The Impact of Intimate Partner Violence on Children; Cognitive Development and Aggressive Behavior

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What constitutes IPV?

- Different terminology has been used to describe violence between partners including:
  - Domestic violence
  - Intimate partner violence
  - Family violence
  - Inter-parental violence
  - Spousal abuse
  - Woman Abuse
  - Intimate Terrorism
  - Common Couple Violence
IPV is Trauma

- A *traumatic event* is defined as experiencing or witnessing an event involving threat to life or physical integrity that results in feelings of fear, helplessness, or horror.

- Children exposed to chronic trauma (e.g. IPV) have symptoms that are more complex, diffuse, and long-standing.

- Trauma experiences that occur in the context of relationships can severely affect the development of healthy relationships later on (Herman, 1992).
Social Learning Theory

- Children learn how to behave and how to think and feel about aggression implicitly, through observation, as well as explicitly, through instruction or incidental learning.

- Repeated exposure to aggression—especially aggression by individuals who are salient and important to the child—is theorized to facilitate the development of an internal set of beliefs, knowledge structures, expectations, and other internal representations about relationships that increases the likelihood that the child will engage in aggressive behavior.
Affect on Pre-School Children

- Young children are at greater risk of exposure compared than older children

- Mothers report that the average length of their abusive relationship was 10 years, with their children’s mean age being 8 years

- The majority of children exposed were infants (64%) compared to school age (12%) (Grahamm-Bermann & Perkins, 2010)
Affect on Pre-School Children

- Exposure to violence during these early years has decidedly more drastic, severe, and long-lasting effects
  - More at risk of developing emotional and behavioral problems
  - Deficits in cognitive performance and physical health

Perry, 2003
Cognitive Impact on Pre-School Aged Children

- Research supports link between IPV and potential impaired neurological functioning
- Recent study assessed bias by preschool age children to angry or threatening faces, which has been related to anxiety and affective disorders in adults
- Hypothesis was supported in that preschool age children traumatized by violence were more aware and focused on angry faces as opposed to neutral or happy faces
- Suggests that hyper-alert to threat mediates development of PTSD in children exposed to IPV
Cognitive Impact on Pre-School Aged Children

- Children ages 3-6 with exposure to IPV had
  - Less positive representations of mothers
  - Less positive representations of self
  - Less positive representations of marital relations

- Stover, VanHorn Lieberman (2006) studied children’s play in representing their parents
  - Boys from divorced or separated families who witnessed IPV had more negative maternal representations in play, especially in cases where father visited rarely
  - Boys in that case tend to blame the mother for lack of visitation
Affect on School-Aged Children

- School-aged children exposed to IPV exhibit elevated levels of a range of adjustment problems.
- Children who witness family violence consistently exhibit greater externalizing, internalizing, social and academic problems.
- Exposure to IPV is a risk factor for the development of psychopathology.
- Teaching resiliency to children helps to minimize the pathological effects of IPV.
Affect on School-Aged Children

- Problems with anxiety or depression may undermine learning and academic achievement
- Disruptive, aggressive behavior is likely to interfere with the development of peer and romantic relationships
- Rule-governed conduct
Cognitive Impact on School-Aged Children

- The degree to which stressful events are harmful depends upon
  1) the amount and duration of the stress response
  2) whether the experience is controllable and how often the stress response system has been activated in the past
  3) whether the child has a relationship with an adult that is safe and dependable.
What’s going on physiologically?

- Responses to stress are regulated by the sympathetic nervous system (SNS) and parasympathetic nervous system (PNS)
- SNS is activated and represents as the fight or flight response, PNS activated to calm the body down
- If SNS is over activated, can result in less response, underarousal, difficulty in regulating behavior, and physical health problems
What’s going on physiologically?

- PNS counters SNS and allows for homeostasis

- The neuroendocrine system controls stress reaction, called the hypothalamic-pituitary-adrenal (HPA) axis. The HPA system increases the production of cortisol in response to fear that allows the SNS to react

- Frequent trauma exposure damages this nervous system, thus resulting in traumatic stress, internalizing and externalizing behavior problems, cognitive impairments, and poor physical health
What’s going on physiologically?

