



THE Children's  
Health FUND

## **DOMESTIC VIOLENCE AND CHILDREN**

A Children's Health Fund Report

January, 2001

Peter A. Sherman, MD  
Division of Community Pediatrics  
The Children's Hospital at Montefiore

## ***Introduction***

Domestic violence is epidemic in the American family. At some point in their lives, nearly 1/3 of adult women experience battering by an intimate partner. Women of all ages, income levels and ethnic backgrounds are vulnerable to attack, though there is an increased risk for women 19-29 years of age and those with an income below \$10,000.

While homicide rates have dropped precipitously in New York City, the rate of women being murdered by intimate partners has remained constant from 1990 through 1997 (1.5 per 100,000 women). In cases of homicide with a known perpetrator, 28% of female victims were murdered by a current or former intimate partner. 226,890 domestic violence reports were made to the New York City Police Department during 1999, a slight decline from the 1998 figure of 240,034 cases.

Women are not the only victims of domestic violence. Children are often present in settings where domestic violence occurs. The National Crime Victimization Survey demonstrated that children under 12 years of age are present in over half the incidents of domestic abuse. Though it is difficult to know how many children are exposed to this type of violence, it is estimated that 10 million children, out of a total population of 77 million children, are exposed to domestic violence each year in the United States.

## ***Children and Domestic Violence***

Hundreds of studies have demonstrated that the witnessing of domestic violence by a child has a multitude of short- and long-term effects upon the child's well-being. Foremost is the fact that children are physically endangered in this type of environment.

Living in a household where domestic violence occurs places a child at increased risk for abuse. One study revealed that a father is five times more likely to physically abuse his children in cases where he frequently assaults his wife (three or more times per year). Children face at least double the risk of being physically abused by a mother who is battered, compared to children in families where no physical violence occurs.

The list of the effects of domestic violence upon children is a long one. Cognitive and emotional difficulties include anxiety, social withdrawal, depression, preoccupation with physical aggression, and suicidal ideation. Behavioral problems are manifested by aggressiveness, hyperactivity, conduct problems, reduced social competence, school problems, bullying, excessive screaming, clinging behaviors and speech disorders. One study of children residing in a shelter for battered women found that 31% of the children tested scored at the level of severe disturbance for emotional problems.

Health care providers at the New York Children's Health Project (NYCHP) have seen manifestations of exposure to domestic violence as early as infancy. One mother had a three-month-old child who developed an exaggerated startle response after witnessing her mother being verbally and physically abused. Another mother was concerned that her six-month-old child was crying excessively around strangers. Normally, "stranger anxiety" does not appear until

a child is one year of age. Further questioning of the mothers revealed a history of domestic violence in each case.

Many of the mothers seen by NYCHP staff have toddlers whom they are unable to discipline or control. Many of these children mimic the abuse they have witnessed, calling their mother derogatory names or striking them. Simple interventions by our clinicians, such as counseling on age-appropriate discipline methods, can be remarkably effective in improving the situation.

Witnessing violence can be as traumatic as being a victim of violence and can result in a child manifesting characteristics of post-traumatic stress disorder (PTSD). Symptoms may include sleep disturbance, difficulty concentrating, flashbacks, and reenactment of the trauma through play. These may interfere with school, social relationships and emotional development. One study found that 57% of children residing in a domestic violence shelter were suffering from PTSD. Because a mother who is being battered may be reluctant to disclose this information when her child is being evaluated, this condition is often misdiagnosed as attention deficit disorder and the child may be incorrectly treated with medications used to treat hyperactivity.

Though the long-term effects of witnessing domestic violence are not known, there is substantial evidence that children who witness domestic violence are at increased risk as adults for battering or being battered.

It needs to be remembered that, in all studies concerning children who witness domestic violence, significant proportions of children do not demonstrate any measurable negative effects. Though it is not clear what factors promote resilience in a mother and child, it is important that the clinician support and reinforce positive behaviors.

