Impact of Domestic Violence on Emotional Development of Children

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Abstract

The expression of violence has different consequences and values for the aggressor and the sufferer, although in practical sense expression of violence change and impacts them both. Diverse form of violence or abuse are anticipated during the life time, leaving negative impact on the lives of victims. There are certain families which are highly prone towards the level of violence, determined by the differences of interest, gender, age which causes stress in the environment of family. Psychological and emotional abuse may be prevailing among people who lived in fearful environment viewed that such abuse is much difficult to bear upon as compare to physical abuse. There is large influence of DV and emotional abuse on psychological functioning as well as development of children. Individual child and family characteristics can account for differences in the adjustment of children in dysfunctional family environment. The understanding emotional issues of the children can be useful in providing prevention and early treatment of emotional issues of the children as an outcome of domestic violence.

Key words: Violence, Emotion, Behaviour, Children.

Introduction

According to World Health Organization Violence has been defined as "the use of physical force as a threat for the purpose of physical harm, psychological harm, death, developmental problems, or deficiencies against itself, to others, to a group or community" (World Health Organization 2014). Domestic Violence usually includes economic abuse, creating the hinderance for victim in continuing for school or working, subverting their occupation or habitation, or wrecking their credit (Alexander 2011; Adams et al. 2008). The violence at home can impact the feelings and emotions toward the sufferer. The children at large acknowledge that the abuse is not good and yet they may take responsibility for protecting the broken parent. So far, they also undergo doubt and painful feeling towards the sufferer for "putting up" with the abuse and are highly prone to manifests their anger and offense towards the survivor rather than clearly at the culprit. (Bancroft, & Silverman, 2002b). In early years of life afflictions have been revealed to have serious outcomes over children in relation to mental health, and childhood related stress and tension have been correlated with cognitive difficulties such as poor academic performances, low level of IQ substandard linguistic skills, loss of memory, lack of suppression and attention deficits. (Pechtel and Pizzagalli, 2011).

There are many risk factors of childhood, like physical and mental health of parents, socioeconomic status, parentchild relationship problems, parental stress and interparental conflict which have been studied with data to indicate the enhancing detrimental effects of cumulative negative factors for children (Forehand et al., 1998; Appleyard, Egeland, van Dulmen, & Sroufe, 2005). In reality, contexts related with epidemics produce an environment in which socio-ecological systems of the children are distorted and as an outcome, the incidence of treating the child badly or child abuse may increase. (Martinkevich, Larsen, Græsholt-Knudsen, Hesthaven, Hellfritzsch, Petersen, Møller-Madsen & Rölfng, 2020). Children who go through domestic violence have been reported to be less likely to show connective and cooperative emotions than the children who don't experience violence in their family (Logan & Graham-Bermann, 1999).

Family is the powerful, dominant, influential factor and the closest layer of environment affecting all aspects of child development (Minuchin, 1974). Witnessing Intimate Partner Violence (IPV) between parents and caregivers is a specific kind of trauma for the children and they are more likely to have disastrous impacts on development and can be a threat to the sense of safety, security, wellbeing and happiness of young children infants which influenced all aspects of growth (Pepler, Catallo and Moore, 2000). There are many symptoms of

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depression which are seen in women experiencing intimate partner violence. The symptoms have been connected to very poor quality of parenting, which automatically is considered to enhance the probability of distress and internalizing behaviours in children (Levendosky and Graham-Bermann. 2000). The abuse experienced by a women and savagery are especially important during pregnancy and postpartum period. This was the state when significant relations and substantial personalities are being reconstituted (Huth-Bocks, Krause, Ahlfs-Dunn, Gallagher and Scott, 2013). The children who have been brought up in large family ware spacified by great degree of violence. The findings of the study revealed that children who witnessed or went through large amount of violence between their father and mother came up with poor emotional regulation abilities (Howell, Graham-Bermann, Czvz, & Lilly, 2010), Recently, Van Horn and Lieberman (2004) revealed that cruelty in relationship of young adults is largely related with increased chances for child abuse and female who have been exposed to this brutality show a high level stress pertaining to parenting. Repetti et al., (2002) found that early childhood experiences to risky, insecure and chaotic family climate has been linked to incongruity and variances in skills for emotional-regulation and unhealthy emotional development in life. From a sociological point of view (Irimescu, 2006: 106) the institution of the family is highly prone to rate of violence, ascertained by the disparity of interests, age and gender which trigger tension and stress in atmosphere of family. Among various approaches, sociological approach considerers the responsible factors of violence at home as occupying in the socialisation process of women and men, in different types of families (different traditions, customs). the stereotypes carried the "social scenarios" facilitating such family issues.

