The HealthPath Foundation of Ohio

IMPACT OF DOMESTIC VIOLENCE EXPOSURE:

Recommendations to Better Serve Ohio's Children

Executive Summary

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Prevalence of Domestic Violence Exposure

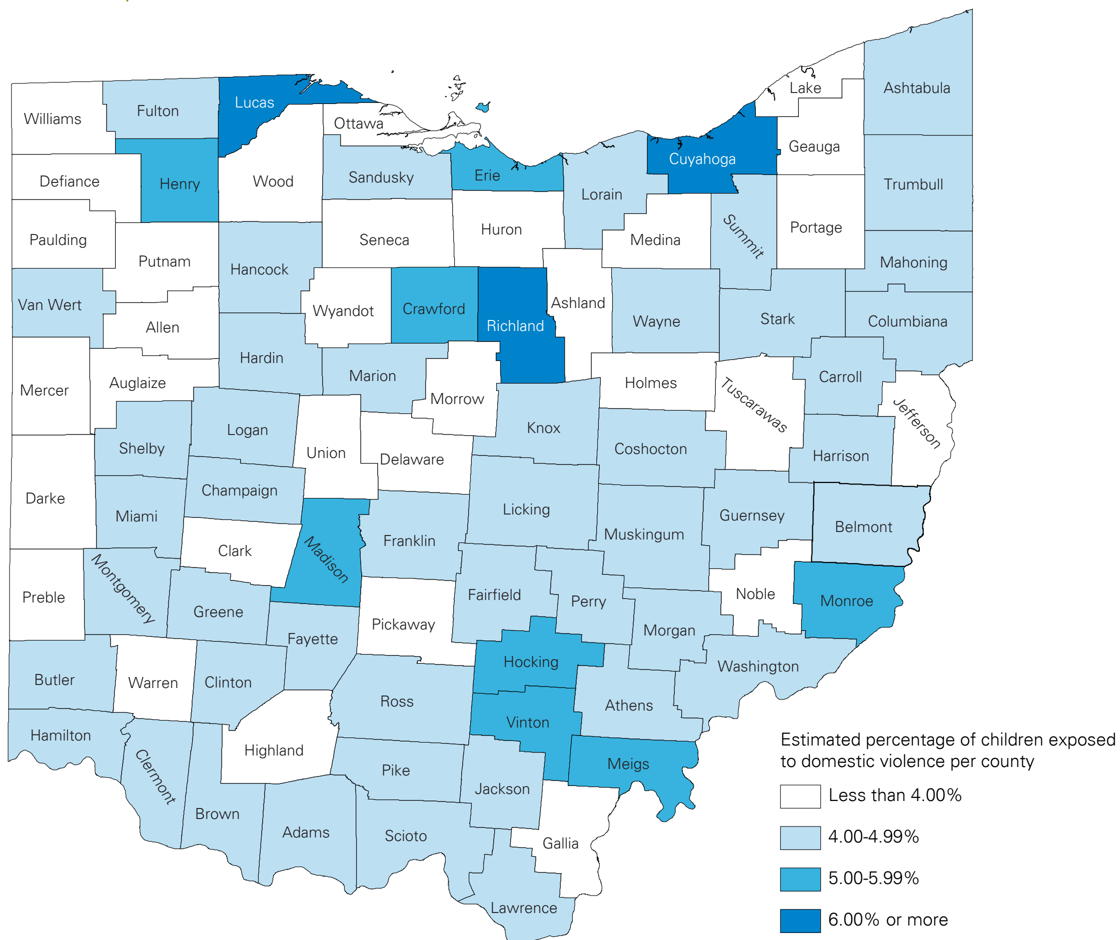
Domestic violence is a serious, preventable public health problem, and is defined as physical violence, sexual violence, stalking, and/or psychological aggression by a current or former intimate partner. In Ohio, an estimated 6.4% of all children are exposed to domestic violence each year, and 25% of all children will be exposed before they turn 18 years old. This translates to an estimated 163,000 children being exposed to domestic violence annually and 657,000 children being exposed before the age of 18.[1]

