Domestic Violence and Child Abuse: Linkages and Safe Reporting

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Objectives

• By the end of this presentation, participants will:
  – Discuss the links between domestic violence and child abuse
  – Describe the process for reporting child witnessing of domestic violence
  – List two resources that could be provided to adult domestic violence victims
Child Abuse Definition

• "Child abuse" means:

(A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;

(B) Neglect or exploitation of a child by a parent or caretaker thereof;

(C) **Endangering a child**;

(D) Sexual abuse of a child; or

(E) Sexual exploitation of a child.
"Endangering a child" means:

- Any act described by subsection (d) of Code Section 16-5-70;
  - Family Violence Battery
- The commission of an act of family violence as defined in Code Section 19-13-1 in the presence of a child. An act includes a single act, multiple acts, or a continuing course of conduct. As used in this subparagraph, the term "presence" means physically present or able to see or hear.
“Family violence” means:
The occurrence of one or more of the following acts between past or present spouses, persons who are parents of the same child, parents and children, stepparents and stepchildren, foster parents and foster children, or other persons living or formerly living in the same household

1. Any felony; or
2. Commission of offenses of battery, simple battery, simple assault, assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass
Intimate partner violence (IPV) definition

• “Intimate partner violence” means:
  – physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner
Exposure Defined

• Seeing the violence
• Hearing the violence
• Seeing the aftermath (injured parent, broken property, etc.)
Why is this an issue?

- 10-15 million per year
  - 1 in 15
  - 50% witness severe IPV (beatings and weapon use)
- According to one study:
  - 85% were home during an altercation
  - 71% witnessed it
- Over 50% of female victims live in homes with children 12 and under
- More than 20% of pregnant women experience IPV
- Violence often starts or increases during pregnancy
Models of Child Abuse/DV

Figure 1. Models of child abuse perpetration in domestically violent families.
Pregnancy Behaviors

• More than 20% of pregnant women experience IPV
  – Violence often starts or increases during pregnancy

• Decreased prenatal care
  – Increased missed appointments
  – Late initiation of care
    • 2x > likelihood of 3rd trimester

• Increased risky behavior
  – Smoking
  – Substance use
  – Alcohol
Child Physical Abuse and DV

- Coexists with child physical abuse 30-60%
- Risks for increasing co-occurrence rates
  - Poverty
  - Substance abuse
  - Mental health problems; parental depression
- Children may also be injured during violence
  - Being held in a caretaker’s arms
  - Intervening
Physical Injuries to Children

• 139 children injured in domestic disputes
  – Ages 2 weeks to 17 years
  – 48% younger than age 2
    • 59% while being held
  – 39% trying to intervene
  – 36% injured via a direct hit
  – Most injuries were to the head, face, and eyes
Long-term Concerns

- Developmental delays
- Increased aggression
- Future IPV Risk
  - Girls 4-6 times greater risk of physical IPV relationship; 3-5 times greater risk emotional abuse
  - Increased risk of perpetrating IPV (both men and women)
Long-term Concerns

• PTSD, especially in girls
  – Also at greater risk for depression
  – Boys for external aggression

• Increased alcoholism among men
Important considerations

- Risk varies from child to child and family to family based on many different factors

- Consider the protective factors that may exist to mitigate the impact of IPV
Children impacted differently by IPV exposure based on:

- The age of the child
- The child’s developmental stage
- Severity, proximity, duration, and frequency of abuse
- The child’s gender
- Personal characteristics of the child
- Presence or absence of loving and supportive adults in their lives
- Stability and responsiveness of staff and systems that interact with the child
Child protective factors

- Good health, history of adequate development
- Above-average intelligence
- Hobbies and interests
- Good peer relationships

- Personality factors
  - Easy temperament
  - Positive disposition
  - Active coping style
  - Positive self-esteem
  - Good social skills
  - Internal locus of control
  - Balance between help-seeking and autonomy
Parental protective factors

• Secure attachment; positive and warm parent-child relationship
• Supportive family environment
• Household rules/structure; parental monitoring of child
• Extended family support and involvement, including caregiving help
• Stable relationship with parents
• Parents have a model of competence and good coping skills
• Family expectations of pro-social behavior
• High parental education
Social/environmental protective factors

