

Implications of Exposure to Intimate Partner Violence in Childhood

Kelly Oberheim;¹ Janice Barlow, MPA;² and Erin Nescott, MS³

1. Undergraduate Research Assistant, KIDS COUNT in Delaware

2. Policy Scientist, Center for Community Research and Service; Director, KIDS COUNT in Delaware

3. Associate Policy Scientist, Center for Community Research and Service

Abstract

The most recent available data show that children were present at 38% of domestic incidents reported throughout Delaware, and analysis of barriers to reporting predict this number to be much higher. Intimate partner violence (IPV) can take numerous forms, such as patterns of physical, sexual, psychological, economic, and reproductive abuse, meaning each situation manifests differently and requires individualized intervention. Children face unique short- and long-term challenges as a result of their witness status within such scenarios. Programming throughout Delaware works to support victims and mitigate the negative ramifications that IPV has on children and their families.

Introduction

Intimate partner violence (IPV) has long been studied, including the impacts on victims and numerous prevention strategies. Less is known about the impact of IPV on children, especially paired with the ever-increasing understanding of child development. This article explains the prevalence of children witnessing IPV, nationally and in Delaware, and the accompanying short- and long-term challenges.

Background

Intimate partner violence (IPV) is a pressing public health issue and a form of gender-based violence that occurs between current or former romantic partners. It can take numerous forms, such as patterns of physical, sexual, psychological, economic, and reproductive abuse, meaning each situation manifests differently and requires individualized intervention. In many cases, perpetrators of IPV will use a combination of these forms of abuse to exert greater power and control over their victims. Nationally, 25% of women and 10% of men report having been victims of IPV in their lifetime, and, though still emerging, recent research indicates that non-binary individuals report higher rates of IPV than women or men.^{1,2} People from disempowered groups are at an increased risk; abusers may exert control by taking advantage of existing social vulnerabilities. For LGBTQ+ people, abusers rely on existing homophobic and transphobic systems of stigma, discrimination, and lack of education around LGBTQ+ people to increase levels of control.³

When compared to the national landscape, numbers are even higher in Delaware, with 37.6% of women and 32.7% of men having reported victimization in 2020.⁴ However, there are far more victims of IPV than are captured by incident report statistics. Those who are simply aware of IPV occurring experience lasting physical, mental, and behavioral health consequences, and in

most cases these witnesses are children, who are repeatedly exposed to violence before intervention is sought, if at all.

Exposure to IPV is an adverse childhood experience (ACE) that encompasses instances in which the child is physically present at the time violence is committed, as well as those that the child perceives, such as hearing conflict from another room or seeing IPV-related injuries after they have occurred.^{5,6} In 2023, children were present at 38% of domestic incidents reported throughout Delaware, a figure that has remained relatively consistent over the last five years.⁷ Still, this data is likely to be undercounted, as broad themes such as “lack of awareness, access challenges, consequences of disclosure, lack of material resources, personal [circumstances], and system failures,” have consistently been found to hinder survivors’ reporting and help-seeking efforts (p. 1279). For example, failure to label behavior as IPV, language barriers, fears of being deported or outed as LGBTQ+, cultural stigma, agency distrust, and lack of housing represent only some of the potential obstacles survivors may encounter in reporting.⁸ Hence, given the barriers to reporting, it is likely that greater numbers of individuals experience IPV and, consequently, far more of Delaware’s children witness violence than statistics show.

Short Term Implications of Exposure to IPV on Children

Depending on the child’s age, the implications of IPV will manifest differently in the short term. Preschool aged children may show behavioral regression, meaning that they will resort to behaviors that they engaged in when they were younger, such as bedwetting, thumb sucking, or whining.⁹ Sleep patterns may also be disrupted at this age, with difficulties falling or staying asleep.⁹ Research has found associations between witnessing IPV and childhood onset of obesity, asthma, and gastrointestinal problems, with these problems occurring at higher rates than those of non-exposed peers.^{10,11} Developmentally, preschoolers are beginning to engage in and experiment with prosocial behaviors, but children exposed to IPV may exhibit decreased social competencies and, consequently, struggle to form healthy friendships.¹² However, school-aged children (aged 6-12 years) are affected differently than younger children are, namely because of their sophisticated understanding of themselves, others, and the world in conjunction with influences from peers and formalized education systems.^{13,14} At this age, children may exhibit difficulties forming and maintaining peer relationships, with many reporting higher levels of conflict with friends, lower self-esteem, and greater levels of loneliness than non-exposed children.¹⁵ Initially following violence, it has been shown that children in this age group show higher measures of depression and anxiety, though these measures may decrease as time progresses.¹⁶ Physically, school-aged children often experience headaches and stomachaches, and some report bedwetting (35.8%) and weight problems (22.6%) much like preschool aged children do.^{10,17}

Long Term Implications of Exposure to IPV on Children

As child witnesses of IPV age, they are placed at greater risk for physical and mental health conditions, in addition to those afflictions that may persist through childhood such as obesity and low self-esteem. As adults, these individuals are more likely to be diagnosed with depression, anxiety, diabetes, and heart disease.¹⁸ Notably, adults who were exposed to IPV in childhood are more likely to be involved in abusive relationships themselves, as either victims or perpetrators of violence.^{19,20} Preventing or limiting children’s exposure to IPV is an important step in interrupting the cycle of abuse.