• Traumatic stress symptoms in preschool age children impacts their startle response, arousal capabilities, and emotional reactivity

• These symptoms are similar to men exposed to war and women exposed to sexual abuse
Responses to Threat

Differential Response to Threat

**Dissociation**
- Detached
- Numb
- Compliant
- Decrease HR
- Suspension of time
- De-realization
- ‘Mini-psychoses'
- Fainting

**Hyperarousal**
- Hypervigilance
- Anxious
- Reactive
- Alarm response
- Increase HR
- Freeze: Fear
- Flight: Panic
- Fight: Terror

Perry, 2003
A Memory of Trauma

- **Cortex**: Cognitive Memory
- **Limbic**: Emotional Memory
- **Midbrain/Cerebellum**: Motor-Vestibular Memory
- **Brainstem**: State Memory

B.D. Perry, MD, PhD

Perry, 2003
Differentiated Reactions

Perry, 2003
How does this present in a classroom?

- Increased psychological and physical arousal
- Stress reactions
- Inability to regulate emotions/moodiness
- Poor immune system-frequent absences or tardiness
- Difficulty connecting with or relating to others
- Self Esteem/Self Worth Issues
- Boundary issues with peers-enmeshment, distrust, lack of appropriate milestones in relationships
How does this present in a classroom?

- Lower IQ
- Lower Testing Scores
- “Decreased academic engagement”
- Reduced social competency
- Delayed reading ability*
- Lack of planning

- Difficulty concentrating
- Difficulty memorizing or remembering
- Lack of creative thinking or problem solving
- Delayed response to questioning
- Time/Space Orientation difficulties
Ways to treat cognitive/academic issues in classroom

- Safe, structured, predictable environment
- Ensure the student knows he/she has access to a caring teacher or counselor on campus
- Individualized instruction appropriately accommodated for adequate scaffolding, repetition, checking for understanding, re-teaching, extended time, and reminders to stay on task.
- Ensure progress is closely monitored
- Collaboration with parents, teacher, principal and school counselor
Interventions for Aggression in the Classroom

- Effective Strategies Handout
- Positive Intervention Team (PIT Crew)
- Texas Behavior Support Initiative (TBSI)
- Nonviolent Crisis Intervention (NCI)
Help Students With Aggression

School Counselors and Teachers can:

- Develop a strong sense of empathy and intimacy
- Create a sense of belonging for each student
- Give attention and positive feedback
- Place the student in a responsible role
- Set short term goals with the student and monitor to ensure completion to create a sense of competence
Appropriately Discuss With Stakeholders

- Through parent conferences, inform the parents of the behavior you are seeing and indicate that this behavior sometimes relates to a child who has been exposed to trauma.

- Ask if the child has been exposed to trauma.

- If yes, provide education as to what trauma can do to a child cognitively and academically offering 3rd party information such as pamphlets, reports, etc.

- If the parent asks for resources, have a community resource guide handy for them to take and refer to for help.
Referral Services

- CPS
- WPS
- National Domestic Violence Hotline
  - 1-800-799-SAFE (7233)
- Rape Abuse & Incest National Network (RAINN)
  - 1-800-656-HOPE (4673)
- Local Mental Health Authority
  - http://www.dshs.state.tx.us/mhsa/lmha-list/
Resource List

- Futures Without Violence
  - www.futureswithoutviolence.org

- National Coalition Against Domestic Violence
  - www.ncadv.org

- National Network to End Domestic Violence
  - www.nnedv.org

- National Resource Center on Domestic Violence
  - www.nrcdv.org
Resource List

- Office on Violence Against Women (US Dept of Justice)
  - www.usdoj.gov/ovw

- National Institute of Justice
  - http://www.nij.gov/topics/crime/intimate-partner-violence/other.htm

- CDC
  - http://www.cdc.gov/violenceprevention/intimatepartnerviolence/
References


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