Exposure to domestic violence includes watching or hearing the violence, involvement such as trying to intervene or stop the violence, or experiencing the aftermath of the violent event such as seeing bruises. Over half of children exposed to domestic violence are exposed to severe forms such as witnessing one caregiver physically assault the other or use a gun or knife against the other caregiver.[2]

Impact of Domestic Violence Exposure on Child Outcomes

Exposure to domestic violence negatively affects children of all ages from infancy to adolescence. Children exposed to domestic violence have a higher risk of developing behavioral, mental health, cognitive, social, physical health, and physiological problems (see Table 1 on the next page).

Map 1
Percentage of children estimated to be exposed to domestic violence, by county. Darker shades indicate higher rates of estimated exposure.



[1] U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.

[2] Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the National Survey of Children's Exposure to Violence. *JAMA Pediatrics, 169*(8), 746–754.

Table 1
Outcomes related to domestic violence exposure, by age group

○ 1 study ⊙ Mixed ● Consistent

	Infant/ Toddler 0 to 2	Preschool 3 to 5	School Age 6 to 12	Adolescent 13 to 17
Behavior Problems				
More general behavior problems	○	⊙	●	●
More aggressive behavior		●	●	●
More delinquency			⊙	⊙
More antisocial behavior (Fire starting, animal cruelty, harm to others)			●	●
Mental Health Outcomes				
More anxiety and depression		●	●	●
More trauma symptoms	●	●	●	●
More emotional dysregulation		●	●	
More self-blame			●	
More negative affect			○	
Cognitive Outcomes				
Less accurate understanding of conflict		●		
Lower cognitive functioning		●	⊙	⊙
Lower academic functioning		●	●	
Social Outcomes				
Lower social competence/prosocial skills		⊙		
More bullying perpetration and victimization			●	●
More difficulty with peer relationships		●	●	
More teen dating violence perpetration and victimization				●
Health Outcomes				
More general health problems (e.g., colds, flu, headache, stomach ache, aches or pains, or fatigue)			●	
Not meeting infant developmental milestones	○			
Increased risk of asthma		○		
Increased risk of obesity				○
Poorer sleep			●	
Less primary care utilization	○	○	○	
Physiological Outcomes				
Higher cortisol		●	●	●
Lower Respiratory Sinus Arrhythmia (RSA)			●	●

NOTE: Mixed means some studies found no relationship between domestic violence exposure and the outcome examined, while other studies did find a relationship.

Impact of Domestic Violence on Parenting

Domestic violence affects the parenting skills of the non-offending parent,[3] who is statistically most likely to be a woman. Research has shown that mothers who are in a violent relationship report higher perceived parenting stress[4] and less positive regard, warmth, and responsiveness to the emotional needs of their children than women who are not in a violent relationship.[5] Women in a violent relationship also are more likely to be less attentive to their children's emotional and physical needs. However, once mothers have left a violent relationship, they tend to show an increase over time in supportive parenting behaviors such as positive discipline, warmth, and consistency.[6]

Research on the parenting behavior of the violent/offending partners (also known as domestic violence batterers or perpetrators) consistently suggests that offending parents—statistically, most likely to be men—demonstrate significantly higher degrees of authoritative, controlling, angry, and neglectful parenting behaviors and significantly lower levels of empathy and responsiveness to the emotional needs of their children.[7] Children are in serious danger of being physically, psychologically, and sexually abused by caregivers who perpetrate domestic violence.[8]

[3] The term parent refers to the main caregivers of the child and includes non-biological caregivers.

