

## QUESTIONS &amp; ANSWERS ABOUT DOMESTIC VIOLENCE


**An Interview with**  
**BETSY McALISTER GROVES, MSW**

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**Q: How do you define domestic violence?**

**A:** Domestic violence is usually defined as a pattern of abusive behaviors, which serve to establish coercive control of one partner over the other. These behaviors may include physical assault, threats of harm, or psychologically abusive behavior.

**Q: Does child physical abuse tend to happen in the same families where domestic violence occurs?**

**A:** Not always, but there is considerable overlap between domestic violence and child physical abuse. Most studies show that in between 40%-60% of families where there is domestic violence, there is also child physical abuse (Edelson, 2001).

**Q: Is the perpetrator of domestic violence always a man?**

**A:** The large majority of perpetrators are men, and the majority of victims are

women. But men can also be victims, and there are families where the violence goes both ways. It's also very important not to forget that domestic violence occurs in same sex relationships – in both male and female same sex partnerships.

**Q: How many children are affected by domestic violence?**

**A:** Anywhere between 3 and 10 million children are exposed to domestic violence in the United States every year (Jouriles, McDonald, Norwood & Ezell, 2001). Studies suggest that the majority of children who are exposed to domestic violence are young—under the age of 8 (Fantuzzo, Boruch, Beriama, Atkins & Marcus, 1997).

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**Q: Does domestic violence only occur in economically disadvantaged families?**

**A:** No, children in all socioeconomic groups, all ethnicities, all races, are witness to domestic violence every year. There are child victims of domestic violence in every

school, in every pediatrician's practice, in every neighborhood. Of the children treated by the National Child Traumatic Stress Network, most of those who have been exposed to violence were exposed through their families rather than through their communities or schools.

**Q: How does exposure to domestic violence affect children?**

**A:** In the short term, the effects may include anxiety, depression, aggression, difficulty sleeping, and trouble paying attention in school. As with other forms of trauma – traumatic stress reactions may occur, with three different kinds of symptoms: hyperarousal; re-experiencing; and avoidance. Hyperarousal means that the child may be fearful, nervous, jumpy, and react strongly to any other scary experience. Re-experiencing means that the child may have repeated or intrusive thoughts about what happened or keep feeling sensations in the body that are tied to what happened. Avoidance means that the child may try to avoid any reminders of the trauma. This may cause him or her to withdraw from normal activities.

*Children don't necessarily need to understand what's happening to respond emotionally and physically.*

Young children who witness domestic violence often worry about their caregivers and are afraid to be separated from them. Children may express their distress through physical symptoms, such as stomach aches or headaches. Young children may use play to act out certain aspects of what they've witnessed. Sometimes they just act out the same events over and over again in their play; sometimes they express a wish to change the outcome. For example, a boy who witnessed his mother being beaten by his father and felt helpless to intervene pretended he was a superhero who

rushed in at the last minute to save her.

**Q: What determines the severity of these effects?**

**A:** In general, a child's response will be more intense depending on the severity of the danger and the child's proximity to it. For example, the child who is upstairs sleeping during an assault but then sees a bruise on Mommy's face the next morning will probably be less affected than a child who was held in his mother's arms while she was being assaulted. The child's subjective perception of threat is also very important. For example, imagine that a perpetrator waved a knife around but never actually touched his partner. The partner understood that the knife was unlikely to be used. Their young daughter who saw the knife waving in the air, however, was terrified. She keeps thinking about the knife and is afraid to even go into the kitchen where the knife is kept. Her perception of danger is very different than the perception of her parents.

**Q: If a child is too young to understand what's happening, how can there be any negative effects?**

**A:** Children don't need to understand to respond emotionally and physically. For example, very young children's heart rates go up in response to the sound of an adult screaming or crying. This hyperarousal may not just end after the screaming stops. The youngest child we treated was an 11-month-old who was with her mother when the mother's boyfriend attacked her. The baby kept waking up screaming at night. She screamed whenever the mother left her, even if the mother only went into another room of the house. She cried all day in daycare. She wasn't eating well. Even though the baby didn't understand

what had happened, she responded to the intensity of what had happened and to the change in her mother's mood afterward.

**Q: How does domestic violence affect a child's feelings about his or her parents?**

**A:** Children who've witnessed domestic violence often have confused and contradictory feelings about their parents. They worry about the safety of the parent who has been abused, and they also worry that their parents will not be able to protect them. They may see their fathers as generous and loving some of the time, and terrifying and dangerous at other times. For a child, it may feel less confusing to simply side with the perpetrator and blame the victim. Often children feel torn over loyalties and caught in the middle of the conflict.

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**Q: How does domestic violence affect a child's behavior at school?**

**A:** A child may generalize from his experience at home to the rest of the world. If the world is like home, he figures, then it too must be scary, dangerous, and unpredictable. When a child comes to see the world as a dangerous place, he or she is more likely to read situations as dangerous. He's more likely to expect any disagreement to end in physical violence. To defend himself, he may become aggressive.

For example, a six-year-old boy who had seen his father physically abuse his mother was standing in line at the water fountain at school. Someone behind

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him accidentally bumped into him. He reacted as if he had been attacked and shoved the other kid back. This kind of behavior can get a kid into trouble when he feels as if he's just defending himself.

**Q: So do children who witness domestic violence become aggressive themselves?**

**A:** Yes, this symptom is the most frequently mentioned one that parents tell us about. There are different ways to understand this symptom. For very young children, they may not yet have words to express the powerful feelings they have. When young children become aggressive, I see it as a response, a defense against their own feelings of extreme vulnerability. They desperately need to feel more powerful. Another way some people think about it is as imitating or reenacting what they've seen at home.

