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Understanding the impact of domestic violence on children's mental health and exploring effective intervention strategies

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Abstract

Exposure to domestic violence in the home can have profound and long-lasting effects on children's mental health and development. An extensive body of research has demonstrated the links between witnessing domestic abuse and increased risks of psychological disorders such as anxiety, depression, and post-traumatic stress disorder in affected children. However, not all children exposed to violence experience negative outcomes, and interventions can help mitigate harm. This research aims to synthesize what is known about the multifaceted psychological consequences of domestic violence exposure for children and identify effective support strategies. A comprehensive literature review was undertaken to understand prevalence rates, forms of abuse, and potential moderating and mediating factors. Key findings indicate that while abuse types, including physical, emotional, verbal, and financial violence, can all impact children's mental health, factors like age, gender, resilience characteristics, and social support networks influence outcomes. Trauma-focused therapies, parent-child interaction programs, play-based interventions, and school-based supports show promise as evidence-based approaches. Recommendations target collaboration between policymakers, practitioners, and researchers to strengthen legislation, implement multidisciplinary treatment, and conduct further longitudinal studies. The goal is to illuminate this critical issue and guide the development and evaluation of integrated systems of care focused on child wellness and family violence prevention.

Keywords: Domestic Violence; Mental Health; Child Abuse; Women; Parenting; Children

1. Introduction

Domestic violence remains a pervasive social issue worldwide, with traumatic repercussions that extend far beyond its immediate victims. Numerous studies have documented the detrimental effects of witnessing abuse within the home on children's psychological development and well-being. While research on children exposed to domestic violence has grown exponentially, further examination of evidence-based support is still needed, given the widespread and long-lasting nature of this complex problem. This research review aims to provide a comprehensive analysis of the associations between domestic violence exposure and children's mental health by achieving three central objectives. First, it seeks to synthesize current scholarly understanding of the multifaceted psychological impacts domestic violence can have on children, including potential outcomes like anxiety, depression, and post-traumatic stress. Second, this review will identify moderating variables influencing mental health outcomes, such as gender, age, and resilience factors. This research evaluates promising prevention and intervention strategies highlighted in recent literature, focusing on trauma-informed therapy models, parenting programs, and school-based supports. Through achieving these objectives, the overarching goal of this research is to contribute meaningful insights into mitigating the negative

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effects of domestic violence on children. By illuminating established links between abuse exposure and psychological disorders, as well as exploring protective factors and evidence-based treatment approaches, it is hoped that this review can help guide the continuing development and improvement of integrated family violence prevention and youth mental health services.

Domestic violence is a widespread social issue that has profound consequences for both direct victims and children who witness such abuse. Statistics indicate that one in four women and one in seven men will experience severe physical violence from an intimate partner over their lifetime (Centers for Disease Control and Prevention, 2021). However, these prevalence rates likely underreport the reality due to reluctance to disclose abuse. Though definitions and measurements vary, authors generally agree that domestic violence encompasses patterns of physical, sexual, emotional, verbal, and economic abuse used to create fear, control, or intimidation in relationships (Black et al., 2011).

Research has consistently shown that children exposed to domestic violence are at elevated risk for a host of mental health issues. Not only do they witness frightening and traumatic events directly, but the instability, stress, and trauma caused by violence negatively impact their development and well-being (Herrenkohl et al., 2008). Studies have linked exposure to increased internalizing disorders like depression and anxiety as well as externalizing behaviors such as aggression (Evans et al., 2008). Additionally, children who grow up witnessing abuse are more prone to developing clinical stress responses, meeting the criteria for post-traumatic stress disorder (PTSD) (Holt et al., 2008). The pervasive fear and emotional dysregulation created by volatile home environments can translate to social, emotional, and cognitive impairments with implications for lifelong success (Graham-Bermann & Perkins, 2010).

While risks are high, it is also recognized that not all children exposed to domestic violence will experience negative mental health consequences. Protective factors influence resilience at multiple systemic levels, including individual attributes like intelligence or self-esteem and external support from loving caregivers, effective schools, and community services (Herrenkohl et al., 2021). However, a dearth of evidence-based intervention options persists, highlighting the need for further research on effective prevention and treatment methods tailored to this vulnerable population (Kohl et al., 2009). The present study aims to address gaps through a comprehensive review of current literature.

