

■ Children exposed to intimate partner violence: impact assessment and guidelines for intervention

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Abstract

In recent years there have been significant changes in the system of protection of children and adolescents in Spain. One of the most important changes that has affected intimate partner violence (IPV) is the category of victims, which includes children who have been exposed to situations of gender-based violence among their parents. This study aims to analyze the impact that exposure to gender violence can have in children's psychological development, specifically in the emotional and social areas. We recruited 132 children whose mean age was 9.54 years ($SD = 2.18$), 47.7% were girls. Of this sample, 66 participants reported being exposed to situations of gender violence and the rest had not been exposed. Psychological adjustment was assessed through the self-reported version of the Child and Adolescent Behavior Assessment System (BASC-S2). The results indicated that children who have been exposed to gender violence have higher scores on psychosocial disorders compared to children from non-violent families. In global terms, the results showed that children exposed to violence show greater adaptive and emotional difficulties. A reflection on the identified needs and their implications for evaluation and intervention is presented.

Keywords: intimate violence partner, children, exposure, psycho-emotional effects, intervention.

Resumen

Niños expuestos a violencia de género: impacto y orientaciones para la intervención. En España, en los últimos años ha habido cambios significativos en el sistema de protección a la infancia y adolescencia. Uno de los cambios más importantes que ha repercutido en el tratamiento de la Violencia de Género (VG) es la categoría de víctimas, que engloba a los niños que en alguna medida hayan tenido relación o hayan estado expuestos a situaciones de violencia de género entre sus progenitores. Este estudio tiene por objeto analizar el impacto que la exposición a violencia de género puede causar en el desarrollo psicológico infantil, concretamente en las áreas emocional y social. Se reclutaron 132 niños cuya media de edad fue 9.54 años ($DT = 2.18$), el 47.7% eran chicas. De esta muestra, 66 participantes informaron haber estado expuestos a situaciones de violencia de género y el resto no lo habían estado. El ajuste psicológico fue evaluado a través de la versión auto-informada del Sistema de Evaluación de Conductas de Niños y Adolescentes (BASC-S2). Los resultados indicaron que los niños que han estado expuestos a violencia de género presentan mayores puntuaciones en alteraciones psicosociales en comparación con niños provenientes de familias sin violencia. En términos globales, los resultados mostraron que los niños expuestos a violencia manifiestan mayores dificultades adaptativas y emocionales. Se reflexiona sobre las necesidades identificadas y sus implicaciones para la evaluación e intervención.

Palabras clave: violencia de género, infancia, exposición, efectos psicoemocionales, intervención.

Current statistics show that domestic violence is more prevalent in couples with children under their care, being couple breakup a critical moment (Arce, Fariña, & Seijo, 2005). The most recent European survey on violence against women reported that in 73% of cases women had family responsibilities (European Union Agency for Fundamental Rights, 2014). A review of national statistics and prevalence rates reveals similar trends. For example, according to a Spanish Government survey involving 10,171 mothers who had reported being

victims of IPV, an estimated 63.6 % of children had been exposed to violence (Delegación del Gobierno de España para la Violencia de Género, 2015). Other figures that are of increasing social concern in Spain refer to the number of women ($n = 44$) and children murdered, and the 26 children orphaned due to IPV (Ministerio de Sanidad, Servicios Sociales e Igualdad, 2016). Owing to the gravity of this phenomenon, and in response to several European initiatives designed to counteract IPV and to draw public attention to the plight of children,

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the Spanish Government has introduced major reforms in the child protection system. Thus, children from mothers reporting IPV are considered to be potentially at risk, being assigned the legal status of victims in order to safeguard their welfare and safety (Moreno-Torres, 2015). Moreover, children from victim mothers are in risk of developing an indirect psychological injury (Arce, Fariña, & Vilariño, 2015).

Research in the field of IPV has identified various forms of child victimization in cases of IPV such as: 1) direct child abuse, 2) exposure to IPV and, 3) the co-occurrence of child maltreatment and exposure to IPV (Baker & Cunningham, 2005). This study focuses on children's exposure to IPV between parents to further our understanding of the complexities and impact on the psychological functioning of children. According to Groves (1999), children experiencing IPV are usually aware of the family problems and violence. This is hardly surprising considering at least 75% of violent behaviour in the family home occurs in the presence of children and the odds are multiplied when referring to physical assault (Holt, Buckley, & Whelan, 2008). However, children's exposure to IPV is not confined to passively witnessing violent behaviour since they are incessantly embroiled in conflicting situations (Holden, 2003; McDonald et al., 2015; Renner & Boel-Studt, 2017).

