

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

The Effects on Children Exposed to Domestic Violence

A Senior Honors Thesis

Submitted in Partial Fulfillment of the Requirements
for Graduation in the Honors College

By

Annaliese Schiano

Nursing Major

SUNY Brockport, State University of New York

April 27th, 2024

Thesis Director: Candice Laboy, Associate Professor, Nursing

Educational use of this paper is permitted for the purpose of providing future students a model example of an Honors senior thesis project.

Table of Contents

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Abstract...	Pg. 4
Acknowledgements...	Pg. 6
Chapter 1: Introduction and Significance...	Pg. 8
Chapter 2: Background....	Pg. 15
Chapter 3: Methods...Pg.	24
Literature Review Table...	Pg. 26
Chapter 4: Results and Findings...Pg.	30
Chapter 5: Discussion and Conclusions...	Pg. 34
References...Pg.	37

Abstract

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Domestic violence (DV) is a prominent issue in the United States. One in four women and one in nine men have experienced severe physical violence, sexual violence and/or stalking in the U.S alone.(Office of Violence Against Women, 2023). Children can be exposed to this violence in their daily lives, and it can have detrimental effects on their physical, mental, and behavioral health, and their futures. Effects can include higher risks of self-harm, bullying or being bullied, violent or aggressive behaviors in childhood, teen pregnancy, dropping out of school, less secure attachments, post-traumatic stress symptoms, asthma diagnoses, cortisol dysregulation, anxiety, depression, antisocial behaviors, and a higher risk of being in a violent relationship themselves.(Howell, 2016, Horner 2023, Oguzturk et al., 2019, Clarke et al., 2020, Adhia et al., 2019, Nicholson et al., 2018). It is critical that healthcare teams and nurses specifically are taught signs and symptoms of exposure to violence to prevent these harmful effects and are trained to screen pediatric patients for exposure. It is also recommended nurses know the most up to date information on mandated reporting and their individual state laws. Recommendations include more longitudinal studies to be developed to study how exposure to violence can impact a child for the rest of their adult lives, and development of training programs for healthcare teams.

Acknowledgements

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

I would like to thank my thesis director Professor Candice Laboy for guiding me through this project and helping me take my necessary steps to success. I would also like to thank my best friend for supporting me through this project and never letting me lose ambition. Finally, I would like to thank my dad for always inspiring me to work to my fullest potential.

Introduction and Significance

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Domestic Violence (DV) is defined by the U.S Department of Justice as “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.” (Office on Violence Against Women, 2023, pg.1). DV can include physical, verbal, sexual, economic, and psychological acts towards a partner (usually these partners are romantically linked). In physical terms this can mean slapping, kicking, punching, etc. In verbal terms this can mean degrading someone's opinions and values, screaming, cursing, and calling derogatory names. Sexual abuse includes touching in a sexual tone without consent or forcing oneself onto the other partner. Economic abuse means someone holding money against the other party's will or stealing one's money without prior permission. And finally, psychological abuse can mean manipulation of a partner, seclusion of a partner, and using over-the-top romantic displays to manipulate a partner etc. Finally, this abuse can also include acts of stalking. Though domestic violence is defined between intimate partners, there have also been effects of this toxicity on children in the household. (Office on Violence Against Women, 2023). Exposure to domestic violence from the ages of zero to 18 years old can have detrimental effects on a child's behavior, mental/psychological state, physical state and can have a significant impact on a child's future.

Some statistics on domestic violence in the United States are: 20 people per minute are physically abused by an intimate partner, one in ten women have been raped by an intimate partner, and intimate partner violence accounts for 15% of violent crimes. (National Coalition Against Domestic Violence, 2020). Men can also be victims of violence, with one in seven men being severely physically abused by an intimate partner. Black communities are at high risk of experiencing intimate partner violence as well, with “45.1% of Black women and 40.1% of Black men have experienced intimate partner physical violence, intimate partner sexual violence and/or intimate partner stalking in their lifetimes” (National Coalition Against Domestic

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Violence, 2020, Pg. 1). Regarding children being exposed, one in fifteen children are exposed to intimate partner violence every year, and 90% of these children eyewitness the violence.

Furthermore, one in five children witness DV in their lifetimes, children who experience child abuse tend to have more severe outcomes when combined with DV, almost 60% of children who experience DV will also experience abuse, one in five child homicides from age 2-14 are related to DV, and finally abusive parents tend to use child custody as a way to threaten and harass their victim further. (National Coalition Against Violence, 2020).

There are immediate consequences of being exposed to domestic violence. Some immediate consequences of this exposure during childhood include “generalized anxiety, sleeplessness, aggression, difficulty concentrating, nightmares, bed-wetting, and separation anxiety.” (National Coalition Against Domestic Violence, 2023, Pg.1). Some other effects are children who have been exposed to DV can convey increased aggression in their behavior, or they can also be more withdrawn. Children also have more of a chance of being diagnosed with depression and anxiety. These children can also have higher rates of teen pregnancy, lower grades, and higher high school dropout rates. Higher rates of asthma and lower rates of immunizations are also seen. Rates of violence are also higher, for example in adolescents it is seen that they are more likely to be in fights and have and use weapons in school. (Oguzturk et al., 2019, Howell et al., 2016, Izaguirre et Calvete, 2015, Horner, 2023).

In the nursing field there is a premise called social determinants of health. Based on the Center for Disease Control and the World Health Organization, "Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

systems, development agendas, social norms, social policies, racism, climate change, and political systems.” (Centers for Disease Control, 2022, Pg.1). Some SDOH of importance are economic stability, social/community context, and access to resources such as healthcare. SDOH can very well affect the occurrence and severity of domestic violence in a household, therefore making the children of these families more at risk for exposure, and more at risk for feeling the effects of said exposure.

The first SDOH to investigate is economic stability. Socioeconomic status can be a predictor of DV, and “women who had an annual household income less than \$20,000, less than \$35,000, or \$75,000 or more were estimated to have lower adjusted odds of sexual IPV (adjusted OR = 0.555, 95% CI [0.390, 0.791]) compared to women who reported their income in the categories of less than \$10,000 and less than \$25,000.” (Guler, 2024, Pg. 12). Economic status can determine your place of living as well; “women who reported currently living in a house, condominium, or apartment were estimated to have lower adjusted odds of physical IPV (adjusted OR = 0.649, 95% CI [0.438, 0.96]) compared to women who reported living in a trailer, mobile home, shelter, or group home.” (Guler, 2024, Pg. 16). It also seen that women who had a need for government financial assistance were more at risk for sexual violence and stalking. (Guler, 2024). Furthermore, based off the CDC it also states that economic stress, and low income are risk factors for being a victim of intimate partner violence (2021).

Another SDOH is social and community context meaning the combination of social and community factors can affect someone's risk for being a victim of domestic violence. Based off the CDC, communities with higher rates of poverty, unemployment, violence, crime, easy access to drugs and alcohol, and weak sanctions against DV (unwillingness of the community to intervene) can be more at risk (2021); it is also found that if neighbors are not as close to each other and there is a lower community involvement, it also puts you at risk for violence (Centers

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

for Disease Control, 2021). Also, community social norms of men having a higher status in the community and women having a lower status also increases risk of violence (particularly against women). (World Health Organization, 2024). People who identified as a past abuser also “identified exposure to violence in their communities both as children and adults... our participants asserted that violence in their communities both domestic and street violence was viewed as normal and an appropriate mechanism for resolving interpersonal conflict.” (Morrison et al., Pg. 474). Meaning, if you grew up or currently live in a community that has higher violence rates can make you more apt to be an abuser yourself.

