Author/s:
Kertesz, M;Fogden, L;Humphreys, C

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Chapter 3.4 Domestic violence and the impact on children

Margaret Kertesz, Larissa Fogden, Cathy Humphreys
Department of Social Work, University of Melbourne

Abstract

This chapter outlines the impact of domestic violence (DV) on young children. Exposure to DV has detrimental effects on the emotional and behavioural adjustment of significant numbers of children. Impacts on children vary greatly, depending on developmental stage, the longevity, severity and extent of the violence and abuse, the quality of their relationships with caregivers, and the intersection of adversities experienced. While many children living with DV have protective factors that men that they do as well as those in the general community, outcomes are worst for those children where the violence is chronic and severe and there are few mediating influences.

The parenting choices of men who use violence have a critical impact on children. While fathers using DV put their children at great risk, evidence suggests that they may best be engaged in attitudinal and behavioural change through their fathering role.

The mother-child relationship, a key protective factor for young children, is often directly attacked by perpetrators of DV. DV can compromise a mother's ability to provide for her children's physical and emotional well-being, profoundly affecting them. The recognition and acknowledgement of the protective measures that many women take to defend their relationship with their children, and supporting the safety of mothers, are two key strategies for protecting children in DV circumstances.

While early intervention is perhaps the best strategy for protecting young children from DV, the focus of these interventions is contested. A customised approach to assessment recognises that children live in different contexts of vulnerability and protection and require a range of possible responses.

Introduction

The vulnerability of infants is palpable. From day one, parents are tasked with keeping wobbly little heads, floppy limbs and tiny fingers and toes out of danger, and translating their baby's cries into requests for food, sleep or nappy changes. The tiredness of parents as they seek to respond to their infants can feel for some like a permanent state of jetlag. It highlights the need for emotional and physical support which all mothers and fathers require from family, friends and service systems. Many will feel as vulnerable as their infants as they come to terms with their role as a mother or father. As children grow into the toddler years their developing independence presents fresh challenges for parents. For women, mothering through domestic and family violence (DV) creates mountains that will need to be climbed for both herself and her infant (and other children) to survive. It is a time which may be characterised more by isolation than support (Buchanan, 2018; Radford & Hester, 2006).

This chapter outlines the impact of DV on young children, with a specific focus on pre-school children. The research evidence in this space is paradoxically both limited and wide ranging. The meta-syntheses in this area point to the extent of research on children under five (Lourenco et al, 2013; Romano, Weegar, Gallitto, Zak & Saini, 2019; Stanley, 2011), while the analysis of their findings also points to the limitations of our knowledge and specifically the directions for good practice that will make a difference to the lives of these infants and young children (Howarth et al, 2015).

An initial diversion is required to clarify language and terminology. Throughout the chapter, gendered terminology is used, referring to women as victim survivors of DV and men as perpetrators of DV. This terminology reflects dominant patterns of interpersonal

violence (Cox, 2015), although we acknowledge that people of all sexual orientations and gender identities can be victim survivors and perpetrators of DV. We also note that we have used the contested term 'domestic violence' throughout this chapter. In Australia, research suggests that Aboriginal families may prefer 'family violence', as this term acknowledges that violence is not limited to intimate partner violence (Andrews et al., 2018). However, within the broader violence against women movement, domestic violence, intimate partner violence or domestic abuse may be the preferred terminology. We respect these different perspectives and recognise that our terminology has limitations, while trying to include an easily recognisable international term.

The context of abuse for children living with domestic violence

The evidence about children living with DV has been growing since the early nineties when publications in the UK (Mullender & Morley, 1994) and the US (Jaffe, Wolfe & Wilson, 1990) drew attention to the plight of these children. Since that time, there has been growing interest in the impact that living with DV has on children. The consequences of children's exposure to DV across all studies show detrimental effects on the emotional and behavioural adjustment of a significant number of children (McTavish, MacGregor, Wathen & MacMillan, 2016; Stanley, 2011). However, children live in different contexts of vulnerability and protection, issues which will be explored further in this chapter. It is also noteworthy that in any sample of children living with DV, one third or more are doing as well as other children when compared with community samples (Laing, Humphreys & Cavanagh, 2013).

