

**Every child who “lives domestic violence”** experiences it in different ways. Children are remarkable in their resiliency, but they must be protected from continued exposure with their caretaker’s abuser in order to heal. Here are some symptoms of children who live domestic violence:

**Academically**

- Absenteeism
- Declining school performance
- Delinquency
- Feelings of inadequacy
- Inability to concentrate
- Over-achieving or under-achieving
- Truancy
- Short attention span

**NOTE:** *Later in life, over-achieving child tends to become perfectionist, causing problems with self-image and adult relationships.*

**Behavioral**

- Aggressive, acting out (usually boys)
- Bedwetting
- Changes in eating habits
- Crying, whining, distress
- Disobedient, defiant, tantrums
- Disturbed sleep, sleepwalking, nightmares
- Early interest in drugs/alcohol
- Excessive/extreme attention-seeking
- Fighting with other children
- High risk play/activities
- Hurting other children/animals
- Hyper vigilant, “startle” reaction
- Poor impulse control
- Premature/increased sexual activity, promiscuity
- Reenacts trauma through talk /play
- Rigid defenses—aloof, sarcastic, defensive
- Running away
- Self-abuse
- Stealing, shoplifting
- Substance abuse
- Uses violence to resolve conflict
- Withdrawn, unresponsive, passive (usually girls)

**NOTE:** *Look for behaviors in opposite extremes*

**Emotional**

- Anger, rage, irritability
- Angry about violence/chaos in life
- Anxiety, fear, panic, nervousness
- Conflicted feelings towards parents
- Confusion, numbness
- Depression, sadness, listlessness
- Embarrassment, shame
- Explosive feelings
- Fear of abandonment/separation
- Fear of abuse/retaliation by abuser
- Fear of expressing feelings
- Fear of going to sleep
- Fear of personal injury
- Fear of male or loud voices
- Feels responsible to stop violence
- Feels responsible to protect victim
- Grief over losing one parent, or home
- Grief over losing positive image of abuser
- Guilt, self-blame
- Helpless to intervene
- Hopelessness, powerlessness
- Insecure, low self-esteem
- Stressed, worried
- Suicidal ideation

**Developmental**

- Born with medical conditions
- Cognitive development delayed
- Delay of self-care skills
- Delayed ability to toilet-train
- Develop more slowly vs. children from non-abusive homes
- Inability to communicate needs
- Inability to develop sound reasoning/thinking skills
- Incontinence (after previously being toilet-trained)
- Learns inappropriate coping skills
- Minimal/delayed speech, muteness
- Motor development delayed
- Regression

**Cognitive**

- Attempts to understand/explain violence
- Believes anger equals someone getting hurt
- “Black and white” thinking or reasoning
- Blames others for own behavior
- Blurred parental boundaries
- Concentration and memory deficiencies
- Concern about disrupted routines
- Confuses love and violence
- Develops tolerance for violence
- Fantasizes about rescuing victim, family
- Inability to express needs/wants
- Inability to learn “cause and effect”
- Inflexibility in gender roles
- Intrusive thoughts and images of violence
- Limited understanding of violence
- Sees violence as way to gain power
- Short-term memory of events
- Understands that using violence gets needs/desires met
- Views assault as normal
- Wants family reunited

**NOTE:** *Often misdiagnosed as ADHD*

**Physical**

- Victimization (physical, sexual abuse, etc.)
- Born prematurely
- Chronic illness
- Desensitized to pain
- Eating disorders
- Failure to thrive
- No energy for normal activities
- Poor personal hygiene
- Post Traumatic Stress Disorder
- Psychosomatic complaints
- Range of physical ailments (headaches, stomachaches, ulcers, asthma, etc.)
- Sleeping disorders
- Tired, lethargic
- Unintended injuries
- Suicide

**Social**

- Abusive towards victim
- Accepts violence/abuse in relations
- Acts out violently, sometimes to divert violence
- Aggression/cruelty towards others
- Ambivalent about family separation
- Ambivalent allegiance to one parent
- Ambivalent towards abuser (cont’d)
- Anger towards victim for allowing abuse
- Anger towards victim for lack of protection
- Antisocial behavior (such as bullying)
- Anxious attachment to parents
- Conflicted loyalties
- Destruction of property
- Dissociative
- Distrustful of adults
- Disturbed relationships with peers
- Embarrassed by family
- Engage in exploitive relationship (as perpetrator or victim)
- Explosive/violent interpersonal behavior
- Hypersensitive to danger cues
- Identifying with abuser
- Inability to create/express/honor boundaries
- Inhibited/passive social behavior
- Isolated, lonely
- Lack of empathy
- Lack of social skills
- May become family caretaker
- Parentification/role reversal
- Poor anger management/problem-solving skills
- Prematurely serious dating relations
- Problems with peers
- Relationships are stormy, intense—end abruptly