In Delaware

Data reveal children were present at 38% of IPV incidents reported in Delaware in 2023, which amounts to nearly 4,000 children.⁷ This number only includes those conflicts that were disclosed to authorities. Likely, these children have witnessed numerous instances of violence prior to that which was reported. Given this alarming statistic and the observed short- and long-term implications, Delaware must address the issue.

The crux of the public health approach to violence is primary prevention, focusing on stopping violence before it occurs, and effective implementation of this methodology decreases the number of children exposed to and affected by IPV.²¹ In addition to traditional means of prevention such as teaching healthy relationship skills, another avenue through which violence can be prevented is by incorporating economic justice into policy, as proposed by the Delaware Coalition Against Domestic Violence (DCADV) in their 2022 White Paper, *Economic Justice as a Framework for Violence Prevention*. Economic justice is defined as “the human right to be compensated a livable wage and benefits equitably, in safe working environments, with the right to choose a job that is fulfilling... [meaning] that everyone has equitable opportunities to be financially self-sufficient and create economically stable lives for themselves and their families.”²² This framework intersects with IPV prevention in that it promotes stable and independent finances, a crucial aspect impacting an individual’s ability to leave an abusive relationship. Notably, economic justice also addresses the gendered component of IPV considering that those victimized by IPV are overwhelmingly female. Implementing fairer and more accommodating workplace practices like lactation-friendly policies, comparable pay, flexible work schedules, and childcare subsidies are especially helpful for women and persons capable of becoming pregnant to achieve financial independence, as these policies and those similar afford survivors of IPV certain flexibilities that their situations demand without compromising their finances nor their careers.²² Strengthening parents’ job stability and financial resources encourages better outcomes for their children, in terms of both their financial ability to provide children with basic necessities and to separate children from violent households. This is the primary mission of INVEST DE, a community workgroup created by the Delaware Coalition Against Domestic Violence that sets out to bolster workplace understanding of economic justice and how the implementation of such policies can reduce the prevalence of IPV throughout the state. However, where primary prevention is not possible, it is necessary to use research and data to inform policy throughout the state to help survivors of IPV and their children.

In New Castle County, the U.S. Department of Housing and Urban Development (HUD) funds CHILD, Inc.’s Rapid Rehousing Program, which creates individualized rehousing plans for clients fleeing IPV based on their unique circumstances and needs. This comes in the form of “assistance in the search for safe and affordable housing, assistance connecting with landlords and finding the best placement options, and monetary assistance for moving costs,” all of which help to stabilize survivors and their families by preventing or interrupting homelessness.²³ In 2023, CHILD, Inc. served over 50% more children than adults, with a total of 63 children and 37 adults having received services (p. 38).²³ These figures are reasonable considering that individuals seeking services often have and care for multiple children, but they reflect the disproportionate impact that homelessness has upon youth populations. Having and maintaining safe and reliable housing is especially important in creating consistency and security for children who have witnessed IPV, as well as in preventing the negative mental and physical health

consequences that accompany housing instability, such as learning difficulties, depression, anxiety, and asthma.²⁴

Receiving therapeutic services after exposure to IPV is important for all individuals, but it is especially important for children, as they are situated amid key developmental stages that make trauma even more impactful on the maturing brain. Trauma-informed care is a methodology that centers client experiences in the helping process, acknowledging the distinctiveness of their trauma and providing them with resources, support, and empowerment to work through it. For Kent and Sussex Counties, Turning Point at People's Place II provides such trauma-informed services to children, and the Helping Children Heal Program by CHILD, Inc. serves children in New Castle County. Across these programs, 83 children and adolescents received services in 2023, and, while this is an abundant success, this figure is far smaller than the aforementioned total number of Delawarean children reported present at instances of IPV throughout the year (p. 46).²⁵

Conclusion

Despite mandatory reporting policies, children can be missed when caring for victims of IPV and suffer a wide range of physical, mental, and behavioral health outcomes depending on their age at the time of exposure. Preventing IPV is the surest means of protecting children from the negative health outcomes that accompany witnessing patterns of violence, and prevention can take less traditional forms such as by implementing and updating workplace policies throughout Delaware to be more equitable and economically just. Still, it is important to recognize that prevention is not possible in all cases. Where prevention is unsuccessful, Delaware promotes the well-being of IPV survivors and their children via programming, such as those that exist for housing and trauma-informed therapy.

Ms. Oberheim may be contacted at keo@udel.edu.

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