

EXPOSING CHILDREN TO FAMILY VIOLENCE: PSYCHOLOGICAL IMPLICATION

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Abstract

Family violence affects all who are exposed: perpetrators, victims, and the children who witness the violence. It is important to understand how complex family violence is to effectively understand its psychological effects on children. This work examines the experiences of children who witness family violence and its psychological implication or impacts on their behaviours, adjustments, and development. This work will explore the question: What is the psychological implication of exposing children to family violence? Analysis revealed three interrelated themes from these work. These themes centred on the psychological implication of exposing children to family violence and included: 1) Symptoms in cognitive and emotional effects; 2) Implications on behavioural systems: internalizing behaviours and externalizing behaviours; 3) Multi-level perspectives. The findings show that children's exposure to domestic violence (DV) and intimate partner violence (IPV) is extremely prevalent and those children are considered at a higher risk for problems in holistic development. The findings also highlight the importance of identifying the effects of family violence on children.

Keywords: Family Violence, Exposure Children, Psychological Implications, Significant Symptoms, Prevention and Steps to discourage Family Violence.

1.0 INTRODUCTION

Family violence is an ongoing experience of physical, psychological, and/or sexual abuse in the home that is used to establish power and control over another person.¹ Although awareness about the rate of family violence in our society is increasing, the public health ramifications have only recently been recognized in the medical community. The majority of the medical literature to date has focused on the effect of family violence on the primary victim. What effect does witnessing family violence have on secondary victims, such as children who live in homes where partner abuse occurs? It is estimated that over one million Nigerian children witness incidents of family violence annually.

Witnessing family violence can lead children to develop an array of age-dependent negative effects. Research in this area has focused on the psychological implications (cognitive, behavioral, and emotional) of family violence. Children who witness violence in the home and children who are abused may display many similar psychological effects- These children are at greater risk for internalized behaviors such as anxiety and depression, and for externalized behaviors such as fighting, bullying, lying, or cheating. They also are more disobedient at home and at school, and are more likely to have social competence problems, such as poor school performance and difficulty in relationships with others. Child witnesses display inappropriate attitudes about violence as a means of resolving conflict and indicate a greater willingness to use violence themselves.

Although there is general agreement that children from violent homes have more emotional and behavioral problems than those from nonviolent homes, the research in this area has a number of limitations. The sample sizes are generally small, usually composed of shelter participants, and the studies generally have a retrospective design. A number of variables are not well controlled, such as gender, socioeconomic status, intelligence, cultural background, and social support. Many of these children also experience abrupt school and home changes and parental separation that can have significant implications on their development. Another potential confounding variable is that many of these children are likely to undergo direct abuse. Now the question is, how can the implications of witnessing violence be distinguished from the effects of

direct abuse? Research in this area has focused on the psychological (cognitive, behavioral, and emotional) implications of witnessing family violence. Hence there is needed to develop appropriate screening tools and intervention strategies for children who are at risk.

1.1 What is family violence?

The term 'family violence' is used to describe any incident or pattern of incidents of controlling and threatening behaviour, violence between 7- 17 years, who are/have been intimately involved or are family members. These incidents may be physical (including throwing objects), sexual, emotional (including verbal threats and controlling behaviour) or financial. Honour-based violence and forced marriage are forms of family violence and abuse. Nowadays, family violence can also happen on mobile phones, on the internet and on social networking sites - in other words it doesn't just happen at home.

1.1.1 How are children involved in family violence?

In relationships where there is domestic violence, children witness about three-quarters of the abusive incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and emotional violence are also more likely to happen in these families. It is important to note that children exposed to family violence are more at risk for other forms of maltreatment such as physical abuse and neglect. Research suggests that parents who are violent with one another are at higher risk for physically abusing their children. Children who are exposed to family violence exhibit psychological-emotional, behavioural implications or consequences that are closely identical to one another.