Some other social factors include religion/religious beliefs. For example, certain religious beliefs can contribute to the widespread acceptance of violence, in the form of submission and obedience. More specifically these beliefs are found in the Middle East, and/or religions that use the Bible or the Qur’an as these religious texts are used to justify their beliefs. The Bible states that wives should submit to their husbands because their husband has equal authority as the Lord. The Qur’an also emphasizes how wives should be sexually available to their husbands in all aspects. These beliefs create a system of submission and obedience engrained through religion and can lead women specifically to believe they are meant to endure this abuse, and it makes it hard for these women to leave the abuse as well. (Better Help, 2024).

Individual SDOH are determinants based on your individual self and experiences. Witnessing family violence in the past, a history of child abuse, lower education levels, past exposure to DV, experiencing poor parenting in the past, low self-esteem, rebellious behavior as a youth, having few friends, depression, younger age, alcohol and drug use, and unhealthy family relationships can all be risk factors for intimate partner violence. Another major risk factor for experiencing DV is being pregnant: “One of the most dangerous times in a woman’s life is when she is pregnant. This risk goes up when pregnant women are hurt. Different kinds of violence

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

against women can happen for many different reasons (4,5). According to the results of many studies, women are more likely to be violently treated, especially when they are pregnant (6). Violence against pregnant women is common in many parts of the world. This is a big problem that hurts the health of both the mother and the baby” (Cifci et al., 2023, Pg. 2). In the abuser's terms, prior exposure to violence contributed to their violence against their partners: “we found that participants identified exposure to violence in their families as a contributing factor to their abuse. More specifically, our participants noted the importance of both witnessing violence and being the victim of violence.” (Morrison et al., 2024, Pg. 473).

Then finally there is healthcare SDOH. It is shown that people with less access to healthcare are more at risk for domestic violence. People living in rural areas are at higher risk of experiencing DV. These people are more at risk because there simply are not enough resources for victims to report to or even be aware of. (National Library of Medicine, 2011). Other health care barriers include a massive fear of consequences of disclosure, such as their children being taken away, the fear of being judged or negatively evaluated by their healthcare provider, and fear of judgement from their community, family or friends. Also, a lack of a positive relationship with their healthcare provider was identified as a barrier as well as a judgmental negative attitude from their healthcare provider. For example, a healthcare provider being unsympathetic, disinterested or not listening were barriers to disclosure. (National Library of Medicine, 2021). Therefore, the healthcare team has an immense effect on a victim's desire to report their abuse, solely based on the healthcare team’s attitude, and level of judgement towards their patient.

What does this all mean for the children involved in this violence? These children who are in situations like this are more likely to be exposed to violence, meaning they are more likely to have negative outcomes for their physical, psychological, behavioral and emotional health based on the exposure. Additionally, children who currently live in communities of higher

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

violence rates, higher poverty rates, lower healthcare access, and lower socioeconomic status are at higher risk of being exposed to domestic violence. (Centers for Disease Control, 2021).

Nursing Significance

Nurses and healthcare teams in general should be educated on the signs of pediatric exposure, and how to best approach those affected by domestic violence. Knowing the signs of exposure can especially help nurses have a holistic approach to a pediatric patient's health. Holistic healthcare describes an approach that treats a patient's entire self which includes their body, mind, and environment. Identifying signs and therefore improving a pediatric patient's outlook will help them in terms of physical, mental, and environmental states and have a better quality of life. It can also improve a child's safety at home, because "approximately 30-60% of families in which either child maltreatment or adult domestic violence is occurring also experience the other form of violence." (Prevent Child Abuse America, 2021, Pg.1). One of the main goals of a nurse is to maintain patient safety, and the safety goal in the Nursing Quality and Safety Education for Nurses (QSEN) states, "Minimizes risk of harm to patients and providers through both system effectiveness and individual performance." (2022). Whether a patient is in a hospital, a school or an outpatient center, nurses are expected to keep our patients safe from harm. By recognizing signs of domestic violence in a household, we can maintain this goal of safety.

Nurses are required by law to be a mandated reporter. A mandated reporter means that a nurse is mandated to report to authorities or other organizations like Child Protective Services any concerns of child abuse or neglect, or any risk to a child's safety (National Library of Medicine, 2023). According to the National Library of Medicine," In the United States, mandatory reporting laws establish a legally enforceable duty for those who have contact with

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

vulnerable populations to report to state and local authorities when mistreatment or abuse of those populations is suspected or confirmed.” (National Library of Medicine, 2023, Pg.1). So, nurses are required by law to report any finding of maltreatment, and it is also a moral obligation to report findings as well. Nurses abide by ethical codes, such as the principles of beneficence meaning a nurse will only do good for their patients, nonmaleficence which is when a nurse will do no intentional harm onto others, autonomy which means a nurse will allow their patients to have their own opinions and wishes, and justice which means to treat people fairly (these are just a few examples of nursing ethical principles). Nurses exhibit these principles when reporting child maltreatment as they are only doing good by their patient, and they are trying to prevent any further harm.

Nurses are also required to adhere to a Code of Ethics put forward by the American Nurses Association (ANA). This code of ethics is a guide of how nurses are to act morally in the healthcare field, and it has 9 provision categories. For example, Provision Two states “The nurse's primary commitment is to the patient whether and individual, family, group, community or population. (Code of Ethics for Nurses, 2015, Pg.5). Additionally, provision three states “The nurse promotes, advocates for, and protects the rights. Health, and safety of the patient.” (Code of Ethics for Nurses, 2015, Pg. 9). We as nurses are morally/ethically obligated to ensure the safety of a child whom we notice the signs of exposure in.

Background Information

Domestic violence has been investigated for centuries. Although, in the past it was more acceptable to be abusive towards one’s partner than it is now. All the way back in the times of the Roman Empire, “Wives could be beaten or disowned if they offended their husbands in any way. Roman law stated that husbands could kill their wives for adultery and for walking outside with

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

insufficiently modest clothing.” (Better Help, 2024, Pg.1). Then, with the rise of the Catholic church, women were more tightly bound to their husbands than ever. “In the 15th century, the Catholic Church established its "Rules of Marriage," which proclaimed a husband was a judge over his wife and recommended abusing her as an accepted form of discipline that would benefit her soul.” (Better Help, 2024, Pg.1). Still to this day religion is used against people to justify abuse and violence. Towards the 1800s and onwards, there have been reforms against domestic violence, such as one of the first laws in the U.S in Tennessee in 1850 that outlawed beating your wife, and in 1985 when the Thurman law was enacted in Connecticut which requires law enforcement to conduct an arrest when they encounter a domestic violence case, to prevent any further harm. There are still many biases, and many hurdles for people experiencing abuse although, like fear of reporting, fear of losing their children etc.

Health professionals also had biases towards domestic violence as well, and treatments were not supportive of women receiving help. In an article for health professionals from 1982 it states “According to most researchers, doctors often do no more than prescribe sedatives after treating the physical injuries. Deveson argues that prescribing tranquilizers to treat anxiety caused by a violent husband means that women “are being treated for their husband's behavior.” (Parkin, 1982, Pg.43). This same article also points out that “Staff in hospital emergency rooms also encounter the battered woman. Pizzey comments, that from British observation these staff also seem to avoid deep involvement. Nurses and doctors seem to recognize the victim's physical injuries but not the emotional wounds: "their job is to heal and what happens outside the hospital is no concern of theirs.” (Parkin, 1982, Pg.43). These methods of treatment for domestic violence have changed drastically in the last 40 years.

