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A Developmental Perspective on The Impact on Children of Both Witnessing and Experiencing Domestic Violence: A Narrative Literature Review

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Abstract

This narrative literature review presents recent research investigating the developmental outcomes in children of experiencing and witnessing domestic violence in childhood. The structure of this review organises child outcomes of domestic violence identified for each developmental stage of a child's growth, beginning with impact in utero and extending to adolescence and adulthood. Inclusion and exclusion criteria were closely followed to maintain rigorous synthesis of research published within the last 20 years, thus providing an extensive insight into domestic violence impacts on child development. Critical analysis of the current body of literature concluded that further research is required to consider a more holistic approach to understanding the effects of domestic violence, which recognises the simultaneous presence of alternative harmful factors to the child, such as parental substance misuse, as well as extending experiences of domestic violence to those of males.

Key Words:
Domestic Violence, Developmental Impact, Children, Outcomes

1.Introduction

1.1 Working Definition and Characteristics of Domestic Violence

Research investigating the developmental effects of witnessing and experiencing domestic violence during childhood and adolescence first started in the mid-1970's (Øverlien, 2010). Since then, and particularly within the last twenty years, the impacts of domestic violence on children's development and overall outcomes have attracted attention both scientifically and socially as a major public health problem. This is likely to be associated to the extensive scope, closed nature and damaging impacts on the family and social system of domestic violence incidents within the home (Black, et. al., 2010).

One of the initial considerations within this area of research is the ongoing debate of a clear and universal definition of domestic violence. Øverlien (2010) argued that there is a lack of common terminology and definition for this particular form of child maltreatment.

Now, changes to official language recognise that the terms domestic abuse and domestic violence may be used interchangeably (Cleaver & Rose, 2022). An updated definition taken from Government Legislation Domestic Abuse Act 2021, describes domestic violence as:

'*…behaviour of one person towards another person if the two persons are aged sixteen or over and are personally connected to each other, and the behaviour is abusive. Behaviour that is "abusive" consists of the following – physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional, or other abuse'* (Legislation.gov.uk, 2021).

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According to this legislation, domestic abuse may be identified from one person's act towards another person, despite the act consisting of conduct directed at a third person, i.e. the victims child. It is important to note therefore that only in recent legislation have children been recognised as potential victims of domestic abuse. Children may be considered victims of domestic violence if they see, hear or experience the effects of violence perpetrated by one or both persons who have parental responsibility or are parents of the child, or relatives to the child (Cleaver & Rose, 2022).

1.2 Domestic Violence Prevalence: A Global Pandemic

Domestic violence is at present recognised as a global epidemic which can affect all people regardless of class, age, gender, race, religion or ability (Wolfe, et. al., 2003; Pingley, 2017; Cleaver & Rose, 2022). Children's exposure to domestic violence can begin whilst in the womb (prenatally) but may develop into being present during a violent event, witnessing the aftermath, hearing the incident during or after the event, or by attempting to break up the abuse, or by being abused after the event occurred. Research into health care services responses to domestic violence identified some of the rational to explain the perpetration of domestic violence, such as an inability to express oneself verbally, anger and tension release, a desire to feel powerful, to gain control and/or to prove love and to gain attention (Centers for Disease Control and Prevention, 2006; Hamberger, et. al., 1997; Harned, 2001; Warshaw, & Ganley, 1998).

Within the context of Child Protection Services, recent investigations found that, of all child assessments completed in 2017 and 2018, for more than half domestic abuse was a factor present in the case (HM Government, 2018, as cited in Cleaver & Rose, 2022).The National Society for the Prevention of Cruelty to Children (NSPCC) published that the number of social services referrals made due to domestic abuse had increased by 8% in 2020/21 from the previous year. This equated to around 669 child protection referrals a day (NSPCC, 2022). Therefore, domestic violence in the context of children and families involved with child protection is, at present, of increasing prevalence.

These figures must be considered in context against the recent significant changes to living arrangements in the UK, with reference particularly to the 2019 COVID Pandemic, which encouraged families to stay in their homes with subsequently little to no support with experiences of or circumstances around domestic violence. The figures presented here are likely to be an underrepresentation of the number of children and families affected by domestic violence as families who experience domestic violence do not readily come forward for support from professional bodies (Cleaver & Rose, 2022).

1.3 Introduction to Current Conclusions of the Effects of Domestic Violence on Child Development

There is an extensive body of research available which explores the effects of exposure to domestic violence in childhood on children's developmental outcomes. However, there are limitations in both past and present literature since research draws conclusions based on data of specific groups, such as women and children living in refuge. Statistics suggest that two thirds of women experiencing domestic violence have children (CADDA, 2012). Regardless, knowledge of how domestic abuse affects children is mainly focussed on the consideration of the impact of violence on children under the care of women. There is therefore limited knowledge of how domestic violence may impact upon men's parenting capacity or the effect on children under their care.

It is accepted that experiencing domestic violence can have significant and detrimental impacts on parenting, including limited provision of physical care, responsiveness to the child, capacity to meet the child's basic needs, parental mental health (including the use of medication and alcohol), exhaustion, limited contact with the wider family and risk of financial control, and this should be considered for male parents also.

Research suggests that men are three times less likely to report their abuse, which is of concern given that they are largely underrepresented in research anyway. Men who are victims of domestic abuse usually experience violence from a male partner (Williamson, et. al., 2020, as cited in Cleaver & Rose, 2022). Brooks (2020) supported this with statistics showing that 3.2% of homosexual men and 3.3% of bisexual men experienced violence from a partner, which was higher than the number of heterosexual men experiencing the same (2.8%). With this said, women victims do account for 75% of all domestic violence victims (Cleaver & Rose, 2022).

1.4 Preface to Narrative Literature Review

The scope of this literature review is to critically evaluate and summaries the outcomes of research studying the effects of both witnessing and experiencing domestic violence on children's development, specifying outcomes by developmental age group. The evaluation of current research will allow for the consideration of gaps in literature for considering themes necessary to explore in future research. Previous research into the prevalence and effects of domestic violence on children's outcomes indicates consistent adverse impacts on children's trajectories, ranging from before birth, in utero, and maintaining into adolescence and adulthood (Curran, 2013).

Research examined in this literature review includes multiple theoretical perspectives and models from which to draw these conclusions, including attachment and social learning theory, bioecological theory of human development, the eco-bio-developmental perspective, developmental psychopathology, the cycle of violence theory and theory of learned helplessness (Pingley, 2017; Bandura, 1971, 1986; Bandura & Jeffrey, 1973; Howell, et. al., 2016; Øverlien, 2010; Wolfe, et. al., 2003).

This review will also focus on the importance of considering the outcomes of children alongside variables such as environmental factors, protective factors and individual traits for clinically assessing risk and intervention for children and families experiencing domestic violence (Lindhorst & Oxford, 2008). Research findings inform the work of social services and other professional bodies to help parents provide care of their children while remaining in the family home. However, it is important for information to also be available to services supporting children in care, as 15-27% of children of a range of ages in the UK are placed away from their family home through adoption and fostering (Gov.UK, 2022). Half of the children placed in alternative care are likely to have been exposed to domestic violence and this is further associated with child abuse and neglect (Gov.UK, 2022).

