

Impact of domestic violence on children: an integration study

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Abstract. The article discusses the consequences of neglect, physical violence, and sexual abuse on children. Neglect can cause severe disruptions in the normal development of children, to cognitive and emotional defects. Physical violence can have far-reaching negative consequences on children's emotional, psychological, cognitive, and physical development, including PTSD and delinquent behavior. Sexual abuse can cause fear, anger, hostility, depression, guilt, and shame in children. All three types of abuse can result in long-term and short-term major impacts on children's emotional and physical well-being. Future studies should focus on accurate analysis and specific treating methods to numerous kinds of situations faced by children after maltreatments.

Keywords: Domestic violence; Child development; Mental health.

1. Introduction

Family environment is substantial to the development of children. Development is defined as physical development, cognitive development, language development, and social-emotional development. Infants are not born to know how to behave and survive in the society; they observe and copy and learn the behaviors and values from the surrounding environment (Horney, 1942). The process directly starts when infants are brought into the world, building the basic values and personalities during childhood, and carries on continuously throughout humans' entire lives. This process is called socialization (Sullivan, 1953). The overall growth and development of an infant to the end of life is a continuous process to form bonds between individuals and the surrounding environments for most of human beings. These bonds have major influences on the development of individuals and help them to define their values and who they are based on what they have experienced. Form 0-6 years, it is the period where kids can be mostly influenced because they are in a early stage (also known as the most susceptible age range) of forming bonds, developing values, and forming personalities because they are open to learning since they are blank. The behavior of parents can results in huge impact on the development of the children's identities (the characteristics determining who or what a person or thing is). Researches indicated that experiencing domestic violence may cause substantial and long-lasting effects on children and adolescence, including the increase in the risk of possible disability in socializing, learning and series of mental illness (Holt, Buckley, &Whelan, 2008).

Despite knowing that domestic violence can cause serious harm such as high rate of depression and suicidal behaviors on the family and children, the percentage of domestic violence happening in the world still remains high in 2023. 1 in 15 children are experiencing domestic violence each year, and 90% of them are witnesses of it in the United States ([ncadv.org](https://www.ncadv.org/)).

In recent years, attention has been paid to the development of minors. In order to prevent minors from suffering more trauma, many countries have launched minor protection laws, such as the 'Conventions on the Rights of the Child' created by United Nations (1990), ensuring children's rights are actually written down and are protected by the law. However, it is still difficult to regulate private units such as families. Unfortunately, family is the only way for children from 0-6 years old to get the access to the society for the majority of the time, so it can be difficult prevent possible harm received by children.

There may be a lack of articles to systematically summarize the effects of domestic violence and bad parental behavior on children. This article will review the short - and long-term effects of emotional neglect and physical violence by parents, with the aim of drawing global attention to the management of the family unit and providing guidance and reference for possible future legislation and research.

2. Consequences of parental neglect on children

The risk of children experiencing neglect are higher compared to physical and sexual violence (Sedlak et al., 2010; Stoltenborgh, Bakermans-Kranenburg, Alink, & Van IJzendoorn, 2015). The impact of neglect on children are at least as severe as the impact of other types of child abuse (Norman et al., 2012). Child neglect is generally defined as the lack of caring behaviors which is essential for healthy child development; it includes various aspects of child maltreatment, such as lack of food provided, limited education, low level of emotional care, and lack of necessary medical treatments, contrasting with other child maltreatments which have harmful behaviors toward children (Mennen, Kim, Sang, & Trickett, 2010). Numerous types of child neglect are presented by different researches. *'Examples of neglect categories are physical neglect, emotional neglect, medical neglect, mental health neglect, and educational neglect (Erickson & Egeland, 2002); cognitive neglect (Slack, Holl, Altenbernd, McDaniel, & Stevens, 2003); psychological and environmental neglect (Dubowitz, Pitts, & Black, 2004); lack of supervision (Kaufman Kantor et al., 2004); and denial of professional care and treatment (Knutson, DeGarmo, & Reid, 2004).'* (Mulder, Kuiper, van der Put, Stams, & Assink)

Although the impact of neglect is one of the severest threats to the development and well-being of children, researches that directly tell the consequences of neglect is rare and are mostly combined with other types of child abuse. Nevertheless, based on the results of the research so far, it can be easily inferred that the consequences of various types of neglect are long-term and comprehensive.