[4] Holden, G. W., & Ritchie, K. L. (1991). Linking extreme marital discord, child rearing, and child behavior problems: Evidence from battered women. *Child Development, 62*(2), 311-327; Wolfe, D. A., Jaffe, P., Wilson, S. K., & Zak, L. (1985). Children of battered women: The relation of child behavior to family violence and maternal stress. *Journal of Consulting and Clinical Psychology, 53*(5), 657.; Levendosky, A. A., & Graham-Bermann, S. A. (1998). The moderating effects of parenting stress on children's adjustment in woman-abusing families. *Journal of Interpersonal Violence, 13*(3), 383-397.; Levendosky, A. A., & Graham-Bermann, S. A. (2000). Trauma and parenting in battered women: An addition to an ecological model of parenting. *Journal of Aggression, Maltreatment & Trauma, 3*(1), 25-35.; Levendosky, A. A., & Graham-Bermann, S. A. (2000). Behavioral observations of parenting in battered women. *Journal of Family Psychology, 14*(1), 80.

[5] McCloskey, L. A., Figueredo, A. J., & Koss, M. P. (1995). The effects of systemic family violence on children's mental health. *Child Development, 66*(5), 1239-1261.; Levendosky, A. A., & Graham-Bermann, S. A. (2000). Trauma and parenting in battered women: An addition to an ecological model of parenting. *Journal of Aggression, Maltreatment & Trauma, 3*(1), 25-35.

[6] Letourneau, N. L., Fedick, C. B., & Willms, J. D. (2007). Mothering and domestic violence: A longitudinal analysis. *Journal of Family Violence, 22*(8), 649-659.; Casanueva, C., Martin, S. L., Runyan, D. K., Barth, R. P., & Bradley, R. H. (2008). Quality of maternal parenting among intimate-partner violence victims involved with the child welfare system. *Journal of Family Violence, 23*(6), 413-427.

[7] Holden, G. W., Stein, J. D., Ritchie, K. L., Harris, S. D., & Jouriles, E. N. (1998). Parenting behaviors and beliefs of battered women.; Stover, C. S., Hall, C., McMahon, T. J., & Easton, C. J. (2012). Fathers entering substance abuse treatment: An examination of substance abuse, trauma symptoms and parenting behaviors. *Journal of Substance Abuse Treatment, 43*(3), 335-343.

[8] Bancroft, L., & Silverman, J. G. (2002). The batterer as parent. Synergy, 6(1), 6-8.; Holden, G. W., Barker, E. D., Appel, A. E., & Hazlewood, L. (2010). Partner-abusers as fathers: Testing hypotheses about their child rearing and the risk of physical child abuse. *Partner Abuse, 1*(2), 186-199.

Protective Factors that Promote Resilience in Children Exposed to Domestic Violence

Although children exposed to domestic violence are at higher risk of developing emotional, behavioral, cognitive, and physical health and mental health problems, not all exposed children have such problems.[9] In fact, some children are resilient—meaning they thrive and achieve optimal development despite exposure to domestic violence.[10] Nearly 40% of children exposed to domestic violence fare just as well or better in psychological adjustment than children not exposed.[11] This suggests that protective factors are promoting resilience in children exposed to domestic violence. These protective factors can be internal to the child, or external from peers and caregivers.

Child Protective Factors

- Coping ability
- Self-esteem
- Temperament
- Prosocial skills
- Physiological reactivity

Reduces child's risks of:

- Stress
- Behavior problems
- Physical health problems
- Cognitive problems
- Mental health problems

Peer Protective Factors

- Peer support
- Peer communication

Reduces child's risk of:

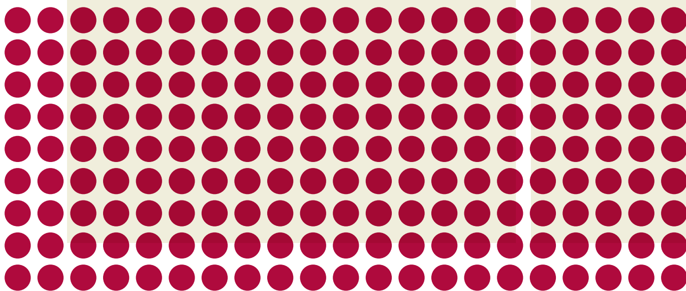
- Running away from home
- Dropping out of high school
- Depression
- Teen dating violence perpetration

Parenting Protective Factors

- Expressed sensitivity
- Positive regard
- Provided emotional & physical care
- Consistency
- Responsiveness
- Control
- Warmth
- Involvement
- Use of appropriate discipline
- Parental acceptance

Reduces child's risk of:

- Low executive functioning
- Behavior problems
- Teen dating violence victimization
- Teen pregnancy
- Running away from home



[9] Vu, N. L., Jouriles, E. N., McDonald, R., & Rosenfield, D. (2016). Children's exposure to intimate partner violence: A meta-analysis of longitudinal associations with child adjustment problems. *Clinical Psychology Review, 46*, 25-33.; 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*(3), 171-187.

