

*Impact of Violence on Children  
and Maternal Parenting*

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# Gender and Violence

- Domestic violence/intimate partner violence is a gendered crime, as it most likely to be perpetrated by men.
- In eight out of ten intimate partner homicides, women are the victims
- Men are most at risk of an assault by another man (ABS 2006).

# The Features of DV

Establish and maintain a climate of fear and control through:

- Threats to harm the target /their loved ones / their property.
- Physical assault
- Sexual assault
- Verbal & Emotional Abuse
- Financial abuse
- Social abuse
- Spiritual abuse

= **ISOLATION, FEAR, PAIN, DESPAIR, SHAME**

# Legal Constructs of DV

Assaults are:

- ‘event based’
  - A mutual private relationship issue
  - An outcome of provocation
  - Individualised
- = Beliefs that men who assault the mothers of their children can be ‘good’ fathers.

# Legal Constructs of Parental Violence to Children

- Australian parents are legally allowed to assault their children – using ‘reasonable force’ to discipline under common law.
- Family law requires that children are protected from violence but relies on state child protection systems to investigate and substantiate reports.
- Child protection systems only actively investigate ‘immediate risk of harm’ reports leaving a majority of notifications without active investigation.
- In some states Police attending domestic violence incidents where children are present are required to make a child protection notification, wherein mothers can be categorized as ‘emotionally abusive’ and pressured to end the relationship to keep care of their children.

# Prevalence of DV in Australia

- Around 20% of Australian women identified at least one experience of physical or sexual violence *by a current or former partner* since the age of 15 (ABS 1996).
- 42% of single previously partnered women reported experiencing violence - ex-partners were the most common perpetrators (ABS 1996).
- 2.1% of women reported violence by a current partner and 15% of women reported violence by a previous partner since the age of 15 (ABS 2006).

# Children's Exposure to DV

- 49% of people who experienced violence by a current partner had children in their care and 27% said the children had witnessed the violence (ABS 2006).
- 61% of people who experienced violence by a previous partner had children in their care and 36% said the children had witnessed the violence (ABS 2006).
- One in four Australian children has witnessed violence against their mother by a father or step-father (Indermaur 2001).

# Distribution of Violence

- ABS General Social Survey (2007) measured exposure to actual or threatened physical violence in the last 12 months.
- National 10.8%                      SA    11.4%
- Couples with dep children    9.5%
- Single with dep children        25.2%
- Jobless couples dep chn U15 11.2%
- Jobless single dep chn U 15 42.4%

# Pregnancy and Violence

- Pregnancy is a key ‘risk’ time for the onset of domestic violence. This includes women who are pregnant and wish to terminate their pregnancy (Taft 2002).
- 15% of women with current violent partners reported violence during the pregnancy and half of these said violence had occurred for the first time during the pregnancy (ABS 2006).
- 35% of women with violent previous partners reported violence during the pregnancy and again half of these said violence had occurred for the first time during the pregnancy (ABS 2006).

## **Children are always harmed when their primary carer is assaulted**

They

1. Witness the attack/s
2. Are hurt if they 'get in the way'.
3. Become direct target/s of attack
4. Experience the impact of abuse on their mum's parenting.
5. Can be 'recruited' by perpetrator to join in
6. Can be used by perpetrator to distress mother.

(Bancroft, and Silverman 2002)

# **Health consequences for women from DV (Taft 2003)**

- Post Traumatic Stress Disorder.
- Depression
- Anxiety
- Physical Injury
- Aggression/Mood Swings
- Substance Abuse as coping mechanism
- Social Withdrawal

# How Women Survive DV

Women use various approaches for coping with the violent behaviour of their partners.

- Adapt behaviour to suit what partner's demands.
- Physical, verbal or other forms of resistance to the abuser's behaviour
- Activities to maintain their self-esteem
- Methods to 'dull' or 'blunt' the effects of the abuse- therapy, alcohol, drugs, creative pursuits, disassociation.

# Mothering Issues Living in the Violent Relationship

- Increased risks of difficulty bonding, playing and engaging positively with their children especially if children have difficult behaviours such as persistent crying arising from living with DV.
- Child neglect as an outcome of dissociated mothering
- Attempts to shield children from abuse.
- Difficulty sleeping and getting children to sleep
- Increased risks of heightened stress and aggression towards their children.
- Increased risks of emotional withdrawal from children
- Being prevented by perpetrator from attending to their children
- Physical absence from children due to hospitalization
- Loss of care of children due to child protection action

