



How Are Children Impacted by Adult Partner Violence?

Connie Mitchell, MD

Michael is a 10-year-old male previously noted to have had mild developmental delay, poor social skills, and difficulties in school. He presented with fractured incisors after falling off his bike. After being asked what led to the fall, he said he had been standing astride his bike at the bottom of the porch stairs preparing to flee because his mom and dad were fighting. His mother wanted to leave, and as his parents were struggling over the keys on the front porch, his father pushed his mother. She fell down the steps onto Michael, causing him to fall and injure his teeth on the handlebars. Subsequent interviews revealed a long history of physical violence between the parents, but no history of child physical or sexual abuse.

Epidemiology/Statistics

There are two types of data documenting the adverse effects of intimate partner violence upon children. The first group comprises children who witness family violence and who are also physically abused, neglected, or endangered. The second group comprises children who witness domestic violence, but are not physically abused.

Exposure to adult partner violence runs a gamut of scenarios. Children have been described being hit or threat-

ened in their mother's arms, children taken hostage or threatened in an effort to coerce the mother's behavior, children being forced to watch physical assault, children used as a physical weapon, and children being used as spies or being interrogated as to the mother's activities and whereabouts.¹ Children can also be involved in the aftermath of a violent episode by trying to help or having to attend to injuries or being involved with law enforcement.

A study of all child protection cases in Massachusetts over a seven-month period found that 32 percent of the records documented adult domestic violence.² A study of 403 battered women in Colorado found that 53 percent of the women reported that their abuser also abused their children, and that 28 percent of the women also disclosed that they abused their children.³ An examination of medical records of the mothers of 116 children referred to a hospital for suspected abuse found that 45 percent of the mothers' records showed evidence of a battering history.⁴ Of the 258 questioned women who had sought refuge in battered women's shelters, 40 percent reported their spouse also physically abused their children.⁵ A national random telephone survey of 6,000 American adults found that 50 percent of fathers who frequently beat their wives also frequently abused their children.⁶ The data appears to establish a clear link

between woman battering and child abuse, in many cases. Various studies using different samples and types of data show that 30 percent to 60 percent of battered mothers' children are maltreated.⁷

Children may not be directly abused but can be endangered or injured in the course of a violent episode in the home. Reviewed emergency department records of children identified as having been hurt during family violence.⁸ The reviewed charts of 139 children, mean age of 5, found 29 percent were injured while held in the mother's arms and 24 percent were injured while intervening. Seventy-eight of the adolescents were injured while attempting to intervene and stop violence.



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Psychological Impact of Witnessing Family Violence

In 1999, there was a review of 84 studies that specifically addressed children in homes with partner physical violence and of these, 31 examined children who were witnesses to violence had not been physically abused themselves.⁹ Studies using the Child Behavior Checklist (CBCL) and similar measures have found that child witnesses of domestic violence exhibit more aggressive and antisocial behaviors (often called externalized behaviors) as well as fearful and inhibited behaviors (internalized behaviors), and show lower social competence than other children. Children who witnessed violence were also found to show more anxiety, lack self-esteem, depression, anger, and temperament problems than children who did not witness violence at home. Children from homes where their mothers were being abused have shown less skill in understanding how others feel and examining situations from other's perspectives than children from non-violent households. Peer relationships, autonomy, self-control, and overall competence were also reported significantly lower among boys who have experienced serious physical violence and been exposed to the use of weapons between adults living in their homes.

One study also found long-term developmental problems in children witnesses to violence such as depression and low self-esteem, and other researchers have found greater distress and lower social adjustment in adults who witnessed violence in their childhood.¹⁰ There is some support for the link between exposure to violence and subsequent violent behavior in the child. A study of 2,245 children found exposure to violence in the home to be a significant predictor of a child's violent behavior.¹¹

Impact of Abuse and Witnessing Family Violence

Child abuse victims who witness family violence experience a "double whammy."¹² They found that children who were both abused and witnessed family violence exhibited the most

Children from homes where their mothers were being abused have shown less skill in understanding how others feel and examining situations from other's perspectives.

problem behaviors in a control study of abused children, children who witnessed violence only, and children without abuse or family violence in their household. This same pattern has appeared in other studies. A summary list by age is provided below.

