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Resilience and psychopathology in children exposed to family violence ☆

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ABSTRACT

Little research exists on how young children cope with traumatic events, including exposure to intimate partner violence (IPV). Available research reveals that many young children who witness IPV suffer greater adjustment problems than non-exposed children, while others appear to fare well despite violence exposure. Taking a developmental psychopathology perspective, this review seeks to consolidate current research on the impact of IPV exposure, focusing on relevant developmental domains of the preschool years. Specifically, it addresses the psychological functioning of preschool children following IPV exposure, including problematic internalizing and externalizing behaviors, as well as posttraumatic stress. This review also explores cognitive and physical functioning following exposure to interpersonal violence, as well as the socio-emotional consequences of witnessing violence. Following an examination of the impact of IPV exposure on preschool children, this review evaluates resilient coping and those children who seem to function well despite witnessing violence in the home. Finally, potential future research directions, as well as clinical implications, are suggested to provide a complete picture of the role IPV exposure plays in young children's development.

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Intimate partner violence (IPV) occurs at alarmingly high rates, with conservative estimates placing annual prevalence between 17 and 28% of married or cohabitating couples (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). The adverse consequences of this violence are systemic, with women and children suffering a multitude of negative physical and mental health outcomes (Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007; Grych, Jouriles, Swank, McDonald, & Norwood, 2000; Levendosky, Huth-Bocks, Semel, & Shapiro, 2002). Such detrimental costs have led to extensive research on IPV in recent decades. The current definition of IPV encompasses physical, sexual, and emotional abuse between dating or married partners, either in an existing or past relationship,

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occurring along a continuum from a single episode of violence to ongoing abuse (Center for Disease Control and Prevention (CDC), 2006).

The detrimental impact of IPV extends beyond violence in a partnership, as children are frequently present in these homes. A recent study by McDonald et al. (2006) found that IPV is more prevalent among married or cohabitating couples with children than those without children. They estimate that 15.5 million American children (ages 0–17) live in households with IPV, with 7 million children living in severely violent homes. Living in a household with IPV puts children at risk for being exposed to and witnessing violence. In fact, in a population-based study of children's direct exposure to domestic violence events investigated by police officers, Fantuzzo and Fusco (2007) found that of the children who were present during events involving IPV, 81% had direct exposure to these violent incidents. Graham-Bermann et al. (2007) further assessed whether children were direct witnesses to mothers' reports of IPV events and found that 89% were eyewitness to psychological maltreatment and 82% witnessed physical violence in the home when it occurred.

Furthermore, the risk of witnessing violence is especially high for younger children. Fantuzzo, Boruch, Beriama, Atkins, and Marcus (1997) reported that children under the age of 5 years old were disproportionately represented among children exposed to incidents of violence in households where IPV occurred. Fantuzzo and Fusco (2007) reported similar findings, showing that children under the age of 6 years old were disproportionately exposed to domestic violence events and were at a greater risk of direct exposure to these events. It is important to point out that children's experience of witnessing violence is frequently broader than direct exposure, as, in addition to seeing and hearing episodes of IPV, witnessing IPV often involves its aftermath as well, such as having to move to a shelter or witnessing police intervention (Edleson, 1999).

1. Effects of family violence exposure on preschool children

The effects of exposure to IPV have not been as extensively studied in a population of preschool-age children as they have been among older children, despite preschoolers increased vulnerability to being exposed to greater amounts of violence (Fantuzzo & Fusco, 2007; Fantuzzo et al., 1997). Interparental violence is especially distressing for preschool-age children because they spend a significant proportion of time with parents. Preschool children rely on parental figures to protect them from dangers and make their environment safe and predictable, functions that can be severely compromised in families with violence (Margolin & Gordis, 2000). These young children cannot escape the violence through peer or academic outlets; instead they must live with the physical and psychological abuse nearly every day. When compared to older children, preschoolers exposed to IPV evidence significantly lower levels of self-esteem and social skills (Fantuzzo et al., 1991; Rossman, Rea, Butterfield, & Graham-Bermann, 2004). Research shows that exposure to family violence during these early years, when the capacity for emotion regulation is growing and children's attachment to parents is strongest, has decidedly severe and enduring negative effects (Levendosky et al., 2002).