Graham-Bermann and Levendosky (1998) compared the social interactions and emotional adjustment of 46, three to five years old children from both of the families one where domestic violence was present and another one where it was not present. The quality of their emotional expression and regulation, and interaction with classmates, friends, parents and caregivers, were observed and measured. Graham-Bermann and Levendosky found that children who are exposed to parental violence had a lot more problems in behaviour, demonstrated substantially more negative affect, reacted less appropriately to situations. They were more aggressive with classmates and friends, and they had more ambivalent relationships with caregivers than those children who were from that kind of families where domestic violence was not present. Katz & Windecker-Nelson, 2006 in their research revealed that emotions in Domastic Violence regenerate these assumptions of development about the importance or significance of the parents in guiding and moulding children's emotional development. This amount of research put forward that the emotional recognition and manifestation

challenged and disputed in families with high conflict, as parents either be in need of emotional skills themselves, or are emotionally loaded and too worried by their own victim experiences to be capable of handle the responsibility of parental role and consequently are emotionally unavailable. In the case of conflict-affected populations, the prevalence of mental disorders is significantly higher than the average population and that is 15.4% in order to post-traumatic stress disorder (PTSD) and 17.3% in order to depression but on contrary 7.6% in order to any anxiety disorder including PTSD and 5.3% in order to any mood disorder including depressive disorders (Tol, Barbui, Galappatti, Silove, Betancourt, Souza, et al.(2011); Steel, Chey, Silove, Marnane, Bryant and van Ommeren, 2009). Further the Lawyers and human rights experts have contended that physical, sexual and psychological abuse, sometimes lethal, is equivalent to torture with regard to both nature and severity. This is more likely to be intended, with the purpose of daunting, punishing and altering the women's identity and behaviour. Most of the time this takes place in those situations where a woman may appear free to leave, but is held confined because of the fear of further brutality against her and her children and the lack of resources, family support, legitimate and community assistance (United Nations ECOSOC, 1996).

In school-age, the children who are witnessed and have exposure to domestic violence may cause various kinds of mental health issues such as attention issue, decrease school achievements, anxiety related symptoms, social issues sleep difficulties (Osofsky 2005). The preschool children who experienced and had exposure to intimate partner violence display more behaviour problems (Hughes, 1988) and substantially low level of self-esteem as compare to senior school mates (Elbow, 1982). Researchers reveal that the development of children and results of healthy food have recognized the significance of social causal factors, including (IPV) and depression, on their low level of growth and development to a great extent (Robertson, Puckering, Parkinson, Corlett and Wright, 2011). Rutter in 1997 acknowledged that children who exposed to abuse, exploitation and maltreatment at their home were at high risk of childhood psychopathology that may lead an abnormal behaviour. Painful deregulations of social, cognitive, affective and neurobiological processes that have distinct expressions and indications depending developmental stages of children provoke by experiences of violence and cruelty (Pynoos, Steinberg and Piacentini, 1999). It may be that children become more developmentally vulnerable to threat in general throughout the preschool year, and the presence of violence in families and unhealthy environment during this preschool year may present a specially high risk for the maladaptation and poor adjustment of threat detection systems, perhaps describing the early development of PTSD and Anxiety in this age group (Miller, 2014).