In recent years, healthcare professionals have been taught in depth how to recognize signs of abuse and are able to properly assess and screen for abuse as well. Healthcare teams are also

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

educated on different resources for victims as well. Nurses in specific are taught to ask questions like “do you feel safe at home?”(Wild Iris Medical Education, 2023) Nurses should also try their best to have their patient alone while doing screenings, so they are able to answer the questions in a safe environment. Some red flags nurses should recognize are any physical marks or bruises, if their partner is answering questions for them, missing appointments, their partner refuses to leave the patient alone etc. (Wild Iris Medical Education, 2023). Furthermore, there are also many screening tools made for nurses to screen their patients such as the Partner Violence Screen (PVS) or the Women Abuse Screening Tool (WAST). There are also resources like the national domestic violence hotline, safe houses/shelters for escape, and many states offer state hotlines where you can talk to an advocate. Nurses can also involve the social work team, and law enforcement as well. There is also the CUES (Confidentiality, Universal Education and Empowerment, Support) Intervention as well, which gives the healthcare team a way to approach and intervene for potential victims of abuse. The confidentiality section states: “Always see the patient alone for at least part of the visit and disclose your limits of confidentiality before discussing IPV.” (IPV Health, 2018, Pg.1). Then the universal education and empowerment section states: “use our safety cards to talk with all patients about healthy and unhealthy relationships and the health effects of violence, always give at least two cards to each patient so they can share with friends and family.” (IPV Health, 2018, Pg.1). Then finally, the support section states “Disclosure is not the goal, but it will happen. Discuss a patient centered care plan to encourage harm reduction. Make a warm referred to your DV partner and document the disclosure in order to follow up at the next visit.” (IPV Health, 2018, Pg.1). It is also noted that a team-based approach is best, and all staff in your healthcare team should be trained to be able to talk about healthy relationships. (IPV Health, 2018). Therefore, the CUES intervention is a great tool to use to assess patients who may be experiencing domestic violence.

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Impacts on Child Development

A baby starts as a zygote, which travels in the fallopian tubes after fertilization and turns into a blastocyst. (Mount Sinai, 2024). This ball of cells then implants on the uterine wall, and slowly turns into an embryo. Over the next 40 weeks the baby develops their vital structures, from their first stem cells. Stem cells are cells that can turn into any part of the body, basically like a building block. Within the first 10 weeks of life, blood cells, kidney cells, nerve cells, the brain, the spine, the gastrointestinal tract and the heart begin to develop. During week six-seven is when other external structures begin to form like arms, legs, eyes, ears, and the heart can beat in a rhythm. By week eight the lungs start to form, and hands and feet form as well. By week nine all essential organs have begun to form in a normal pregnancy. In the next 30 weeks, the organs will develop and mature and the infant will continue to grow larger. A full-term pregnancy is 40 weeks; and a baby who is born at 37 weeks or sooner is considered preterm. On a pre-term infant you will notice more fine hairs called lanugo, and more flaccidity in the extremities. There also aren't as many wrinkles on the hands and feet of a pre-term infant. (Mount Sinai, 2022).

There are known factors that can impact fetal growth and development. One such thing is infections under the acronym of TORCH (Toxoplasmosis, Others like syphilis or varicella, Rubella, Cytomegalovirus, and Herpes). If a pregnant woman catches any of these infections, the fetus can be at risk for birth defects and even death. Another thing that can affect a growing fetus is alcohol. (Alta California, 2024, Center for Disease Control, 2022). Alcohol use during pregnancy can cause fetal alcohol syndrome; symptoms of this are small eyes, thin upper lips, an upturned nose, and smooth skin in between the nose and upper lip. An infant can also be intrauterine growth restricted (IUGR). They will also have a small head size and brain size and can have heart defects and other problems with organs like the kidneys and even their bones.

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Mentally it can cause poor memory, learning disabilities, delayed development, intellectual disability, trouble with attention and problem solving, jitteriness, and poor judgement. These kids can have trouble in school, trouble socializing, trouble adapting to change, problems with impulse control and behavior in general. These infants also tend to have poor growth. Being exposed to illicit drugs can also cause issues in a fetus. For example, illicit drugs like opioids can cause a baby to have Neonatal Abstinence Syndrome. These infants can exhibit a high-pitched cry, increased irritation and agitation, poor growth, body shakes, poor feeding ability, fever, trouble sleeping, diarrhea, and breathing problems. In general, exposure to illicit drugs can cause preterm labor, stillbirth, miscarriage, sudden infant death syndrome (SIDS), poor growth and cognitive/behavioral issues. Other factors like stress, physical trauma (like from a car accident or a fall) can also cause possibly detrimental effects to a fetus. Furthermore, certain disorders/diseases can also cause birth defects or poor fetal growth like diabetes or chronic hypertension.

Infants specifically go through multiple forms of physical, social and psychological development. In physical terms, infants in their first month can start to recognize sounds, bring their hands near their face, clench their fists, and prefer high contrast patterns. By three months an infant will normally be able to raise their head, support their upper body with their arms, open and close their hands, follow moving objects with their eyes, recognize familiar objects and people, and even start to babble. By seven months of life a baby can respond to their name, roll over, sit up, babble in a pattern, and have developed full color vision. Finally, by one year old a baby can sit without assistance, crawl, stand, possibly walk, start to say words like dada and mama, and they start to use objects for their intended purposes. (March of Dimes, 2024). So, infants in a small span of time go through a lot of development of all different kinds, and meeting these developmental steps is vital for a child's functioning.

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Additionally, Erik Erikson who was a psychologist came up with eight stages of psychosocial development. The first stage is trust versus mistrust from infancy to one year old. During this stage an infant is dependent on others for care and must attain trust in their caregivers. (Simply Psychology, 2024) If a caregiver is able to provide food, care, safety, and love, an infant will have a high chance of gaining trust and security. An infant will develop mistrust if a caregiver does not provide these things for them. Another psychologist named Jean Piaget created the stages of cognitive development. The first of his stages is called the sensorimotor stage. During this stage infants are exploring their environment and using their senses to explore around them. Cognitive abilities like object permanence (recognizing objects that are not in sight still exist), and they develop a sense of self recognition, and they start to have representational play. (Simply Psychology, 2024). Finally, another psychologist named Sigmund Freud developed the stages of psychosexual development. The first stage of his theory is called the oral stage. During this stage infants interact through their mouths such as rooting and sucking. Through oral stimulation at this age children can develop a sense of trust and security in their caregivers. There is also the anal stage from age one to three. This stage focuses on the bladder and bowel being that this is when children potty train. Caregivers who use praise and reward their children for toilet training encourage positive outcomes in their child's development, while caregivers who do not provide support and encouragement during potty training can cause their child to have either a messy/wasteful personality or on the opposite end a rigid and obsessive personality. (Very Well Mind, 2023).

Then, during early childhood years children go through more developmental milestones. By 18 months a child can use single words, walk and run, and can help undress themselves. (Department of Lifelong Education, Advancement, and Potential, 2024). By two years old a child can start to form small sentences, they can sort objects by color and shape, and they can stand on

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

their tiptoe. At three years old a child can follow instructions, name things that are familiar to them, climb and run with ease, and can play with more complicated toys such as toys with moving parts. In general, during this age a child shows more independence in their actions.