According to Perry (2002), the growth and development of the child is associated with the simultaneous maturation in different areas of the brain and its pathways, and how will these sections develop depend on the surrounding environment and the child's interactions toward the environment. Neglect can cause series of disruptions on the normal development of children, which might cause disorders in nervous system and cognitive defects (Lee & Hoaken 2007). The cognitive and emotional parts of neglected children's brains are usually poorly developed. When neglect is combined with other forms of abuse, it will lead to the overdevelopment of the area responsible for survival in the brain, which leads to anxiety, impulse, poor emotional regulation and hyperactivity, while the limbic and cortical functions are still underdeveloped, thus affecting empathy and cognitive skills. Neglect in early childhood will result in the underdevelopment of children's brain capacity and volume, causing difficulties in cognitive, linguistic, behavioral and social functioning (Spratt et al. 2012). Neglect also causes delay in the development of expressive, receptive and language skills; these can be the deciding factors in later development (Avdibegović & Brkić, 2020).

Neglected children are more likely to suffer from internalized symptoms than children exposed to other forms of abuses. Examples of internalized symptoms can be passiveness and depression; lack of confidence, independence and self-determination; withdrawn; avoidance of social events; difficulties when facing stress, solving problems, acquiring friends and achieving school success. It is also associated high infant mortality rate, higher risks of personality disorders, as well as higher risk of suicidal and self-harm behaviors. All of these consequences may lead to higher possibilities of long-term development disorders relating to mental health disorders, behavioral and interpersonal difficulties, learning difficulties, causing higher risk of criminal activities and violence in adulthood, which might carry out a vicious cycle of domestic violence (Daniel et al. 2011, DePanfilis 2006).

3. Consequences of physical violence on children

Physical violence against children can have far-reaching negative consequences on their emotional, psychological, cognitive, and physical development. Children exposed to violence are more likely to have difficulty in school, abuse drugs or alcohol, act aggressively, suffer from depression or other mental health problems, and engage in high-risk sexual behavior. They are also more likely to drop out of school, have difficulty finding and keeping a job, and are at heightened risk for later victimization and (or) perpetration of interpersonal and self-directed violence.

Children may encounter posttraumatic stress disorder (PTSD) as one of their mental illnesses, which can cause them to repeatedly remember and have frightening thoughts about traumatic events,

avoid recollection, and exhibit over-arousal symptoms such as irritability, hypervigilance, and sleep problems (Margolin and Vickerman, 2011, Van der Kolk, 2000). PTSD can persist throughout their lifetime and have an impact on their lives (Gilbert et al., 2009). Family violence may be a potential precursor of PTSD in children, and an increase in family violence over time can affect the post-traumatic stress experienced by children. Children who experience family violence also show an increase in PTSD over time (Margolin and Vickerman, 2011, Vickerman and Margolin, 2007). The symptoms of PTSD include flashbacks, nightmares, severe anxiety, uncontrollable thoughts about the event, and re-enacting the traumatic event or aspects of it through play. Children with PTSD may also have physical symptoms such as headaches and stomach aches.

Criminal behavior encompasses a broad range of criminal activities, including theft and vandalism. There are various ways to measure delinquent behavior, such as the severity, frequency, and variety of offenses. Research suggests that variety scales are the preferred method for measuring delinquent behavior. Studies have established a link between family violence and violent and delinquent behavior in young people. However, the extent to which young people are affected by family violence depends on different aspects of it, such as frequency and duration. Children who are exposed to a greater amount of family violence over a longer period of time are at a higher risk of engaging in delinquent and violent behavior (Enzmann et al., 2017; Smith and Stern, 1997; Sweeten, 2012; Braga et al., 2017; Doelman et al., 2021; Kerig and Becker, 2015; Park et al., 2012; Steketee et al., 2019).