Strong links have been found between domestic violence and parental alcohol and substance misuse and mental health difficulties – Institute of Alcohol studies (2014) - found that 25% to 50% of parents domestically violent were also intoxicated at the time. We must consider the effects of parental mental health and substance misuse, as well as the loss and grief for children who have been removed from their families due to domestic violence when discussing child developmental outcomes as influenced by experiences of domestic violence (Øverlien, 2010; Pingley, 2017; Herman, 1997).

2. Method

2.1 Synthesis of Literature

A narrative literature review was the chosen design for this analysis (Snyder, 2019). Literature reviews have been described as a piece of academic writing demonstrating knowledge and understanding of the academic literature on a specific topic placed in context (The University of Edinburgh, 2022). To conduct this literature review, Google Scholar and PubMed were utilised for searching for relevant articles related to the impacts on children of witnessing and experiencing domestic violence during childhood. Specific and predetermined terms were used as key word searches in the databases to gather the articles. Once articles were gathered, specific criteria were used to narrow the number of articles to include those that specifically focus on the impact of witnessing domestic violence on children.

This study reviewed articles published in English with the study population based in the US and UK. Databases were found through Google Scholar using the key words:

'*domestic violence'* AND '*impact*' AND '*outcomes*' AND '*children*', OR '*development*, *neurodevelopment*', *'baby',' in utero', 'stress', 'cortisol'.* Items researched included systematic reviews, meta-analysis and published books and documents. This review was limited to studies that are quantitative, qualitative and to research reviews.

2.2 Inclusion and Exclusion Criteria

The research included literature published in the past twenty years to ensure that information is current and adopting modern theories and methods of research for assessing outcomes in children with experiences of domestic violence. This sample data is not intended to be exhaustive. The databases and research were chosen because of relevance to the research question. Articles were excluded for other types of maltreatment and those focusing on outcomes in adulthood and maternal outcomes.

3. Narrative Review of the Developmental Impacts of Experiencing Domestic Violence in Childhood

3.1 Developmental Impacts In-Utero

3.1.1 Health

At this early stage of development, both genetic transmission and environmental impacts pose the most significant risk to foetal health through inherited traits, physical damage and effects of maternal stress (Aldgate, et. al., 1999). Dangers such as physical impacts, collisions, bumps or blows as a result of domestic violence physically affect the unborn baby. Severe stress can also increase mother's blood pressure and decrease uterine blood flow, resulting in overall low birth weight (Howell, et. al., 2016; Coussons-Read, 2013).

During domestic violence incidents in the home, the unborn child may be damaged in the womb, and research suggests that the risk of domestic violence may increase once a woman becomes pregnant. A report by McWilliams and McKiernan (1993) found that 40- 60% of women who had experienced domestic abuse were targeted by punches and kicks to the stomach, the area most susceptive to foetal damage. Assaults can increase the chance of miscarriage, still birth, premature birth, foetal brain injury and fractures, placenta separation and rupture of the mother's spleen, liver or uterus.

Maternal stress in response to experiences of domestic violence has also been associated with increased childhood morbidity, relating to foetal physical illness, developmental lag, neurological disfunction and behavioural disturbance (Howell, et. al., 2016). It is also important to consider that it is usual for pregnant mother's, who are victims of violence, not to attend antenatal and other health appointments, which further heightens the risk of premature birth, low birth weight, development and the attachment security of the new-born child (Aldgate, et. al., 1999).

3.1.2 Education and Cognitive Development

Previous research has suggested that a mother's emotional state may increase the release of hormones, such as cortisol, norepinephrine and epinephrine, known to pass through the placenta and inhibit the cognitive development of the unborn child (Aldgate, et. al., 1999; Su, et. al., 2015). Although, this has since been disputed by more current investigation (Su, et. al., 2015).

From a psychobiological perspective, multiple studies have provided evidence to suggest that increased maternal cortisol levels can have an adverse effect on foetal development. Talge, et. al., (2007) and Glover (2015) found that children are more likely to develop emotional and/or cognitive difficulties, including increased risk of attention deficit/hyperactivity, anxiety and language delay if mother experiences heightened stress whilst pregnant. Talge et. al. (2007) also argued that the mother's relationship with her partner during pregnancy could reflect a significant stressor.

From a biological perspective, studies analysing the effects of maternal cortisol in utero identify the activation of the hypothalamic-pituitary-adrenal (HPA) axis, in response to stress during pregnancy, as inducing a hormonal cortisol effect related to adverse child developmental outcomes. Increase cortisol in pregnancy has been associated to increased vulnerability to neurodevelopmental disorders, impaired cognitive development and impacts on the growth of the amygdala (responsible for emotional and social development in childhood), as well as behavioural problems, autism and schizophrenia (Talge et. al., 2007; Cleaver & Rose, 2022).

O'Donnel, O'Connor and Glover (2009) suggest that the relationship between maternal cortisol and foetal development may be better explained by the placental barrier enzyme 11B-HSD2 - known as Cytokines - which metabolises cortisol into inactive cortisone. The level of cortisol in the amniotic space, associated with Cytokine activity, is adversely correlated with infant cognitive development (Glover, 2015). Waffarn and Davis (2012) evidenced this further in their findings that excess exposure to glucocorticoid and cortisol as products of the HPA axis alter the normal developmental trajectory of the unborn baby. Therefore, the outcomes of foetal development associated to maternal cortisol levels may not be as directly correlated as once presumed and may instead, be influenced by the mechanisms of alternative biological processes.

Longitudinal studies investigating the effects of cortisol presence during pregnancy on children's long-term developmental outcomes identified evidence for sensitive periods of elevated maternal cortisol levels. It is suggested that the HPA axis becomes less responsive to stress as pregnancy continues and so, it is possible that more extreme elevations and exposure early in pregnancy may have neurotoxic effects on the developing foetal brain (Talge et. al., 2007; Glover, 2015; Davis et. al., 2017; Sandman, et. al., 2012; Caparros-Gonzalez, et. al., 2019). With this said, maternal serotonin and epigenetic changes as well as the quality of the mother-child attachment following birth may act as protective factors against the developmental impacts of maternal cortisol presence during pregnancy (Glover, 2015; Bergman, et. al., 2010).

3.2 Developmental Impacts on Children 0-2 Years

At this stage of a child's development, an infant's health may be impacted by domestic violence through ongoing effects of foetal damage, parental behaviours and neglectful environmental contexts. Children of this age group are at significant risk of harm; domestic violence is associated with controlling behaviour which may correlate with the perpetrators feelings of jealousy or frustration towards a child, if they are demanding attention from their parent (Cleaver & Rose, 2022). Research suggests that 81% of children who were killed or severely injured by their parents, due to domestic violence, were within this age range (Aldgate, et. al., 1999).

3.2.1 Health

Children under the age of two are considered at higher risk of inadequate intervention in response to poor attendance to medical requirements. Due to parental withdrawal associated with incidents of domestic violence, routine health checks are often missed, especially in response to the child being unwell or receiving a lack of adequate hygiene care (Cleaver & Rose, 2022). Research suggests that children experience a lack of supervision in the home, exposing them to higher chances of physical harm. They are more likely to attend Accident and Emergency Services due to this (Cleaver & Rose, 2022). It should also be considered that infants may be used as accessories in the abuse of their parent, imposing further risk to the child of being victims of direct physical harm.