The second stage of the psychosocial theory is called autonomy versus shame and doubt. This stage takes place from age one to three, where children start to become more independent. Caregivers who allow their child independence in choices and are supportive of their independence help foster this child to have autonomy, while caregivers who overly control and criticize their children leave their children with shame and doubt. Stage three of the psychosocial theory is called initiative versus guilt and takes place from age three to six. At this age children begin to take more initiative in their lives and have more social interaction. When caregivers allow their children to take initiative and support them to accomplish tasks children will develop a sense of initiative, while caregivers who discourage and dismiss a child's efforts of initiative can lead to a sense of guilt and doubt. (Simply Psychology, 2024). Then, in the cognitive developmental theory from age two to seven is the preoperational stage. During this stage children should develop mental symbolism/imagery, and they develop language. They are also egocentric, meaning that everything is centered on the child's view of the world. Children also are able to start pretend play, as they are able to have more imagination. (Simply Psychology, 2024). Additionally, Freud's psychosexual stage at this age is called the phallic stage. At this age Freud believed that children start to discover that females and males are different. Specifically for boys he believed they start to be possessive of their mothers, and girls start to experience "penis envy." (Very Well Mind, 2023).

Then, during school age children are still continuing to grow physically. By four years old a child can sing short songs by memory, can play more methodical games like board games and card games, and can hop and stand on one foot. At five years old a child is normally able to

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

swing, use the toilet, write numbers and letters, and tells simple stories. It starts around this age when a child goes to school that we can observe any learning disabilities as well, or disorders like ADHD. They also gain more body awareness. We also must teach children safety when it comes to water, sports, and fires, as children at this age begin to be more adventurous.

The fourth stage of Eriksons theory is industry versus inferiority, which takes place from age seven to eleven. At this stage a child is learning new skills and social demands. A child will gain industry if caregivers encourage the gaining of skills, which leads to a feeling of confidence in themselves, while children can develop a feeling of inferiority if they receive negative attitudes and cannot demonstrate skills. (Simply Psychology, 2024). Then in Piaget's theory children at this age go through the concrete operational stage. This stage states that children at this age start to use logical operations and become less egotistical. They also begin to understand what conservation is, and they start to develop empathetic feelings. (Simply Psychology, 2024). Furthermore, in Freud's theory, children go through a latent period. This period he believed is when sexual feelings are repressed, as children become more focused on their social interactions, and he believed it was important for these feelings to be repressed to develop social skills and self-confidence. (Very Well Mind, 2023).

Children normally go through a physiological process called puberty at this time, where their sex hormones start to change their body. For boys, they will start to develop a lower voice, facial hair, enlargement of testicles, growth of pubic hair, nocturnal emissions, and hair under the arms and acne. The sex hormone that causes this is a hormone called testosterone. Girls going through puberty experience breast development, pubic hair growth, underarm hair, acne on the face and back, widening hips and their menstrual cycle begins. It is a common theme that girls go through puberty earlier than boys as well. Women have multiple sex hormones at play, which

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

include estrogen, progesterone, luteinizing hormone and follicle stimulating hormone.

(Healthline, 2023).

Finally, becoming an adolescent is when children focus more on their future. They ask themselves what they want to do in their adulthood and really focus on their role in life. Stage five of the psychosocial theory is identity versus role confusion. Children during these ages are truly growing a sense of independence and are transitioning into young adults. Erikson believed if a child/adolescent at this age is supported to explore their identities and are able to feel accepted as themselves they will develop a strong sense of self and security in their “role,” while children who are don’t have the support time or emotional capacity to define their identity they can have role confusion. Children who are forced into an identity they do not truly fit into can also show forms of rebellion. (Simply Psychology, 2024). In Piaget’s theory, children go through the formal operational stage. During this time, adolescents gain abstract thinking abilities and better reasoning skills. Abstract thinking is when you can think of concepts that are not tied to a physical object. (Simply Psychology, 2024). Then, Freud believed from puberty to death is called the genital stage. During this stage libido comes out of its latent phase. It is during this stage that a person will start to develop sexual feelings towards others, and he believed that this stage develops a balance between different parts of life. (Very Well Mind, 2023). So, during the years of zero -18, there is immense growth and development happening, all at a fast pace compared to adulthood. Each stage of development is crucial to maintain appropriate growth and development for a said age. These children are going through extensive development of all different kinds in a short period of time.

What do we know about possible developmental abnormalities? One reason that can cause developmental delay is a traumatic brain injury. It is seen that “Development is abnormal and that there are significant risks of psychopathology in adulthood.” (National Library of

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Medicine, 2021) in children with a brain injury. Another risk factor for a developmental delay is “male gender and nonexclusive breastfeeding were significantly associated with communication delay, while only male gender is a significant risk for cognitive delay.” (Febrina et al., 2023). Also, from the Center of Disease Control (CDC), maternal infections, low birthweight, prematurity, multiple birth, untreated jaundice, and chromosomal conditions can cause developmental disabilities. (Center for Disease Control, 2022). From Yale Medicine, “medical problems ranging from stroke to chronic ear infection, lead poisoning and trauma all have potential to cause developmental delay.” (Yale Medicine, 2024). Trauma can include falls, burns, auto accidents, near drowning and child abuse. (Alta California Regional Center, 2024).

Noticeably, there is a gap in research about how exposure to domestic violence can cause developmental delays. There are many articles to date to explain how things such as physical trauma can affect a child’s outcomes, or how maternal infections and maternal substance abuse can affect a child in the long term, but it is hard to find combined sources of research to explain how a child’s overall health and development can be affected by witnessing or being exposed to domestic violence.

Methods

A literature review was conducted to best compile previous research and evidence-based findings into one combined source. Databases that were used to find previous research include the Cumulated Index to Nursing and Allied Health Literature (CINAHL), Medline, and the google search engine. Research articles were only used from 2014-2024 to be able to have the best up to date research and the most up to date nursing practices. Some keywords used to find research articles are Children or Adolescents or Youth or Child or Teenager, Domestic Violence or Domestic Abuse or Intimate Partner Violence, Nurse or Nurses or Nursing, Domestic Violence

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

or Domestic Abuse or Intimate Partner Violence, Childhood Trauma, Nurse or Nurses or Nursing, Child Development and Domestic Violence or Intimate Partner Violence or Domestic Abuse, and finally Domestic Violence and Children.

In total, 20 articles were found to be used in the review. These articles were in accordance with the following inclusion criteria:

- All articles must be from the ages of newborn to 18 years old
- All articles were aimed at looking at the effects of domestic abuse on a child's developmental, physical, behavioral or psychological state
- All articles must be from 2014 to present
- All articles must be peer reviewed
- All articles must be published in the English language

Then, exclusion criteria are as follows:

- Articles focusing on adults ages 19+
- Articles that were not peer reviewed
- Articles published prior to 2014

25 separate articles were used to create the background and introduction portions for this thesis. 20 of the total 45 articles are being used to construct the review portion for this thesis. Most of the articles being reviewed are published by individuals or groups involved in the healthcare field, public health field, social work field, or psychology field, which gives these articles more of a relevant basis/background. Exclusion did not include articles from different countries other than the United States as well, which is important to point out.

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Article Name	Purpose	Type of Study	Main Outcomes
Developmental Variations in the Impact of Intimate Partner Violence Exposure During Childhood, (Kathryn Howell et al., 2016).	To determine the developmental effects from being exposed to intimate partner violence.	Literature Review	There are many different effects across age groups, but the most common effects are having problems with relationships with others, challenges to their cognitive abilities, academic performance, reduced ability to regulate emotions, more illness and less physical fitness.
Children who are Exposed to Intimate Partner Violence: Interviewing Mothers to Understand its Impact on Children, (Ainhoa Izaguirre & Esther Calvete, 2015).	To see how intimate partner violence can impact the development of emotional and behavioral problems.	Research Study 30 mothers who have experienced IPV were interviewed	Children exposed to IPV can display aggressive behaviors, sometimes against their mothers as well, and it was also seen that these children also experienced violence as well.

