

## Domestic Violence and Children

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### Questions and Answers for Domestic Violence Project Advocates



**T**his fact sheet was developed in collaboration with domestic violence project advocates from across the country who brought us the questions they struggle with daily in their work with families. Our hope is to enhance your understanding of how domestic violence affects children, and guide you in the crucial contributions you make to family recovery.

Of course, we cannot address the full range of unique needs and circumstances of every family and cultural group. It is important to remember that cultural differences affect how families define, understand, and respond to domestic violence.

#### Children's Responses to Domestic Violence

##### **Q: How do children react to domestic violence?**

**A:** Many factors influence children's responses to domestic violence. As you have probably observed in your work, not all children are equally affected. Some children do not show obvious signs of stress or have developed their own coping strategies. Others may be more affected. A child's age, experience, prior trauma history, and temperament all have an influence. For example, an adolescent who grew up in an atmosphere of repeated acts of violence may have different posttraumatic stress reactions than a 12-year-old who witnessed a single violent fight. A six-year-old girl who saw her mother bleeding on the floor and feared she would die would likely have more severe reactions than a child who perceived the incident she witnessed to be less dangerous.

A child's proximity to the violence also makes a difference. Consider the very different experiences of a 12-year-old child who was in another room with headphones on while her parents battled; an eight-year-old who had to call 911 despite a raging parent's threats against him; and a teenager who has frequently put himself at risk by getting into the middle of fights to protect his mother from her estranged boyfriend.

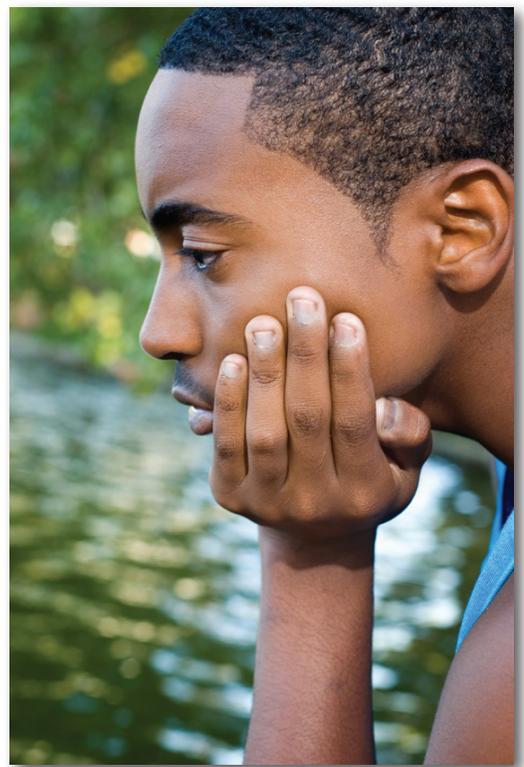
Here are some of the factors that can influence children's reactions to domestic violence:

- The *severity* of the violence (Was it life-threatening? Did the victim express terror in front of the child? Was a weapon used or brandished? Was there a serious injury?)
- The child's *perception* of the violence (A child may perceive violence as life-threatening even if adults do not.)
- The *age* of the child (see table, [Possible Reactions to Domestic Violence](#), page 4)
- The quality of the child's *relationships* with both parents (or involved parties)
- The child's *trauma history* (What other traumatic events has the child experienced? Was the child also a victim of physical abuse?)
- Secondary *adversities* in the child's life, such as moving, changing schools, or leaving behind support systems <sup>1,2</sup>

#### **Q: What are some typical short-term responses?**

**A:** Children commonly respond to domestic violence as they do to other traumatic events. Short-term traumatic stress reactions include

- *Hyperarousal*. The child may become jumpy, nervous, or easily startled.
- *Reexperiencing*. The child may continue to see or relive images, sensations, or memories of the domestic violence despite trying to put them out of mind.
- *Avoidance*. The child may avoid situations, people, and reminders associated with the violence, or may try not to think or talk about it.
- *Withdrawal*. The child may feel numb, frozen, or shut down, or may feel and act as if cut off from normal life and other people.