There are a number of ways in which children may experience or get caught up in DV. Taxonomies have been developed to assist practitioners in identifying the possible

experiences of children living with DV (Holden, 2003; McGee, 1997). However, these may be limited in scope given the myriad ways in which coercive control can be exerted by one person over another (Stark, 2012). Experiences include children: being directly assaulted; directly observing or overhearing violence; witnessing the outcome of an assault; being involved in the violence through 'joining in'; being used to intimidate the mother; being used as a shield or intervening; or being impacted by psychological and physical abuse (Holt, Buckley & Whelan, 2008; Lourenco et al., 2013). Young children are particularly affected by the ways in which the perpetrator's abuse may harm their mother's physical and mental health, which may in turn impact upon her parenting (Carpenter & Stacks, 2009).

Domestic violence as an attack on the mother-child relationship

Children are profoundly affected when the violence and abuse directed at their mothers interferes with their ability to be available to children and care for their physical and emotional well-being. In this sense, DV represents a direct attack on the mother-child relationship, which is crucial to the safety and well-being of infants and small children, as they are dependent on adults for physical safety and survival. The younger and more dependent the child, the more profound the impact of the abuse of their mothers (Bunston, 2008; Jordan & Sketchley, 2009).

In fact, abuse may be evident even in the conception of the child through various forms of reproductive coercion in which women's reproductive choices are controlled through manipulation or violence. , This could occur when a woman is prevented from using contraceptives or through rape. (Clark, Allen, Goyal, Raker & Gottlieb, 2014; Willie, Alexander, Amutah-Onukagha & Kershaw,2019;). Pregnancy is a time of particular vulnerability, with some studies suggesting that violence and abuse may commence in

pregnancy and that pregnant women are more vulnerable than women who are not pregnant (Burch & Gallup, 2004).

The abuse during pregnancy may continue following the birth of the child, significantly impacting the physical and mental health of the child's mother (Woolhouse, Gartland, Hegarty, Donath & Brown, 2012), as well as the physical health of the infant (Rivara et al., 2007). The perpetrator's undermining of the mother's parenting can interfere with the attachment process between both mother and child, and father and child, impacting the infant's development (Cunningham & Baker, 2007). Young children look to their caregivers when they feel distressed, sick or scared (Bowlby, 1982). When a caregiver comforts their child, their actions teach the child how to soothe their nervous system and manage their emotions after a period of arousal. From these interactions, the infant eventually learns the necessary skill of emotional self-regulation (Carpenter & Stacks, 2009). As such, when a young child is faced with a father whose actions not only frighten them, but prevent their mother from providing comfort, the infant has little opportunity to learn this skill.

However, as Buchanan (2018) notes, the protective measures many women take to preserve their relationship with their babies and young children can be easily overlooked by professionals. There is evidence that mothers strive to provide good parenting and protect their children from the effects of DV. In a number of studies, women describe the strategies and tactics they use to ensure children's good behaviour to avoid annoying the perpetrator, shield them from the violence, and compensate for the perpetrator's abusive behaviour (Lapierre, 2010; Levendosky, Lynch & Graham-Bermann, 2000). In addition, for those mothers whose parenting is compromised by the experience of DV, their pre-violence

capacity for nurturing for their children will often re-emerge once the violence is absent (Stanley, 2011).

Addressing fathering issues for men who use violence

Emphasising support for women and their mothering, particularly those with very young children, is entirely appropriate. However, the focus on mothering has tended to over-shadow the parenting choices of men who use violence (Mandel, 2009).

Emerging evidence suggests that these fathers are a heterogenous group. Some are highly dysregulated and volatile in their use of abuse, and others are highly controlled and controlling (Heward-Belle, 2017). A number of studies suggest that these fathers expect children to meet their needs, rather than vice-versa (Bancroft & Silverman, 2002; Harne, 2004). There is a clear message from women abused in pregnancy, and on-going into the post-natal period, that the self-centredness or sense of entitlement of fathers who use violence means that they are unable to manage the woman paying attention to the developing infant (Scott & Crooks, 2007). In particular, abusive men use the high societal expectations of mothers to undermine their partners (Buchanan, 2018), attacking their self-esteem and their struggles with early mothering (Heward-Belle, 2017).