[10] Rutter, M. (1985). Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry, 147*(6), 598-611.

[11] Kitzmann KM, Gaylord NK, Holt AR, Kenny ED. (2003) Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*(2):339–352.

Impact of Enforcement and Judicial Treatment of Domestic Violence Cases

Children are at serious risk of potential harm when domestic violence is not properly assessed and evaluated by law enforcement or justice system representatives. Individual jurisdictions and the law enforcement, legal, and judicial systems with these jurisdictions have great discretion when making decisions about domestic violence. This leads to a lack of uniformity in the handling of domestic violence cases that directly affects the safety and well-being of children.

Law Enforcement

Police have discretion about whether to arrest either party if the police determine that the violent offender was not the primary physical aggressor. In other words, the police may arrest the victim if the police decide that the offender was acting "under the influence of provocation." While police discretion is important, there is no further guidance on what constitutes "provocation" or how to determine who is a "primary aggressor." There is also no requirement that the well-being of any children in the household be considered.

Justice System

Ohio's statutory language describing domestic violence is broad for both criminal and civil law, giving judges much leeway for interpretation. The vague wording creates a substantial risk to the child's safety by violating a duty of protection. Failure-to-protect statutes blame the victim for harm she has not caused, fail to hold the violent offender (batterer) accountable, and put the child at greater risk of harm.

Criminal Cases

Prosecutors are more likely to prosecute an alleged abuser if the victim fully cooperates and if there is clear documentation of physical injury. Often, a victim of domestic violence is not cooperative with prosecution because she or he is afraid of retribution. Even if a victim agrees to fully cooperate, prosecutors are unlikely to try the case if there is little coorborative evidence, such as medical records, photographs of injuries, or witness testimony.

Prosecutorial discretion can lead to dangerous results as well. Defendants originally charged with domestic violence are often given the opportunity to plea to lesser offenses of disorderly conduct, criminal mischief, or menacing. These lesser offenses do not necessarily restrict the abuser's access to firearms and do not invoke higher scrutiny in family courts regarding the award of custody of the children to the abuser.

Child Custody

Ohio courts have great discretion in making custody decisions. One of the factors that a judge must consider is domestic violence in the child's history, but there is no guidance as to how much weight to give this factor. If a survivor of domestic violence wishes to gain sole custody, she or he must successfully show separation from any situation that would expose the child to domestic violence, and often the court will require the survivor to complete a domestic violence education program. While some courts require the offender to complete a batterers' intervention or similar program, not all do.

Court Representation

In some instances, a Guardian ad Litem (GAL) is appointed by the court to represent the best interests of a child involved in a court case. GALs have discretion in how they conduct investigations into a child's environment and make recommendations to the court regarding custody or visitation. Courts treat GALs as experts and give deference to their analysis of the parent-child relationships. Often, the GAL is not properly trained in the effects of domestic violence on a child and on the parent-child relationships. GALs also do not have strict standards about how to conduct investigations into the children's cases, which results in recommendations that may not be in the best interest or safety of the child.

Economic Impact of Domestic Violence Exposure

The effects of exposure to domestic violence carry long-lasting consequences and impose a

significant burden on the exposed children and for society as a whole. These consequences include poorer health status, educational outcomes, and workforce productivity; increased use of social and health care services; and higher rates of criminal behavior. By understanding the extent of the costs incurred because of these consequences, policymakers can make informed decisions about preventive and therapeutic interventions.