Insufficient or harmful care can result in significant effects on the physical and mental health, social skills, cognitive abilities, and brain development of children. Nevertheless, certain factors such as the child's individual characteristics, familial and social environment, and the duration, severity, and timing of abuse and neglect can safeguard some children from the negative outcomes of violence. Over the last 20 years, there has been a significant increase in effective treatment models for addressing child abuse and neglect. Children who have experienced physical violence require support and care to help them cope with the trauma and mitigate the negative effects. It is important to provide a safe and supportive environment for children who have experienced physical violence. Seeking out community resources, reducing stress, building coping skills, and providing emotional support can all help mitigate the negative effects of physical violence on children.

4. Consequences of sexual abuse on children

Studies have found that fear is the most common initial effect observed in children who have experienced sexual abuse, with varying proportions reported in different studies. The Tufts (1984) study is considered the most reliable due to its use of standardized measures, which found that 45% of 7- to 13-year-olds showed severe fears, compared to 13% of 4- to 6-year-olds. Another initial effect is anger and hostility, with 45-50% of 7- to 13-year-olds showing elevated levels of aggression and antisocial behavior, and 35% showing hostility directed outward. Adolescents also showed elevated levels of fear of being harmed. These findings are based on studies that have attempted to confirm the effects of child sexual abuse cited in clinical literature (Angela & David, 1986).

Studies have confirmed a link between child sexual abuse and depression in nonclinical samples. Sedney and Brooks (1984) found that college women with childhood sexual experiences were more likely to report symptoms of depression (65% vs. 43% of the control group) and to have been hospitalized for it (18% of those depressed in the childhood experience group vs. 4% of women in the control group). Briere and Runtz (1985) also found that sexual abuse victims reported experiencing more depressive symptoms than non-abused subjects. However, Sedney and Brooks' study used an overly inclusive definition of sexual experiences that may have included consensual experiences with peers. These findings are consistent with other studies that have found a link between childhood sexual abuse and mental health issues.

Between 13% and 17% of children aged 4 to 6 scored above the norm for aggression and antisocial behavior, while 25% of children aged 4 to 6 and 23% of adolescents had elevated scores on hostility directed outward. DeFrancis (1969) discovered that more than half of the children in his study of

court cases exhibited behavioral issues such as disobedience, disruptive behavior at home, and conflicts with siblings or peers. Child sexual abuse often leads to feelings of guilt and shame, with DeFrancis observing that 64% of his subjects expressed guilt, although this was mainly due to the difficulties caused by revealing the abuse rather than the abuse itself. Anderson et al. (1981) reported that 25% of the victims experienced guilt reactions. The literature and clinical reports indicate that physical symptoms are indicative of anxiety and distress. According to Anderson et al. (1981), 17% of adolescent girls who were victims of sexual abuse experienced sleep problems, and 5% to 7% had changes in their eating habits. J. Peters (1976) found that 31% of child victims of sexual abuse within the family had trouble sleeping, and 20% had eating problems. However, it is challenging to determine if these symptoms are severe or pathological for any group of children or specific clinical populations without a comparison group. Adolescent pregnancy is also a physical consequence that is sometimes mentioned in the literature. DeFrancis (1969) reported that 11% of child victims in his study became pregnant due to sexual abuse, but this percentage seems too high for a contemporary sample.

Most clinically based studies indicate that child sexual abuse victims, especially those who have experienced incest, tend to have sexual problems considering social norms later in life, such as high levels sexual activity, publicly masturbating, having an intense interest in sexual matters, and frequently exposing one's genitals. These factors could be considered confounding variables in the research (Tufts, 1984). Nevertheless, there have been no investigations conducted in the community that examine the sexual performance of adults who experienced sexual abuse during their childhood.

5. Conclusion

In conclusion, the three kinds of abuse all result in long-term and short-term major impacts which can be summarized to two aspects: emotional and physical. However, researches regarding the treatments to various conditions after maltreatment failed to take in to account the fact that both emotional and physical abuse can result in different levels of influences, which might cause different types of trauma, making them nearly impossible to be treated properly using only a few therapy methods. Possible future studies might focus on the investigation in accurate analysis and specific treating methods to numerous kinds of situations faced by children after maltreatments.

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