Domestic Violence and Children: How Parents and Mental Health Providers Can Address the Fallout

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I. Acknowledgment

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Abstract

This article reports on strategies for helping children overcome the effects of domestic violence. The presented concepts will help strengthen the inner resolve of victimized children. Of critical importance to children recovering from witnessing domestic violence are parents and service providers being prepared to help.

II. Introduction

Within American culture, violence and abuse within the home is increasing. In terms of the ability to numb and temporarily derail the aspirations of children, domestic violence closely follows behind the pain associated with parents divorcing and being evicted from the home.

Domestic violence is a pattern of physical, sexual or emotional abuse between intimate persons. It is often referred to as battering, intimate partner violence, family violence or significant other beating. When there is violence in the home, every member of the family is impacted. It is believed that physical abuse within intimate relationships occurs in upwards of six million times a year.

It is reported that approximately 50 percent of female victims of domestic violence are parenting children under the age of 12 and in upwards of 20 percent of children in America are exposed to home-life domestic violence each year (Bureau of Justice Statistics, 2005).

Most parents are not aware of the impact that domestic violence has on children and are led to believe that their children are not aware of the violence. However, it is believed that 90 percent
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of the time, children are aware of the violence.

The current literature and research reveals the following facts about domestic violence.

1. Children in homes where domestic assault takes place are the victims of physical abuse or neglected at a rate of 1,500 percent higher than the national average in the general population.

2. A total of 70 percent of children who reside in battered women shelters are victims of physical abuse or neglect.

3. During acts of domestic violence children often are hit or injured by objects that have been thrown or when trying to protect a parent.

4. The fallout of witnessing domestic violence includes childhood cognitive, hearing and language problems, delays in reaching developmental milestones and physical health problems (Women’s Rural Advocacy Programs, n.d.).

5. The removal of children from the care of a birth parent, due to domestic violence, can be just as damaging and traumatic as the acts of violence (National Coalition for Child Protection Reform, n.d.).

6. At a rate of 63 percent, children exposed to domestic violence have poorer behavioral, social, school and psychological outcomes than other children (Kitzman et al., 2003).

III. Orientation of Researcher

In the last 15 years, I have provided more than 1,000 foster and adopted children (and their parents) with thousands of hours of training/workshops, conferences, individual, family and group counseling and case management services. Of this number, it is believed that 60 percent or more of the children witnessed or experienced domestic violence. As a topic, domestic violence and children has intrigued me for a number of years. Lately the topic has gained my attention even the more as a result of hearing the stories and experiences of good-hearted mothers and devastated children.

From time to time, I find it necessary to brace readers and clients of the various emotions they may experience. As an author and service provider, I have come to realize that the last thing people desire is to feel bad about their lives, decisions and predicaments. I encourage you to read and assess the contents of this document in terms of how to move forward.

The presence of domestic violence, is not the “ultimate” parental failure, rather it is indicative of the frail nature of humans and our desire to be loved and intimate. For all of us, what is most critical to grasp and hold dear to, is the need to keep everyone in the home emotionally and physically safe. By ensuring this, success has already been achieved and the goal then becomes
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avoiding future acts of violence.

**IV. Methodology**

A review of the literature and current research was utilized to report on this subject. Within the field of counseling and psychology existing literature and current research studies serve as the foundation and guide for discussing and addressing mental health status. Specifically, the literature review explored the effect domestic violence has on children. As well, I called upon my work experience with neglected and abused children. In essence a work experience that includes my becoming up close with adults and children who on a daily basis felt the despair that results from domestic violence.

The literature reveals childhood fall out associated with domestic violence. As a long-time mental health service provider I have witnessed the fallout to be expansive and far reaching into children’s overall development (see Tables 1 & 2).

**Table 1**

*Domestic Violence’s Fallout & Young Children:*

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Emotions</th>
<th>Medical &amp; Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive/Aggressive</td>
<td>Anxiety</td>
<td>Low birth weight</td>
</tr>
<tr>
<td>Clinginess</td>
<td>Crying Spells</td>
<td>Regressed toileting</td>
</tr>
<tr>
<td>Easily distracted</td>
<td>Fearfulness</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>Excessive screaming</td>
<td>Guilt</td>
<td>Wetting or soiling clothes</td>
</tr>
<tr>
<td>Defensive</td>
<td>Abandonment</td>
<td>Developmental delays</td>
</tr>
<tr>
<td>Jumpy</td>
<td>Moody</td>
<td>Cognitive delays</td>
</tr>
<tr>
<td>Loud speaking/yelling</td>
<td>Low esteem</td>
<td>Rigidity</td>
</tr>
<tr>
<td>Avoidance</td>
<td>Depressed</td>
<td>Torn loyalties</td>
</tr>
<tr>
<td>Parentified</td>
<td>Infrequent Smiles</td>
<td>Non-verbal</td>
</tr>
</tbody>
</table>

**Table 2**

*Domestic Violence’s Fallout & Adolescents:*

<table>
<thead>
<tr>
<th>Behaviors</th>
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</tr>
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I recall a recent client and their successful efforts to move past the fallout of domestic violence.