- *Reactions to reminders.* The child may react to any reminder of the domestic violence. Sights, smells, tastes, sounds, words, things, places, emotions, even other people can become linked in the child's mind with the traumatic events. For example, a school-age child may become upset when watching a football game because the violent contact between players is a reminder of domestic violence. Sometimes behavior that seems to come out of nowhere, such as a sudden tantrum, is actually a reaction to a trauma reminder.
- *Trouble going to sleep or staying asleep, or having nightmares.*
- *Repetitive talk or play* about the domestic violence. For example, a young girl may act out violence when playing with her dolls.

Ariel, an 11-month-old who was present when her mother was attacked by her boyfriend, kept waking up at night screaming.

Other short-term symptoms may include anxiety (for example, separation anxiety); depression; aggression (perhaps reenactment of the witnessed aggression); physical complaints (stomachaches, headaches); behavioral problems (fighting, oppositional behavior, tantrums); feelings of guilt or self-blame; and poor academic performance.

### **Q: What about children's responses in the long term?**

**A:** Research suggests that in the long term, children who have been exposed to domestic violence—especially those children who do not receive therapeutic intervention—may be at increased risk of

- Depression and anxiety
- Substance abuse
- Self-destructive or suicidal behaviors
- Impulsive acts, including risky sex and unintended pregnancy
- Chronic health problems
- Low self-esteem
- Criminal and violent behavior (including perpetration of domestic violence)
- Victimization by an intimate partner

Ten-year-old Paul, who frequently witnessed violent fights between his parents, punched another boy who teased him in line at school.

## Possible Reactions to Domestic Violence

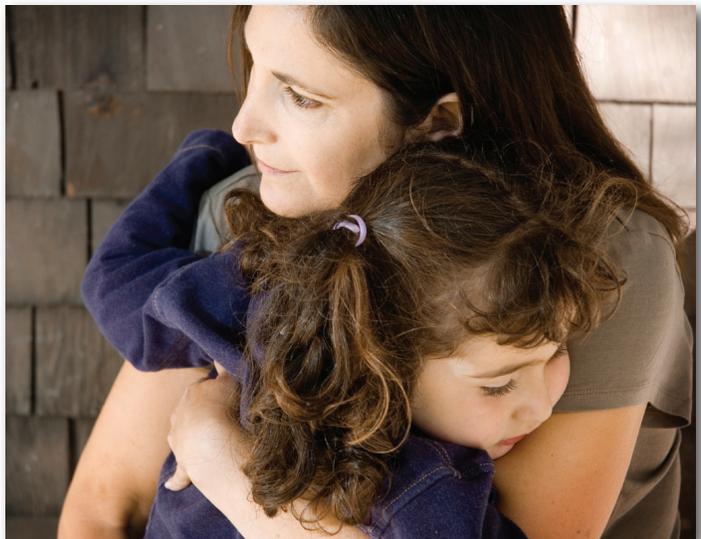
Birth to age 5	Ages 6–11	Ages 12–18
Sleep or eating disruptions	Nightmares, sleep disruptions	Antisocial behavior
Withdrawal or lack of responsiveness	Aggression and difficulty with peer relationships in school	School failure
Intense and pronounced separation anxiety	Difficulty with concentration and task completion in school	Impulsive or reckless behavior, such as <ul style="list-style-type: none"> <li>▪ Truancy</li> <li>▪ Substance abuse</li> <li>▪ Running away</li> <li>▪ Involvement in violent or abusive dating relationships</li> </ul>
Crying inconsolably	Withdrawal and emotional numbing	Depression
Developmental regression, loss of acquired skills such as toilet training, or reversion to earlier behaviors, such as asking for a bottle again	School avoidance or truancy	Anxiety
Intense anxiety, worries, or new fears	Stomachaches, headaches, or other physical complaints	Withdrawal
Increased aggression or impulsive behavior		Self-destructive behavior such as cutting
Acting out witnessed events in play, such as having one doll hit another doll		

*It is important to remember that any of these symptoms can also be associated with other stress, traumas, or developmental disturbances. They should be considered in the context of the child's and family's functioning.*

### Q: What are the factors that help children recover?

**A:** Most children are resilient if given the proper help following traumatic events. Research has shown that the support of family and community are key to increasing children's capacity for resilience and in helping them to recover and thrive.<sup>1</sup>

Crucial to a child's resiliency is the presence of a positive, caring, and protective adult in a child's life. Although a long-term relationship with a caregiver is best, even a brief relationship with one caring adult—a mentor, teacher, day-care provider, an advocate in a domestic violence shelter—can make an important difference.