### ***Domestic Violence as a Pediatric Issue***

It is important that pediatricians screen mothers for exposure to domestic violence. Batterers often attempt to maintain complete control over a woman's life by limiting access to family, friends, community, and social service agencies, even to the extent of physically restraining them in the home. Children are often a motivating factor for leaving an abusive relationship. One study found that 55% of women left an abusive partner because of concerns of danger to their children.

The pediatric office visit is often the only instance in which a victim is separated from the abuser and is able to disclose her condition under safe circumstances. The pediatrician needs to take advantage of this opportunity and intervene as necessary to protect the mother and her children. The immediate physical safety of a child exposed to domestic violence may depend upon physician intervention. In addition to this immediate intervention, a child may need further evaluation, referral or treatment for problems that result from living in an environment where domestic violence occurs.

The American Academy of Pediatrics (AAP), the main professional organization for pediatricians in the United States, proscribes to the view that pediatricians must be involved with the issue of domestic violence. The AAP takes the position that "abuse of spouses and intimate partners is a pediatric issue" and that "questions about violence should become part of

anticipatory guidance.” Their recommendations include incorporating education on family and intimate partner violence into pediatric residency training and continuing medical education programs, as well as supporting local and national multidisciplinary efforts to recognize, treat and prevent domestic violence.

Unfortunately, many pediatricians do not feel that the effects of domestic violence are a pediatric issue and few have received training in the identification and treatment of children who have been exposed to domestic violence. One study found that only 30% of pediatricians working in hospital emergency departments had been trained in this matter and 64% felt that it was not in the purview of pediatrics. In certain settings, such as emergency departments and clinic settings, screening can greatly increase the identification of children who are living in a household where violence occurs.

It is important to have established screening and evaluation protocols in place for health-care providers to immediately respond to a mother who discloses a history of domestic violence. Community contacts should be identified ahead of time so that the family can be moved quickly into a safe environment. Contacts may include the police, domestic violence shelters, social service agencies or hotlines. An excellent 24-hour national resource for clinicians and victims is **1-800-799-SAFE**. There are also many web sites that contain useful information for clinicians.

### ***The New York Children’s Health Project Model***

The New York Children’s Health Project recently developed and implemented a model program which provides health care for women and children residing in several domestic violence shelters and safe houses in New York City. This program was developed in response to shelter directors communicating to NYCHP staff that they were unable to obtain adequate medical services for their clients.

Utilizing funding from the Bureau of Primary Health Care and working with the New York City Office of Domestic Violence and Intervention Services, the NYCHP provides comprehensive health care via its fleet of mobile medical units as well as at on-site facilities. Initially, a case manager contacts each shelter to identify children and mothers in need of services; the case manager also provides assistance to mothers regarding legal aid and entitlements eligibility. The case manager functions as the communication link between the client, the shelter and various health care providers (NYCHP staff, medical subspecialists at an affiliated medical center, and providers of developmental and psychological services) to ensure compliance with follow-up care. A social worker is a second member of the team and provides individual and group counseling directly at the shelters; the social worker also assists the case manager with more complicated patient cases. The NYCHP in-house psychologist provides counseling, early intervention referral and coordination, and referrals for psychiatry and crisis intervention. NYCHP staff currently provide care to six agencies which operate more than ten shelter sites in New York City.

### ***More Resources are Needed***

The Children’s Health Fund believes that the cycle of domestic violence can be halted by identifying children who live in a household where domestic violence occurs; the creation of a

safe environment; treatment and appropriate referrals to subspecialty care; and enhancing the strengths of a mother and her children. To support these goals we recommend the following:

- X The training of pediatricians and other health care providers in the identification and treatment of the effects of domestic violence.
- X The creation and/or enhancement of appropriate infrastructure at the state and local levels to ensure that the physical and psychological needs of battered women and their children are addressed. The private sector can play a significant role in the creation of the necessary infrastructure.
- X The provision of adequate mental health resources for treating children who have witnessed domestic violence.