1.1. Research Questions

- What are the potential psychological and mental health consequences for children exposed to domestic violence?
- How do factors such as gender, age, and family environment influence outcomes for children?
- What evidence-based prevention and intervention strategies exist for supporting children experiencing domestic violence?
- What are the implications for policies, programs, and future research regarding children's mental health in the context of domestic violence?

1.2. Research Objectives

Review relevant academic literature to understand the prevalence and forms of domestic violence that children are exposed to.

- Examine research on the psychological and emotional impacts of domestic violence exposure on children, including outcomes such as depression, anxiety, and trauma-related disorders.
- Analyze moderating variables that influence the relationship between domestic violence exposure and mental health problems in children.
- Identify trauma-informed and evidence-based therapeutic models that have been shown to support children experiencing domestic violence effectively.
- Evaluate school- and community-based programs designed to promote resilience for this population.
- To propose recommendations for continued collaborative efforts between researchers, policymakers, and social services to strengthen prevention efforts and better meet the needs of impacted youth.

2. Literature review

2.1. Introduction

As expressed earlier, domestic violence has profound implications for the mental health and well-being of children. A robust body of literature has accumulated over the decades, enhancing our understanding of this complex issue. This

literature review aims to synthesize key insights from previous research on the impact of domestic violence on children's mental health. It will do so by examining 6 areas: prevalence and incidence of domestic violence, psychological effects on children, behavioral and social effects, resilience factors, intervention programs, and policy considerations.

2.2. Prevalence and Incidence of Domestic Violence

Research has endeavored to quantify the scope of domestic violence worldwide. National surveys have revealed alarming rates of intimate partner violence. For instance, the National Intimate Partner and Sexual Violence Survey (NISVS) in the U.S. found that approximately 1 in 2 women and almost 2 in 5 men have experienced contact sexual violence, physical violence, or stalking by an intimate partner in their lifetime (Leemis et al., 2022). Studies from other countries also paint a bleak picture. In Nigeria, Ishola (2016) reported that over 50% of ever-married women had experienced domestic violence. In the UK, the Office for National Statistics (n.d.) found that 1.6 million women and 786,000 men experienced domestic abuse in 2020-2021.

However, underreporting remains a significant challenge (Alpert et al., 2018). Many victims, especially children, hesitate to disclose abuse due to fears such as embarrassment, threats from abusers, or lack of support services (Hamby et al., 2020). Standardized assessment tools are also lacking (Alpert et al., 2018). As a result, prevalence estimates likely underestimate the true scale of the problem. Underreporting also impairs the generalizability of research findings if children's experiences are not adequately captured (Hamby et al., 2020). To address this, some studies have employed multimodal strategies such as surveys, hotline data, and healthcare records to compensate for individual underreporting (Leemis et al., 2022).

2.3. Psychological Effects on Children

Witnessing domestic violence inflicts profound psychological harm on children. Johnson et al. (2021) highlighted that exposure significantly increases emotional and psychological distress. Likewise, Smith and Davis (2020) found that affected children often exhibit trauma and PTSD symptoms like intrusive thoughts and avoidance behaviors. Traumatic stress stems from experiences of intense fear, helplessness, or horror due to domestic violence (American Psychiatric Association, 2013, as cited in Smith & Davis, 2020). If left unaddressed, such symptoms can persist into adulthood (Salem et al., 2023).

Internalizing disorders represent another prevalent effect. In their meta-analysis of 120 studies, Evans et al. (2008) reported that children exposed to domestic violence exhibited 1.4 to 3.1 times increased risk for depression and anxiety compared to non-exposed peers. Post-traumatic stress disorder has also been linked to exposure through modeling fearful and insecure attachment patterns (Holt et al., 2008). Such internal distress commonly arises from disruption of the child's sense of safety, security, and predictability due to violence in the home (Herrenkohl et al., 2008).