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Supporting Children Who Experience Domestic Violence: Evaluating the Child Witness to Domestic Violence Program (Erin C. Schubert, 2022).	To develop a program for children exposed to domestic violence to provide education on trauma to improve parental relationships.	Research Study 69 children and 33 mothers were put into the program	Group Intervention led to less behavioral difficulties, and better child functioning.
Witnessing Intimate Partner Violence as a Child and Associated Consequences (Anja Stiller et al., 2022).	To find potential effects of witnessing IPV	Research Study 21,382 students surveyed.	A child's quality of life, sense of security at home and life satisfaction are negatively impacted by being exposed to IPV.
Intimate Partner Violence and Children: Essentials for the Pediatric Nurse Practitioner (Gail Hornor, 2023)	To evaluate presentation of patients who are exposed to IPV, and to describe potential consequences in infants' children and adolescents, and how it implicates nursing practice.	Literature Review	Some impacts on children can be anxiety, depression, withdrawal, somatic complaints, poor sleep, school avoidance, disordered eating, suicidal ideation, ADHD, poor academic progress, aggression, unruly behaviors, bullying behavior, difficulty maintaining relationships, and high-risk behaviors.
Child Psychiatric Patients Exposed to Intimate Partner Violence and/or Abuse: The Impact of Double Exposure (Hultmann et al., 2022).	To see the difference between not being exposed to family violence, versus being exposed to family violence and/or child abuse and its impact on psychiatric symptoms.	Research Study 578 child psychiatric patients were compared.	Patients who had one exposure to either family violence or abuse had more severe symptoms than patients not exposed, and patients who were exposed to both family violence and abuse had more severe psychiatric symptoms than the other groups.
Maternal experience of domestic violence before and during pregnancy and children's linear growth at 15 years: Findings from MINIMat trial in rural Bangladesh. (Ziaei et al., 2021)	To find is exposure to IPV during pregnancy has an effect on linear growth later in adolescence	Research Study 4436 mothers were followed from pregnancy to 15 years	It was found that children exposed to IPV in the womb had impaired linear growth.
Domestic violence and perinatal outcomes - a prospective cohort study from Nepal. (Pun et al., 2019).	To find if domestic violence has an effect on mode of delivery, low birthweight and preterm birth.	Research Study 2004 pregnant women were studied	Domestic violence is a risk factor for having a premature birth.

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Domestic Violence and Its Effects on Women, Children and Families. (Walker-Descartes et al., 2021).	To find the effects that domestic violence has on women children, and family units.	Literature Review 67 articles used in review	Children of all ages are affected by exposure in many different ways based on age group.
A Systematic Literature Review of protective factors mitigating intimate partner violence exposure on early childhood health outcomes. (Spearman et al., 2023).	To see what factors can buffer the effects of exposure of domestic violence in children's health outcomes.	Literature Review 9 articles were reviewed	Maternal physical and mental health, and employment and education are protective factors, as well as a mother being able to give their children healthy coping mechanisms and conflict resolution strategies. Nurses should assess families for relational health risks in each healthcare visit.
Exploring the Connection Between Domestic Violence and Masticatory Outcomes in the Pediatric Population: A Systematic Review (Girgla et al., 2023).	To see how domestic violence can effect a child's masticatory outcomes.	Literature Review 3 articles were reviewed	Children can display teeth grinding and clenching, have masticatory anomalies, parafunctional oral habits and craniofacial developmental anomalies when exposed to domestic violence.
Exposure to domestic violence and its effects on adolescents: A survey among Turkish students. (Oguzturk et al., 2019).	To see what the effects of domestic violence are on adolescent students.	Research Study 2310 Turkish students studied.	Adolescents have higher rates of aggression, higher rates of using weapons, and higher rates of depression, anxiety, PTSD and sleep problems.
Violence Exposure and Young People's Vulnerability, Mental and Physical Health (Clarke et al., 2020).	To see the effects of exposure in early adolescence on indicators of health and wellbeing.	Research Study 9626 9 th graders were studied.	There are higher rates of self-harm, loneliness and lack of future optimism. Also, adolescents have less regular eating patterns, and make less healthy choices when eating (such as eating less vegetables or fruit and more sugary drinks.) There is also a risk of poor oral health. There is higher exposure to drug culture and possible indication of being vulnerable for sexual violence.
The impact of exposure to parental intimate partner violence on adolescent precocious transitions to adulthood (Adhia et al., 2019)	To investigate an association between parental IPV and adolescent precocious transitions into adulthood	Research Study 33608 adults studied	Being exposed to severe IPV can have a higher risk of experiencing precocious transitions. Females in specific had higher rates of early sex and higher rates of early full-time work, early marriage, early parenthood and dropping out of high school.
Children's exposure to intimate partner violence and peer bullying victimization (Nicholson et al., 2018).	To explain the relationship between exposure to violence and bullying.	Research study 4365 mothers interviewed and 3400 children	There are higher levels of peer bullying in children who are exposed to violence

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

		interviewed.	
Intimate partner violence during pregnancy and the risk for adverse infant outcomes: a systematic review and meta-analysis (Donovon et al., 2016).	To see how DV during pregnancy can lead to adverse infant outcomes	Research Study 50 studies meta analyzed	Low birth weight small for gestational age and preterm birth were at increased risk if exposed to violence.
Early Life Exposure to Violence: Developmental Consequences on Brain and Behavior. (Mueller et Tronick, 2019).	To see how exposure to violence can effect a developing brain and behavior.	Literature Review	Regression of language and other developmental steps such as toilet training are seen in infants exposed to violence
Intimate partner violence exposure during infancy and social functioning in middle childhood: An Australian mother and child cohort study (Schulz et al., 2023).	To determine how exposure to violence in infancy effect social functioning in childhood.	Research Study 1507 womne followed from pregnancy to 10 years postpartum	Children had lower social skills, lower senses of responsibility, being bullied is at a higher risk and these kids had difficulty making friends.
Viewing Children's Exposure to Intimate Partner Violence Through a Developmental, Social-Ecological, and Survivor Lens: The Current State of the Field, Challenges, and Future Directions. (Carlson et al., 2018).	To review what exposure to violence does to a child developmentally, and socially.	Literature review	adolescents have an increased risk of teen dating violence, and children have an increase risk of bullying towards their peers as well as being a victim of bullying.
Intimate Partner Violence: Role of the Pediatrician. (Thackeray et al., 2023).	To see how a pediatrician is involved in children exposed to violence and the steps to take for proper treatment courses of effects.	Literature Review	Children have higher risks of somatic complaints, depression, anxiety, withdrawal, developmental delay, and chronic problems such as asthma and heart problems.

Results/Findings

Prenatal to Two Years Old

As stated before, pregnancy is a big risk factor for experiencing DV. If a mother is subjected to violence during pregnancy, outcomes for the infant can include low birth weight, premature labor, and little to no prenatal care. (Hornor, 2023, Pun et al., 2019, Donovan et al., 2016,). Prenatal care is very important when pregnant to ensure the infant has no congenital anomalies and to maintain the best health for the mother and child. Infants can also be more at risk of being small for gestational age (SGA). There has even been a link between exposure to violence in utero and poor academic performance in middle school. DV in late pregnancy can also be associated with impaired linear growth in young adolescence. (Ziaei et al., 2021).

