA: Brunner/Mazel.
- Schechter, D. S., Willheim, E., McCaw, J., Turner, J. B., Myers, M. M., & Zeanah, C. H. (2011). The Relationship of Violent Fathers, Posttraumatically Stressed Mothers and Symptomatic Children in a Preschool-Age Inner-City Pediatrics Clinic Sample. *Journal of Interpersonal Violence, 26*(18), 3699-3719.
- Scheeringa, M. S., & Zeanah, C. H. (2001). A Relational Perspective on PTSD in Early Childhood. *Journal of Traumatic Stress, 14*(4), 799-815.
- Streeck-Fischer, A., & van der Kolk, B. A. (2000). Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry, 34*, 903-918.
- Tajima, E. A. (2001). The relative importance of wife abuse as a risk factor for violence against children. [Research]. *Child Abuse & Neglect, 24*(11), 1383-1398.
- Trocme, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Fast, E., et al. (2008). Characteristics of substantiated maltreatment. *Canadian Incidence Study of Reported Child Abuse and Neglect: Major Findings, (Chapter 4)*. Retrieved from <http://www.phac-aspc.gc.ca/cm-vee/public-eng.php>
- UNICEF. (2010). *Child Disciplinary Practices at Home: Evidence from a Range of Low- and Middle-Income Countries*. New York: UNICEF.
- Wolfe, D. A., Crooks, C. V., Lee, V., McIntyre-Smith, A., & Jaffe, P. (2003). The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review, 6*(3), 171-187.
- Zeanah, C. H., Danis, B., Hirschberg, L., Benoit, D., & Heller, S. S. (1999). Disorganized attachment associated with partner violence: a research note. *Infant Mental Health Journal, 20*(1), 77-86.

Infant mental health

is the social, emotional & cognitive well being of infants & young children

Every child has an inner life built on relationships and a developing understanding of the world around them.

Research and clinical evidence increasingly demonstrates that:

- The early years have a unique and formative impact on development, relationships and functioning throughout life
- Many adverse outcomes can be prevented when parents are provided with support and information that enables them to be optimally responsive to their infants and young children
- When there are identified risks and disorders in young children or in family functioning, well planned early intervention can promote optimal outcomes

The goal of infant mental health practice is to ensure optimal child outcomes:

- a sense of security and self-esteem and the abilities to
 - form satisfying relationships
 - engage with the world
 - cope and problem solve
 - continue positive development throughout life

IMHP was created in 1988 by The Department of Psychiatry at The Hospital for Sick Children, in partnership with a variety of community agencies in response to the community need for increased awareness and education on mental health issues of the birth to age three group. Today, IMHP is a national, multi-disciplinary organization supporting agencies and professionals working with infants and families across Canada.

The goal of IMHP is to promote the development of infants through **education, information dissemination, networking and advocacy.**

Our objectives:

- To increase the knowledge and skill of caregivers to meet the needs of infants, toddlers and families
- To provide information on the development of infants and toddlers
- To provide information on prevention, interventions and resources available
- To provide specialized education programs and support to service providers
- To advocate for policy and funding needed to promote the well-being of infants and their families
- To increase the responsiveness of services to the needs of parents
- To raise society's awareness of its responsibility for infant rights and outcomes

IMHP continues to build a strong network of advocates for infant mental health across Canada and internationally. We invite you to become a part of our collective voice for education, advocacy and change.



**Infant Mental
Health Promotion**

IMHP

You are a part of shaping the future.