Most studies have concluded that early exposure to stressful situations associated to IPV have a negative impact on the child's mental health (Committee on Psychosocial Aspects of Child and Family Health Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, and Section on Developmental and Behavioral Pediatrics, 2012; Shonkoff, Garner, and The Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, and Section on Developmental and Behavioral Pediatrics, 2012). For example, a meta-analysis reviewing 118 studies found that children's exposure to IPV predicted internalizing problems and psychological clinical disorders estimated to range from 50 to 63% (Kitzmann, Gaylord, Holt, & Kenny, 2003). Some clinical disorders identified in children living in violent families are trauma, depression, and anxiety symptoms that have been linked to chronic diagnoses and health risk behaviours (Howell, Barnes, Miller, & Graham-Bermann, 2016; Limiñana, Suriá, & Mateo, 2017; Olaya, Ezpeleta, Osa, Granero, & Doménech, 2010).

As for emotional functioning, Howell and Graham-Bermann (2011) have underscored that environmental stressors (e.g. family violence) tend to provoke uncontrolled emotional responses in school children. As a result, children in families exposed to IPV often report more mood swings, feeling fear, despair, anger, frustration, shame, insecurity, self-blame and low self-esteem as compared to non-exposed children (Haj-Yahia, 2001; Limiñana et al., 2017; Lundy & Grossman, 2005; Peisch et al., 2016). From a psychosocial development perspective, children exposed to IPV exhibit difficulties in managing social situations due to social withdrawal and avoidance patterns (Limiñana et al., 2017). In addition, a longitudinal study found that emotional competence mediated the relation between children's exposure to IPV and negative peer interactions (Kazt, Hessler, & Annett, 2007). Recent researches have also shown that partner problems were associated with parent-child relationships, which in turn were partially associated to the children's outcomes in friendships (Gallagher, Huth-Bocks, & Schmitt, 2015) and child-to-parent violence (Contreras & Cano, 2016).

Additionally, the impact of witnessing IPV affects academic performances, e.g., school children exposed to IPV were observed to have learning problems in maths and language (Lundy & Grossman, 2005).

Evidence of deficits in executive functioning was found in children submitted to IPV, with problems related to planning, prioritizing, organizing, and task completion that were directly involved in academic performance (DePrince, Weinzierl, & Combs, 2009). Despite certain methodological limitations and some discrepancies across previously described research on different effects, moderating factors, and less explored areas, the exposure to IPV during childhood is well-established as a form of child maltreatment leading to substantial psychological hardship (McTavish, McGregor, Wathen, & MacMillan, 2016).

Current study

This study aims to analyse the psychological impairment caused in Spanish children exposed to IPV. It was hypothesized that children who had been exposed to IPV would exhibit: 1) global psychological maladjustment, 2) emotional impairment, and 3) social problems as compared to children who have not been subjected to violence in their family.

Numerous researchers have obtained their samples from woman shelters or mental health services, where participants had experienced particularly severe emergency IPV situations with a lack of support and manifest clinical disorders (Gilroy, McFarlane, Maddoux, & Sullivan, 2016). The present study contributes to the current literature by exploring the effects of IPV exposure on children who do not meet the previously described requirements. Thus, families were recruited in collaboration with paediatricians, school counsellors and social agents. One primary requirement was that children were the main informant, given that the assessment of internalized symptoms is considerably more constrained when applied only to mothers, who find it difficult face up to such a complex assessment due to their own personal circumstances (Howell, Miller, & Graham-Bermann, 2012).

Method

Participants

This study included 132 Spanish children (53.3% males), aged 6 to 12-years, mean age 9.54 years ($SD = 2.18$). Sixty-six children had experienced IPV within the past year, and their mothers were already separated from the domestic violence perpetrators. Sixty-six children met the criteria for the control group (i.e., no prior experience of IPV between parents who were still living together at the time of the evaluation). The gender violence offences were ascertained through court judgements.

Regarding the educational status of children, most children were at primary school (76.6%), and the remainder in the early stages of high school (23.4%). Female victims had been experienced physical violence (62.9%), psychological abuse (34.8%), sexual assault (1.5%) or all previous forms (0.8%) by their ex-partner. Mothers of children exposed to IPV reported children were mostly exposed to physical and psychological abuse in 39.8% and 28.4% of cases, respectively. In comparison, the mothers of children in the control group reported their children had never been a direct witness of IPV (68.2%), or had not known these sort of events (31.8%).