3.2.2 Education and Cognitive Development

A parent's ability to maintain consistency, predictability and responsiveness, associated with attachment quality, in their relationship with their child is often severely inhibited when experiencing domestic violence (Aldgate, et. al., 1999). This, coupled with the child's feelings of fear and stress induced by a lack of consistency and predictability in their parental relationship, can have significant impacts on brain development, especially between the ages of 6 and 18 months, which can lead to lifelong neurodevelopmental changes. Cortisol levels correlated with fear and stress in childhood can further impact the child's emotional, social and cognitive development overall (Bergman, et. al., 2010). Delays in language and understanding, as well as access to learning settings, may encourage little to no interest in education to the extent that children may not experience nursery at all (Cleaver & Rose, 2022).

3.2.3 Emotional and Behavioural Development

Parents who are experiencing domestic violence may display less aptitude to provide for their baby's needs for bodily contact and loving care. Research suggests that maternal insensitivity towards a child's needs will have adverse effects

on the attachment process. Pingley (2017) suggested that insecure parent-child attachment, often associated with domestic violence as well as the child's own experiences of domestic violence in the home, can contribute to a dysregulation in cognitive and emotional systems, with a higher risk overall for difficulties in holistic development in children. Experiences of domestic violence have been associated with delays in cognitive and emotional development, resulting in extreme withdrawal, aggressiveness and anxiety disorders in children (Aldgate et. al. 1999). Limited abilities in verbalising feelings may lead to anger outbursts in children and, in many cases, a complete regression in development (Cleaver & Rose, 2022). Øverlien (2010) recorded trauma symptoms among one year old infants who had been exposed to severe domestic violence.

Equally, children of this age may experience emotions which are influenced by depressed affect, emotional withdrawal and unpredictable mood swings from parents. Research suggests that such emotions may be mirrored in the child: pre-school children recorded symptoms of raised anxiety and fear, low self-esteem and sleep disorders in the context of domestic violence (Aldgate, et. al., 1999).

3.2.4 Identity

Literature investigating the effects of domestic violence have identified that parents who are more disorganised, unhappy, tense, irritable and angered, and are less effective and less playful with their infants. This can have a detrimental impact on the identity and social presentation development of the child, as well as their family and social relationships, due to disorganised attachments with their parental figure because of low mood in the carers compounded with living within a violent relationship.

Dutton (2000) argued that such presentation of attachment issues and feelings of insecurity in children of this stage of development may be associated to a destruction of the immature ego, impacting processes of self-formation.

3.3 Developmental Impacts on Children 3-4 Years

Children of this age need an ongoing focus on their physical safety, due to developed abilities in movement and motor independence, so that their protection from danger and abuse can be met.

At this stage, parental mental illness in response to violent behaviours in the home poses increased the risk to a child's emotional and social development. Developmentally, children will have started to form a sense of the self and, with the assistance of responsive caregiving, can build a positive self-esteem and identify adults as trustworthy. A lack of care and parental acceptance, associated with domestic violence, may influence significant deficits in a developing child's self-identity and social functioning (Aldgate, et. al., 1999; Cleaver & Rose, 2022).

3.3.1 Health

Amongst health risks to children which have already been discussed, infants of this age may begin to try and protect their parents from experiencing domestic violence. They may therefore, involve themselves with violence and/or begin to copy aggressive behaviour. With this said, children who are biologically related to the perpetrator of the violence and less likely to intervene in violent incidents (Øverlien, 2010).

3.3.2 Education and Cognitive Development

Experiences of domestic violence in the home has been associated with a lack of interest in a child's own environment and subsequent poor intellectual development, since violence in the home may contribute to a lack of inquisitiveness and willingness to explore. When parents are preoccupied with their own difficulties, offering educational and cognitive stimulation to their child may be limited. The psychological consequences of domestic abuse may mean that parents do not take their children to nursery and attendance in attempts to conceal the home circumstances.

3.3.3 Emotional and Behavioural Development

Research illustrates that children who have witnessed parental domestic violence in conjunction with also experiencing violence directly by a parent/carer displayed significantly more behavioural problems than children who had only either witnessed violence or had experienced violence themselves (Aldgate, et. al., 1999).

Further research has identified specific emotional and behavioural consequences for children who have witnessed or experienced parental domestic violence. These consequences include aggression, depression, anger and anxiety (Øverlien, 2010; Graham-Bermann & Seng, 2005; Johnson, et. al., 2002; Kitzmann, et. al., 2003; Knapp, 1998). Research further suggests that children with a history of domestic violence exposure reacted with greater emotional intensity to conflict than children who had not witnessed violence (Øverlien, 2010). The authors identified increases in behavioural and emotional problems, externalising behaviours and poor social competence, even after controlling for child maltreatment (Graham-Bermann & Levendosky, 1998; Kitzmann, et. al., 2003; Litrownik, et. al., 2003; Onyskiw, 2003; Yates, 1996; Kernic, et. al., 2003).

Children exposed to marital violence for sustained and/or recurrent periods showed more frequent and more severe PTSD symptoms compared to their peers, and children who had intervened displayed more behavioural problems as well as being of heighted risk to physical harm (Wolfe, et. al., 2003). Younger children overall are reported to be more likely to develop PTSD symptoms compared to other age categories of children with experiences of domestic violence

(Wolfe, et. al., 2003).

At this age, there is a vulnerability in a child's emotional progress and behavioural disturbance as they may become aware of their emotions but are still unable, to an extent, to articulate such feelings, thus requiring continuing attuned parental responsiveness. When parent's behaviours are inconsistent, children may exhibit symptoms similar to that of Post- Traumatic Stress Disorder (PTSD), including sleep disturbance, bed wetting and rocking.

3.3.4 Identity

At this stage of development, a child usually begins to establish a sense of the self and understand that they are 'good people' who sometimes do 'bad things', as guided by their parents (Aldgate, et. al., 1999). Adverse parenting may result in the child blaming themselves for parents' problems, and some are further expected to hold responsibilities beyond their years, including for example that of their progenitors. This age group of children typically maintain a rigid, egocentric style of thinking.

Therefore, if their parents are absent children often have difficulty understanding why and, in the absence of such knowledge, could place blame on the self. Exposure to fear and anxiety inducing behaviours in their parents can contribute to infants developing an internal model of their caregivers characterised by insecurity and threatening and therefore affect their attachment strategies and styles (Crittenden, 2006).

3.3.5 Social Presentation and Self-Care Skills

The ages of three to four years and onwards are the ages at which a child begins to form prosocial behaviours and develop their attachment behaviours. Parents who engage in domestic violence may exhibit inconsistent parenting and emotional unavailability, which can lead to children being left unsupervised, learning to imitate dangerous and aggressive behaviours and forming relationships with inappropriate peers.

Children may develop hypervigilance due to feelings of danger and fear elicited by inconsistent parenting, and therefore display withdrawal or controlling behaviours in order to contain their parent, contributing to the development of insecure attachment styles. Such difficulties in attachment behaviours may be compounded with children's pre-existing neurodevelopmental and/or learning difficulties.