“As 14-year-old high school freshmen, Jada had an ongoing attitude, sharp tongue, a defiant demeanor, serious mood swings, a history of skipping school and a hatred for being at home. Diagnosed with a depression disorder, she failed to respond positively to her anti-depressants. The only thing that seemed to tone down her antics was leaving her alone.

Within a few counseling sessions, she began to describe incidents of verbal abuse, physical altercations, 911 calls and years of drama between birth mother and her live together boyfriend. In her mind, Jada had concluded that her mother was choosing the boyfriend and a home life of chaos, over the needs of her and her two younger siblings.

Eventually as I established rapport, the subject of domestic violence and Jada’s concerns were addressed with the mother. To my surprise, the mother was somewhat cavalier in her responses. While she did not deny the accusations, she did make efforts to normalize things and to highlight whatever positives could be found.

After a series of counseling sessions with Jada and her mother, emotional progress was made by both of them. Within a short period of time, the mother ended the unhealthy relationship with the boyfriend, removed him from the home and began restoring the mental health of her children. Not long after that, Jada’s symptoms subsided, she was taken off medication and the case was closed.”

V. Literature Review

In a study of 115 children ages six through 11, Ballif-Spanvill et al. (2008) documented responses to questions after viewing violent and anger-provoking scenarios involving emotions, victims and perpetrators. They reported that male children who witness or experience domestic violence was more easily provoked to anger and the females resolved to act more peacefully. The
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study also reported that the responses varied based on each child’s age, exposure to violence and the role of the victim or perpetrator. When mothers are the victims their usage of corporal punishment as a child discipline method can increase.

Silverstein et al. (2008) stated that there is an association between birth mother, domestic violence and usage of corporal punishment as a form of disciplining children. Their multivariable regression analyses of national data from 12,765 mother-child dyads revealed that mothers utilize smacking more when domestic violence abuse and depression co-exist.

According to Women’s Rural Advocacy Programs (n.d.) children in homes that feature domestic violence can react emotionally, socially and academically to the violence. The effects of domestic violence on children can diminish over time but lingers on throughout adulthood. The National Coalition for Child Protection Reform (n.d.) documented the findings of a recent domestic violence court hearing held in New York.

The expert witnesses reported that children could be (but are not necessarily) negatively affected by witnessing domestic violence. Newton (2001) reported that there are reasons why and protective factors that help children avoid significant “deep-stings” of domestic violence (see Table 3).

Table 3

Childhood Protective Factors Against the Fallout of Domestic Violence

<table>
<thead>
<tr>
<th>Above average intellectual</th>
<th>Solid attention skills</th>
<th>Good interpersonal skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established self-esteem</td>
<td>Developed self-efficacy</td>
<td>Possess good personality</td>
</tr>
<tr>
<td>Good appearance</td>
<td>Individual talent</td>
<td>Religious affiliation</td>
</tr>
<tr>
<td>Socioeconomic advantages</td>
<td>Attend good school</td>
<td>Positive adult interactions</td>
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</table>

In a study of the effect of domestic violence on education, Carrell & Hoekstra (2008) investigated data sets provided by the School Board of Alachua County in the state of Florida. Of the 16,000 school districts in America, Alachua County is the 194th largest and features 53 percent of their students being eligible for subsidized lunches.

The student population in the study’s sample was third through fifth graders from 22 public elementary schools in Alachua County. Of the students who participated in the study, 55 percent were European-American, 38 percent were African-American, 3.5 percent were Hispanic, 2.5 percent were Asian and 1 percent was mixed.

In their findings, Carrel & Hoekstra (2008) reported that those children from troubled
domestic violence homes can significantly decrease their peers’ reading and math test scores and significantly increases misbehavior by others in the classroom. Specifically, the study reports that adding one more troubled peer to a classroom of 20 students reduces student’s test scores by nearly 0.67 percentile and increases the number of disciplinary infractions committed by students by 16 percent.

There is one critical point that needs to be made in regards to the literature review. As I travel throughout our county, counseling families and training educators and service providers, there appears to be an overwhelming belief that witnessing and being the victim of domestic violence is one of the worst things that can happen to children or an adult.