1.1. Externalizing/internalizing behavior problems

One significant negative outcome associated with exposure to IPV is an increase in aggression, hyperactivity, and externalizing problems (Paterson, Carter, Gao, Cowley-Malcolm, & Iusitini, 2008). Exposure to violence alters children's ability to regulate emotions, leading to more intense, severe aggression. Children who witness IPV in the home show higher rates of aggression, fighting, and antisocial behavior (Margolin, 2005). The fear and anger children experience in an abusive home may lead to feelings of helplessness, anxiety, and depression. Young children rely on parents for protection and support; therefore when traumatic events occur in the home, children begin to view life as stressful and lonely, often believing they are not worth respect and comfort. These beliefs contribute to internalizing problems and social withdrawal. Preschool children may exhibit a loss of self-esteem and self-confidence following exposure to family violence (Grych, Jouriles et al., 2000; Lemmey, McFarlane, Wilson, & Malecha, 2001).

One mega-analysis on family violence found that preschool children who witness interparental violence are at similar risk for internalizing problems as children who are direct victims of abuse. Children who are physically abused in the home did not differ on depression scores from children who solely witnessed family violence (Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006). This mega-analysis divided children exposed to traumatic violence by age; therefore data on preschooler's aged 4 to 6 could be analyzed separately from older children aged 7 to 14. Sternberg et al. (2006) found that type of violence was significantly associated with externalizing and internalizing problems in preschool children. Children who both witnessed and directly experienced abuse in the home were 1.5 times more likely to have externalizing problems and 1.9 times more likely to have internalizing problems than those children who solely witnessed violence or solely personally experienced violence. Compared to grade school children, preschool children had a higher likelihood of externalizing problems, but a lower likelihood of internalizing problems. In this report, developmental level and age had a direct impact on the experience of violence.

1.2. Posttraumatic stress symptomatology

Exposure to chronic family violence also impacts children's arousal capabilities, startle response, and dopaminergic system. Such changes are linked to PTSD-like symptoms in preschoolers (Margolin & Gordis, 2000). Reported rates of PTSD in preschool-age children range from 3 to 56% (Graham-Berman, DeVoe, Mattis, Lynch, & Thomas, 2006; Levendosky et al., 2002). However, children that do not meet full criteria for a diagnosis of PTSD may still suffer from symptoms of posttraumatic stress (Graham-Bermann & Levendosky, 1998). Graham-Bermann and Levendosky (1998) found that when children were exposed to a traumatic event, 52% had intrusive and unwanted remembering of the traumatic events, 19% displayed traumatic avoidance, and 42% suffered from symptoms of traumatic arousal.

Levendosky et al. (2002) analyzed PTSD in preschool children between the ages of 3 and 5 who were exposed to interparental violence. The sample consisted of 62 preschool children (25 boys and 37 girls) and their mothers living in families with intimate partner violence. The most frequently reported symptoms were talking about the violent event, an upset reaction in response to memory triggers, hypervigilance, and new separation anxiety. Avoidant and numbing symptoms were particularly uncommon in preschool children. Instead of avoiding feelings and places, young children sought out people and familiar settings in response to trauma (Levendosky et al., 2002).

1.3. Physical health

Preschool children exposed to IPV not only suffer psychological and cognitive complications, but also experience physical health problems. Although less researched, evidence exists for the connection between witnessing violence and child's physical health, as noted in a study by Graham-Bermann and Seng (2005). This study evaluated the functioning of 160 preschool children, with a mean age of 4.62. Mothers were interviewed about their child's health, exposure to violence, and the presence of traumatic stress symptoms. The children's teachers also completed questionnaires regarding the child's health and behavioral adjustment. Results showed that preschool-age children, distressed by violence in the home, were four times more likely to have asthma, allergies, and gastrointestinal