By the time a child exposed to domestic violence reaches the age of 64, that child's average costs to the national economy over their lifetime will reach nearly $50,500. This includes at least $11,042 in increased medical health care costs, $13,922 in costs associated with violent crimes, and $25,531 in productivity losses. And that's just for one person. If we consider a cohort of Ohio's young adults—for example, the 172,500 Ohioans who are 20 years old—the aggregate lifetime cost for the estimated 25% who were exposed to domestic violence as children will be nearly $2.18 billion. That includes $476 million in increased health care costs, $600 million in costs associated with violent crimes, and $1.10 billion in productivity losses.

Table 2
Total lifetime costs of childhood domestic violence exposure in 2016 dollars

		Population costs	
	Individual Costs	**Ohio**	**U.S.**
Number of 20-year-olds exposed to domestic violence as children	1	43,125	1,090,860
Health Care			
Hospital care	$6,642	$286,436,250	$7,245,492,120
Clinical/professional services	$4,401	$189,793,125	$4,800,874,860
Total Health Care Costs	**$11,042**	**$476,186,250**	**$12,045,276,120**
Violent Crime			
Murder	$7,732	$333,442,500	$8,434,529,520
Rape/sexual assault	$1,044	$45,022,500	$1,138,857,840
Aggravated assault	$4,462	$192,423,750	$4,867,417,320
Robbery	$685	$29,540,625	$747,239,100
Total Violent Crime Costs	**$13,922**	**$600,386,250**	**$15,186,952,920**
Productivity Loss			
Males	$24,029	$1,036,250,625	$26,212,274,940
Females	$27,033	$1,165,798,125	$29,489,218,380
Average Productivity Losses	**$25,531**	**$1,101,024,375**	**$27,850,746,660**
Total	**$50,495**	**$2,177,596,875**	**$55,082,975,700**

Interventions for Children Exposed to Domestic Violence

Many interventions and prevention programs for children exposed to domestic violence have been developed and empirically tested, including child psychotherapeutic interventions, parent-child interventions, parent programs, prevention programs, and community-based interventions. The table below lists the interventions by type, format, and age group. A detailed description of each intervention is available in the full report at http://www.healthpathohio.org/dvimpact (see page number listed in the last column).

	Format of Intervention						Age Group				
	Child Individual Session	Child Group	Parent Individual Session	Parent Group	Parent-Child or Family Session	Psycho-education	Infant/Toddler - 0 to 2	Preschool - 3 to 5	School Age - 6 to 12	Adolescent - 13 to 17	See Full Report: Pg . # for description
Child Psychotherapeutic Interventions											
Kids' Club		●		●		●			●		28
Pre-Kids' Club (PKC)		●		●		●		●			28
Child Witnesses to Violence Program	●	●				●			●	●	28
Storybook Club		●		●					●		28
Superheros Program	●	●		●					●		28
Additional Group Interventions											
Child Witness Program		●		●		●			●		28
Child Witnesses to Wife Abuse Programme		●		●		●			●		29
Parent and Child Training (PACT)		●		●		●			●		29
Domestic Abuse Project by Peled and Davis		●		●		●			●		29
Expressive Therapies											
Art therapy	●	●						●			29
Shelter-based play therapy		●							●		29
Sibling play therapy		●							●		29
Parent-child play therapy; TheraPlay					●			●	●		29
Parent-Child Interventions											
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	●				●				●	●	29
Parent-Child Interaction Therapy (PCIT)					●			●	●		30
Peekaboo Club					●		●				30
Child-Parent Psychotherapy (CPP)					●		●	●			30
Advocacy and Learning Club		●	●			●			●		30
Mothers Overcoming Violence Through Education (MOVE)		●		●		●			●		31

NOTE: See Appendix A in the Full Report (http://www.healthpathohio.org/dvimpact) for sources for each intervention listed above.