During lockdown, children were more vulnerable to illtreatment and abuse following the ending of facilities of social services, because the social workers or teachers who usually play a significant role at this level, could not found the presence of abuse and cruelty which had been experienced by children in their family environment (Martinkevich et al., 2020). Recently, it has been admitted that the own standpoints of hearing children on their experience and exposure are indispensible for both of the researches and practices in the area of domestic violence (Goddard & Bedi, 2010). Children look to their parents as prominent role models until they reach school age. Children of both gender either boys or girls who witness and encounter DV rapidly conceptualize that violence is suitable method of sorting out conflicts in the matter of interpersonal relation (Jaffe et al. 1990). The symptom hyper arousal that manifest the disruption of emotional regulation consist of constant crying and maladaptive behaviour that would not be minimized by various initiatives to comfort and consolation, extreme level anger responses and intensified sensibility to surrounding cues that are associated to the pain provoking experiences, so far example, tone of voice and an angry facial expression toddlers and in infants and who are eyewitness of intimate partner violence and come across it (Kaufman & Henrich, 2000). When the task was disappointing, high-risk male children showed high amount of anger, which was correlated with higher resistance, on the other hand high risk female children showed least expression of anger, which was associated with higher levels of symptoms of conduct disorder and ADHD (Cole, Zahn-Waxler, & Smith, 1994). It was found in another study that those girls who had experienced and witnessed to DV were at greater risk than boys who experienced the same, for both internalizing and externalizing behaviours, along with (Sternberg et al., 1993). Another Study have pointed out that female children who encountered IPV between her parents are prone to reveal internalizing disorders such as anxiety, depression and trauma symptoms which affect their mental health, while male children are prone to display externalizing disorders such as showing aggression outwardly, fighting and breaking behavioural rules of society (Buckner et al. 2004).

Recommendations

Some programmes related to domestic violence prevention/intervention must consider prevailing strategies for coping and help-seeking behaviour and be customized to the various needs and requirements of the 'sufferers' at different ends in the direction of abuse, violence, care seeking and help-seeking (Hegarty, O'Doherty, Taft, et al., 2013). Different individual who came up against with these negative affective states and related hurdles of life, learned and adapted various coping strategies to bring themselves out from the negative affective situation. (Kasi, Kassi and Khawar,

2007). Expanded language and cognitive inhibitory control to emotions are developmentally impressive and effective skills related with adaptive emotional selfregulation in the case of preadolescent children (Riggs et al. 2006). Essential skills regulating emotions are necessary ability for the child in order to learn and focus attention, important skills to perform better in studies (Perry, 2001; Cook et al., 2017). The capacity of children to use new strategies and try new techniques in order to self-emotional regulation in an accelerated autonomous style beyond the time limit of intervention would be more based on cognitive maturity and executive or directive functional skills such as attention shifting, responses inhibition, planning, managing and monitoring (Pennington and Ozonoff 1996).

Radovanovic (1993) stated that children who have greater flexibility in strategies and larger use of mental strategies were related to weakening behavioural disturbance in separated families where conflict was present. Kopp (1989) argues that external support should be present because it helps infants and young children in regulating the emotions. Such emotional regulation experiences promote an infant's learning to modulate, alter, balance, stand in life, and tolerate and endure experiences of negative feelings and emotions. In their study (Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth, 2001) suggest that when a stressful condition is not in under control as is the case of domestic violence since children are generally weak to prevent the violence they observe at their home, then researcher accepted that most probably emotion-focused coping to be a dominant technique to active coping efforts or problem solving. The phenomenon of social support is multidimensional (Thoits, 1982) that comprised of kind type of social support or large range of interpersonal behaviours that may assist or support an individual to successfully handle difficult, stressful, and traumatic happenings. Kot, Landreth, and Giordano (1998) delineated an intensive play therapy group (everyday for two weeks) with child aged four to ten years, who witnesses staying in a domestic violence shelter and expose to abuse and ill- treatment in the family environment itself. They found that improvements took place in both self-concept and behaviour problems of experimental group children than the control group children. Korbin(1989) study findings indicate that social support should attain much more remarkable effect compared to affording acceptance and emotional affirmation to encourage child safety and security. Vetere & Cooper, (2017) found that the systemic and narrative perspective was appropriate and sensitive way of acting, thinking and viewing the world and focus to interpersonal relationships and recognize individual in their material, political and social systems within which young population passed their lives, coped with their life stressors and experiences of violence in their families and faced brutality over there. In their study Bunston, Pavlidis, & Cartwright (2016) revealed that the organizations