Paradoxically, while a great vulnerability for children is created by having a father who uses DV, there is also evidence to suggest that fathering may be the strongest point of engagement around attitudinal and behavioural change (Holt, 2015; Stanley, Graham-Kevan & Borthwick, 2012). Programs such as Caring Dads (McConnell, Barnard, Holdsworth & Taylor, 2016; Scott & Lishak, 2012) are emerging, which address fathering in the context of

DV. Programs for fathers who use violence seek to increase fathers' parenting skills and understanding of child development, whilst also inviting fathers to reflect on the impacts of their use of violence, and teaching more appropriate ways of relating to their children, partners or ex-partners. Broady, Gray, Gaffney and Lewis (2015) found that fathers' desire to improve and maintain relationships with their children was the main motivating factor for attending programs such as these.

Children's perspectives

Much of the research about children living with DV is reliant upon adult measures and pre-determined outcomes to assess the impact of DV on children (Howarth et al, 2015; Noble-Carr, Moore & McArthur, 2019). However, there is a growing body of research which focuses on children and young people's accounts of their experience of DV (Eriksson & Nasman, 2012; Katz, 2016; Lamb, Humphreys, Hegarty, 2018). While most of this evidence is gleaned from qualitative research from children and young people of school age, there is also a body of work based on infant observation or 'infant led practice' which attempts to 'hear and see' what babies are saying about their experiences (Bunston, 2008).

The accounts and experiences of infants, children and young people are important in so far as they give an indication of what living with DV can be like for children. In an international meta-synthesis of qualitative research about children's experiences, Noble-Carr and colleagues (2019) report that the complex and diverse nature of the violence they witnessed and experienced meant that children's understanding of what was happening (violence, sexual abuse, coercive control etc.) took time to develop and was sometimes very difficult for them to understand. For the children and young people in these studies, the unpredictable and chronic nature of the DV they experienced created a continuous sense of

fear and worry, not just in the home but pervading all arenas of their lives. A sense of powerlessness to change their circumstances or to keep people safe was commonly felt, as was an enduring sadness that outlasted their exposure to DV. Children and young people spoke of being left to deal with these pervasive feelings of fear, powerlessness and sadness on their own, without having anyone to talk to, or from whom they could seek help.

The experience of DV creates mixed and complex family relationships which are challenging for children to understand and negotiate. Some fathers, while violent, also have positive relationships with their children. Relationships with mothers can be strained even when she is a child's primary protective and caring relationship. Many children also speak of the disruption and loss they have experienced due to DV, particularly related to moving house, and leaving behind important friendships or possessions. It is also clear that children's experiences are very diverse, and influenced by a range of factors such as the nature and longevity of the DV, the level of disruption to their lives, family circumstance and children's position in the family and individual coping styles (Holt et al, 2008; Stanley, 2011). Interviews with children have additionally highlighted factors which have contributed to children's resilience, including: geographical distance from fathers who use abuse, the ability and opportunities to talk about and name the domestic violence they were living with, and having non-violent role models (with their mothers and other family members) (Morris, Humphreys & Hegarty, 2015).

Child development in the context of DV

In addition to the importance of understanding every child's experience and needs on an individual basis, it is also important to think about the impact of DV on infants and children in the context of what we know about milestones and child development.

Unborn children, infants and toddlers are at highest risk of death and serious harm from a father or mother using violence (Holt et al, 2008). This is partly due to their physical vulnerability and dependence. They are also at greater risk of exposure to DV. A major American study found that children under five years were disproportionately present in homes where DV occurred compared with homes without DV. This age group was also more likely than older children to be exposed to multiple incidents of DV (Fantuzzo & Mohr, 1999).