Alternatively, younger children can model their parent's behaviours which can contribute to displays of violence towards others, including peers (Baldry, 2003). Children who had experienced domestic violence tend to be more likely to engage in bullying but also to be the victims of bullying, respond to conflict with aggression and react more violently to conflict with peers (Ballif-Spanvill, et. al., 2004). It is also important to consider that children who are involved in families in conflict may display poor appearance, which can affect social interactions and negative or distorted beliefs about the self as well as a loss in confidence in the ability of adults to look after them whilst they still cannot do so fully themselves (Cleaver & Rose, 2022).

3.4 Developmental Impacts on Children 5-9 Years

Wolfe, et. al. (2003) proposed a theoretical perspective, known as developmental psychopathology, for considering developmental process for children of this age group who had experiences of domestic violence. They concluded the importance of context and the influence of multiple interacting events in shaping adaptive as well as maladaptive development (Rutter & Sroufe, 2000). School aged children presented with the largest average effect size of negative outcomes associated with domestic violence, followed by pre- schoolers and adolescents. Therefore, this age group may be particularly vulnerable to the effects of domestic violence in terms of their developmental outcomes (Wolfe, et. al., 2003). Experiences of child abuse compounded with domestic violence added small increments in affect size beyond exposure alone, although these are preliminary findings and would require further investigation.

3.4.1 Health

Aldgate, et. al. (1999) found that children aged five to nine years old were at increased risk of injury as well as risk of developing symptoms of anxiety and fear. Child of this age have developed in movement and language but overestimate this and are thus more prone to accidental injury. Children involved in domestic violence are at increased risk of medical problems, including injuries and convulsive disorders with an increase also in frequency of hospitalisation with limited attendance to medical appointments. Children may begin to display psychosomatic symptoms of anxiety. Literature topical to domestic violence has suggested that parental hostility may increase with the age of the child (Øverlien, 2010).

Pingley (2017) reported that children exposed to domestic abuse are likely to experience health problems, including difficulties with sleep, anxiety, depression and problems with eating. Children of this age are identified in the literature as attempting to rectify incidents of domestic violence by becoming involved, thus placing them further at risk of physical and emotional harm (Aldgate, et. al., 1999).

3.4.2 Education and Cognitive Development

Alongside the potential effects which have already been discussed but may continue to be relevant for children in older age groups, research has indicated that children exposed to domestic violence will more than likely continue to

experience general cognitive and educational limitations, with poor concentration and language development (Edleson, 1999; Holt, 2015).

Research found that witnessing or experiencing domestic violence at this stage of development affected children's social and emotional, physiological and physical development. Social and emotional development, in this case, referred to impacts on intellectual abilities, mental activities and behaviours but, from a more physiological perspective on children exposed to domestic violence as they presented with structural differences in the brain and body, sexual orientation and premature aging (Pingley, 2017; Robbins, et. al., 2012).

3.4.3 Emotional and Behavioural Development

Children who are exposed to long term violence are at risk of general behavioural and emotional implications, which includes irritability compounded with the fear of being alone, presentations of immaturity, aggressiveness, antisocial and violent behaviours, low frustration tolerance and passivity and withdrawal (Edleson, 1999; Holt, 2015). Children who have witnessed parental violence tend to have difficulties controlling their own behaviours and this remains consistent with development.

3.4.4 Identity

Investigations into the impacts of domestic violence on developing children have identified vulnerabilities in particular relating to a child's gender identity. Specifically, studies have found that children belonging to the same gender as the parent in distress may experience the incidents as more traumatising than children not of the same gender (Aldgate, et. al., 1999).

Further, children may experience feelings of fear, hostility, helplessness and guilt in response to inconsistent or unresponsive caregiving. Such feelings may be exacerbated by a rigidity in the child's understanding of their experiences of caregiving, although by this age their interpretation of events begins to expand outside of the self.

Further, children may still struggle to maintain a positive self-identity due to feelings of fear and guilt. Such feelings may contribute to the children attempting to interfere with violent incidents. An awareness of responsibility and blame in conjunction with feelings of being unable to control one's own environment, can have a further negative effect on the child's self-esteem (Aldgate, et. al., 1999).

3.4.5 Family and Social Relationships

Friendships and socialising opportunities can become restricted for children of this age group, due to potential feelings of shame and embarrassment as well as children's fear of peers becoming aware of their experiences at home. It is not uncommon for children to feel a sense of responsibility to their family in this regard, and often to take on the parenting role at home (Aldgate, et. al., 1999). Social difficulties due to violence in the family can lead to long term effects for children, including poorer outcomes in academia and social skills, internalising and externalising behaviours and developmental regression (Lawson & Malnar, 2011; DJ & Xavier, 2020).

3.5 Developmental Impacts on Children 10-14 Years

3.5.1 Health

A significant aspect of development for children approaching adolescence is the emergence of bodily changes due to puberty and an emerging sense of sexuality. The provision of education around safe sex must be accompanied with this for the maintenance of physical health of the growing child. As with educational provision, regular medical appointments are necessary considering the increase in physical and mental health risk.

The inattentiveness of parents may contribute to the emergence of the child's anxieties around changes to their body which are ignored by caregivers and unable to be identified by professionals. They may also continue to fear for their basic needs not being met.

Domestic violence will continue to place children at risk of physical injury. There have also been links between domestic violence and sexual violence for children of growing age: 50% of children who had been sexually abused were also living in a domestically violent environment. The perpetrator of the violence and the abuse was usually found to be the same person.

There are continued increases in the prevalence of health problems, including allergies, headaches and stomach aches, nausea, diarrhoea and sleep disturbance, which may not be treated correctly or at all due to unresponsive parenting. Children may also continue to display symptoms of PTSD (Cleaver & Rose, 2022).

As well as with sexual behaviours, children of this age group may start to experiment in other ways, such as with smoking and alcohol but perhaps less so drug use (Aldgate, et. al., 1999).

3.5.2 Education and Cognitive Development

For some children, attending school or alternate educational settings may be positive for providing an escape from violence in the home and thus a place where they are able to thrive. However, for other children, their experiences at

home may distract attention from education and so impact on their attendance. They may wish (or have to) stay at home to look after their parent and/or siblings (Aldgate, et. al., 1999). Children who are aware of the impacts of not attending school but are unable to control this may acknowledge impacts upon their mental health and self-esteem (Aldgate, et. al., 1999). Cleaver and Rose (2022) further argued that 33% of children attempting to reengage in schooling experiences difficulties with adjustment due to delayed intellectual and cognitive development, separation anxiety, low concentration, lower academic abilities, increased bullying and aggressive behaviour, and exclusion and poor attendance, all of which may be encouraged additionally by unplanned moves.

From the perspective of a child's neurological development, Teicher, et. al. (2016) found that domestic violence altered trajectories of brain development affecting sensory systems, network architecture and circuits involved in threat detection, emotional regulation and reward anticipation. Alterations in specific regions such as the developing hippocampus or anterior cingulate cortex (ACC) and pathways such as the corpus callosum, have been consistently associated with domestic violence (Teicher, et. al., 2016).

Visually witnessing domestic violence significantly impacts on the child's neurological development if occurring between the ages of eleven to thirteen years. Sensitive period analysis showed interparental violence between seven to thirteen years of age, a peak period of active myelination, had the greatest effect on the visual pathways (Tomoda, et., al., 2012; Choi, et. al., 2012). This suggests that witnessing domestic violence has a significantly negative effect on the developing brain.