which are working in terms of support and protection for the victim of domestic abuse and maltreatment, prefer group interventions because they are generally less money taking and well teken by younger population. Osofsky & Joy, 2005 concluded that the factors such as adjustability, adaptability, optimism, personality and coping style of the children, as well as the different methods in which a child comprehends and evaluates the events which are occurring in his or her environment, are the determinants of child development. There are few supplemental health components coded in research consist of self-efficacy and self-esteem, impression and attractiveness to others in personality and appearance, religious attachment, person's capabilities, socio-economic benefits, opportunities and freedom for high standard of schooling, contact with people and possibilities for employment, and connection with environments that are positive and effective indicators for the overall growth.

Conclusion

In nutshell, domestic violence is one of the common issues in society. In early childhood if negative things have been shown to children, it has more likely to have serious consequences on their mental health i.e. anxiety, depression, avoidance, difficulty in adjustment, academic difficulties, behavioural problems and emotional regulation problem etc and on the other hand if the children have been provided a positive family surroundings in order to get good mental health which is very crucial for the holistic development of the children and laying the strong foundation for the healthy personality as an individual.

References

- [1]. Adams, A. E., Sullivan, C. M., Bybee, D., & Greeson, M. (2008). Development of the Scale of Economic Abuse. Violence Against Women, 14, 563–588.
- [2]. Alexander, P. (2011). Childhood maltreatment, intimate partner violence, work interference and women's employment. *Journal of Family Violence*, 26, 255–261.
- [3]. Appleyard K, Egeland B, van Dulmen MH, Sroufe LA. When more is not better: The role of cumulative risk in child behavior outcomes. *Journal of Child Psychology and Psychiatry*. 2005; 46:235–245.
- [4]. Bancroft, L., & Silverman, J. G. (2002b). Shock waves: The batterer's impact on the home. In L. Bancroft & J. G. Silverman (Eds.), The batterer as parent: Addressing the impact of domestic violence on family dynamics (pp. 54-83). Thousand
- [5]. Oaks, CA: Sage; Roy, M. (1988). Children in the crossfire: Violence in the home—How does it affect our children? Deerfield Beach, FL: Health Communications.
- [6]. Buckner JC, Bearslee WR, Bassuk EL. Exposure to violence and low-income children's mental health: direct, moderated, and mediated relations. *The American Journal* of Orthopsychiatry. 2004;74:413–423.
- [7]. Bunston, W., Pavlidis, T., & Cartwright, P. (2016). Children, family violence and group work: Some do's and don'ts in