Here are some other protective factors for children:

- Access to positive social supports (religious organizations, clubs, sports, group activities, teachers, coaches, mentors, day care providers, and others)
- Average to above average intellectual development with good attention and social skills
- Competence at doing something that attracts the praise and admiration of adults and peers
- Feelings of self-esteem and self-efficacy
- Religious affiliations, or spiritual beliefs that give meaning to life

## From Parent to Child: Support and Communication about Domestic Violence

### **Q: What should parents tell their children about domestic violence?**

**A:** Some parents may be reluctant to tell you that their children have witnessed domestic violence. Others may try to minimize the children’s actual exposure to the violence (saying, for example, “They didn’t know it was happening,” or “They were always asleep or at school”).

A victimized parent may also avoid talking to a child about domestic violence. The parent may assume that a child is too young to understand, or that it’s better to just move on. But *many children who’ve experienced domestic violence need to talk about it*. They may misunderstand what happened or why it happened. They may blame themselves, blame the victim, or blame the police or other authorities who intervened. They may have fantasies about how they can “fix” their family. They may take parental silence as a signal to keep silent themselves or to feel ashamed about what happened in their family.

When his aunt told Charlie, “You know, you can ask me anything you need to about what happened yesterday,” the preschooler broke his silence for the first time since his dad was taken away.

As a domestic violence advocate, you may be in the position of speaking to children yourself. If not, you can support the parents in breaking the silence. Start by assuming that children know more than we think they know. Talk to them about what happened, listen openly to what they have to say, and offer the following key messages:

- “The violence was not and is not okay.”
- “It is not your fault.”
- “I will listen to you.”
- “You can tell me how you feel; it is important.”
- “I’m sorry you had to see (or hear) that.”

- “You do not deserve to have this in your family.”
- “It is not your job or responsibility to prevent or change the situation.”
- “We can talk about what to do to keep you safe if it happens again” (such as staying in the bedroom, going to neighbors, calling a relative or 911).
- “I care about you. You are important.”<sup>3</sup>
- “It is the job of adults to keep kids safe. There are adults who will work to keep you and your family safe.”

**Q: How much information is enough but not too much?**

**A:** Parents often struggle with how much specific information to share with children about what happened during a domestic violence incident. To gauge the right level of discussion, parents will find it helpful to

- Think about how to present the information in a form the child will understand. The amount of detail shared will often depend on the age and developmental stage of the child.
- Start by providing straightforward messages of support (see above), or by asking what the child saw, feels, or thinks about what happened.
- Ask the child if he or she has questions. Children will often stop asking questions when they have enough information to feel safe and secure. Refrain from giving them more information than they need or want.
- Remember that *it is always okay to ask children what they know and what they think*.
- Understand that giving children an opportunity to talk openly and ask questions about what they experienced can be more effective than reviewing the details from the adult’s perspective.

**Q: What should a parent tell a child about the parent who was abusive?**

**A:** Parents who have experienced domestic violence often seek guidance on what to tell their children about the parent or partner who was abusive. Here are some key messages for children:

- The abusive behavior was not okay; violence is not okay.
- The abusive person is responsible: “It’s not your fault. It’s not my fault.”
- It’s okay to love and want to spend time with the person who was abusive.
- It’s okay to be mad at or scared of the person who was abusive.
- It’s also okay to feel mad at but still love the person who was abusive.<sup>3</sup>

### **Q: How can advocates protect children from adult information?**

**A:** As an advocate, you may find yourself filling out legal paperwork, discussing details, and reviewing domestic violence incidents with clients in the presence of their children. Hearing the specific details of events can act as a trauma reminder for children. The descriptions themselves can be disturbing, as can the parent's distress in recounting them. A child too young to understand the content can still become upset. Even babies react to a caretaker's emotional distress with their own increased heart rates and signs of stress. The situation presents a challenge for advocates, but the following strategies can guide you in protecting children:

- If at all possible, avoid talking about the specifics of the domestic violence in front of children.
- Maintain a child-friendly waiting area for children old enough to wait on their own.
- Offer toys and games that may distract or comfort children if they have to be in the room with adults.
- Inform children that the advocate and parent are going to be talking about what happened, and that they might have some feelings about this. Check in on the child's feelings throughout the conversation, and offer comfort and reassurance.
- Encourage parents whenever possible to use natural supports for child care (such as friends, families, or familiar service providers), or ask if there is someone who can come and stay in the waiting room with the children for at least part of the time.
- Seek volunteers to provide child care during regularly scheduled hours in outreach offices and shelters.



**Q: How should parents respond to and cope with their children’s feelings about them?**

**A:** Children who have witnessed domestic violence often have confused and contradictory feelings. They may worry about the safety of the parent who has been abused. They may also worry that their parents won’t be able to protect them. They may see the parent who was abusive as generous and loving some of the time, and terrifying and dangerous at other times. They may even blame the abused parent for causing the abuse that led to separation from the other parent. Often, children feel torn over loyalties and caught in the middle. Here are some messages to offer children to help them explore and cope with these feelings:

Carly tried to “fix” her family by rushing home from school each day to cook and clean for her abused mother.

- It is okay to feel more than one emotion at the same time (such as anger and love).
- It is normal to feel angry at either or both parents when violence happens.
- You can love someone and hate that person’s behavior.
- It’s okay to love both parents at the same time.
- Violence is an adult problem and it is not your fault or responsibility. You can’t fix it.<sup>3</sup>

**Q: What are some strategies for managing children’s behaviors that may occur in families with domestic violence?**

**A:** A parent who has experienced domestic violence may expend a lot of energy simply surviving and helping the children survive. Other aspects of parenting may suffer as a consequence. The parent may become either overly permissive or too rigid and harsh in applying discipline. Or the parent may be inconsistent and fluctuate between permissiveness and harshness. Roles in the family may have become reversed. Children may have taken on parenting responsibilities in an effort to care for and protect family members.

In addition to providing emotional support and safety for families following domestic violence, advocates may need to model better parenting and offer strategies for behavior management. Indeed, these strategies may be needed immediately for some families in offices and shelters. Basic strategies include

- *Active ignoring or “picking your battles.”* Children’s negative behaviors may be efforts to get attention from adults. An effective strategy is to identify the behaviors that can be ignored. Of course, a parent cannot ignore unsafe behaviors, but withdrawing attention from other negative or unwanted behaviors should eventually decrease them.



- *Specific praise.* Using very specific praise to reward positive behavior not only increases the likelihood that the behavior will be repeated, but helps children feel valued and proud of themselves. *Active ignoring is often most effective when paired with specific praise.*
- *Rules and routines.* Structured, consistent, and predictable rules and routines can be extremely helpful. Children living with domestic violence often see the world as unpredictable and unsafe. Maintaining consistent rules and routines teaches children that life can be predictable. It also helps improve behavior problems and contributes to the child's sense of safety.
- *Relaxation.* Teaching children simple relaxation skills, such as deep breathing, and providing the space for them to practice relaxing, can be very effective in helping them manage fear and anxiety. Relaxation can decrease acting-out behavior that may be due to anxiety and exposure to trauma reminders. For younger children, providing a safe and quiet place to play and explore can be helpful.
- *Adequate support.* Parents who get help and support in coping with their own feelings are better equipped to help their children. They should be encouraged to seek help from mental health professionals or other support systems.

**Q: How can advocates determine when a child needs more help?**

**A:** Exposure to domestic violence can place children at risk for a variety of emotional, social, and behavioral problems. Some children, including those who exhibit the following warning signs, may require additional professional help to achieve recovery. If parents describe these signs, you should consider talking with them about seeking additional help:

- The child's traumatic stress reactions—such as reexperiencing, withdrawal, arousal, sleep disturbances, and reactions to trauma reminders—are severe enough to interfere with daily life.
- The child doesn't seem like herself. The child's behavior or mood has changed.
- The child is having significant trouble eating or sleeping, or complains of a lot of physical symptoms that have no apparent medical cause.
- The child's behaviors are becoming more risky and less predictable.
- The child seems sad, depressed, clingy, hopeless, or withdrawn from activities that were once loved.
- The child talks about dying or engages in self-injurious behaviors such as substance abuse, unhealthy sexual activity, cutting, or head banging.
- The child is increasingly worried, anxious, or fearful, or exhibits increased anger or aggression.