### Drawn into Violence by:

- Attempting to intervene
- Attempting to/kill the abuser
- Being abused to gain compliance by victim
- Being coerced by abuser to abuse
- Being forced to participate in attack
- Being interrogated by abuser
- Being physically or sexually abused
- Being removed from non-violent parent
- Being restricted from contact with others
- Being used as a “spy”
- Being used as a confidante
- Choosing one parent to defend
- Getting injured during violent incident toward victim
- Having to call police for help
- Hitting parents or siblings
- Running for help
- Seeing/hearing violence

### CHILDREN'S SAFETY PLAN

(adapted from *House of Ruth*)

1. *Have child identify a safe room/place in the house, preferably with a lock on the door and a phone. The first step is for the children to get out of the room where the abuse is occurring.*
2. *Stress the importance of being safe and that it is not the children's responsibility to make sure that mom is safe.*
3. *Teach children how to call for help. It is important that children know they should not use a phone that is in view of the abuser.*
4. *Teach children how to dial the Police (911).*
5. *Make sure children know their address and first and last names.*
6. *Rehearse what the children will say. In the case of young children, it should be simple yet specific: 'someone is hurting mommy'.*
7. *Teach children to leave the phone off the hook after they are done talking. The Police will call the number back if they hang up. This could create a dangerous situation for adult and child.*
8. *Identify a safe place out of the home to meet children after the situation is safe for you and them, so they can be easily found.*
9. *Teach children the safest route to the planned place of safety for them.*

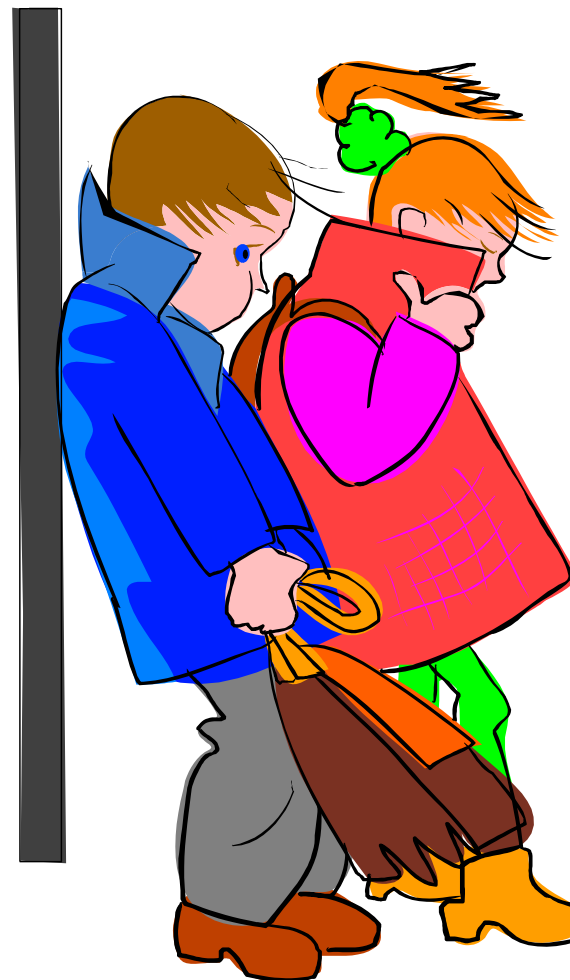
*We recognize that individual men can be victims of domestic violence; however, to reflect national statistics that show the majority of domestic violence victims are women, and that violence against women is a societal epidemic, we use gender-specific pronouns (“she/her” for victims and “he/him” for abusers) for clear and consistent education on victimization.*

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**For more information regarding the co-occurrence of domestic violence and child maltreatment, contact your Domestic Violence Specialist at:**

# CHILDREN WHO LIVE DOMESTIC VIOLENCE



**Understanding the Scope of Harm Done to Children Exposed to Coercive Control**