Exposure to Domestic Violence: Evidence and Implications for Professionals Working with Children

By Alexandra Duarte

Introduction

Research estimates that at least 3.3 million children in the United States witness domestic violence within their family each year (Tjaden & Thoennes, 2000). Several decades of research have contributed to a body of evidence concentrated on the psychological, emotional, cognitive, and social effects experienced by children who witness familial violence (Lee, Kolomer, & Thomsen, 2012). In order to maintain research-informed practice and comply with their roles as mandated reporters, a variety of professionals, such as teachers, school administrators, case workers, and counselors should be familiar with the behavioral manifestations common among children who witness domestic violence. Though practitioners may consider it common knowledge that domestic violence negatively impacts children, a more extensive awareness of the relevant signs can hasten appropriate responses and supports.

Featured Review

To summarize the extensive empirical findings concerning the impact of domestic violence on children, J.E. Onyskiw (2003) conducted a literature review that included 47 studies. Nearly all of the included studies focused on two psychopathological dimensions: internalizing and externalizing behaviors. Internalizing behaviors can be described as inhibited and over-controlled (e.g., sadness and withdrawal) and externalizing behaviors can be described as under-controlled and antisocial (e.g., aggression and disobedience). Additional areas of childhood development, such as social competence, cognitive competence, and physical health, were also considered. The review encompassed data collected from 5,240 children, ranging from 2-18 years of age.

Best Available Evidence

The results of the review indicated that a majority of the studies reported that children exposed to domestic violence exhibited more externalizing behaviors (e.g., aggression, noncompliance, disruption, destruction) than peers from non-violent families. Most of the research indicated that these...
children experience more internalizing behaviors as well, often marked by depression, anxiety, poor self-esteem, and withdrawal. Deficits in social competence were frequently observed, including difficulties with emotional regulation, a lack of conflict resolution strategies, and frequent misinterpretations of neutral social situations as hostile or threatening. The studies considering cognitive competence suggested children who witness domestic violence are at risk for cognitive delays, lower school performance, and academic difficulties such as distraction, inattention, and truancy. Finally, five studies addressed physical health and found several common problems among children of this population, including sleep disturbances, psychosomatic complaints (e.g., headaches) and gastro-intestinal disorders (Onyskiw, 2003).

Implications for Practice

Teachers, school personnel, and mental health practitioners are required by law to act as mandated reporters and respond to cases of child maltreatment. Though a child who witnesses violence is not always the victim of direct physical abuse, child abuse is 15 times more likely to occur in homes where intimate partner violence exists (Haeseler, 2006). The reporting role demands that all professionals working with children maintain a constant vigilance to identify signs of family violence. In order to ensure compliance and facilitate the reporting process, institutions employing mandated professionals should consider providing more frequent and intensive training to further educate employees about the signs of abuse and their role in the communication process (Spath, 2003).

There is little empirical research on manualized interventions customized for this population of children (Lee et al., 2012). Until more evidence-based interventions are available, professionals should continue to educate themselves about possible signs of violence exposure and understand available community resources. Though a specific curriculum may not be available, direct service workers can employ a philosophy of trauma-informed care and support children who witness violence by addressing the internalizing and externalizing behaviors described by the literature. Examples of responding to these issues may include a focus on building self-esteem, establishing trusting relationships, and alleviating self-blame or guilt (Lee et al., 2012). Professionals should work collaboratively to provide individualized resources and interdisciplinary care to support children who experience family violence.

About the Author

Alexandra Duarte is a graduate student in her second year of the M.A. Clinical Mental Health Counseling Program at NAU. She currently works as a research assistant under the supervision of Dr. Trina Spencer at the Institute for Human Development.

Abstracted From


References