	Format of Intervention						Age Group				
	Child Individual Session	Child Group	Parent Individual Session	Parent Group	Parent-Child or Family Session	Psycho-education	Infant/Toddler - 0 to 2	Preschool - 3 to 5	School Age - 6 to 12	Adolescent - 13 to 17	See Full Report: Pg . # for description
Parent-Child Interventions, continued											
Dyadic Interventions with Children and Perpetrators of Domestic Violence											
Alternatives for Families: Cognitive Behavioral Therapy (AF-CBT)	●		●		●				●	●	31
Caring Dads				●		●					31
Other Parent-Child Interventions											
Project FREE		●		●	●	●			●		31
Home-based interventions					●						31
Promoting Strong African American Families (ProSAAF)					●	●	●	●	●		31
ACT Against Violence Parents Raising Safe Kids (ACT-PRSK)					●	●				●	31
Parent Programs											
Project SUPPORT				●		●					31
Parenting Through Change				●		●					32
Prevention Programs											
Teen Dating Violence Prevention Programs											
Safe Dates						●				●	32
Dating Matters						●				●	32
Expect Respect						●			●	●	32
Shifting Boundaries						●				●	32
Domestic Violence Perpetration Prevention Programs											
The Youth Relationship Project (YRP)		●				●				●	32
Positive Adolescent Choice Training		●				●				●	32

NOTE: See Appendix A in the Full Report (http://www.healthpathohio.org/dvimpact) for sources for each intervention listed above.

	Format of Intervention						Age Group				
	Child Individual Session	Child Group	Parent Individual Session	Parent Group	Parent-Child or Family Session	Psycho-education	Infant/Toddler - 0 to 2	Preschool - 3 to 5	School Age - 6 to 12	Adolescent - 13 to 17	See Full Report: Pg . # for description
Prevention Programs, continued											
School-Based Prevention Programs											
I Wish the Hitting Would Stop		●				●			●		32
My Family and Me: Violence Free		●				●			●		32
A School-Based Anti-Violence Program (A.S.A.P.)		●				●			●		32
Community-Based Intervention											
Nurse-Family Partnership					●		●				32
Advocacy for Women and Kids in Emergencies (AWAKE)					●						32
Violence Intervention Program					●						33
Child Development-Community Policing Program					●						33
Safe Start Demonstration Project					●						33
Safe and Together Model					●						33
Integrated Domestic Violence Courts					●						33
Family Justice Centers					●						33
Parent Coordination Programs						●					33
Supervised Exchange Programs/Visitation Centers					●						33

NOTE: See Appendix A in the Full Report (http://www.healthpathohio.org/dvimpact) for sources for each intervention listed above.

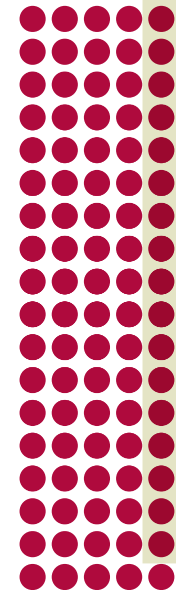
Services in Ohio for Children Exposed to Domestic Violence

Children exposed to domestic violence may receive services from a variety of agencies and systems, including Child Protective Services (CPS), schools, public mental health agencies, and other child-serving systems. For example, in 2010 Ohio began implementing Safe & Together as a differential response child protection model. Safe & Together provides training and systems improvements to help child welfare systems work with families who are experiencing domestic violence.

Of particular interest for this paper was how children were served by other agencies that offer services to families experiencing domestic violence. We surveyed these organizations to learn more. During Ohio's State Fiscal Year (SFY) 2016, a reported 85,312 children received services from these agencies. The services provided to children included child advocacy, case management, counseling, and mental health assessments, among others. Nearly half (48%) of the agencies offered counseling services to children. Over two thirds (67.4%) of the agencies used one or more evidence-based intervention, promising intervention, or prevention program for children. Nearly 90% of agencies reported that, in addition to offering services for children, they also offered parenting-related services to support the non-offending caregivers. The majority (87.3%) of agencies reported that they would expand their service area or number of clients served if additional funding or resources became available.

Agencies identified the following ways to better serve these children and families.