1.1.2 How are children affected by family violence?

Obviously, it is very upsetting for children to see one of their parents (or partners) abusing, attacking or controlling the other. Younger children may become anxious. They may complain of tummy-aches or start to wet their bed. They may find it difficult to sleep, have temper tantrums and start to behave as if they are much younger than they are. They may also find it difficult to separate from their abused parent when they start nursery or school. Older children react differently. Boys seem to express their distress much more outwardly, for example by becoming aggressive and disobedient. Sometimes, they start to use violence to try and solve problems, and may copy the behaviour they see within the family. Older boys may play truant and start to use alcohol or drugs (both of which are a common way of trying to block out disturbing experiences and memories).

Girls are more likely to keep their distress inside. They may become withdrawn from other people, and become anxious or depressed. They may think badly of themselves and complain of vague physical symptoms. They are more likely to have an eating disorder, or to harm themselves by taking overdoses or cutting themselves. They are also more likely to choose an abusive partner themselves. Children of any age can develop symptoms of what is called 'Post-traumatic Stress Disorder'. They may get nightmares, flashbacks, become very jumpy, and have headaches and physical pains. Children dealing with domestic violence and abuse often do badly at school. Their frightening experiences at home make it difficult to concentrate in school, and if they are worried about their abused parent, they may refuse to go to school.

2.1 The psychological implication of exposing children to family violence

Research has shown that the exposing of children to family violence subjects them into experiencing aggressive psychological implications or consequences, which can lead to dysfunctional activities. These psychological implications, consequences or outcomes are; depression, anger-anxiety and even post-traumatic stress disorder (PTSD). All these have a long term effects in the life of the children.

DEPRESSION: As one the psychological implication of exposing children to family violence is a common problem for those children who experience relatively family or violence. The child often times have feelings of helplessness and powerless. Studies have it that the girl child internalizes their emotions and show signs of depression than the boy child. Probably the boy child or children are more apt to act out with aggression and hostility. Therefore witnessing violence in the home can give children the idea that nothing is safe in his

environment and the world at large and that they are not worth being kept safe. This singular experience contributes to their feelings of low self-worth, inferiority complex and depression.

ANGER-ANXIETY: Some children exposed to family violence, act out through anger-anxiety and relatively become more aggressive than other children that do not experience this violence. Even in situations that do not call for it, children will respond with anger-anxiety. Thus it is descriptive that children and even young people significantly highlighted angry-anxiety feelings as the implications or consequences of exposure to family violence. Hence, physical aggression can manifest towards the victim from the children as the woman does not have the ability to develop authority and control over them.

POST TRAUMATIC STRESS DISORDER: This results as among children as an implication from exposure to family or domestic violence. Symptoms of this are; having problem concentrating, increased alertness to the environment, anxiety, insomnia, nightmares, and can even lead to physical symptoms. In the case where the child experiences early chronic maltreatment within the care giving relationship, then complex post-traumatic stress disorder can result.

2.2 Symptoms that are significantly associated with children exposed to family violence.

Research has shown that certain symptoms are relatively associated with children exposed to family or domestic violence. These symptoms include;

2.2.1 Emotional Symptoms

Children exposed to family violence in their home often have conflicting feelings towards their parents. To this end, distrust and affection often coexist for the abuser. Then children become overprotective of the victim and feel sorry for them. They often develop anxiety, fearing that they may be injured or abandoned, that the parent of the child abused will be injured, or that they are to blame for the occurring violence in their families. Sequel to this, other common emotions that children exposed to family violence experiences are; low self-esteem, shame and grief.

2.2.2 Social Symptoms

Children exposed to domestic violence frequently do not have the basic foundation of security and safety that is obtainable in the family. And so they experience desensitization to aggressive behaviour, poor problem skills, and poor anger-anxiety management and learn to engage in exploitative relationships. The mainstream of this social symptoms are; Symptoms of isolation from friends and relatives in an effort to stay close to siblings and victimized parent. An adolescent may display these symptoms by following a group or become interested in relationship that mimics the learned behaviour. It is important therefore to note that, children exposed to family violence require a safe nurturing environment and the space and respect to progress at their own pace. Meanwhile the animator should ascertain reassurance and an increased sense of security and safety by providing explanations and comfort for the things that bring worry to the children, like loud noises. With this in place the children will be able to develop and maintain positive contact with significant others such as distant family members. And there all family members are encouraged to become part of community group designed to alleviate children from family violence.