Procedure

This study examined links between IPV exposure and psychological impact in 132 children recruited from paediatricians, schools, and domestic violence social agencies. The study was approved by the Eth-

Table 1. Comparison of IPV Exposure vs. no IPV Exposure groups on the BASC-S2.

Variable	IPV Exposed		No IPV Exposure		<i>t</i>	<i>df</i>	<i>p</i>	<i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
School maladjustment	116.22	24.95	110.80	31.57	1.07	124	.28	.19
Attitude to school	3.10	2.42	2.15	2.22	2.25	124	.02	.40
Attitude to teachers	2.14	2.17	1.54	2.16	1.54	124	.12	.27
Clinic maladjustment	152.93	49.65	146.52	26.74	0.89	101.7	.37	.16
Emotional symptoms index	330.64	73.52	288.55	56.30	3.60	121.4	<.001	.63
Anxiety	7.97	4.06	6.70	4.38	1.67	123	.96	.30
Atypicality	3.71	3.06	2.74	2.73	1.81	118	.07	.32
Locus of control	6.22	3.82	4.00	3.12	3.55	122	<.001	.62
Social Stress	4.02	3.14	2.49	2.25	3.18	121.6	.002	.56
Depression	3.89	3.36	1.77	2.37	4.14	121.2	<.001	.73
Sense of inadequacy	3.47	2.29	2.10	2.28	3.32	123	<.001	.58
Personal adjustment	177.92	41.55	205.57	25.97	-4.53	114.2	<.001	.79
Interpersonal relationships	6.95	2.41	8.51	1.46	-4.59	114.5	<.001	.81
Relationships with parents	9.27	2.15	9.96	1.61	-2.03	121.6	.04	.35
Self-esteem	4.98	1.62	5.89	.95	-3.90	113.1	<.001	.68
Self-reliance	8.79	2.10	12.26	16.76	-1.69	123	.09	.29
Validity	0.27	0.53	0.05	0.22	3.11	94.6	.002	.55
F Index	1.56	1.90	0.77	1.42	2.59	124	.01	.45
Consistency index	5.73	8.73	3.93	10.85	1.03	124	.30	.18
Pattern response index	74.75	12.18	78.05	12.26	-1.50	123	.13	.26

t = Student's *t*-Test; *df* = degrees of freedom; *d* = Cohen's effect size.

ical Committee of Clinical Research (CEIC) of Galicia, Spain. Data analysed in the current study were collected as part of a larger study in collaboration with the pediatricians and the Pediatric Emergency Service of the University Hospital of Santiago de Compostela, school counsellors, and social agents specialized in domestic violence who distributed the recruitment form and explained the research objectives to the families involved. Those interested in participating were asked to contact the researchers to arrange an individual pre-interview with each mother. During the pre-interview stage, researchers screened: 1) family situation (previous IPV by ex-partner or no family history of IPV), and 2) that children were not direct victims of any form of abuse (physical, psychological or sexual). Additionally, the mothers provided socio-demographic data and contact details. All mothers were explained the study objectives and freely volunteered to participate in the study. Signed informed consent was obtained from all mothers, and participants were assured the data collected would remain anonymous and confidential under the Spanish data protection law. Finally, each child was interviewed individually for the researcher to administer the survey, which took approximately 50 minutes to complete.

Measurement instruments

Socio-demographic and family information

Mothers responded to an ad-hoc survey containing demographic questions about themselves (e.g. age, education, profession), their familiar situation (e.g. marital status, number of offspring), their children (age, gender, educational level), and specific aspects of violence against the mother and the children's exposure to IPV.

Psychosocial adjustment

The Behaviour Assessment System for children (BASC-S2; Reynolds & Kamphaus, 1998), adapted to the Spanish context by González-Marqués, Fernández-Guinea, Santamaría, Pereña and Pérez-Hernández (2004). This is a 146-item self-report questionnaire designed for

children aged 6 to 12-years. Overall, psychological and personality aspects are valued, as well as the personal perception of children about themselves and interpersonal and family relationships. The multidimensional measure consists of 12 subscales, with the *Clinical scales* gathering data on school maladjustment, attitude to school, atypicality, locus of control, social stress, depression, sense of inadequacy; and the *Adaptive scales* data on interpersonal relations, relations with parents, self-esteem, and self-reliance. Furthermore, this instrument reports 4 *global dimensions* i.e., clinic maladjustment, school problems, personal adjustment, and emotional symptoms Index (ISE). In this sample, the BASC-S2 had acceptable internal consistency of $\alpha = .70$ to $\alpha = .80$ across subscales.