Additionally, DV exposure during infancy can create insecure attachments between the infant and the mother. (Howell et al., 2016). The infant can also show early signs of problematic emotional regulation, and there can be early signs of temperament issues such as increased crying, more fussiness, and being more irritable. Male infants in specific are more likely to use

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

more negative touch, specifically towards their mothers, such as hitting, kicking and pushing. Children also have a chance to develop maladaptive behaviors like making odd repetitive movements and odd noises. Developmentally, infants who are exposed to severe DV can have regressions or delays of developmental skills such as toilet training and language. (Mueller et Tronick, 2019, Horner, 2023). Even at this young age an infant/young child can develop post-traumatic stress symptoms. Increased exposure to violence can also be linked to social withdrawal and anxiety. Physically, children as young as 27 months old were found to have deregulation of cortisol levels, which can be due to adaptation of stress. Toddlers were also twice as likely to be diagnosed with asthma if exposed to chronic intimate partner violence, and up to 10% of one-to-two-year old's who were exposed to violence had at least one existing health condition.

Three to Six Years Old

Young children exposed to DV can have continued issues with social situations and emotional regulation. (Howell et al., 2016). Children of this age can have an impaired ability to develop healthy relationships with peers, and can even display aggressive behaviors towards peers, siblings and parents/authority figures. Also, up to 50% of preschoolers who are exposed to DV can have clinically significant post-traumatic stress symptoms, and early onset of post-traumatic stress disorder (PTSD) (Howell et al., 2016). It is also conveyed that children exposed to violence can have higher heart rates and heightened cortisol responses, higher risk of chronic heart problems, as well as more of a risk for obesity in these children. IPV has also been linked to poor memory, and lower IQ scores. (Thackery et al., 2023, Howell et al., 2016)

Children at this age also display psychosomatic health issues like headaches, stomach aches, sleep disturbances like enuresis and nightmares. Furthermore, children at this age are also

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

at risk of physical injury/harm secondary to the DV. (Walker-Descartes et al., 2021, Spearman et al., 2023.). Children of this age group exposed to violence also can have low immunization rates, higher rates of speech and language disorders, learning disabilities, and can have differences in development of the structures of their brain (specifically the areas that control memory, emotional regulation, auditory and visual processing centers). (Mueller et Tronick, 2019).

Six to 12 Years Old

Socially, children exposed to violence during this age struggle in relationships. They may show behaviors such as overprotectiveness, behaving younger than their age, high levels of conflict in peer relationships and higher reports of loneliness are seen. (Howell et al., 2016). Children also are more likely to have mood swings, more fearfulness and are less likely to interact with others. Children of this age group are also more likely to be diagnosed with conduct disorder, had more hyperarousal, and intrusive thoughts. This age group also sees an uptake in post-traumatic stress disorder. Furthermore, there are higher rates of depression, anxiety, and lower self-esteem. Physiologically, children of this age also experience more bed wetting, weight problems, and frequent illness. Additionally, these children can convey poorer executive functioning than their peers. Specifically with dental health, exposure to domestic violence may lead to altered muscle activity, parafunctional oral habits and differences in craniofacial development. Other effects for dental health include grinding and clenching of teeth. (Girglia et al., 2023). Children of this age also display more aggressive behaviors, especially towards their mothers. (Izaguirre et Calvete, 2015).

One study found that programs such as Child Witness to Domestic Violence Program can help children in this age group overcome the exposure to violence. (Schubert, 2021). Programs like this provide quality time with the families, and children are encouraged to have open

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

discussions about violence and to speak about their feelings. They also are able to participate in mindfulness activities, and parents are taught to let their child speak freely about their feelings and how to establish routines in their homes. Children in a program like this experienced less hyperactivity, less behavioral difficulties and decreased negative emotions.

Children of this age group are also more likely to be victims of bullying or be bullied themselves and have difficulties making friends in general. (Nicholson et al., 2018, Schulz et al., 2023). They can also experience decreased life satisfaction, decreased quality of life and decreased security at home. (Stiller et al., 2022). Furthermore, children can display hypervigilance, and conceptualizing rigid gender roles. Therefore, children of this age group struggle with their peer relationships, physical health, executive functioning and psychological development, just to name a few.

13 to 18 Years Old

Adolescents have major effects due to exposure to DV as well. For example, just as some of the other age groups, adolescents also report higher anxiety and depressive symptoms. (Howell et al., 2016, Oguzturk et al., 2019). An exposure early in childhood also makes adolescents at risk for a higher BMI. Adolescents can experience sleep problems like nightmares or difficulty falling asleep.

Antisocial behavior is also seen more frequently, and DV exposure is a risk factor of committing violent crimes in adolescence. Also, as mentioned before, adolescents experience more aggressive behaviors as well as other age groups. (Walker-Descartes et al., 2021, Howell et al., 2016, Horner, 2023). Rates of being involved in fights, using guns, having knives and/or using knives and obtaining injuries in a fight are also increased in adolescents exposed to DV. (Oguzturk et al., 2019). Adolescents are also more likely to perpetrate violence in their own

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

relationships if exposed to DV, and in general have a higher risk of being in a violent relationship. (Carlson et al., 2018). Furthermore, girls in this age group have higher rates of peer victimization, while boys have higher rates of peer bullying when exposed to DV. Additionally, adolescents are at higher risk of exposure to drug culture/substance abuse, and sexual violence. There are higher rates of self-harm behaviors, loneliness and a lack of future optimism. Also, adolescents who are exposed have less regular eating patterns, and make less healthy choices when eating (such as eating less vegetables or fruit and having more sugary drinks.) There is also a higher risk of poor oral health. (Clarke et al., 2020).

When transitioning into adulthood, adolescents who experience DV in childhood/adolescence are seen to have higher rates of early sexual contact, early marriage, early parenthood, and early full-time work. (Adhia et al., 2019). These adolescents are also more at risk of dropping out of high school than their peers. Specifically in adolescent females who witness abuse against their mothers could have higher rates of low self-esteem and a lack of power to refuse sexual contact.

Discussion and Conclusions

Overall, all ages from zero to 18 years old can have possibly detrimental effects to their physical, mental, emotional, social, developmental, cognitive and psychological wellbeing. From symptoms of PTSD at a young age, depression, anxiety, to rebellious behavior such as substance abuse and dropping out of high school, to even retractions in development, being exposed to violence at any age of childhood can impact on all areas of life for a child.

For specifically nursing practice, there are many implications. For example, nurses and providers should have the necessary background knowledge and confidence to be able to identify children at risk for the earliest intervention possible. There are also screening tools used to assess

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

family risk in general, and there are many examples of evidence-based screening tools to use. There are also community resources such as the one spoken about above called the Child Witness to Domestic Violence Program (Erin C. Schubert, 2022). More implications for nurses are to be aware of community resources to give to families such as phone numbers, shelters, trauma care, and web sites. The healthcare team in general can also help to create safety plans with families as well. Pediatric nurses should also be up to date on their information about mandated reporting in their state of practice.

Next steps should include more research on early childhood effects, as this was the section with the least amount of information available to review. I also believe there should be more research on future prognosis as well, such as what exposure can do an adult and how it can affect adulthood/independence. Furthermore, nursing students in New York are required to have training on child abuse and mandated reporting of child abuse, and it is my recommendation that a training program like this should be implemented for pediatric nurses on not just child abuse, but child exposure to violence as well.