Further conclusions were made by Teicher, et. al. (2016) and Luby, et. al. (2013) that witnessing domestic violence specifically targets brain systems known to be key components for emotional, learning and memory functions. These are the systems which are necessary for interpreting the violent incident in the first instance. Alterations in myelination in children aged seven to thirteen years within the critical period are negatively associated with ratings of depression, anxiety, somatization and processing speed (Choi, et. al., 2012).

Additional changes to the structure of the brain in children, associated with experiences of domestic violence, are reported to alter memory functioning involved with non-conscious processing, verbal comprehension, visual recall and emotional responses. Pathways conveying information for motor planning, working memory and speech may also be affected (Slotnick & Schacter, 2006; Heim, et. al., 2013).

3.5.3 Emotional and Behavioural Development

Children approaching adolescence and with experiences of domestic violence may have established behavioural difficulties including, but not limited to, conduct disorders, emotional distress, uncontrolled behaviour and fear and PTSD-like symptoms. These may be made worse by comorbid physical abuse usually associated with domestic violence.

Literature indicates that emotional responses of children can extend to high levels of anxiety associated with insecure attachments and feelings of being unlovable, sad and angry related to limited caregiving attention and restricted opportunities to engage in age appropriate activities such as play (Cleaver & Rose, 2022). There may be an ongoing internal conflict for children whereby they feel confused and ambivalent, loving towards their family but also hateful, with a continuing fear of eliciting the same behaviours as their violent family members. Such responses will be mediated holistically, through the child's individual personality, age, gender and self-esteem (Cleaver & Rose, 2022).

3.5.4 Identity

Children at this stage of development are largely influenced by their familial identity and values. Exposure to parental conflict may affect the child's self-image and self-esteem. The child's evaluation of their circumstances may induce distortions of their own self-esteem, implied through potential rejection from their family if they do not adhere to familial norms, self-blame for their parent's behaviours and stigmatisation from peers.

Children may wish to please others and conform to peer pressure or alternative distance from peers. They may develop a distorted view of the self, accompanied by feelings of internalised shame and guilt and a sense of helplessness. Research has shown that these feelings can be especially prevalent for children when it is their biological parent or long- term carer experiencing harm (Cleaver & Rose, 2022).

3.5.5 Family and Social Relationships

Children can experience stigma and bullying from experiences of physical neglect which can result in developing inappropriate behaviour such as violence, bullying and sexual behaviours when exposed to domestic violence. When inappropriate behaviour is used towards peers, this can affect the child's education resulting in negative interactions which in turn can reinforce learning deficits and feelings of alienation.

Pingley (2017) identified lower levels of social competence, deficits in executive functioning, difficulties in maintaining friendships and increased maladaptive peer relationships and isolation in children with experiences of parental domestic violence.

Children may become resilient at this age, or at other ages also, but continue to show nevertheless negative outcomes in their emotional wellbeing (Howell, et. al., 2016; Schnurr & Lohman, 2013).

Social relationships can be restricted due to concealing from friends because of shame, embarrassment or wanting to protect the family. Children often will not make others aware of their circumstances because of fear that something will happen to their family or that something will happen to them. Isolation of the child from peers and/or their extended family may also be imposed by the child's parent. Some children flee the home, some go to live with friends, but others may become homeless and resultantly at risk both academically, physically and with the law.

3.5.6 Social Presentation and Self-Care Skills

Children are known to take adult responsibility in the home and thus have their opportunities to develop friendships be restricted. This may also impact upon their clothing and hygiene which will further influence social stigma and encourage isolation from peers. Children may instead develop self-soothing, internalising techniques. Relationships with siblings can be complex, both positively and negatively and, in the worst case, children may have to leave the familiarity of their family home to be placed in alternative care.

3.6 Developmental Impacts on Children 15+ Years

3.6.1 Health

As children emerge into adolescence, those exposed to violence in the home are at higher risk of attaining inappropriate role models and are of increased risk of accident, including both physically but also with difficulties pertaining to their sexual relationships. Adolescents may experiment with sex, smoking, drug and alcohol use. Research suggests that adolescents whose parents are unresponsive are also at increased risk of pregnancy and sexually transmitted infections (Aldgate, et. al., 1999; Cleaver & Rose, 2022).

Experiences of domestic violence has been associated with worse physical health, specifically weight and nutritional status (Schnurr & Lohman, 2013). BMI scores have been reportedly higher in adolescents who have experienced physical abuse in childhood, with statistical reports suggesting a six time more likelihood of being overweight or obese (Gooding, et. al., 2015).

3.6.2 Education and Cognitive Development

At this stage of a young person's development, their educational attainment may have already been impacted due to experiences of domestic violence. Such impacts can inhibit a young person's attainment for future success and may continue to encourage behaviours associated with exclusion and poor professional relationship management. Adolescents require a caregiver who is able encourage and direct them to their future goals. School attainment has been linked to successful employment and positive mental health (Aldgate, et. al., 1999).

Particularly with reference to this age group, the process of puberty induces changes to the prefrontal cortex and to the synthesis of hormones overall. Education attendance for children generally has decreased since the effects of the pandemic and this is especially true for specialist school pupils and those experiencing difficulties or changes to home life. Thus, experiences of young adults are reflected through a lack of parental support, limited concentration abilities and lower developmental outcomes overall. This can negatively impact self-esteem and peer relationships within education settings, academic work and behaviour. Children who experience disruptive accommodation will also be limited in their learning and may have less access to required materials. However, educational settings can continue to be either positively or negatively experiences for an adolescent with experiences of domestic violence (Cleaver & Rose, 2022).

3.6.3 Emotional and Behavioural Development

Pingley (2017) suggests that adolescents experiencing domestic violence may display aggressiveness, hyperarousal, anti-social behaviours, fearfulness, withdrawn behaviours, avoidant behaviours, inhibited behaviours and developmental regression (Dutton, 2000). Adolescents are at higher risk of negative affect and internalizing disorders which may contribute to binge eating, eating disorders, and other disordered eating behaviours and mental health difficulties (Midei & Matthews, 2011). These effects are exacerbated generally by a renowned consciousness of body image and bodily changes due to the effects of puberty.

Adolescents may notice difficulties with behavioural monitoring, relating to factors associated with anxiety and worry, mental health difficulties, externalising anger and distress resulting in criminal behaviour, fear, sadness, loneliness and isolation and suicidal thoughts. They may, as a result, become involved with drinking and drugs, self-harming, externalising emotions (aggression and violence). Cumulative abuse and neglect have further been correlated with symptoms of Borderline Personality Disorder (BPD) (Cleaver & Rose, 2022).

An adolescents emotional and behavioural development may continue to be influenced by feelings of self-blame and guilt. They can experience ambivalent and conflicting emotions due to anger, altering self-esteem, self-confidence and trust in relationships. Such thoughts and beliefs are associated with suicidal behaviour and a vulnerability to conduct disorders and crime. Adolescents may engage with illegitimate methods of making money and anti-social behaviour, or

may lead a restricted life whilst worrying about individuals at home. Exposure to domestic violence at this age has been shown to be a predictor of referral to juvenile courts and cruelty to animals (Herrera & McCloskey, 2001; Currie, 2006).