- Increase coordination between domestic violence agencies and Child Protective Services (CPS)
- Increase coordination between domestic violence agencies and police, medical, school, and substance use treatment systems
- Increase use of evidence-based practices
- Increase prevention-focused interventions in schools to stop the cycle of domestic violence through generations
- Increase the variety of services for children and non-offending parents, such as having child advocacy centers in each county or offering tailored services for children who are deaf, for teenagers, or for other specific populations
- Provide trauma-informed care trainings across child-serving systems
- Increase funding to support services for children
- Increase public knowledge about domestic violence
- Provide training to all educators to identify the symptoms of trauma in children
- Change justice system responses to domestic violence, including an increase in criminal punishment for domestic violence perpetrators and domestic violence training for juvenile and family court judges
- Support and share best practices and research to keep new and cutting-edge information on the effects of child exposure to domestic violence in the forefront of clinicians' minds as they treat children and families



Recommendations to Better Serve Ohio's Children

The following recommendations are derived from the issues identified through the analysis of research literature on the effects of domestic violence and interventions developed for children exposed to domestic violence, the statewide survey of domestic violence service providers, the economic impact analysis, and the review of Ohio's enforcement and judicial treatment of domestic violence cases. The recommendations are outlined for policies, system changes, programming, funding streams, and other strategies to help Ohio better serve children exposed to domestic violence. (For a fuller description of these recommendations, please see the full report, available at http://www.healthpathohio.org/dvimpact.)

Issues	Recommendations
There is a lack of coordination between systems that serve children exposed to domestic violence.	Develop and support a coordinated statewide response among all child-serving systems for addressing childhood exposure to domestic violence • Establish a task force of key stakeholders from all child-serving systems to create a better-coordinated response for children exposed to domestic violence • Integrate data across systems to identify how Ohio can better serve these children • Implement a coordinated, statewide response for children exposed to domestic violence
Exposure to domestic violence is related to violence perpetration and victimization in teen dating relationships.	Provide age-appropriate, targeted teen dating violence prevention programs in grades 5–6 to complement what is being offered in grades 7–12
Children exposed to domestic violence are experiencing detrimental educational and health outcomes.	Initiate trauma-informed care training for educators and health care professionals and implement assessment and screening standards for domestic violence exposure in health care institutions • Train education professionals in providing trauma-informed care • Implement assessment and screening standards for domestic violence exposure experiences in health care settings • Establish curricula and statewide protocols for training and continued education on trauma and trauma-informed care for health care professionals
There is great disparity among counties in terms of the number of domestic violence incidents occurring and the services offered.	Address barriers to services for children exposed to domestic violence

Issues	Recommendations
Exposure to domestic violence is a widespread problem that affects children in the short term and over the full course of their lives.	Promote the use of evidence-based programs that have been shown to be effective in reducing the negative consequences of domestic violence exposure • Encourage and support service providers to use evidence-based programs and interventions to address the negative effects of exposure to domestic violence • Ensure that services targeted at children ages 5 and younger are widely available
The Ohio legal system has great discretion when making decisions about domestic violence, which leads to a lack of uniformity in enforcement and treatment of domestic violence cases.	Require training and provide resources to representatives of law enforcement and judicial system to help them make better informed decisions in domestic violence cases • Require education and training regarding identification of and best practices for responding to domestic violence for the criminal justice and juvenile justice systems, and provide tools to assist in making decisions in these cases • Revise the Ohio Domestic Violence Benchbook to equip judges with a greater understanding of domestic violence and assist them in making decisions that better address child safety in cases that involve domestic violence • Develop training and guidelines for Guardians ad Litem on investigating and making custody and visitation recommendations in cases involving domestic violence
While a large body of research exists about the effects of domestic violence, limited information is available about specific populations and factors.	Build a body of knowledge about the effects of prenatal exposure to domestic violence and the specific protective factors that are most beneficial for children • Conduct research to add to the preliminary evidence that prenatal exposure to domestic violence is related to long-term negative outcomes in children and the associated risk and protective factors that may influence long-term outcomes • Conduct research to identify the protective factors that are best at promoting resilience in children exposed to domestic violence and the interventions that help children build these factors

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