Andrew, an 11th-grader, withdrew from his friends and stopped trying in school after the police failed to put his mother's abusive boyfriend in jail.

### Q: What is secondary trauma and how does it affect me?

**A:** Caring for survivors of domestic violence and their children can exact a toll. In the process of hearing the vivid details of domestic violence, and responding with empathy, advocates themselves can experience traumatic stress reactions. A victim's story may even serve as a trauma reminder if you have experienced domestic violence or other traumatic events in your own life.

After Barbara heard the vivid details of her client's abuse, she found herself dreading the client's next appointment.

Repeated exposure to trauma reminders can compromise your health and well-being. For example, you may feel overwhelmed by what you have heard or seen, and perhaps find yourself losing patience with a demanding mother or child. Reactions like these are often referred to as signs of *secondary traumatic stress* (or compassion fatigue, or vicarious trauma). *Secondary trauma is not a sign of weakness or lack of skill.* It is a normal response to working in the field of domestic violence advocacy. Possible signs of secondary traumatic stress include

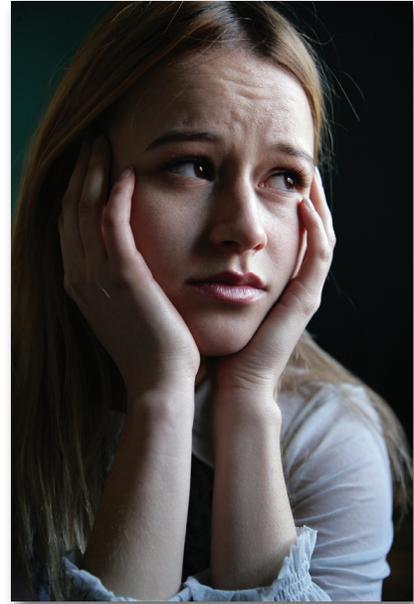
- Increased irritability or impatience with clients
- Intense feelings and intrusive thoughts (including nightmares) about a client's trauma
- Changes in how you experience yourself, others, and the world
- Persistent anger or sadness
- Increased fatigue or illness
- Disconnection from your colleagues or loved ones

If you notice these or other signs of secondary trauma, take steps to care for yourself and get support relevant to your work. Consider these possible strategies:

- Talk to a professional if your symptoms are affecting your day-to-day functioning at work or at home.
- Seek professional help to address your own history of domestic violence or other trauma.
- Reach out to team leaders, managers, and colleagues for support.
- Renew your commitment to creating a work-life balance.
- Identify and use coping strategies to manage stress.
- Utilize personal support systems.
- Attend to your physical, spiritual, and emotional health needs.
- Take some time off.

For further information about the impact of domestic violence on children and families, these Web sites offer valuable resources for advocates and parents:

- National Child Traumatic Stress Network  
<http://www.nctsn.org>
- National Center for Children Exposed to Violence  
<http://www.nccev.org>
- Safe Start Center  
<http://www.safestartcenter.org>
- National Coalition Against Domestic Violence  
<http://www.ncadv.org>
- Office on Violence Against Women  
<http://www.enditnow.gov>



## References

1. Edleson, J. L., in consultation with Nissley, B. (2006). Emerging responses to children exposed to domestic violence. Harrisburg, PA: VANet, of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved July 29, 2008, from: <http://www.vawnet.org>
2. National Child Traumatic Stress Network (2008). Questions and answers about domestic violence: An interview with Betsy McAlister Groves, MSW. Available at: <http://www.nctsn.org>
3. Crager, M., and Anderson, A. (1997). Helping children who witness domestic violence: A guide for parents. Minnesota Center Against Violence and Abuse. Retrieved December 16, 2009, from: <http://www.mincava.umn.edu/documents/materials/instructor.html>

## Acknowledgments

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**About the National Child Traumatic Stress Network**

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.