

## Fact Sheet 7 Impacts of family and domestic violence on children

There are many ways that children are exposed to family and domestic violence – many not including hearing or seeing the violence. For this reason, when it occurs in a family with children, family and domestic violence is *always* child abuse.

A recent review by the Australian Domestic Violence Clearinghouse found that ‘more than two decades of international research definitively shows that infants, children and adolescents experience serious negative psychological, emotional, social and developmental impacts to their wellbeing from the traumatic ongoing experiences of domestic violence’ (Sety 2011). These impacts are often cumulative – that is, they amass over time.

Research also shows that family and domestic violence affects unborn children – family violence often commences or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death.

Family and domestic violence does not predetermine outcomes for children and young people, but it does influence them significantly – particularly when exposure to the violence occurs in a child’s early years. Infants and young children exposed to family and domestic violence are more likely to miss key developmental experiences, which – because they are foundational – can have a cascading effect on their further developmental progress.

The effects of family and domestic violence vary from child to child. Furthermore, they are mediated or filtered by other factors, such as poverty or marginalisation on the basis of culture or race. The secondary effects of violence, for example unstable housing, lack of access to education, and poor access to ante and post-natal care, can also significantly impact on children’s safety and wellbeing.

In addition to physical injury and death at the hands of male family members, children manifest physical symptoms of stress or distress, for example bedwetting, stomach upsets and chronic illnesses.

The immediate emotional effects of experiencing family and domestic violence tend to differ with age.

Babies and toddlers who experience family and domestic violence often cry more than other infants and show signs of anxiety and irritability. They frequently have feeding and sleep difficulties. They are often underweight for their age and have delayed mobility. They often react to loud noises and are very wary of new people. They might be very demanding or very passive.

Preschool children lack the cognitive maturity to understand the meaning of what they observe and the verbal skills to articulate their feelings. They exhibit their emotional distress by ‘clinginess’, eating and sleeping difficulties, concentration problems, inability to play constructively and physical complaints. They sometimes have symptoms similar to post-traumatic stress disorder in adults, including re-experiencing events, fearfulness, numbing and increased arousal. Immature behaviour, insecurities and reduced ability to empathise with other people are common for this age group. Frequently, children have adjustment problems, for example, difficulty moving from kindergarten to school.

As they get older, children start to observe patterns or intentions behind violent behaviour. They often wonder what they can do to prevent it, and might attempt to defend themselves or their mother. Pre-adolescent school-aged children have the capacity to externalise and internalise their emotions. Externalised emotions might manifest in rebelliousness, defiant behaviour, temper tantrums, irritability, cruelty to pets, physical abuse of others, limited tolerance and poor impulse control. Internalised emotions might result in repressed anger and confusion, conflict avoidance, overly compliant behaviour, loss of interest in social activities, social competence, and withdrawal, or avoidance of peer relations. Overall functioning, attitudes, social competence and school performance are often negatively affected, and children often have deficits in basic coping and social skills. The low self-esteem engendered by experiences of violence is exacerbated by these other effects.

Adolescents who have experienced family and domestic violence are at increased risk of academic failure, dropping out of school, delinquency, eating disorders and substance abuse. They frequently have difficulty trusting adults and often use controlling or manipulative behaviour. Depression and suicidal ideation or behaviours are common. Adolescents are also at greater risk of homelessness and of engaging in delinquent and/or violent behaviour.

Children's anger at their mother tends to increase with age. Older children and adolescents commonly see their mother as causing or being complicit in the violence, or blame her for 'failing' to protect them or for not taking them away from the abusive situation.

**Table 1: Impacts of family and domestic violence on children**

Age of child	Impacts of family and domestic violence
Babies and toddlers	Often cry more than other babies and show signs of anxiety or irritability; frequently have feeding and sleep difficulties; are often underweight for their age; may have delayed mobility; often react to loud noises and are wary of new people; may be very demanding or very passive; and may acquire physical injuries from being held in a mother's arms whilst the mother is being assaulted.
Preschoolers	'Clinginess'; eating and sleeping difficulties; concentration problems; inability to play constructively; physical complaints; fearfulness; numbing; increased arousal; and adjustment problems (for example, when moving from kindergarten to school).
School age/ pre-adolescent	Rebelliousness; defiant behaviour; temper tantrums; irritability; cruelty to pets; physical abuse of others; limited tolerance; overly complaint behaviour; loss of interest in social activities; withdrawal; avoidance of peer relations; school performance affected negatively; and self-harm.
Adolescents	Increased risk of academic failure; dropping out of school; delinquency/offending; eating disorders; substance misuse; depression; suicide ideation, difficulty trusting adults, use of controlling behaviours, homelessness; violent behaviour; violence towards a parent (particularly their mother) may appear at this age; and early pregnancy.

## Factors contributing to children's ability to cope with the violence

While the detrimental impacts for children living and experiencing family and domestic violence are well documented, not all children are adversely affected or affected in the same way. It is important to consider how children have coped with the violence, what skills and understanding they have developed, and what resilience factors have assisted their coping.

Factors contributing to a child's ability to cope with the violence include:

- the mother's responses to the violence and the supports that she receives from family, friends, community and the broader service system when seeking assistance for the violence;
- the availability and responsiveness of a support system for the child within the family structure;
- the availability and responsiveness of a support system outside of the family structure;
- strong relationships with friends, peers, and community;
- involvement in extracurricular school activities or cultural activities; and
- the child's own ability and strengths to handle stressful and frightening situations.

## Responsibility for protecting children

When children are not safe due to family and domestic violence, this is often attributed to the mother for not leaving the relationship or not managing the perpetrator's behaviour or taking active steps to protect the child. This effectively holds the mother responsible for protecting the child from the perpetrator's use of violence. It contributes to the pervasiveness of 'mother blame' that permeates the service system.

Holding mothers responsible for the safety of children has the effect of relieving the perpetrator of any accountability for the impacts of the violence on children. Perpetrators become invisible to the service system when the sole responsibility for keeping children safe is placed with the mother. This invisibility within the service system allows perpetrators to continue to use violence against women and children with impunity. Service providers inadvertently collude with the perpetrator when they fail to hold them accountable for the impact they have on the safety and wellbeing of children.

## References

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