In older children and adolescents, aggression is part of the way they've learned to behave. Children who've seen violence in intimate relationships have learned that violence is a way to control another person. Violence is a way to end an argument or a way to release stress.

**Q: How else does domestic violence affect how a child interacts with other kids?**

**A:** Some children may withdraw and become isolated from their peers. A child may feel ashamed to bring friends home. The child doesn't want other kids to find out what goes on in his or her house. It's similar to the stigma or shame that kids experience when a parent is an alcoholic. Keeping the secret of what goes on at home can interfere with forming friendships.

**Q: How does witnessing domestic violence affect academic performance?**

**A:** All of the signs and symptoms that are associated with traumatic stress – hyperarousal, re-experiencing, sleep disturbances, avoidance – have negative effects on children’s capacity to focus and learn in school. For example, one little boy I treated said, “Whenever I see a blank piece of paper, I see the face of the man who attacked my Mom on that piece of paper.” Well, how can a child learn if every time he starts his class work, he’s confronted by such a disturbing image? Or a child in school might hear another child slam a book down hard on a desk and be instantly reminded of the sound of one parent punching the other. Any ordinary event that occurs in a classroom hundreds of times a day—bells ringing, people shouting, one child bumping into another—can trigger intrusive memories. These memories and images can get in the way of learning.

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**Q: What about the long-term effects of witnessing domestic violence?**

**A:** As with other forms of trauma, the effects may be profound, wide-ranging, and long-term. Adolescents who grew up in violent homes have been shown to be more likely to engage in anti-social or criminal activity. If you look at populations of juvenile delinquents, the percentage of kids who grew up in violent homes is huge.

One large study found that people who’d had adverse childhood experiences were more likely to have a number of different health problems as adults (Felitti et al., 1998). It found that having

witnessed domestic violence in the home, particularly on a repeated basis, increased an adult’s risk of substance abuse, anxiety, depression, and post-traumatic stress disorder.

**Q: Why is it so hard for women who are victims of domestic violence to report the abuse and leave their partners?**

**A:** Actually, many women we see in our program have made the decision to leave their partners because of the children. However, for others, the sad reality is that they cannot afford to leave. They have nowhere to go; they cannot support themselves and their children. Some women believe that leaving their partner would actually result in greater violence toward her or her children. Another obstacle is that women fear that reporting domestic violence might result in losing her children to Child Protective Services. A woman may feel ashamed and blame herself for the abuse. She may want to keep what goes on in her house a secret. It has been our experience in doing training on this subject around the country that Children’s Protective Services are developing greater sensitivity in working with victims of domestic violence. The goal is to help the victim, not to victimize her further by taking her child away.

**Q: How can treatment help children?**

**A:** Usually, you can’t help the children without also helping the victim of domestic violence. She needs information about safety or shelter. She may need support as she decides what to do about the relationship. For a child who is suffering from traumatic stress reactions, trauma-informed treatment is important and can be very helpful.

**Q: What treatment elements are essential?**

**A:** Active involvement of the non-abusing parent is crucial. One important goal of treatment is to strengthen the relationship between the victim and the child. Usually families need more than therapy; they need case management and advocacy for the victim. If perpetrators want to change, there are treatments and support groups that can help. In our Child Witness to Violence Project, we also work closely with courts, police officers, and Child Protective Services. What children need first and foremost is safety. With older children we do safety planning. Maybe it's just helping the child develop a plan for staying safe when his parents are fighting. This gives the child a sense of control so that he or she feels less vulnerable.

Another element of treatment is enabling the child or adolescent to talk about his or her experiences and make sense of them in the presence of a caring and neutral counselor. Often children will have what we call “cognitive distortions” about what’s happened or why it happened, such as blaming themselves. A counselor will work with a child to correct these misconceptions. For many children, it’s very helpful to create a “trauma narrative,” in which he or she makes a complete account of what’s happened. Kids tell us how relieved they feel just being able to share what happened with another adult who’s not competing for their loyalty. The events become less emotionally overwhelming to them.

**Q: Are there unique issues in treating an adolescent who has been exposed to domestic violence for many years?**

*Trauma-focused treatment can enable anyone at any stage of life to go back, revisit, and recover from the effects of domestic violence.*

**A:** Growing up in a violent home may lead a child to come up with all kinds of maladaptive coping strategies. Traumatic stress may have interfered with the child’s achieving important developmental milestones. By the time the child has reached adolescence, he may be abusing substances or engaging in other reckless or criminal behavior. So the problem is more complicated than treating a younger child – you’ve got to treat not only the exposure to violence but all the maladaptations the child has developed to cope. You’ve got to help the adolescent return to a healthy developmental path.

**Q: What if an adult experienced domestic violence as a child and never received help. Is there any hope for treatment at that stage?**

**A:** Adults call and ask this all the time. It’s never too late to get help. Even when children receive treatment, they may need to revisit the events in therapy later when they are at a different developmental level and can process those events differently. Trauma-focused treatment can enable anyone at any stage of life to go back, revisit, and recover from the effects of domestic violence.

**Q: If someone grew up in a violent home, is he or she doomed to repeat the same behavior in intimate relationships?**

**A:** The studies do suggest that there is a link between growing up in homes where there is domestic violence and later involvement in abusive relationships. But there are also many people who grew up in homes with domestic violence who do not repeat the behavior. We believe that treatment can help break the cycle.



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