Children develop in different ways and at different paces, but development is sequential. Disruption of developmental tasks may also affect future developmental tasks (Rossman, 2001). Impacts of DV may be manifested differently at different ages. Exposure to DV also affects children both in ways that are easy for others to discern and in more subtle ways (Baker & Cunningham, 2009).

Studies from the US have provided much of the evidence we have for the impact of DV on infants, toddlers and pre-school children (Stanley, 2011). In addition to physical injuries, impacts include sleep disturbance, emotional distress, a fear of being left alone, delayed language and toilet training (Osofsky, 2003; Lundy & Grossman, 2005). Nutrition and health may be compromised if finances are controlled so that basic necessities are not available (Cunningham & Baker, 2007).

Infancy

Infants and toddlers are learning about the world through all five senses. They cannot understand what is occurring, but they feel the tension. Trauma symptoms such as hyperarousal, numbing or aggression are common among infants, particularly when their

mothers also show these symptoms (Bogat, DeJonghe, Levendosky, Davidson & von Eye, 2006). They may be distressed by loud noises such as banging and yelling, particularly when these are sudden and unpredictable. They may also be too fearful to explore and play, an important developmental task for this age group (Cunningham & Baker, 2007).

Unable to protect themselves or leave a stressful situation, infants and toddlers depend on adults to keep them safe and healthy. In DV situations, the mother may be distracted by the violence, socially isolated and traumatised to the point that her parenting abilities are compromised, and the father may also provide inconsistent or neglectful parenting which does not focus on a child's needs.

Significant attention has been given to the impact of DV on the developing brains of infants. The infant brain is formed through experience, and as such, infants are acutely sensitive to their environment and the relationships they develop with their caregivers (Schore, 2016; Siegel, 1999). The brain of an infant who is experiencing stress, and whose attachment figures are unavailable, becomes survival-focused. Under these circumstances, the infant brain directs its energy towards activating the parts of the brain that respond to immediate threat (Rifkin-Graboi, Borelli & Enlow, 2009). The brain begins to produce an array of chemicals, including stress hormones cortisol, epinephrine and norepinephrine, to physiologically cope with the infant's overwhelming sense of fear and distress (Carpenter & Stacks, 2009).

If a caregiver steps in ~~at this point~~ to provide comfort at the point when the infant is experiencing fear or distress, the brain secretes serotonin and other hormones that help with emotional regulation (Perry, 2001). If a caregiver is unable to step in, and the child is

regularly exposed to unmanageable levels of stress, these chronically high levels of stress-related chemicals begin to impact cognitive, behavioural and emotional development (Streeck-Fischer & van der Kolk, 2000). Of particular importance, research suggests that the development of the Hypothalamus-Pituitary-Adrenal (HPA) axis, a critical stress response system enabling the body to return to homeostasis after stress, is greatly impeded by chronic stress in infancy (Mueller & Tronick, 2019). Developments in neuroscience have taught us that the brain develops in a 'use-dependent' way; that is, connections between parts of the brain increase and strengthen through repeated use, or diminish through disuse (Perry, 2001). Therefore, an infant who has been exposed to DV from an early age will continue to struggle under stress as they move into childhood and beyond.

Pre-school

It is common for pre-schoolers who have been exposed to DV to exhibit behaviours that may be described as 'problematic'. They may respond less appropriately to situations, be more aggressive with peers and have more difficult relationships with teachers than children unaffected by DV (Levendosky, Huth-Bocks, Shapiro & Semel, 2003).

Still learning how to verbalise strong emotions, pre-schoolers may express these through aggressive behaviour, temper tantrums, anxiety and sadness (Cunningham & Baker, 2004; Lundy & Grossman, 2005). Furthermore, the extreme fear generated by witnessing violence may generate psychosomatic problems such as headaches, stomach aches and asthma, as well as nightmares, sleep disturbances and bedwetting (Martin, 2002). Pre-schoolers are concrete and egocentric in their thinking. They are too young to make sense of the contradictions between what they are told and what they see or experience, and may blame themselves (Baker & Cunningham, 2009).