In the case of heightened dramatic and dangerous responses to experiences of domestic violence, children of this age can present with absconding behaviours, believing themselves to be the cause of abuse or for being scapegoated. Correlations have been identified between homelessness and familial domestic violence (Cleaver & Rose, 2022). Homelessness itself is associated with mental health difficulties and lack of participation in education, employment and training. Adolescents without safe refuge are vulnerable to exploitation, grooming and involvement in harmful sexual behaviours.

Research identifies a three-fold increase of psychosis for experiences of trauma before the age of sixteen. Poor mental health can affect sleep and concentration and increase likelihood of alcohol and drug consumption (Cleaver & Rose, 2022).

3.6.4 Identity

This stage in a young adult's development is a time, usually, for change and new experiences. Adolescents who have been exposed to parental domestic violence can develop low self- esteem and a belief of themselves as out of control of their environment. The changes to an individual's identity an expectations at this age influenced by these already present feelings may act to induce further stress on the individual.

An adolescent may challenge their own identity against that of their families, and their sense of self may be affected by their reference group. They may continue to present with low self-esteem, due to feelings of guilt and misplaced responsibility, or they may reject their parent's behaviours and learnt culture so far.

3.6.5 Family and Social Relationships

According to Social Learning Theory (Bandura & Walters, 1977), because the family is the main socialising institution and the main source of childhood learning, aggression modelled between parents not only provides scripts for violent behaviours but also teaches the appropriateness and consequences of such behaviour in an intimate relationship to children through direct and vicarious reinforcement of rewards and punishment.

Observed outcomes influence behaviour in much the same way as do directly experienced consequences. A history of childhood exposure to violence prior to the age of eighteen was positively associated with the perpetration of dating violence by both genders. Witnessing parental violence was associated with a greater likelihood of both violence perpetration and victimisation in young adult relationships and exposure to aggression was found to be the greatest independent risk (Black, et. al, 2010).

Adolescents are at heightened risk of becoming involved in unbalanced relationships and sexual exploitation due to feeling unwanted and resultantly seeking comfort (Wolfe, et. al., 2003). They may normalise domestically violent behaviours, and there are reports of violence against younger siblings even. Alternatively, adolescents may withdraw completely, both physically and mentally, worrying about how they may behave in relationships.

3.6.6 Social Presentation and Self-Care Skills

Absent caregiving for children of this age poses risk that conversations around safety in peer relationships, as well as how to act socially, can be neglected. Low self-confidence as influenced by experiences of domestic violence may further limit personal relationships.

Adolescents can experience isolation from friends and adults outside of the family, inhibiting their dating behaviours and limiting their opportunities to leave home. Children may withdraw to their bedroom or attempt to run away altogether. They may seek to escape through utilising substances or alcohol, all the while without adult support due to a developed mistrust in caregiving figures. Dating violence has been associated with childhood domestic violence (Aldgate, et. al., 1999).

With reference to the impacts on social presentation, adolescents tend to be conscious of their presentation and therefore tend to worry about having insufficient funds for clothing and toiletries, given the increased social pressures to adhere to particular presentations such as fashion trends. When adolescents feel rejected or alienated, they may steal items that they require due to lacking in funds and social pressure as a driver (this can contribute to engaging in criminal behaviour as a means to fund those items that they feel they require to fit in with their peer group (Aldgate, et. al., 1999).

4. Critical Analysis of Literature

The focus of this review is to interpret and evaluate the current published literature on the outcomes for children and adolescents who have experienced domestic violence. The critical formulation has been conducted from eight literature sources, including research papers, reviews and published books (please refer to *Appendix One* for an exhaustive list of references).

The essence of this listed literature review has investigated child outcomes of domestic violence utilising multiple

theoretical perspectives. It includes models based on developmental, social, psychological, cognitive, physiological and physical mechanisms and influences. The consideration of outcomes for children based on various theoretical models is helpful in identifying a broad scope of effects experienced by children and adolescents for a range of ages. This may be essential for ensuring that support in the future addresses a myriad of cumulative potential outcomes.

The current literature review includes research published within the last twenty years.

This has been considered as essential for ensuring that an extensive but contemporary overview of knowledge on the outcomes of domestic violence is presented. Such research identified also included numerous methodological designs, including quantitative and qualitative methods of conducting research, for producing both statistical evaluations but also descriptive insight into the experiences of children and adolescents with a history of domestic violence.

Upon consideration of the methodological evaluation of current research however, it must also be noted that a majority of studies evaluated presently, as with the research included in the current literature review, rely upon self-report measures for inferring outcomes for children with experiences of domestic violence. It has been acknowledged that mothers of children in domestic violence tend to under report their children's experiences; children themselves may also underreport their experiences due to feelings of loyalty towards their family members (Jaffe, et. al., 1990; Brookoff, et. al., 1997).

A further limitation of the current research is the lack of control of cofounding variables within qualitative analysis as well as insufficient sample size. Throughout previous research cofounding factors have been identified but were otherwise not controlled for during analysis. Pingley (2017) argued that early exposure to domestic violence alone does not necessarily impact on children and that an increase in parental domestic violence victimisation and prolonged exposure instead predicts problematic outcomes for children. Gender differences in outcomes were also demonstrated: boys tended to display more externalising behaviours and girls more internalising behaviours in response to domestic violence (Meltzer et. al., 2009).

Cognitively, Teicher and Samson (2016) argue that there are differences in sensitive periods of myelination between boys and girls, suggesting that there are sensitive periods of impact to development between boys and girls and so age of exposure to domestic violence is influential to outcomes in cognitive development and functioning. Specifically, boys are thought to have earlier periods of sensitivity and that, overall, the female brain structures may be less vulnerable to the effects of stress. Exposure to specific types of abuse appears to selectively target sensory systems and pathways that convey and process the adverse experience, and thus the type and timing of exposure can provide a better explanation regarding the outcomes risks. Similarly, Øverlien (2010) found that age, sex, social support and other types of maltreatment act as moderating factors for negative outcomes, as well as victim response including parental stress.

Therefore, research has explored multiple cofounding variables associated to outcomes in children through domestic violence, that of which may not have been fully accounted for in the analysis of recent investigation. Small sample size may have also not allowed for sufficient power to detect interaction affect in qualitative analysis. With regards to sample size and characteristics, much of the findings summarised in the current literature are based on US samples of low income, urban and ethnic children.

Otherwise, research was conducted using undergraduate university students. Although these sample characteristics do well in the inclusion of minority demographics, they do also represent numerically small samples not representative of the overall population. As well as this, research did not investigate the outcomes in children of experiencing several modes of violence at once and did not isolate differing types of abuse within maltreatment of children. Associations have been made between domestic violence and various forms of maltreatment, including physical abuse and sexual abuse (Edleson, 1999; McGuian & Pratt, 2001).

It could be argued that, what is of relevance and perhaps concern, there is a cultural bias within current domestic violence research. Overall, research continues to consider within domestic violence incidents in which the woman is the victim and the primary caregiver in the family. In previous discussions it has been acknowledged that men are at risk also of experiencing domestic violence and that this is prevalent within heterogenous but also homogenous couples. Research must begin to consider the effects on the family of domestic violence outside of viewing the woman only as being affected by this. The effects of male parenting capacity in light of experiences of domestic violence is scarce, and thus so must be the outcomes for children who do not hold family systems as they are currently presumed to be in research (CADDA, 2012).