- running therapeutic groups with children affected by family violence. *Journal of Family Violence*, 31, 85–94. doi:10.1007/s10896-015-9739-1
- [8]. Cole, P. M., Zahn-Waxler, C., & Smith, K. D. (1994). Expressive control during a disappointment: Variations related to preschoolers' behavior problems. *Developmental Psychology*, 30, 835–846.
- [9]. Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Problems, progress, and potential in theory and research. *Psychological Bulletin*, 127, 87–127.
- [10]. Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., et al. (2017). Complex trauma in children and adolescents. *Psychiatr. Ann.* 35, 390–398. doi: 10.3928/00485713-20050501-05
- [11]. Elbow, M. (1982). Children of violent marriages: The forgotten victims. Soc. Casework 63, 465–471. doi: 10.1177/104438948206300803
- [12]. Forehand R, Biggar H, Kotchick BA.(1998). Cumulative risk across family stressors: Short- and long-term effects for adolescents. *Journal of Abnormal Child Psychology*. 1998;26:119–128.
- [13]. Goddard, C. & Bedi, G. (2010). Intimate partner violence and child abuse: A child-centred perspective. *Child Abuse Review*, 19, 5–20.
- [14]. Graham-Bermann, S. A. (1998). The impact of woman abuse on children's social development. In G. Holden, R. Geffner, & E. Jouriles (Eds.), Children exposed to marital violence: Theory, research, and applied issues(pp. 21-54). NY: APA Books.
- [15]. Hegarty K, O'Doherty L, Taft A, et al.(2013). Screening and counselling in the primary care setting for women who have experienced intimate partner violence (WEAVE): a cluster randomised controlled trial. Lancet 2013; 382:249– 258
- [16]. Howell, K. H., Graham-Bermann, S. A., Czyz, E., & Lilly, M. (2010). Assessing resilience in preschool children exposed to intimate partner violence. *Violence and victims*, 25(2), 150–164.
- [17]. Huth-Bocks AC, Krause K, Ahlfs-Dunn S, Gallagher E, Scott S.(2013). Relational trauma and posttraumatic stress symptoms among pregnant women. *Psychodyn Psychiatry*. 2013;41(2):277–301. doi:10.1521/pdps.2013.41.2.277
- [18]. Hughes, H. M. (1988). Psychological and behavioral correlates of family violence in child witnesses and victims. Am. J. Orthopsychiatry 58, 77–90. doi: 10.1111/j. 1939-0025.1988.tb01568.x
- [19]. Irimescu, G. (2006). Social protection of the abused child (in original in Romanian). Iasi: Alexandru Ioan Cuza University Press.
- [20]. Jaffe, P., Wolfe, D., and Wilson, S.K. (1990). *Children of Battered Women*, Sage Publications, California.
- [21]. Kasi PM, Kassi M, Khawar T.(2007). Excessive work hours of physicians in training: Maladaptive coping strategies. *PLoS Med.* 2007;4:e279.
- [22]. Kaufman, J., & Henrich, L. (2000). Exposure to violence and early childhood trauma. In C. H. Zeanah (Ed.), *Handbook of Infant Mental Health* (pp. 195–207)., (2nd Ed.). New York: The Guilford Press.
- [23]. Katz, L. F., & Windecker-Nelson, B. (2006). Domestic violence, emotion coaching, and child adjustment. *Journal of Family Psychology*, 20(1), 56–67.

- [24]. Kopp, C. B. (1989). Regulation of distress and negative emotions: A developmental view. *Developmental Psychology*, 25, 343–354.
- [25]. Korbin, J. E. (1989). Fatal maltreatment by mothers: A proposed framework. *Child Abuse & Neglect*, 13, 481–489. http://dx.doi.org/10.1016/0145-2134(89)90052-5
- [26]. Kot, S., Landreth, G.L., & Giordano, M. (1998). Intensive child-centered play therapy with child witnesses of domestic violence. *International Journal of Play Therapy*, 7, 17–36.
- [27]. Levendosky A., Graham-Bermann S.(2000). Trauma and parenting in battered women: An addition to an ecological model of parenting. *J. Aggress. Maltreat. Trauma.* 2000;**3**:25–35. doi: 10.1300/J146v03n01 03.
- [28]. Logan, D. E., & Graham-Bermann, S. A. (1999). Emotion Expression in Children Exposed to Family Violence. *Journal of Emotional Abuse*, 1(3), 39–64.
- [29]. Martinkevich P, Larsen LL, Græsholt-Knudsen T, Hesthaven G, Hellfritzsch MB, Petersen KK, Møller-Madsen B, Rölfng JD.(2020). Physical child abuse demands increased awareness during health and socioeconomic crises like COVID-19: a review and education material. *Acta Orthop*. 2020. https://doi.org/10.1080/17453674.2020.1782012.
- [30]. Miller LE. (2014). Perceived threat in childhood: a review of research and implications for children living in violent households. *Trauma Violence Abuse*. 2014 Feb 20.
- [31]. Minuchin, S. (1974). Families and family therapy. Cambridge, MA: Harvard University Press.
- [32]. Osofsky JD (2005) The role of non-mental-health professionals-the professional view point: the effects of exposureto violence on children of different ages: prevention and intervention—effective collaboration with police and court. In Developing Strategies to Deal with Trauma in Children (Eds. J Donnelly, A Kovacova, H Osofsky, J Ososfsky, C Paskell, J Salem-Pickartz):77-88. Amsterdam, IOS Press. Osofsky, Joy D.(2005). 'The Effects of Exposure to Violence on Children of Different Ages' in Donnelly, Jill (ed.) Developing Strategies to Deal with Trauma in Children: A means of ensuring conflict prevention, security and social stability Case study 12—15-year-olds in Serbia, IOS Press, Amsterdam, 2005.
- [33]. Pechtel P, Pizzagalli DA. (2011). Effects of early life stress on cognitive and affective function: an integrated review of human literature. Psychopharmacology (2011) 214(1):557010.1007 /s00213-010-2009-2
- [34]. Pennington BF, Ozonoff S. Executive function and developmental psychopathology. *Journal of Child Psychology and Psychiatry*. 1996;1:51–87.
- [35]. Pepler, D. J., Catallo, R., & Moore, T. E. (2000). Consider the children: Research informing interventions for children exposed to domestic violence. *Journal of Aggression, Maltreatment & Trauma*, 3(1), 37–57.
- [36]. Perry, B. D. (2001). "The neurodevelopmental impact of violence in childhood," in Textbook of *Child and Adolescent Forensic Psychiatry*, eds D. Schetky and E. P. Benedek (Washington, DC: American Psychiatric Press, Inc.), 221– 238.