Data analysis

The method of analysis used was the comparison of medians between two groups based on the exposure to IPV by applying Student's *t*-Test for independent samples. To improve the description of the sample through standardized medians, the effect sizes were calculated using Cohen's *d* (Cohen, 1988). Thus, the analysis took into account *d*, with values equal to or above .20 indicating a small effect size, equal to or greater than .50 a medium effect size, and .80 upwards were considered large effect sizes (Cohen, 1988).

Results

Table 1 presents the results for the comparison of averages between groups. Children exposed to IPV showed statistically meaningful differences in the following clinical scales: negative attitude to school $t(124) = 2.25, p < .05, d = .40$, locus of control, $t(122) = 3.55, p < .001, d = .62$, social stress, $t(121.6) = 3.18, p < .01, d = .56$, depression, $t(121.2) = 4.14, p < .001, d = .73$, and sense of inadequacy $t(123) = 3.32, p < .001, d = .58$. According to these results, children who had experienced IPV were more dissatisfied with school, felt unable to manage their personal situation or to keep it under control, mani-

fested depressive symptoms, had more stress in social contexts, and a negative self-perception related to success. In contrast, on the adaptive scales the children in the control group with no exposure to IPV showed higher scores in interpersonal relationships, $t(114.5) = -4.59$, $p < .001$, $d = .80$, relationship with parents, $t(121.6) = -2.03$, $p < .05$, $d = .35$, and self-esteem, $t(113.1) = -3.90$, $p < .001$, $d = .68$. Thus, these children were more successful in their social relationships, and had better relationships with their parents and greater self-esteem.

The results in the global dimensions indicate that children exposed to IPV showed poorer Personal Adjustment, $t(114.2) = -4.53$, $p < .001$, $d = .79$, and a higher Emotional Symptoms Index (ESI), $t(121.4) = 3.60$, $p < .001$, $d = .63$. In comparison, children not exposed to IPV reported more coping skills and social/family support than children exposed to IPV. The opposite occurred in the assessment of the ESI, which agglutinates the scores obtained in the clinical scales, indicating that children exposed to IPV manifested greater emotional distress. With the exception of the Consistency Index, $t(124) = 1.03$, $p < .01$, $d = .18$, the other validity scales properly overcome in both groups, indicating children exposed to IPV had greater difficulties in answering to similar items.

Of the scales that were significant, a large effect size was observed in interpersonal relationships, with a close association between childhood exposure to IPV and difficulties in managing and maintaining social relationships. Moreover, a moderate effect size was found between exposure to IPV and the presence of an external locus of control, stress in social interactions, depression, sense of inadequacy, poor self-esteem and personal adjustment, and high ESI. Finally, the effect size was small in negative attitude to school and relationship with parents, which exhibited a less intense interaction. In relation to the global state, the parameters estimated show that children's exposure to IPV was associated to personal maladjustment and emotional symptoms with a medium effect size. Overall, these results support the initial hypothesis that children exposed to IPV exhibit global psychological maladjustment as well as emotional and social impairment.

Discussion

The findings of this study revealed that children exposed to IPV reported lower levels of success in their interpersonal relationships as compared to non-exposed peers. Unlike some previous studies (Chan & Yeung, 2009), interpersonal relationships outcomes were found to be more strongly associated with exposure to IPV than internalizing problems. This may be due to sample characteristics. Thus, the developing of internalizing problems requires of a high cognitive competence (moderator) to inform about internalizing symptoms in a clinical interview (Vilariño, Arce, & Fariña, 2013). Results indicated that children who have been exposed to inter-parental violence show higher levels of dissatisfaction with their social interactions, which coincides with other recent studies (Gallagher et al., 2015; Verissimo, Santos, Fernandes, Shin, & Vaughn, 2014). Researchers worldwide have associated the exposure of children to domestic violence with difficulties in being empathetic, interpreting social communication properly, and in articulating feelings and experiences (Gallagher et al., 2015; Howell & Graham-Bermann, 2011). Recently, several studies have shown that the quality of attachment provided by parents greatly influenced the development of social skills in children (Pinto, Verissimo, & Vaughn, 2015; Verissimo et al., 2015) and the adult attachment (Novo, Herbón, & Amado, 2016). Consequently, children exposed to IPV exhibited greater difficulties in maintaining lasting and healthy friendships, which diminished the odds of receiving sup-

port outside the home in comparison to other children (Gallagher et al., 2015; Howell, Cater, Miller-Graff, & Graham-Bermann, 2015).