5. Discussion

5.1 Summary of Findings

The current literature reviews a range of outcomes in children and adolescent who have had experiences and/ or a history of domestic violence. The findings of this review were drawn from a set of current sources of literature, and synthesised using a well-established literature review methodology (Snyder, 2019). This same body of literature was also critically analysed for identifying ongoing discrepancies and limitations in research.

From this exercise as well as from drawing upon conclusions made by modern research, it is agreed that the identified outcomes experienced by children with knowledge of domestic violence must be considered with a holistic approach. There are numerous variations and protective factors which can influence a child's developmental outcomes in light of adverse experiences, noted to be related to their age, gender, relationship and role to the abuser, home life, relationship with relatives and peers, parental capacity, schooling, out of school curriculum and individual personality traits. Research has shown that children may exhibit either a problem-focused approach or emotion-focused approach (Allen, et. al., 2003). For example, some children experiencing domestic violence in the home may struggle with academia whereas others may thrive (Chanmugam & Teasley, 2014).

From a clinical perspective, in terms of the assessment of children and families and child protection, it is important to consider children individually, as they may differ in resilience and vulnerability and do not necessarily display a uniform response to domestic violence. For gender dependency, boys have been found to be more vulnerable to domestic violence initially, but girls will experience outcomes after prolonged periods of time. Boys tend to display anti-social and aggressive responses whereas girls withdraw. Children's exposure also tends to be influenced by their own temperament.

Differences due to the age of the child must also be considered, and this is demonstrated in sensitive periods of effects on brain development in different age categories. In particular, between the ages of seven and thirteen children are considered at most risk to effects on brain development, associated with a peak period of active myelination around this time (Teicher, et. al., 2016).

The identification of outcomes in children in all stages of development presents argument for the significant risk of intergenerational transmission of impacts of domestic violence. Outcomes in children include, but are not limited to, associations with adult violence, substance abuse and delinquency (Hungerford, et. al., 2010). Relationships have been established between children exposed to domestic violence and future abuse of their own families. Thus, domestic violence in childhood is likely to induce long-term intergenerational affects if no intervention is given (Nixon et. al., 2013; Lawson, 2001).

5.2 Identified Intervention Strategies

Early identification and distribution of services to the youth could lower the risk of traumatic exposure and highlight pathways for resiliency, versus utilising negative internal and external behaviours as a source of remedy. Attendance in education and vigilant educational staff, siblings, friends and social networks, social groups and clubs can provide children the ability to separate from their otherwise violent environment and may also aid earlier identification by others and subsequent intervention. Community and school setting understanding and supportive partnerships between parents, teachers and professionals could improve outcomes for children (Pingley, 2017; David et. al., 2015; Chanmugam & Teasley, 2014).

Research findings within this review suggest that the support of at least one caring adult, adequate income support and housing, alternative, safe and supportive residence could also improve prognosis for children and adolescents with experiences of domestic violence. Professionals should provide unstigmatized support and give information to communities of the same nature (Aldgate et. al., 1999). Protective and risk factors include families' cultural beliefs and values, neighbourhood and community settings, family environments and a child's characteristics (Huang, et. al., 2015).

6. Conclusion

Overall, this literature review has summarised and critically evaluated the outcomes of research studying the effects of both witnessing and experiencing domestic violence on children's development, organised by developmental stages. These findings highlight the importance of looking at families and children individually. The outcomes for children depend on a combination of resilience and protective mechanisms as well as if other factors are also present. Practitioners should assess the level of concern for children and families by considering which aspects are being adversely affected and how and what services are required for support and intervention.

The present evaluation of research has identified limitations in literature for allowing the consideration of changes to future research. It may be beneficial to invest in qualitative and longitudinal studies but with careful consideration of ethics for the safety of the child and family. This research must adopt a view which considers multiple victims of domestic violence other than only women or mothers, as previous research has been seen to do (Øverlien, 2010).

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Related Resources

If you feel you have been affected by the topics discussed in this article, and would like to seek support either for yourself or as the parent or carer of a child with experiences of domestic violence, please refer to the guide provided:
Cleaver, H., & Rose, W. (2022). Caring for Children Who Have Experienced Domestic Abuse: A Guide to Supporting Foster Carers, Adopters and Kinship Carers. London, United Kingdom: CoramBAAF Adoption and Fostering Academy.
You may also access direct support via: https://www.nhs.uk/live-well/getting-help-for- domestic-violence/

Appendices

Table 1. Summary of Articles Included in Literature Review

Aldgate, J., Cleaver, H., & Unell, I. (1999). Children's needs and parenting capacity. The impact of mental illnass, problem alcohol and drug use, and domestic violence on childrens development.
Black, D. S., Sussman, S., & Unger, J. B. (2010). A further look at the intergenerational transmission of violence: Witnessing interparental violence in emerging
adulthood. Journal of interpersonal violence, 25(6), 1022-1042.
Cleaver, H., & Rose, W. (2022). Caring for Children Who Have Experienced Domestic Abuse: A Guide to Supporting Foster Carers, Adopters and Kinship Carers. London, United Kingdom: CoramBAAF Adoption and Fostering Academy.
Gooding, H. C., Milliren, C., Austin, S. B., Sheridan, M. A., & McLaughlin, K. A. (2015). Exposure to violence in childhood is associated with higher body mass index in adolescence. Child abuse & neglect, 50, 151-158.
Øverlien, C. (2010). Children exposed to domestic violence: Conclusions from the literature and challenges ahead. Journal of social work, 10(1), 80-97.
Pingley, T. (2017). The impact of witnessing domestic violence on children: A systematic review.
Teicher, M. H., & Samson, J. A. (2016). Annual research review: enduring neurobiological effects of childhood abuse and neglect. Journal of child psychology and psychiatry, 57(3), 241-266.
Wolfe, D. A., Crooks, C. V., Lee, V., McIntyre-Smith, A., & Jaffe, P. G. (2003). The effects of children's exposure to domestic violence: A meta-analysis and critique. Clinical child and family psychology review, 6, 171-187.