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School-aged children

School-aged children have a more sophisticated understanding of DV than pre-schoolers, being more aware of how it affects themselves and others. They may worry about their mother's safety and notice her being sad or upset between incidents. Depending on their relationship with their father, there may be a need to preserve an image of him as a good person, and they may worry about negative consequences, such as arrest. They may also understand the violence in terms of causes such as alcohol, stress, finances or somebody's bad behaviour (Cunningham, & Baker, 2007).

Developmentally, peers and the school environment become more important. However, school performance may be compromised by distraction and anxiety, or lack of sleep (Cunningham & Baker, 2007). Alternatively, the school environment may be experienced as a respite from the violence at home (Holt et al, 2008). The messages about gender roles and inter-personal behaviour witnessed at home may result in poor social skills and problems with peer relationships. There is an increased risk of bullying or being bullied (Cunningham & Baker, 2007). A UK study found that witnessing DV was associated with conduct disorders in children (Meltzer et al, 2009).

Few longitudinal studies have been undertaken to examine the long-term impact of differing levels of exposure to DV (Graham-Bermann, Gruber, Howell & Girz, 2009; Rossman, 2000). Rossman (2000) found that behavioural problems and post-traumatic symptoms were considerably worse for those children who had had the longest exposure to DV over their lifetime. While there have been few longitudinal studies that examine the

effects of differing effects of exposure to DV (Stanley, 2011), there is evidence that outcomes for children are worst when the violence is chronic, the conflict between parents is severe and there are few mediating influences (McIntosh, 2003).

Whatever the age of the child, their responses to DV are immediate and cumulative, whether these are obvious responses such as distress or aggression, or less visible depressive or dissociative responses which may not be easily recognised. It is essential that children are assisted to deal with the impact of DV. Without this, the child's experience is fragmented – the child may be able to talk about what happened but not be able to describe the associated thoughts or feelings - and post-traumatic symptoms will continue to occur, such as chronic tension, arousal, numbing, avoidance and intrusive thoughts about the violence itself.

The impact of direct abuse and living with DV

Children exposed to DV are much more likely to be physically or sexually abused or neglected as well (Finkelhor et al, 2009). A significant amount of research has investigated the impact of this 'double whammy' on children, but the evidence is unclear about whether there is a compounding effect of the combined impacts of DV along with physical and/or sexual abuse. While some studies indicate that this occurs (Cyr, Fortin & Lachance, 2006), the meta-analysis by Kitzmann and colleagues of 118 studies showed no difference in behavioural and emotional adjustment for those exposed to DV alone compared with those who experienced both direct abuse and DV (Kitzmann, Gaylord, Holt & Kenney, 2003). This is a similar finding to Silverman and Gelles (2001). These studies suggest that it is the fear induced through living with violence and abuse, combined with the physical and emotional undermining of the child's mother, that creates the impact on children's emotional, behavioural and cognitive functioning (Lourenco et al., 2013).

However, the studies of poly-victimisation also shed light on the complexities of child abuse in the context of DV. Finkelhor et al. (2009) suggest that there are vulnerable children who are subjected to many forms of abuse. The literature on poly-victimisation shows a linear relationship between the number of childhood adversities (family violence, peer bullying, property crime, child physical and sexual abuse) and the level of adverse outcomes for children (Finkelhor et al., 2009 p. 404). Family violence leads to the largest increase in lifetime victimisation scores for children under 18, though issues such as child sexual abuse are weighted more heavily in terms of their impact on the child's future emotional well-being.

Intersecting Adversities

Children's vulnerabilities may be compounded by the intersection with issues of poverty, racism and disability. For example, the report by the Australian Aboriginal Children's Commissioner highlights not only the over-representation of Aboriginal children in care, but the fact that for 88% of these children in care, DV was a feature of their lives (Commission for Children and Young People, 2016). Separating the influence of culture, disability, poverty and temperament is a difficult but important task and may affect the way distress is expressed. However, the evidence suggests that there are features of the experience of DV that are common to children of all cultures (McIntosh, 2003). It may be that the issues of poverty are the intervening variable. The studies of children coming into care aligned with the low socio-economic areas in which they are located is indicative of the added stress, often on already vulnerable parents, created through poverty (Morris et al., 2018).