Moreover, evidence of external locus of control, social distress, depressive symptoms, low self-confidence and self-esteem, negative school perception, difficult parental relationships, personal maladjustment (with tendency to shyness), and severe emotional distress has been reported in children exposed to IPV (Brown, Fite, Stone, & Bortolato, 2016; Mateos-Pérez, Calvete, & Hankin, 2015; Seijo, Fariña, Corrás, Novo, & Arce, 2016). As regards external locus of control and sense of self-efficacy, some authors have concluded that children exposed to inter-parental conflict perceived high levels of threat and coping inefficacy and were at greater risk of internalizing disorders (Camisaca, Miragoli, Blasio, & Grych, 2017). It has been suggested that the presence of internalizing symptoms in children exposed to IPV could be explained in part by the alexithymia disorder, which is related to difficulties in identifying, expressing, regulating emotional reactions and avoidance responses (Brown et al., 2016). Other authors have pointed out that social distress does not just rely on individual variables (e.g. negative self-esteem, social self-perception, and sense of inadequacy), but is also related to family variables such as parenting practices (Gómez-Ortiz, Casa, & Ortega-Ruiz, 2016). Recent studies concerning the child-parent relationship have asserted that children exposed to IPV are also exposed to less parent-child warmth and affection, which may play a key role in short and long-term psychological functioning and relational skills (Miller-Graff, Cater, Howell, & Graham-Bermann, 2016). The evidence supports the view that violence does not just take place in the intimate dyad but also has negative effects on relational patterns throughout the entire family. Beyond household impairment, learning difficulties and negative academic outcomes may make school a new stress factor generating personal frustration, rejection and dissatisfaction in the child (Perkins & Graham-Bermann, 2012). Finally, the results of this study are in line with previous work underscoring that children's exposure to IPV is a complex issue that affects the child's socio-emotional development, and that psychological maladjustment may even extend well into adulthood unless children receive due support during the early stages of childhood (Cater, Miller, Howell, & Graham-Bermann, 2015).

Limitations

In this study the main limitation researchers had to overcome was in gaining access to children meeting the inclusion criteria. On the other hand, it is necessary to take into account methodological limitations of the measurement instruments that have been applied, that is, self-report measure, as well as those derived from the type of sampling and the size of the sample. Though the results of this study cannot be extrapolated to the general population, they do shed some light as to the personal, family, and social needs of children exposed to IPV.

Implications for intervention

The results of this study highlight that interventions should be tailored to the psychosocial needs of children exposed to IPV, and the paramount importance of previously detecting the risks and safety of both the child and the abused caregiver (MacMillan, Wathen, & Varcoe, 2013; Rodríguez-Carballeira et al., 2015). Hence, the application of standardized psychometric tests validated in other populations may not achieve the desired outcomes given that children exposed to IPV have specific needs and characteristics. Thus, the primary goal of assessment in these cases should be to obtain relevant information

for designing bespoke personalized itineraries for each child, family, and community services. In Spain, the risk assessment model of child abuse has been adapted to detect situations of IPV. This tool supports social agents in undertaking preliminary needs analysis, particularly in high-risk situations without actually evaluating the existing harm on children (Observatorio de la Infancia, 2014). The same procedure leaves out other professionals (such as paediatricians, teachers or school counsellors) who are in direct contact with families that show these needs, and facilitate access to specialized care treatment.

Initial screening is thus an essential prerequisite to determine the type of intervention that is required in each specific case. Though an array of different intervention models are available; Howarth et al. (2016) claims that psychoeducational group-based interventions targeting the child are more effective for improving mental health than other types of intervention. This type of intervention has been applied in Spain (e.g., the community-based program “Support for children who have lived domestic violence”), which is organized in group sessions and designed to promote the emotional regulation of children (Fariña, Arce, & Seijo, 2009). Alternatively, innovative approaches have been applied to children exposed to IPV to enhance their resilience, coping skills, child-parent relationship, emotional socialization, and to foster the active role of children in their mother’s recovery as well as improving self-perceived safety after creating a safety plan (Callaghan, Alexander, & Fellin, 2016; Katz, 2016; Hawe, Eisenberg, Kohlhoff, & Dudeney, 2017; Miller, 2014). It would be of interest if research findings can be incorporated to improve interventions. Also, requiring the administration, continuity should be given to interventions that have results based on scientific evidence.

Conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this article.

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