Prenatal

- Increased miscarriages due to increased beatings
- Poor health due to maternal stress and lack of proper nutrition

Infants

- Crying and irritability
- Sleep disturbances
- Digestive problems

Toddlers/Preschool

- More aggressive than other children
- More withdrawn than other children
- Impaired cognitive abilities
- Delays in verbal development
- Poor motor abilities
- General fearfulness, anxiety
- Stomach aches
- Nightmares
- Lack of bowel and bladder control over 3 years of age
- Lack of confidence to begin new tasks

School Age

- Poor grades, or in special classes
- Failure of one or more grades
- Poor social skills
- Low self-esteem
- General aggressiveness
- Violent outbursts of anger
- Bullying
- Withdrawn, dependent
- Bedwetting
- Nightmares
- Digestive problems, ulcers
- Headaches (not related to eye-strain or sinus)

Teenagers

- Poor grades, failure in school, quits school
- Low self-esteem
- Refuses to bring friends home
- Stays away from home
- Feels responsible to take care of the home and mother
- Runs away
- Violent outbursts of anger, destroys property
- Poor judgment, irresponsible decision making
- Unable to communicate feelings
- Immaturity
- Withdrawn, few friends
- Nightmares

- Ulcers, digestive problems
- Bedwetting
- Severe acne
- Headaches
- Males hitting their girlfriends
- Females being hit by their boyfriends

- Joining in on beatings of mother

Some studies indicate that boys show more externalized behavior problems (hostility, aggression) and girls show more internalized problems (depression, somatization). Few studies have found any differences based on race and ethnicity. Modulating factors include time since the violent event (fewer problems the longer the time since exposure), and the child's coping mechanisms (emotion-focused or problem-focused coping strategies).

Implications for Screening, Assessment and Reporting

All children should be screened for their experiences with abuse and violence including witnessing of violence. The American Academy of Pediatrics Committee on Child Abuse and Neglect recognizes that intervention on behalf of battered women is an active form of child abuse prevention.¹³

- Abused and neglected children should be screened for the possibility that a parent is being battered.

- Battered patients should be screened for the possibility that the children are being abused or neglected.

- Pregnant women should be screened for the possibility of being in a battering relationship.

- Healthcare providers should consider whether medical problems may have a stress-related origin due to family violence.

- Healthcare providers should consider whether school problems might have a stress-related origin due to family violence.

Many states, including California, have mandatory training and reporting laws requiring health care providers to report domestic violence if a victim presents with injuries caused by spousal or partner assault. The mandatory reporting of child abuse and neglect also encompasses dental neglect, i.e. poor diet, failure to follow through with necessary treatment, etc. The State of California also has a domestic violence screening requirements for licensed clinics and hospitals.

CDA

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References / 1. Ganley A, Schechter S, Domestic Violence: A National Curriculum for Child Protective Services. San Francisco: Family Violence Prevention Fund, 1996.

2. Hangen E, Department of Social Services Interagency Domestic Violence Team Pilot Project: Program Data Evaluation. Boston, Massachusetts Department of Social Services, 1994.

3. Walker LE, *The Battered Woman Syndrome*. New York; Springer Publishing, 1984.

4. Stark E, Flitcraft AH, Women and Children at Risk: A Feminist Perspective on Child Abuse, *Int J Health Serv* 18(1), 97-118, 1988.

5. Suh EK, Abel EM, The impact of spousal violence on the children of the abused. *Journal of Independent Social Work* 4(4), 27-34, 1990.

6. Strauss M, Measuring intra-family conflict and violence: The Conflict Tactics Scales. In M Strauss and R Gelles (Eds) *Physical Violence in American Families: risk factors and adaptations to violence in 8,145 families*. New Brunswick, NJ: Transaction Publishers, 29-41, 1990.

7. National Research Council, *Understanding Child Abuse and Neglect*. Washington DC: National Academy Press, 1993.

8. Christian CW, Scribano P, Seidl T, Pinto-Martin, JA, Pediatric injury resulting from family violence, *Pediatrics* 99(2): E8, Feb. 1997.