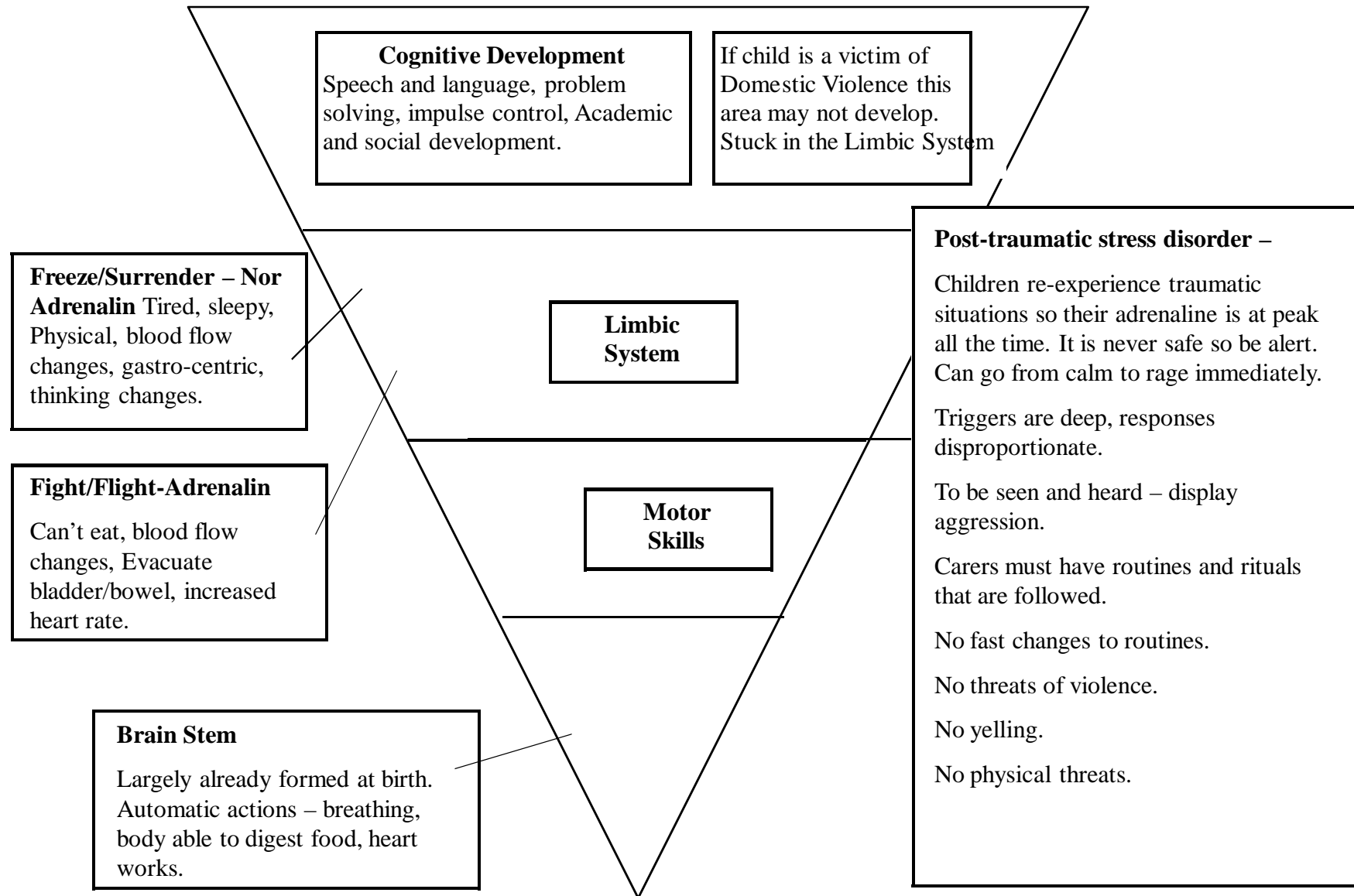
# Mothering Issues after Leaving the Violent Relationship

- Loss of housing, furniture and household goods, personal possessions, income, pets, social connections to school/childcare/ neighbourhood – dealing with upheaval leaves little time/energy for children.
- Family law requirements to provide children for contact with perpetrator.
- Loss of children to perpetrator under family law if mother resists contact.
- Can be ordered not to seek help for the child.