What I have found (and what is reported in the literature) is that while domestic violence in the home is not the healthiest thing, it surely is not the worst in terms of short-term and life-long negative consequences. That distinguished honor belongs to being the victim of sexual abuse, excessive poverty and the untimely death of a parent. The majority of children and adults can and do overcome the negatives associated with domestic violence. As outlined in table 3, there are factors that protect from unnecessary devastation associated with domestic violence. A few years ago, I counseled a 16-year-old male who overcame the violence in his home. The key to success was his securing and practicing protective factors.

“At the time of the intake, Mark presented poor decision making, irritability, impulsiveness, levels of risk taking behaviors, sexual promiscuity, anxiety levels, obsessive/compulsive traits and a lukewarm commitment to doing well in his special education classes at school. His history and working class family life included regular weekend fistfights between his parents and who never attempted to intervene. The encounters were intense, loud and expected, especially in the summer months. Tired of running away, trying to intervene and staying at friend’s homes, Mark asked to attend counseling. He wanted to keep his head together long enough to graduate from high school and join the military.

His treatment plan called for being sure to take care of himself and then if necessary to take care of others. I gave him a series of reading assignments about principles of success, decision-making and discovering his purpose and talents. As we discussed his emotional needs, experiences and the readings, his countenance and life views began to change.

For the first time in a while, he could see the light at the end of the tunnel and felt empowered enough to make it. Soon, he began attending local youth programs, developing new friendships and taking pride in his appearance. I have not talked with Mark in a while; however, I was informed by his mother that he finished high school and enrolled in college. He is now married to a wonderful wife and has three children.”

VI. Treating & Healing Victimized Children

Shonkoff (2003) documented that young children and their family members who are exposed to domestic violence need programming, support and intervention in their natural environment. There are myriads of programs and initiatives that provide help and provide hope (Hornor, 2005;
Stop Violence Against Women, 2006; Crusto et al., 2008; Holt et al., 2008; Schewe, 2008). The following is a brief summary of effective adult and children program interventions found in the current literature.

1. The early identification of childhood developmental delays.

2. The ongoing coordination and wraparound services between community advocates, medical professionals, law enforcement, child welfare organizations and anti-domestic violence initiatives.

3. Ensure proper/adequate training of staff who service abused and neglected children.

4. The offering of effective parenting and violence prevention classes that focus on trust, emotional stability, physical security, self care, etc.

5. Family, individual and group counseling sessions that address breaking the silence, feelings, anger management, self-esteem, safety and loss/grief.

6. Case management, community referrals, advocacy services, dissemination of information and materials.

7. Programming that discusses trauma, creating healthy environments, intrusive thoughts and behaviors.

8. Community based youth and recreational programming that promotes affiliation, incentives, academic achievement, character development, coping skills, etc.

9. The offering of career planning, employability skills, life skills and success training.

Pynos et al. (2008) identified critical and important domestic violence intervention and prevention material (see Table 4). The identified materials have a track record of being effective, are easily implemented and are best practices.

Table 4

<table>
<thead>
<tr>
<th>Material/Tool</th>
<th>Overview</th>
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<tbody>
<tr>
<td>Childhood Traumatic Grief Material</td>
<td>Designed for parents and general public, this material provides training, skill enhancement, commentary, examples and resources.</td>
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</tbody>
</table>
Psychological First Aid
A resource for psychologist and counselor, this material’s focus is addressing distress, fostering adaptive functioning and enhancing coping skills.

Responding to Crisis in The Aftermath of Disaster
Features educational vignettes that demonstrates child and family interventions that assist after traumatic experiences.

The Child Welfare Trauma Training Toolkit
Educates child welfare staff about trauma, development and behaviors of children.

Cops, Kids, and Domestic Violence: Protecting Our Future
A CD-ROM-based training that discusses the impact of domestic violence from a law enforcement perspective.

Understanding Links Between Adolescent and Substance Abuse: A Toolkit
Designed for service providers, the material Trauma raises awareness about youth and their traumatic stress problems.

The Promise of Trauma-Focused Therapy For Childhood Sexual Abuse
A video presentation that provides information about prevention and treatment activities.

The Pediatric Medical Traumatic Stress Toolkit for Health Care Providers
Provides health care staff with information regarding traumatic stress.

**VII. References**


Domestic Violence & Children, Recco Santee Richardson, Ph.D.


VII. Other Scholarly Articles By Recco S. Richardson

Richardson, Recco S. (2009). Domestic violence and children: How parents and mental health providers can address the fall out. Unpublished manuscript.


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