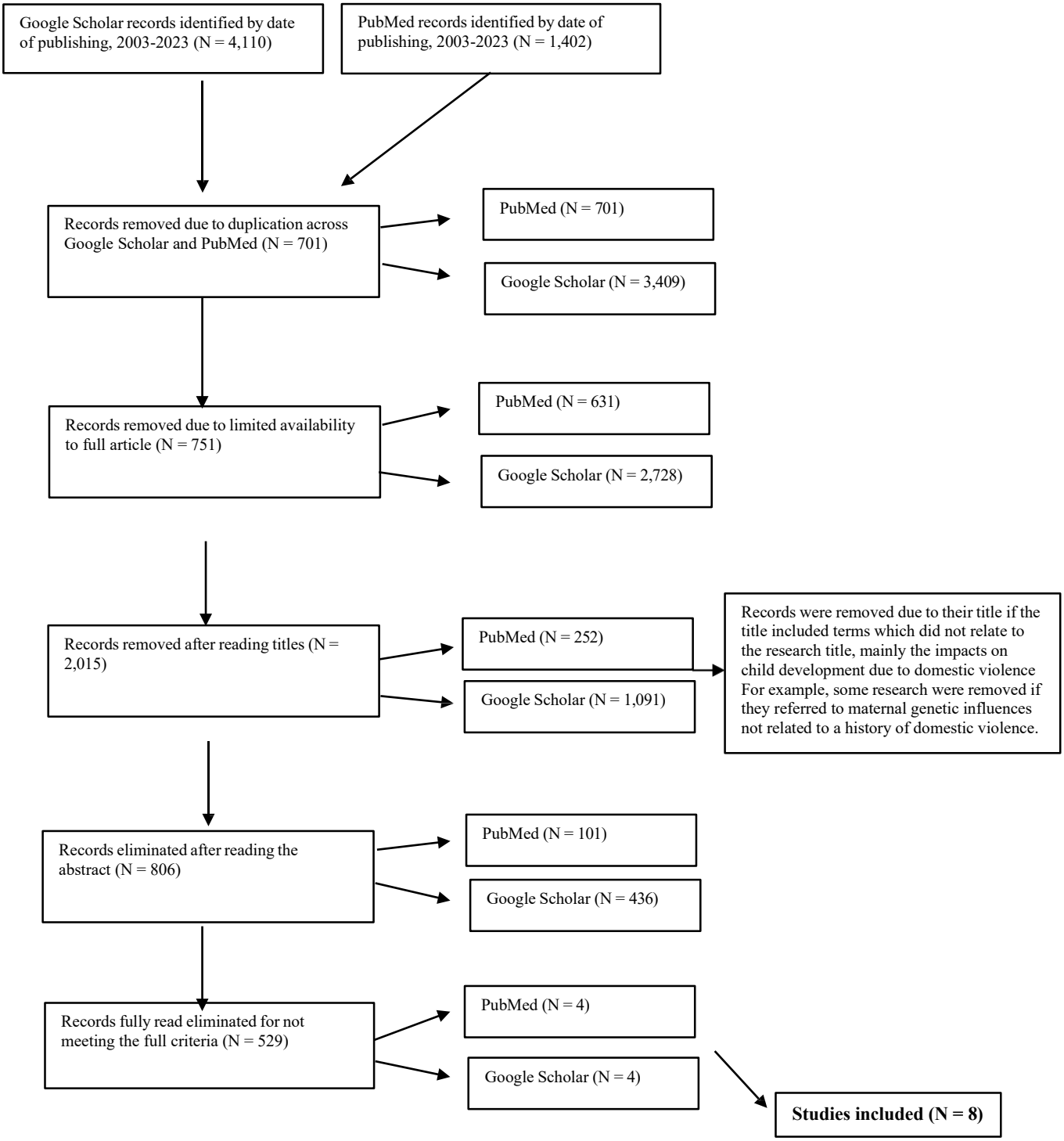
Google Scholar records identified by date of publishing, 2003-2023 (N = 4,110)
PubMed records identified by date of publishing, 2003-2023 (N = 1,402)
Records removed due to duplication across Google Scholar and PubMed (N = 701)
PubMed (N = 701)
Google Scholar (N = 3,409)
Records removed due to limited availability to full article (N = 751)
PubMed (N = 631)
Google Scholar (N = 2,728)
Records removed after reading titles (N = 2,015)
PubMed (N = 252)
Google Scholar (N = 1,091)
Records were removed due to their title if the title included terms which did not relate to the research title, mainly the impacts on child development due to domestic violence For example, some research were removed if they referred to maternal genetic influences not related to a history of domestic violence.
Records eliminated after reading the abstract (N = 806)
PubMed (N = 101)
Google Scholar (N = 436)
Records fully read eliminated for not meeting the full criteria (N = 529)
PubMed (N = 4)
Google Scholar (N = 4)
Studies included (N = 8)

Table 1. Summary of Impacts In-Utero

Vulnerability/ Risk	Developmental Impacts/ Harm
• Inherited damage/ genetic transmission • Environmental impacts • Physical damage • Maternal stress	• Placenta separation, jarring or dislodging of foetus. • Miscarriage, still birth, premature birth, low birth weight, foetal brain injury, foetal fractures. • Physical illness. • Developmental lag and neurological dysfunction. • Emotional and cognitive difficulties, neurodevelopmental difficulties, behavioural disturbances, anxiety and language delay.

Table 2. Summary of Impacts in Children Ages 0-2 Years

Vulnerability/ Risk	Developmental Impacts/ Harm
• Foetal damage • Parental behaviour • Physical environment	• Disorganised attachment. • Identity and social presentation development impacts, relationship difficulties. • Symptoms of raised anxiety and fear, low self-esteem, sleep disorders, extreme withdrawal and aggressiveness. • Dysregulation and delay in cognitive and emotional systems. • Internalising and externalising behaviours. • Trauma symptoms.

Table 3. Summary of Impacts in Children Ages 3-4 Years

Vulnerability/ Risk	Developmental Impacts/ Harm
• Parental mental illness • Parental rejection • Neglect • Identity development • Emotional and behavioural disturbance	• Disorganised/ insecure attachment. • Adverse social, emotional and psychological development. • Poor intellectual development and social competence, including difficulties in conflict resolution strategies. • Negative self-identity. • Withdrawal and controlling behaviours. • Hypervigilance, depression and anxiety. • Aggressive behaviours, mirroring of parental behaviour. • PTSD like symptoms – sleep disturbance, bed wetting and rocking.

Table 4. Summary of Impacts in Children Ages 5-9 Years

Vulnerability/ Risk	Developmental Impacts/ Harm
• Medical complications • Increased vulnerability due to gender • Feelings of guilt and low self-esteem	• Psychosomatic symptoms. • Disorganised and insecure attachment. • Low self-esteem, self-blame and feelings of shame. • Inhibited behavioural, social, emotional and cognitive development. • Poor language development, poor concentration, limited educational abilities. • Irritability/ aggressiveness, antisocial and violent behaviour, low frustration tolerance, passivity and withdrawal. • Anxiety and depression. • Physiological impacts – structural changes to brain and body. • Impacts on sexual orientation understanding. • Health complications – sleep problems and difficulties with healthy eating patterns.

Table 5. Summary of Impacts in Children Ages 10-14 Years

Vulnerability/ Risk	Developmental Impacts/ Harm
• Puberty • Education • Physical harm • Law compliance	• Anxieties around bodily changes and health, exacerbated by lack of medical attention. • Poor mental health, self-esteem, self-image and emotional wellbeing. • Limited educational attainment. • Stigmatisation from peers and/or social isolation • Unstable home environment – risk of homelessness. • Lower levels of social competence and difficulty with maintaining relationships. • Impacts on executive functioning. • Neurological impacts to regions of the brain associated with emotion, learning and memory, visual processing and non-conscious processing. • Higher rates of depression, anxiety and somatization.

Table 6. Summary of Impacts in Children Ages 15+ Years

Vulnerability/ Risk	Developmental Impacts/ Harm
• Appropriate role models • Safety in peer relationships, including romantic relationships. • Physical health • Law compliance	• Low self-confidence. • Poor educational attainment/ exclusion and subsequent lack of stimulating and positive environments outside of the home. • Isolation, social withdrawal. • Alcohol and substance misuse. • Inhibited emotional and behavioural development. • Conduct disorders, aggression, anti-social behaviour and crime. • Suicidal ideations. • Hyperarousal and fearfulness. • Avoidant behaviours, inhibited behaviours and developmental regression. • Nutritional and other health problems. • Dating violence and aggression into adolescence and adulthood.