# Children's Development & DV

- Trauma of DV impacts development
- Developmental delay
- Risk of chronic traumatization
- Behavioural problems
- Learning difficulties
- Exclusion from services
- Poor relationships

# What impact children suffer/experience when witness to domestic violence and how it may effect them for the rest of their lives



## Re-cap on Trauma

[http://www.childtrauma.org/ctamaterials/Vio\\_child.asp](http://www.childtrauma.org/ctamaterials/Vio_child.asp)

- all humans process, store, retrieve and respond to the world in a state-dependent fashion.
- When a child is in a persisting state of low-level fear from exposure to violence, the parts of the brain that are processing information are different from those in a child from a safe environment.
- Chronically traumatized children are sensitized to stress

# Alarm Reactions

- **the sense of future is foreshortened.**
- Immediate reward is most reinforcing. Delayed gratification is impossible.
- Consequences of behaviour are not cognitively available to the threatened child.
- Reflection on behaviour -including violent behaviour - is impossible for the child in an alarm state.
- Without internal regulating capabilities of the cortex, the brainstem acts reflexively, impulsively, and aggressively to any perceived threat.

# Dissociation

- Dissociation is a trauma reaction where the infant/child cannot escape or stop the traumatizing event.
- Social withdrawal, emotional numbing, blank face, frozen posture, daydreaming, 'out of body' sensation, rocking, head-banging, fainting.

# Hyperarousal

- Hypervigilant children from chronic violence settings see threats everywhere and often misinterpret non-verbal cues; eye contact means threat, a touch can be interpreted as a sexual advance.
- Triggers for alarm reactions can include colours, smells, sounds, locations, objects, people associated with traumatizing events.
- Cerebral cortex activity shuts down in favour of immediate physical reflexivity.

# Learning Disabled or Traumatized?

- a traumatized child - in a persisting state of arousal - can sit in a classroom and not learn as different parts of the brain are in charge of brain functioning than a child who is calm.
- The capacity to internalize new verbal cognitive information requires a state of attentive calm – a state traumatized children rarely achieve.

# Some behaviour effects of domestic violence on children

- Poor physical and mental health
  - Incontinence
  - Excessive crying and screaming
  - Traumatized children find it hard to tolerate uncertainty and tend to avoid novel experiences and social contact.
- Aggression
- Headaches and stomach aches
  - In place of the creativity, imagination and free-flow of normal play, traumatized children often rigidly re-enact and repeat responses drawn from their trauma context or barely respond at all to environmental stimuli.

# Emotional effects of domestic violence on children

- Beliefs that they are bad, useless, naughty
- A sense of despair, hopelessness
- Constant fear and night terrors
- Anxiety and depression
- Learn that violence and aggression get needs met
- Lack of ability to concentrate
- Blame themselves for the violence against their mum

# Poverty Risks

Mothers and their children who have to flee their home, experience:

- Loss of housing/ possessions/neighbourhood supports/paid work
- Disrupted education/childcare arrangements for children
- Additional health and legal costs
- Children experience significant grief, loss and trauma, as do their mothers.

# Why don't they leave?

- Most women who are living in domestic violence eventually leave the relationship. This does not necessarily stop her being targeted- the perpetrator just changes his methods and tactics for access to her. This will often involve the children e.g. using contact visits to gain access to the mother.
- Women face serious economic consequences upon becoming a homeless, single parent.
- Public housing stocks are fast diminishing.
- Of the small percentage of women who do attempt to access a shelter, 50% are turned away.
- Many shelters will not accept children over 12 years old.

# Supporting the Mother-Child Bond

- Mothers and children who have lived with domestic violence often benefit from individual and family-based supports.
- A strong supportive mother-child bond assists children's recovery.
- Therapists aim to decrease the intensity and duration of alarm triggers and to create structure, predictability and nurturance for traumatized children.
- Mothers need to understand post-traumatic responses in themselves and their children and get treatment which complements the work with the child.
- Mothers and children often need to (re)learn different ways of relating and playing.

# References

- Australian Bureau of Statistics, (2006) *Personal Safety Survey*, Catalogue Number 4906.0, Canberra, AGPS.
- Australian Bureau of Statistics, (2007) *General Social Survey Australia*, Catalogue Number 4155.0, Canberra, AGPS.
- Bancroft, L. and Silverman J. (2002) *'The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics'* London, Sage.
- McInnes, E. 2004 'The Impact of Violence on Mothers and Children's Needs during and after Parental Separation' *Early Childhood Development and Care*, Vol 174, No. 4 pp.357-368.

# References cont.

- Radford, L. and Hester M. 2006 *Mothering Through Domestic Violence*, London Philadelphia PA, Jessica Kingsley Publishers.
- Taft, A. (2002) *Violence against Women in Pregnancy and after Childbirth*, Issues Paper No. 6, Australian Domestic and Family Violence Clearinghouse, Sydney, UNSW.
- Taft, A. (2003) *Promoting Women's Mental Health: The Challenges of Intimate/Domestic Violence Against Women*, Issues Paper No. 8, Australian Domestic and Family Violence Clearinghouse, Sydney, UNSW.