9. Edleson JL, Children's Witnessing of Adult Domestic Violence, *J Interpers Violence* 14(8): 839-70, Aug. 1999.

10. Silvern L, Karyl J, Waelde L, et al, Retrospective reports of parental partner abuse: Relationships to depression, trauma symptoms and self-esteem among college students. *J Fam Violence* 10; 177-202, 1995.

11. Singer MI, Miller DB, Guo S, et al, The

mental health consequences of children's exposure to violence. Cleveland, OH: Cayahoga County Community Mental Health Research Institute, Mandel School of Applied Social Sciences, Case Western Reserve University, 1998.

12. Hughes HM, Parkinson D, Vargo M, Witnessing spouse abuse and experiencing physical abuse: A double-whammy. *J Fam Violence* 4; 197-209, 1989.

13. Committee on Child Abuse and Neglect, American Academy of Pediatrics. The Role of the Pediatrician in Recognizing and Intervening on Behalf of Abused Women, *Pediatrics* 101(6); 1091-2, June 1998.

Resources

California Medical Training Center,
Domestic Violence Education Division
(916) 734-4143

Family Violence Prevention Fund
San Francisco, California
(415) 252-8900
<http://www.fvvpf.org>

California Alliance Against Domestic Violence
926 J St., Suite 1000
Sacramento, California 95814
(916) 444-7163
<http://www.caadv.org>

SUSPECTED VIOLENT INJURY/SUSPECTED DOMESTIC VIOLENCE INJURY REPORT

<ul style="list-style-type: none"> Note to Law Enforcement: Patient's whereabouts and place of contact must be deleted from any report required to be disclosed to suspect or suspect's attorney. To Be Completed by Reporting Party Pursuant to Penal Code Section 11160-11163 Type or print legibly 	Case Identification or Addressograph	Victim Name: _____ Medical Record # or PCR: _____							
Reported to	Police/Sheriff (Circle one) Department Name: _____				Crime Report # _____				
	Mailing Address _____								
	Name of Official Contacted	ID#	Phone ()	Date/Time Verbal Contact	Date/Time Written Copy Sent				
Reporting Party	Name of Facility			Name of Reporting Party (print)					
	Facility Address			Title of Reporting Party					
	Phone ()	Date/Time of Observation		Signature of Reporting Party					
Involved Parties	Victim	Name (Last, First, Middle)		DOB	Sex	Race	SS# or DL#	Marital Status	
		Address					Ages of Children Living With Victim		
		Location of victim after evaluation					Home phone () Message phone ()		
	Suspect	Name (Last, First, Middle)		DOB	Sex	Race	Relationship to victim		
		Address							
		Location of suspect					Home phone () Message Phone ()		
Incident Information	If Necessary, Attach Extra Sheet or Other Form and Check This Box <input type="checkbox"/>								
	Date/Time of Incident				Place of Incident				
	Narrative description of incident using victim's own words when possible								
	Type of Injuries: (Check one or more) <input type="checkbox"/> Bruises <input type="checkbox"/> Fractures <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Gunshot Wound <input type="checkbox"/> Other _____ <input type="checkbox"/> Lacerations <input type="checkbox"/> Strangulation <input type="checkbox"/> Stab Wound <input type="checkbox"/> Sexual Assault								
	Location of Injuries: (Check one or more) <input type="checkbox"/> Face <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Ribs <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Neck <input type="checkbox"/> Head <input type="checkbox"/> Chest <input type="checkbox"/> Upper Back <input type="checkbox"/> Lower Back <input type="checkbox"/> Extremities <input type="checkbox"/> Other _____								
	Narrative description of injuries <input type="checkbox"/> photos taken <input type="checkbox"/> x-rays <input type="checkbox"/> dental models available								
Is victim willing to talk to law enforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No Primary language of the victim: _____ Describe a safe way to contact the victim: (contact person and contact phone number, time of day to call)									

INSTRUCTIONS

1. This is not a substitute for complete documentation in the medical record.
2. The police crime report is not a substitute for this report
3. Report by phone to the jurisdiction where the injury occurred
4. Prepare this report and send to the contacted law enforcement agency within two days of receiving information about the injury
5. Retain a copy of this report
6. Sexual Assault, Child Abuse and Elder Abuse are reported on separate forms

Original – Law Enforcement

Copy – Medical Records