

When the Bough Breaks: Child Abuse and Intimate Partner Violence

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Youth today are exposed to multiple forms of violence throughout their lifetime. In addition to maltreatment youth may themselves experience, they are also exposed to violence against their siblings, sexual assaults or intimate partner violence (IPV) against a parent and violent crime in their schools and communities. All of these forms of violence can negatively impact children, potentially resulting in problems throughout their childhood and adult lives, including physical or mental illnesses, post-traumatic stress disorder, suicidality, eating disorders, substance abuse and deviant sexual behaviors.

Research suggests that one in six children is exposed to intimate partner violence, and an estimated 10 million children witness family violence each year.¹ Youth are also threatened, traumatized and manipulated through violence to a beloved pet. Over half of families with substantiated incidences of child abuse or neglect also have documented abuse of a companion animal.²

Research also tells us that children experience more than what we think they see. Federal crime statistics indicate murder occurs every 34.5 minutes in this country, and 40% of those homicides occur in victim's home, at the hands of someone known to the victim, often a current or former partner. An estimated 10 to 20 percent of all of these homicides are witnessed by children.³

When children are witnesses to violence, it also increases the risk for them to be victims of other forms of maltreatment. For example, child abuse is fifteen times more likely to occur in households where intimate partner violence is present, and between 30 and 60 percent of men who beat their female partners also abuse their children.⁴

Children may experience these multiple forms of violence in numerous ways. They may be an eyewitness to the violence, hear a violent event, be directly involved in violent occurrences or may attempt to intervene in a violent event. Children may feel tension building in the home prior to a domestic assault; they may experience the aftermath of a violent event, such as witnessing broken items in the location where the violence occurred or witness the injuries on a loved one following an incidence of violence; children may hear threats of physical harm by the offender to the victim; they may also be hit or threatened while in the victim's arms or be denied care by the victim due to the victim's injuries or mental health issues that result from violence; and children may be forced to watch or participate in the violence against a parent or other individual.

Research on adverse childhood experiences tells us that children who witness or experience violence in their families or in their communities may also experience a negative impact on their child development, including anger problems, somatic problems, depression, anxiety, sleep

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¹ Brown & Bzostek, 2003

² DeGue & DiLillo, 2009

³ Boychuk-Spears, 2002; FBI, 2010

⁴ English et al, 2009

When the Bough Breaks: Child Abuse and Intimate Partner Violence

AJ Russell

Page 2

disorders, neurodevelopmental disruptions, hallucinations, impaired memory and flashbacks.⁵ Health risk behaviors are also impacted. Youth who experience violence may engage in smoking, experience obesity, engage in substance abuse, become promiscuous, suffer from sexually transmitted infections, engage in self-injurious behaviors, suffer from eating disorders and they may themselves perpetrate domestic violence.⁶ Long-term physiological consequences of exposure to violence in their homes or communities may include heart disease, liver disease, cancer, asthma and emphysema, chronic lung disease, HIV or AIDS and skeletal fractures. Social problems resulting from exposure to violence may include homelessness, prostitution, criminal behavior of their own, employment problems, parenting problems, intergenerational transmission of abuse and high utilization of health and social services.⁷

Due to the frequent co-occurrence of intimate partner violence and child maltreatment, it is imperative that domestic violence advocates and child protection workers understand the various dynamics of victimization and are able to work together to protect all victims involved. Unfortunately, the majority of families referred to child protective services are not screened for incidences of intimate partner violence, a critical factor to consider when assessing safety of children.⁸ Child protection workers need training on intimate partner violence to understand offender characteristics and victim dynamics. Many victims of IPV fear their children will be removed from their care if they seek assistance from child welfare agencies.⁹ In fact, one victim of IPV expressed that “even where there is recognition of the violence that a male might be using in a relationship[, child protections’] focus is on the woman and her capacity to protect the children. Not about his capacity to cease using violent or abusive behavior.”¹⁰

Similarly, IPV workers and advocates need to receive training in child maltreatment and the roles and responsibilities of child welfare workers. Child welfare workers have expressed concern that IPV advocates are placing children at risk when they fail to report suspected or known child maltreatment. Decisions to report are impacted by the identity of the alleged perpetrator, the severity and frequency of maltreatment and the perception the IPV worker has of child protective services (CPS) and their ability and willingness to respond to reports.¹¹ Reasons IPV workers have offered for not reporting suspected child maltreatment include concern that a report to CPS will have a negative impact on their supportive relationship with the victim client, anxiety for their own personal safety, fear of retaliation by the offender, belief the report will result in harm to children in the family, and apprehension that CPS will not appropriately respond to families.¹²

In order to sufficiently protect both the victim of IPV and children in the home, child welfare interventions should be developed that enhance the safety of the victim and any children living with him or her, as well as hold abusers accountable for their abusive behaviors. Initial case

⁵ See www.AceStudy.org; www.nasmhpd.org

⁶ See www.AceStudy.org; www.nasmhpd.org

⁷ See www.AceStudy.org; www.nasmhpd.org

⁸ Hazen et al, 2007

⁹ Douglas & Walsh, 2010

¹⁰ Douglas & Walsh, 2010, p. 494

¹¹ Steen, 2009

¹² Steen, 2009

When the Bough Breaks: Child Abuse and Intimate Partner Violence

AJ Russell

Page 3

plans should avoid recommendations for couple's or family counseling, family mediation, dangerous visitation arrangements and any visitation arrangements contrary to restraining or custody orders.¹³ Screening for IPV should be implemented at multiple stages throughout CPS interventions, including initial investigations, forensic interviews, case planning, ongoing case monitoring and case closure.¹⁴

While working these cases, it is important for CPS and IPV workers to find common ground, and identify common goals in their work. Neither child maltreatment nor intimate partner violence can end if either is tolerated. In order to protect children, we need to support and enhance parenting and safety skills of non-offending parents. Principles for collaboration between IPV and CPS can guide our responses: the safety of children should be our priority, child safety can be improved by helping keep the victim parent safe, and safety for victims of intimate partner violence and children can be achieved by holding perpetrators accountable.¹⁵

Just as it is important to understand the frequency and risk of children's exposure to violence, it is also important to understand that there are factors that help keep youth safe and resilient, as well. Research shows that there are numerous protective factors and resiliency characteristics to enable children to cope with violence, once experienced. Individual characteristics of the child may help him or her deal with the violence.¹⁶ Children of high intelligence, children with an internal locus of control or self-regulation, children with a positive self-image and high self-esteem and children with a strong commitment to their school all help protect them and demonstrate resiliency. Additional resiliency factors include family-related characteristics: if there is at least one stable caregiver in the child's life, if the child has secure parental attachments, positive parenting characteristics for one or both parents or if the child has strong connections to extended family networks, the child is likely to have greater resilience to violence.¹⁷ Educational characteristics such as engagement in academics, engagement in extracurricular activities and positive relationship with teachers also assist with resiliency in children.¹⁸ Community characteristics such as a positive relationship with a caring, non-abusive adult, parents or peers who disapprove of antisocial behaviors, involvement with a religious community, support of peers and access to health care are also protective factors.¹⁹

Frederick Douglass said, "It is easier to build strong children than to repair broken men." When we understand the dynamics of victimization and abuse, and work to prevent and appropriately respond to these cases, we take one step closer to developing strong children in our communities.

¹³ Fields, 2008

¹⁴ Hazen et al, 2007

¹⁵ Spears, 2000

¹⁶ Herrenkohl et al, 2008

¹⁷ Herrenkohl et al, 2008

¹⁸ Summers, 2006

¹⁹ Herrenkohl et al, 2008