- [37]. Pynoos RS, Steinberg AM, Piacentini JC(1999). A developmental psychopathology model of childhood traumatic stress and intersection with anxiety disorders. *Biol Psychiatry* 1999, 46:1542–1554.
- [38] Radovanovic, H. (1993). Parental conflict and children's coping styles in litigating separated families: Relationships with children's adjustment. *Journal of Abnormal Child Psychology*, 21, 697–713.
- [39]. Repetti, R. L., Taylor, S. E., & Seeman, T. E. (2002). Risky families: Family social environments and the mental and physical health of offspring. *Psychological Bulletin*, 128, 330–366.
- [40]. Riggs N, Greenberg MT, Kusche C, Pentz M. The mediational role of neurocognition in the behavioral outcomes of a social-emotional prevention program in elementary school students: Effects of the PATHS curriculum. *Prevention Science*. 2006;7:91–102.
- [41]. Rutter, J. (1997). Stand-up as interaction: Performance and audience in comedy venues. Unpublished Ph.D. thesis, University of Salford, England.
- [42]. Sternberg KJ, Lamb ME, Greenbaum C, Cicchetti D, Dawud S, Cortes RM, et al. Effects of domestic violence on children's behavior problems and depression. Developmental Psychology. 1993; 29:44–52.
- [43]. Robertson J, Puckering C, Parkinson K, Corlett L, Wright C.(2011). Mother-child feeding interactions in children with and without weight faltering; nested case control study. Appetite. 2011;56(3):753–759
- [44]. Steel Z, Chey T, Silove D, Marnane C, Bryant RA, van Ommeren M.(2009). Associa- tion of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass confict and displace- ment. JAMA. 2009. https://doi.org/10.1001/jama.2009.1132
- [45]. Thoits PA. Conceptual, methodological, and theoretical problems in studying social support as a buffer against life stress. Journal of Health and Social Behavior. 1982;23:145– 159
- [46]. Tol WA, Barbui C, Galappatti A, Silove D, Betancourt TS, Souza R, et al.(2011) Mental health and psychosocial support in humanitarian settings: linking practice and research. *Lancet*. 2011. https://doi.org/10.1016/s0140-6736(11)61094-5.
- [47]. United Nations ECOSOC. (1996). Report of the Special Rapporteur on Violence against Women.
- [48]. Van Horn, O., & Lieberman, A. F. (2004). Domestic violence and parenting: A review of the literature. Unpublished manuscript.
- [49]. Vetere, A., & Cooper, J. (2017). Children who witness violence at home. In A. Vetere & E. Dowling (Eds.), Narrative therapies with children and their families (pp. 75–102). London, England: Routledge.
- [50]. World Health Organization (2014) Violence and Injury Prevention: Global Status Report on Violence Prevention. Genova, WHO.