A significant difference between Anglo-Celtic cultures and Asian and Indigenous cultures often lies in the attention and embedded nature of extended family connections (Commission for Children and Young People, 2016). Migration and dislocation may interfere with these ties. However, there is evidence that too much emphasis may be placed by child protection practitioners on the nuclear family without 'safe places' being searched for in the family network. The Family Group Conference model with its roots in Maori extended family culture formalised the processes through which these networks could be explored and utilised to support and protect infants, children and young people when DV was present in their nuclear family (Corwin et al, 2019). The trial by Corwin and colleagues (2019) highlighted the significant difference to social support provided through the Family Group Conferencing process when compared to a control group.

The literature highlights the many forms of coercive control and abuse that constitute DV, and the diverse ways in which DV affects children.. At one extreme, children die (Commission for Children and Young People, 2016) or their mothers are killed (Alisic, Krishna, Groot & Frederick, 2015). Other children's lives are severely disrupted by the impacts of violence that undermine the functioning of their mothers and create an atmosphere of fear which heightens anxiety in children and impedes the development of their behaviour, emotional well-being and their neurological development (Holt et al., 2008). It is the child's perception and reaction to abuse and other stresses, and the protective factors they have around them, that influences the degree of trauma suffered. In short, the literature is not able to make predictions about which children under what circumstances will continue to thrive, and those for whom outcomes will be poor (Stanley, 2011).

Intervention and debates

The form that helpful interventions should take and the debates in the area are interconnected, particularly when discussing antenatal care, infants and children under five years old. Some of these issues include: strategies for intervening with pregnant women; the role of fathers who use violence and appropriate interventions; and grappling with levels of risk, particularly given the vulnerability of infants.

The vulnerability of infants and their mothers when men are violent and abusive during pregnancy suggest that these men have little positive to offer the family. Data from Canadian prevalence surveys show women attacked when pregnant, over time, were three times more likely than other women suffering domestic abuse to report serious violence (attack with weapons, strangulation and hospitalisation) (Jamieson & Hart, 1999). These men respond to vulnerability with violence and abuse rather than protection and are therefore an ongoing risk to women and children. Evidence such as this suggests that efforts should be made to support, in every way possible, women who wish to separate during their pregnancy and when their children are infants.

However, many women for a wide range of reasons do not want to, or are not in a position to separate (Humphreys & Campo, 2017). There are also a group of men who want to father differently and can be responsive to invitations to change their behaviour. A range of programs have been established, some of which specialise in the period early in the infant's life, providing information, support and counselling. For example, For Baby's Sake (https://www.stefanoufoundation.org/copy-of-for-professionals) and *Dads on Board* (Bunston, 2013) exemplify the approach of attending to safety while providing support. Programs may also begin during the antenatal period (Solmeyer, Feinberg, Coffman & Jones, 2014) focusing on early intervention, including programs customised for Indigenous men and

their families such as *Wondering from the Womb* (Crouch, 2017). The early evidence from these programs show mixed results, though clearly a group of men within them are responsive and engaged. Piloting of these programs is at an early stage as decisions are made about assessment, risk and safety and the extent to which they are 'all of family' programs (in which each family member receives a service though not necessarily together) or group work programs focused primarily on men, but with an adjunct partner support program.

A further debate arises in relation to the role of statutory child protection and the level of risk to children under five which can be held before places of safety outside the nuclear family need to be found. This chapter has outlined the significant vulnerabilities for infants and young children living with DV. The work of David Mandel and colleagues from the Safe and Together Institute (www.safeandtogetherinstitute.com) provide a framework for intervening where there is domestic violence, customised for statutory child protection workers. Central to the model is partnering with women (rather than placing them under surveillance) and intervening much more directly and fully with fathers who use violence (Humphreys, Healey & Mandel, 2018; Mandel, 2014;). Much greater attention is placed on assessment, risk management of men and engaging them in relation to their fathering.