Limitations include that this is an overview on impacts on all different kinds of effects of exposure to violence on children and adolescents, and there can be more specific information found about each area of health; this is just an overall combination of recent evidence, and certain topics can be delved into further. There were also not many longitudinal studies to review; longitudinal studies can give more of a whole picture of what can happen to a child over time and gives a better basis for possible causation instead of correlation.

Policies should be set in place for specifically pediatric nurses. One policy to propose is that nurses must once a year receive updates on mandated reporting laws for their states, and any changes to these laws with each year. Another policy to propose is pediatric nurses every year

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

must go to an in-person class on child abuse signs and nursing interventions, as well as child exposure to violence signs and nursing interventions. Nursing interventions for exposure to violence can be things like observing for any signs that were spoken of previously, such as early anxiety and depression diagnoses, but also using screening tools, and asking those uncomfortable questions such as if a child is feeling safe at home. The most up to date evidence-based screening tools should be used. Pediatric nurses should also be trained on how to observe family dynamics, and how to observe the signs of a healthy family dynamic, versus an unhealthy family dynamic. All these proposed policies can potentially decrease the potential life altering impacts children may have when in a violent household, by allowing early intervention by nurses and other healthcare team members.

Therefore, domestic violence is a prevalent issue in today's society. Children who live in a household where there is violence are susceptible to long term consequences that affect every part of their life and wellbeing. It hurts them psychologically, physically, behaviorally, and developmentally. Nurses should be trained in how to observe the signs and how to intervene in a situation like this, because early intervention is vital to defend and advocate for a child's safety.

References

Adhia, A., Drolette, L. M., Vander Stoep, A., Valencia, E. J., & Kernic, M. A. (2019). The impact of exposure to parental intimate partner violence on adolescent precocious transitions to adulthood. *Journal of Adolescence*, *77*, 179–187.
<https://doi.org/10.1016/j.adolescence.2019.11.001>

Arif, H., Troyer, E. A., Paulsen, J. S., Vaida, F., Wilde, E. A., Bigler, E. D., Hesselink, J. R., Yang, T. T., Tymofiyeva, O., Wade, O., & Max, J. E. (2021, June 1). Long-term psychiatric outcomes in adults with history of Pediatric Traumatic Brain Injury. *Journal of neurotrauma*.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8336207/#:~:text=The%20current%20study%20has%20documented,at%20least%20into%20early%20adulthood.>

By, Mcleod, S., on, U., & 25, J. (2024, January 25). Erikson’s stages of development. *Simply Psychology*. <https://www.simplypsychology.org/erik-erikson.html>

By, Mcleod, S., on, U., & 24, J. (2024, January 24). Piaget’s stages: 4 stages of Cognitive Development & Theory. *Simply Psychology*.
<https://www.simplypsychology.org/piaget.html>

Carlson, J., Voith, L., Brown, J. C., & Holmes, M. (2019). Viewing Children’s Exposure to Intimate Partner Violence Through a Developmental, Social-Ecological, and Survivor

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Lens: The Current State of the Field, Challenges, and Future Directions. *Violence Against Women*, 25(1), 6-28.

Causes of developmental disabilities. Alta California Regional Center. (2014, July 9).

<https://www.altaregional.org/pod/causes-developmental-disabilities>

Centers for Disease Control and Prevention. (2022, April 28). Causes and risk factors. Centers for Disease Control and Prevention.

<https://www.cdc.gov/ncbddd/developmentaldisabilities/causes-and-risk-factors.html#:~:text=Low%20birthweight%2C%20premature%20birth%2C%20multiple,brain%20damage%20known%20as%20kernicterus.>

Centers for Disease Control and Prevention. (2022b, December 8). Social Determinants of Health at CDC. Centers for Disease Control and Prevention.

<https://www.cdc.gov/about/sdoh/index.html>

Centers for Disease Control and Prevention. (2021, November 2). Risk and protective factors|intimate partner violence|violence prevention|injury Center|CDC. Centers for Disease Control and Prevention.

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

Çifçi, S., Değer, V. B., Ulutaşdemir, N., & Balcı, E. (2023). Domestic Violence During

Pregnancy and Affecting Factors. *Journal of Academic Research in Nursing*

(JAREN), 9(2), 89–97. <https://doi.org/10.55646/jaren.2023.62134>

Clarke, A., Olive, P., Akooji, N., & Whittaker, K. (2020). Violence exposure and young people's vulnerability, mental and physical health. *International Journal of Public Health (Springer Nature)*, 65(3), 357–366. <https://doi.org/10.1007/s00038-020-01340-3>

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Code of ethics for Nurses. ANA. (2017, October 26). <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

Developmental milestones for baby. March of Dimes. (n.d.).

<https://www.marchofdimes.org/find-support/topics/parenthood/developmental-milestones-baby#:~:text=During%20the%20first%20year%20of,up%2C%20standing%20and%20possibly%20walking.>

Domestic violence. Office on Violence Against Women (OVW). (2023, December 6).

<https://www.justice.gov/ovw/domestic-violence>

Donovan BM, Spracklen CN, Schweizer ML, Ryckman KK, Saftlas AF. Intimate partner violence during pregnancy and the risk for adverse infant outcomes: a systematic review and meta-analysis. *BJOG* 2016; 123: 1289–1299.

Educate health providers on how to respond to intimate partner violence. IPV. (2024, April 25).

<https://ipvhealth.org/health-professionals/educate-providers/>

Febrina, Florentina & Lawalata, Veronika & Ramli, Yetty. (2023). Factors associated with cognitive and communication delay in children aged 0 to 3 years using the Battelle-Developmental Inventory, 2nd edition. *Paediatrica Indonesiana*. 63. 282-9. 10.14238/pi63.4.2023.282-9.

Fetal development. Mount Sinai Health System. (n.d.-a). [https://www.mountsinai.org/health-library/special-topic/fetal-](https://www.mountsinai.org/health-library/special-topic/fetal-development#:~:text=A%20fetus%20at%2010%20weeks,sucking%20motions%20with%20the%20mouth.)

[development#:~:text=A%20fetus%20at%2010%20weeks,sucking%20motions%20with%20the%20mouth.](https://www.mountsinai.org/health-library/special-topic/fetal-development#:~:text=A%20fetus%20at%2010%20weeks,sucking%20motions%20with%20the%20mouth.)

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Girgla, J. K., Mahadeva, S., Srivastava, M., Sharma, L., Kedia, S., & Singh, S. S. (2023).

Exploring the Connection Between Domestic Violence and Masticatory Outcomes in the Pediatric Population: A Systematic Review. *Cureus*, 15(10), e46764.

<https://doi.org/10.7759/cureus.46764>

Güler, A., Lambert, J., Rojas-Guyler, L., Lee, R. C., & Smith, C. R. (2024). Shared Risk Factors

Among Women for Intimate Partner Violence in the United States: A Secondary Analysis. *Violence Against Women*, 30(1), 3–30.

<https://doi.org/10.1177/10778012231207033>

Heron, R. L., & Eisma, M. C. (2021, May). Barriers and facilitators of disclosing domestic violence to the healthcare service: A systematic review of qualitative research. *Health & social care in the community*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8248429/>

Hornor, G. (2023). Intimate Partner Violence and Children: Essentials for the Pediatric Nurse Practitioner. *Journal of Pediatric Healthcare*, 37(3), 333–346.

<https://doi.org/10.1016/j.pedhc.2022.12.007>

Howell, K. H., Barnes, S. E., Miller, L. E., & Graham-Bermann, S. A. (2016). Developmental variations in the impact of intimate partner violence exposure during childhood. *Journal of Injury & Violence Research*, 8(1), 43–57. <https://doi.org/10.5249/jivr.v8i1.663>

Hultmann, O., Broberg, A. G., & Axberg, U. (2022). Child Psychiatric Patients Exposed to Intimate Partner Violence and/or Abuse: The Impact of Double Exposure. *Journal of Interpersonal Violence*, 37(11–12), NP8611-NP8631.

