



Hitting hurts. So does exposure to it as a kid.

In a national survey of more than 6,000 American families, 50 percent of the men who frequently assaulted their wives also frequently abused their children.¹

Although this is an old statistic and we know violence can be perpetrated by both genders, there is a sad truth that remains: In addition to being abused directly, children are exposed to violence between the caring adults within their home and it hurts too.

Children's exposure to domestic violence ranges from seeing physical altercations and attacks between their caregivers in the home; to hearing the screaming and yelling; to seeing objects thrown or broken; to seeing doors broken and fists through walls; to smelling flesh as burns are inflicted; to witnessing the aftermath such as a distraught parent or blood or bruises or physical destruction of belongings.

The effects of such exposure on children can be devastating. Depending on the age of the child, the effects can vary. Babies can present as inconsolable and have difficulty sleeping or feeding. Toddlers may have problems with language development. They may be overly aggressive or overly passive. They may demonstrate poor attachment to their caregiver. Preschoolers exposed to violence at home may also be overly aggressive or overly passive. They may avoid age appropriate exploration and they may show regressive behaviour such as toileting accidents and problems. They may also begin to show traits of oppositional behaviour. School age children may present with learning problems, difficulty with attention and symptoms of anxiety. They may appear fearful of other adults or alternately, overly friendly so as to minimize their perceived risk of upsetting the adult and experiencing wrath. Teenage children can appear anxious or depressed. They may have significant school problems and attendance problems. Teenagers may surface with drug and alcohol problems. As they form relationships, boys are at risk of using harmful control strategies to maintain the relationship whereas girls may

be passive in their relationship thus tolerating abusive behaviour.

It is simply a myth that children *only* exposed to violence between their caring adults are not affected by it. The truth is they are affected by it. The issue is how much and what can be done about it.

How much a child is affected depends upon the age of the child and the type, severity, frequency and duration of exposure to violence between their caring adults.

With regard to what can be done, the first rule is always to provide for the safety of the child in a manner that eliminates the risk of further exposure. This may require their caring adult to find safe shelter. In the absence of such, it may require intervention by child protection authorities to relocate the child to a place of safety. If this is the case, care should be taken to ensure continuity of relationship with their non-offending caring adult and continuity with their school and community. *Relocation* should avoid *dislocation*, as the child would then have to endure multiple losses that can contribute to other challenges in the treatment process. Once the child and hopefully non-offending caring adult are secure, the next steps involve facilitating as normal a routine and structure as possible for the child and then attending to their counselling needs. Wherever possible the more seamless the transition between these steps the better.

It is every child's birthright to grow up free from harm and also free from exposure to the harm of others. Such exposure can have devastating effects on the child and can contribute to their experiencing similar problems as adults. Intervening in a way that promotes safety while preserving relationships and attending to their needs will go a long way to reversing harmful effects and improving their future.

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¹ Strauss, Murray A, Gelles, Richard J., and Smith, Christine. 1990. *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick: Transaction Publishers