There are no easy answers to the debate around 'rescue' versus 'family support' for infants in these families. Assessment should be customised to each family. Protective factors need to be assessed and explored as extensively as risk factors. This includes whether the isolation of many of the women living with domestic violence can be addressed. The dangers for infants living with mothers and fathers who often have drug and alcohol and mental health problems in a context of domestic violence will be dependent upon the demonstrated

capacity for change and the places in the family where safety and protection can be found (Commission for Children and Young People, 2016).

Conclusions

Intervening early, preventing the abuse of women during pregnancy and beyond is the most obvious strategy for protecting young children from DV. It indicates that a public health approach is required which engages young people early in understanding the harm to children created by violence and abuse in relationships (Jordan & Sketchley, 2009). The risks to the developing infant and the undermining of women in their role as mothers create significant harms which go beyond individual women and highlight the need to address 'the wicked problem' of domestic violence.

The range of strategies to intervene early are contested, particularly in relation to the role of fathers who use violence and the actions to be taken when domestic violence occurs early in the lives of children. A customised approach is required that recognises that infants and young children live in different contexts of vulnerability and protection and that these nuanced assessments will require highly differentiated responses.

Critical Findings

- Children under five years old are the most vulnerable to the impacts of domestic violence
- Infants are particularly susceptible to the undermining of their mothers by violence and abuse due to their high dependency needs
- The neurological development of infants and small children occurs through relationships with their primary carer/s. Debilitating the infant's mother through abuse may have profound impacts on the cognitive, behavioural and emotional development of the child.
- Many women seek to mother in circumstances of violence in ways that resist the abuse they are experiencing and seek to compensate with protective action towards their children
- Listening to children, observing infants, and seeking to hear what they are telling us, are important practices for professionals working with children living with domestic violence
- Children live in different contexts of protection and vulnerability. Blanket assertions that all children are equally harmed by violence are inaccurate.
- Repeated exposure over time produces worse outcomes for children.
- Mothers' parenting is often undermined by DV. Parenting capacity can be further compromised by poor mental health, substance misuse, and lack of social supports.

Implications for policy and practice

- Early intervention in the life course of infants and young children to prevent the harmful effects of violence and abuse is critical.
- Recognising that infants and young children are safe if their mothers are safe is a foundational concept.
- Fathers who use violence and abuse do not magically become good parents on separation.
- It is incumbent upon professionals to ensure that men who use violence are assessed, and attempts made to engage them in strategies to address their behaviour and attitudes.
- Women who are abused during pregnancy and beyond will need on-going support from health visitors/maternal and child health nurses and other professionals to decrease their isolation and address the ways in which their safety and well-being can be supported. This will directly affect the well-being of infants and young children in their care.

Table 1. Risks and observable impacts of DV on children

Risks of DV	***Some Observable Impacts***
Infants and Toddlers	
▪ DV prevents non-offending parent from responding consistently, leading to disrupted attachment and poor physical health ▪ Fear inhibits exploration and play ▪ Physical injuries	▪ Excessive irritability ▪ Underweight, sleep and eating difficulties ▪ Frequent illness ▪ Distressed at loud noises ▪ Inability to play
Pre-schoolers	
▪ Fear of being hurt ▪ Learning unhealthy ways to express anger ▪ Attributes violence to something they did ▪ Instability may inhibit the growth of independence ▪ Physical injuries	▪ Frequent illness ▪ Nightmares and significant sleeping difficulties ▪ Inability to play ▪ Extreme clinginess ▪ Aggression towards others ▪ Problems adjusting to change in routine
Primary school-aged children	
▪ School learning may be compromised ▪ Susceptible to rationalisations justifying violence ▪ Anxiety may affect school learning and social skills ▪ Physical injuries	▪ Frequent illness ▪ Bed wetting ▪ Defiant and aggressive behaviour ▪ Limited tolerance and poor impulse control ▪ Overly compliant behaviour ▪ Poor social competence

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