<https://doi.org/10.1177/0886260520978186>

Information for Parents. SOM- State of

Michigan.(n.d.).<https://www.michigan.gov/mikidsmatter/parents>

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Izaguirre, A., & Calvete, E. (2015). Children who are exposed to intimate partner violence:

Interviewing mothers to understand its impact on children. *Child Abuse & Neglect*, 48, 58–67. <https://doi.org/10.1016/j.chiabu.2015.05.002>

Kendra Cherry, Mse. (2023, March 13). What are Freud's stages of psychosexual development?

Verywell Mind. <https://www.verywellmind.com/freuds-stages-of-psychosexual-development-2795962>

Lanchimba, C., Díaz-Sánchez, J. P., & Velasco, F. (2023, September 7). Exploring factors

influencing domestic violence: A comprehensive study on intrafamily dynamics. *Frontiers in psychiatry*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10513418/>

Marcin, A. (2023, February 10). Stages of puberty: A guide for males and females. Healthline.

<https://www.healthline.com/health/parenting/stages-of-puberty#summary>

Mattison, P., & Prevent Child Abuse America. (2021, November 30). Child abuse and domestic

violence: Connections and common factors. Prevent Child Abuse America.

<https://preventchildabuse.org/latest-activity/child-abuse-and-domestic-violence-connections-and-common-factors/>

Maynard, K., About The Author Krystle Maynard, & Grimes, A. (2023, March 11). Nursing

notes: Domestic violence. Wild Iris Medical Education.

<https://wildirismedicaleducation.com/blog/nursing-notes-domestic-violence>

Morrison, P. K., Warling, A. D., Fleming, R., & Chang, J. (2024). Partner Violent Men's

Perspectives on the Factors That They Believe Contributed to Their Abusive

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Behaviors. *Violence Against Women*, 30(2), 460–484.

<https://doi.org/10.1177/10778012221134827>

Mueller, I., & Tronick, E. (2019, June 26). Early life exposure to violence: Developmental consequences on brain and behavior. *Frontiers*.

<https://www.frontiersin.org/articles/10.3389/fnbeh.2019.00156/full>

NCADV: National Coalition Against Domestic Violence. The Nation's Leading Grassroots Voice on Domestic Violence. (n.d.). <https://ncadv.org/statistics>

Oğuztürk, Ö., Demir, N., Bülbül, S., Türkel, Y., & Ünlü, E. (2019). Exposure to domestic violence and its effects on adolescents: A survey among Turkish students. *Journal of Child and Adolescent Psychiatric Nursing : Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*, 32(4), 210–219.

<https://doi.org/10.1111/jcap.12257>

Parkin MW. (1982). Domestic violence against women: the role of health professionals. *Australian Nurses Journal*, 12(4), 41–44.

Peek-Asa, C., Wallis, A., Harland, K., Beyer, K., Dickey, P., & Saftlas, A. (2011, November). Rural disparity in domestic violence prevalence and access to resources. *Journal of women's health* (2002).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3216064/#:~:text=Women%20in%20small%20rural%20and,abuse%20than%20their%20urban%20counterparts.>

Premature infant. Mount Sinai Health System. (n.d.-c). [https://www.mountsinai.org/health-library/diseases-conditions/premature-](https://www.mountsinai.org/health-library/diseases-conditions/premature-infant#:~:text=Less%20body%20fat,undescended%20testicles%20(in%20male%20infants))

[infant#:~:text=Less%20body%20fat,undescended%20testicles%20\(in%20male%20infants\)](https://www.mountsinai.org/health-library/diseases-conditions/premature-infant#:~:text=Less%20body%20fat,undescended%20testicles%20(in%20male%20infants))

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Pun, K. D., Rishal, P., Darj, E., Infanti, J. J., Shrestha, S., Lukasse, M., & Schei, B. (2019).

Domestic violence and perinatal outcomes - a prospective cohort study from Nepal. *BMC Public Health*, 19(1), 671. <https://doi.org/10.1186/s12889-019-6967-y>

School-age children development. Mount Sinai Health System. (n.d.-c).

<https://www.mountsinai.org/health-library/special-topic/school-age-children-development>

Schubert, E. C. (2022). Supporting Children Who Experience Domestic Violence: Evaluating the

Child Witness to Domestic Violence Program. *Journal of Interpersonal Violence*, 37(19–20), NP18175–NP18193. <https://doi.org/10.1177/08862605211035874>

Schulz, M. L., Wood, C. E., Fogarty, A., Brown, S. J., Gartland, D.,

& Giallo, R. (2024). Intimate partner violence exposure during infancy and social functioning in middle childhood: An Australian mother and child cohort study. *Child Development*, 95, 817–830. <https://doi.org/10.1111/cdev.14032>

Spearman, K. J., Hoppe, E., & Jagasia, E. (2023). A systematic literature review of protective

factors mitigating intimate partner violence exposure on early childhood health outcomes. *Journal of Advanced Nursing*, 79(5), 1664–1677.

<https://doi.org/10.1111/jan.15638>

Stiller, A., Neubert, C., & Krieg, Y. (2022). Witnessing Intimate Partner Violence as a Child and

Associated Consequences. *Journal of Interpersonal Violence*, 37(21/22), NP20898–NP20927. <https://doi.org/10.1177/08862605211055147>

Team, B. E. (2024, May 1). A history of domestic violence: Has anything changed?. BetterHelp.

<https://www.betterhelp.com/advice/domestic-violence/a-history-of-domestic-violence-how-much-have-things-changed/>

THE EFFECTS ON CHILDREN EXPOSED TO DOMESTIC VIOLENCE

The Growing Child: Adolescent 13 to 18 years. Johns Hopkins Medicine. (2020, April 24).

<https://www.hopkinsmedicine.org/health/wellness-and-prevention/the-growing-child-adolescent-13-to-18-years>

Thackeray, J., Livingston, N., Ragavan, M. I., Schaechter, J., & Sigel, E. (2023, June 20).

Intimate partner violence: Role of the pediatrician. American Academy of Pediatrics.

<https://publications.aap.org/pediatrics/article/152/1/e2023062509/191564/Intimate-Partner-Violence-Role-of-the-Pediatrician?autologincheck=redirected>

Thomas, R. (2023, July 10). Mandatory reporting laws. StatPearls [Internet].

<https://www.ncbi.nlm.nih.gov/books/NBK560690/>

Vikse Nicholson, J., Chen, Y., & Huang, C.-C. (2018). Children's exposure to intimate partner

violence and peer bullying victimization. *Children & Youth Services Review*, 91, 439–446. <https://doi.org/10.1016/j.childyouth.2018.06.034>

Walker-Descartes MD, a, & b. (2021, February 13). Domestic violence and its effects on women, children, and families. *Pediatric Clinics of North America*.

<https://www.sciencedirect.com/science/article/pii/S0031395520301838?via%3Dihub>

World Health Organization. (n.d.). Violence against women. World Health Organization.

<https://www.who.int/news-room/fact-sheets/detail/violence-against-women#:~:text=Lead%20to%20injuries%2C%20with%2042,sexually%20transmitted%20infections%2C%20including%20HIV.>

Yale Medicine. (2022, August 11). Developmental delay. Yale Medicine.

<https://www.yalemedicine.org/conditions/developmental->