- Mid to high socioeconomic status
- Access to health care and social services
- Consistent parental employment
- Adequate housing
- Family religious faith participation
- Good schools
- Supportive adults outside of family who serve as role models/mentors to child
Adverse Childhood Experiences

• Study of adults in Kaiser Permanente Health System

• Survey

• Looked at ACEs in relationship to adult health
ACE Survey

• Questions on a variety of topics including:
  – Emotional abuse
  – Physical abuse
  – Sexual abuse
  – Emotional neglect
  – Physical neglect
  – Mother treated violently
  – Household substance abuse
  – Household mental illness
  – Parental separation or divorce
  – Incarcerated household member
## ACEs

<table>
<thead>
<tr>
<th>ACE Category</th>
<th>Women Percent (N = 9,367)</th>
<th>Men Percent (N = 7,970)</th>
<th>Total Percent (N = 17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABUSE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>13.1%</td>
<td>7.6%</td>
<td>10.6%</td>
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<tr>
<td>Physical Abuse</td>
<td>27%</td>
<td>29.9%</td>
<td>28.3%</td>
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<tr>
<td>Sexual Abuse</td>
<td>24.7%</td>
<td>16%</td>
<td>20.7%</td>
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<tr>
<td><strong>HOUSEHOLD CHALLENGES</strong></td>
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<tr>
<td>Mother Treated Violently</td>
<td>13.7%</td>
<td>11.5%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Household Subsistence Abuse</td>
<td>29.5%</td>
<td>23.8%</td>
<td>26.9%</td>
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<tr>
<td>Household Mental Illness</td>
<td>23.3%</td>
<td>14.8%</td>
<td>19.4%</td>
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<tr>
<td>Parental Separation or Divorce</td>
<td>24.5%</td>
<td>21.8%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>5.2%</td>
<td>4.1%</td>
<td>4.7%</td>
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<tr>
<td><strong>NEGLECT</strong></td>
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<tr>
<td>Emotional Neglect</td>
<td>16.7%</td>
<td>12.4%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>9.2%</td>
<td>10.7%</td>
<td>9.9%</td>
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</table>
## ACEs

<table>
<thead>
<tr>
<th>Number of Adverse Childhood Experiences (ACE Score)</th>
<th>Women Percent (N = 9,367)</th>
<th>Men Percent (N = 7,970)</th>
<th>Total Percent (N = 17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>34.5%</td>
<td>38.0%</td>
<td>36.1%</td>
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<tr>
<td>1</td>
<td>24.5%</td>
<td>27.9%</td>
<td>26.0%</td>
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<tr>
<td>2</td>
<td>15.5%</td>
<td>16.4%</td>
<td>15.9%</td>
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<tr>
<td>3</td>
<td>10.3%</td>
<td>8.5%</td>
<td>9.5%</td>
</tr>
<tr>
<td>4 or more</td>
<td>15.2%</td>
<td>9.2%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

- All interrelated
- Many ACEs coexist
ACE Results

As number of ACE’s increases, so do the following:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement
Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Community Response

- DFCS goal is to keep children with non-offending parent whenever possible
- Community partners (courts, DFCS, shelters, etc.) make a careful plan to keep parent and child safe
- Avoid blaming non-abusing parent
- Hold batterer responsible
Pros to Adding IPV Exposure to Child Abuse Laws

• Sends a message to the community

• Increase opportunities for keeping children from being exposed

• May increase consistency in handling cases

• Increased ability to identify child victims
Cons

• May affect disclosure rates/seeking services due to fears of losing custody

• May put adult and child victim at risk

• Inappropriate removal from non-abusing parent

• Overburdening the child welfare system
How to Respond

• Encourage adult victim
  – Offer counseling and services – help to build protective factors
  – Discuss safety plans
  – Discuss fear and concerns
  – Know what shelters and resources are available

• Do not threaten that the children will be removed

• Remember that the rate of homicide increases dramatically once the victim leaves

• Keep caring and supporting
If a DFCS report must be made

• Offer to allow woman to call DFCS or be present when you call
• Talk with woman about the risks she might face from batterer when report is made
• Connect her with a domestic violence advocate for safety planning
• Explain the DFCS investigations process
Contact Info

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