2.2.3 Physical Symptoms

In a broad research work, children who are exposed to family violence can suffer an immense amount of physical symptoms alongside with their emotional and behavioural state of despair. These children may complain of general aches and pains, such as stomach aches and headaches. They may also have irritable and irregular bowel habits, cold sores, and also may be caught with bed-wetting problems. These complaints associated with depressive disorders in children, a common emotional effect of family violence. In addition to these general complaints of not feeling well, children who are exposed to violence at home may also appear nervous, as previously mentioned and have short attention spans. These children display some of the same symptoms as children that have been diagnosed with attention deficit hyperactivity disorder. On the opposite, these children may show fatigue symptoms and constant tiredness. They may fall asleep in public

due to lack of sleep at home. Perhaps they spent much of their time witnessing or listening to violence within the family context. To this end, children exposed to family violence are often frequently ill and may suffer from poor personal hygiene. These children also witness tendency to partake in high risk play activities, suicide and self-abuse. Physical symptoms are effect on children due to parental family violence.

2.2.4. Behavioral symptoms

Children exposed to domestic violence are likely to develop behavioral problems, such as regression, exhibiting out of control behavior, and imitating behaviors. Children may think that violence is an acceptable behavior of intimate relationships and become either the abused or the abuser. Some warning signs are bed-wetting, nightmares, distrust of adults, acting tough, having problems becoming attached to other people and isolating themselves from their close friends and family. Another behavioral response to domestic violence may be that the child may lie in order to avoid confrontation and excessive attention-getting.

In addition, to the behavioral symptoms of children, a source that supports this article is about a study that has been done by Albert Bandura (1977). The study that was presented was about introducing children to a role model that is aggressive, non-aggressive and a control group that showed no role model. This study is called, "The Bobo Doll Experiment", the experiment has influenced the children to act similar to their role model towards the doll itself. The children who were exposed to violence acted with aggression, the children who were exposed to a non-aggressive environment were quite friendly. As a result, children can be highly influenced by what is going on in their environment.

Adolescents are in jeopardy of academic failure, school drop-out, and substance abuse.

Their behavior is often guarded and secretive about their family members and they may become embarrassed about their home situation. Adolescents generally don't like to invite friends over and they spend their free time away from home. Denial and aggression are their major forms of problem-solving. Teens cope with domestic violence by blaming others, encountering violence in a relationship, or by running away from home.

3.1 Prevention and Screening

Primary care physicians can address the issue of family violence on multiple levels. Medical schools should educate physicians about the potential negative effects in children who witness family violence. Although a recent effort has been made to educate physicians about family violence, the focus has been on the primary victim. Medical education must broaden the view of family violence to include effects on silent witnesses and to encourage physicians to screen for and help prevent violence.

Physicians can begin violence prevention measures in the clinic. Because violence is, in large part, a learned behavior, physicians should assess the parents' methods of resolving conflict and their responses to anger. Optimally, this discussion should begin when a couple is contemplating having a child or during prenatal examinations. Couples should be educated about the negative effects that arguments and fights have on children. They should be encouraged to be consistent with discipline and to keep children out of their disagreements. Physicians can also discuss nonviolent forms of discipline, such as time-outs and removal of privileges.

Parents should be educated about the negative consequences of watching violence on television and should be encouraged to limit their children's television viewing to no more than two hours per day. In addition, because the presence of guns and other weapons in the home is associated with an increased risk of homicide and suicide among family members, parents should be asked if weapons are kept in the home. If so, parents should be advised to store guns unloaded in a locked case. Children should be told that if they see a gun they must not touch it and should leave the area immediately and tell an adult.

Posters and information about family violence issues and resources can be displayed in waiting rooms, examination rooms, and office restrooms.

3.2 Assessment

Children who witness family violence in the home should be assessed for the physical effects and physical injuries. Some physical findings may be difficult to evaluate, like changes in their eating habits, sleep patterns, or bowel patterns should be further examined or questioned by someone whom they trust.

3.3 Steps to Discourage Family Violence

During well-child and adult health maintenance examinations, physicians should routinely screen for family violence by asking open, nonjudgmental questions. The discussion should begin with a statement regarding the importance of the topic, such as, "Because I am concerned about the health effects of domestic violence, I ask all patients about violence in the home." Specific questions that address the various forms of domestic abuse should follow. According to experts, screening during well-child examinations should be performed privately with the mother.

3.4 Identification of family Violence

If family violence is identified, a number of actions may be taken by the primary care physician. First, the patient should be assured that confidentiality will be maintained. It is also important to express concern for the patient's safety and to acknowledge that violence is not an appropriate behavior. Physicians should avoid expressing outrage toward the perpetrator, implying that the patient is responsible for the abuse, or directing the patient to leave the relationship. In addition, medical records must be accurate and thorough because they may become an important element in any legal action. Thus, a mother's disclosure during a well-child examination should not be recorded in the child's medical record, because the perpetrator may have access to that record. Rather, documentation should be placed in the mother's medical record. Because child abuse is often present in homes where partner abuse occurs, the risk for both types of violence should be assessed. State laws require physicians to report a diagnosis or impression of probable child abuse or neglect to the authorities. Witnessing domestic violence is not defined as a mandatory reportable form of child abuse. Reporting requirements for domestic violence vary by state, so physicians should be aware of their own state laws. Five states have mandatory reporting (California, Kentucky, New Hampshire, New Mexico, and Rhode Island). Community and national resources for victims of domestic violence should be offered to the patient. Many shelters also provide services for children who have witnessed violence. Safety assessment and planning for patients and children are paramount. A follow-up appointment or telephone call should be scheduled to ensure that the patient will have access to a primary care provider.

3.5 Community Advocacy

Physicians can be community advocates and leaders with regard to violence prevention issues. Many communities have formed coordinated community response teams for cases of family violence that require physician input. Physicians may serve as consultants to schools on issues such as conflict resolution and anger management programs. Physicians also may foster links between physician societies and local community groups to develop programs for the management and prevention of domestic violence.

Witnessing domestic violence can have significant short- and long-term effects on a child. Primary care physicians should be aware of the possible cognitive, behavioral, and emotional effects of witnessing domestic violence. Physicians can play a key role by developing curricula for medical schools, screening in the office, and serving as advocates for their community on this important public health topic

4.1 Implications of witnessing family Violence on Child Development.

The impacts on the social and emotional development as well as the physiological and physical development of child witnesses of domestic violence are unending, and research shows the impact can begin before the child is born because of the distress the mother of the child experiences. Social and emotional development is what affects our mind and our behavioural regulations, such as intellectual abilities, mental activities, and

behaviours. Physiological and physical development is what affects our body, such as structural differences in the brain or body, sexual orientation, and aging.

4.2 Long term Effects

As adults, children who have witnessed violence are more likely to become involved in a violent relationship themselves. Children tend to copy the behaviour of their parents. Boys learn from their fathers to be violent to women. Girls learn from their mothers that violence is to be expected.

However, children don't always repeat the same pattern when they grow up. Many children don't like what they see, and try very hard not to make the same mistakes as their parents

CONCLUSION

Once out of the family violence relationship, practical help may be needed from professionals like social workers or solicitors. Family violence affects all people, all over the world. It is important to understand the culture and social beliefs of the families that are involved thoughtful throughout the assessment. In some cultures, violence may be more tolerated, but according to state laws they are illegal. Understanding the cultural differences is important to be able to assist the children appropriately. Domestic violence continues to be a problem among families. It is clear that exposure to violence places a great burden on children across all developmental stages, as well as cultural and socioeconomic backgrounds. It is possible for families exposed to this to overcome the issue and not go on to abuse others.

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