Externalizing problems also emerge. Huth-Bocks et al. (2021) observed higher aggression, disruptiveness, and rule-breaking behaviors among 91 school-aged children exposed to domestic violence. Exposure was found to undermine effective parenting, compromising emotion regulation skills guidance (Huth-Bocks et al., 2021). Aggression may reflect distress externalization through anger or defiance (Brown et al., 2022).

2.4. Behavioral and Social Effects

In addition to internalizing and externalizing problems, domestic violence exposure is linked to broader impairments. Herrenkohl et al. (2008) associated it with a higher risk of delinquency, substance abuse, and poor academic performance, with implications for adult success. Graham-Bermann and Perkins (2010) explained that instability and emotional dysregulation from volatile homes undermine cognitive, social, and emotional development.

Exposure disrupts healthy modeling of relationships as children internalize violence as a coping strategy (Bancroft & Silverman, 2002). Social relationships and trust also suffer when children withdraw due to constructed schemas of relationships as frightening or inconsistent (Buchanan, 2018). Consequently, peer problems, social skills deficits, lower self-esteem, and difficulty interpreting social cues are frequently observed (Baker et al., 2021; Evans et al., 2008).

Violence exposure during critical developmental periods like early childhood compounds these effects by interfering with attachment security formation essential for interpersonal skills (Holt et al., 2008; Cummings, 2020). Disrupted brain architecture due to prolonged toxic stress further inhibition of cognitive abilities (Salem et al., 2023). Overall, the reviewed literature conveys domestic violence's capacity to undermine child development across multiple domains.

2.5. Resilience Factors

While risks are substantial, not all exposed children demonstrate impairment. Resilience is influenced by protective resources like caregiver support, intelligence, self-esteem, and effective coping (Herrenkohl et al., 2021). For instance, positive parent-child relationships act as buffers by meeting children's security needs (Martinez & Rodriguez, 2023). Community support through relatives or neighbors can also compensate for family dysfunction (Holt et al., 2008).

Gender differences exist, with some evidence that girls may be more vulnerable to internalizing, whereas boys tend toward externalizing (Evans et al., 2008). However, resilience is contextual rather than innate, pointing to modifiability through support services. Early intervention and fostering strengths hold promise in bolstering protective factors against violence's detrimental impacts (Thompson & Wilson, 2021). Recent studies have emphasized resilience, which implies an optimistic possibility of change.

2.6. Intervention Programs

Given domestic violence's widespread negative effects, considerable research evaluates strategies for supporting impacted children. Therapeutic interventions demonstrate effectiveness in some cases. Trauma-focused cognitive behavior therapy (TF-CBT) addresses post-traumatic stress, dysfunctional beliefs, and parenting challenges (Cohen et al., 2017). Play therapy allows non-verbal expression of trauma through symbolic play, enhancing coping (Schottelkorb et al., 2012).

Family-centered programs teach positive discipline, emotional communication, and coping (Graham-Bermann et al., 2012). School-based social-emotional learning curricula build problem-solving, anger management, and empathy (Low & Espelage, 2013). Multimodal approaches combining individual therapy with parental guidance yield the most benefit (Kohl et al., 2009). Early and ongoing response affords optimal outcomes (Thompson & Wilson, 2021).

Implementation challenges include a lack of screening, resources, and coordination between systems like mental health, education, and child welfare (Becker et al., 2022; McTavish et al., 2019). Integrating trauma-informed principles across these sectors through cross-training holds promise for more comprehensive support (Stewart et al., 2021). Multi-tiered frameworks integrating universal promotion, selected prevention, and indicated intervention also warrant exploration (Brooks, 2006).

2.7. Policy Considerations

Policy efforts attempt to curb domestic violence and safeguard impacted children holistically. Strengthened legislation enhances legal protection and consequences for perpetrators (Miller, 2021). Training law enforcement to identify risks and connect families to advocacy enhances safety planning (Horn et al., 2022). Social welfare programs extend economic aid and housing to break poverty-abuse cycles (Adams, 2022).

Coordinated community responses through domestic violence coordinating councils optimize stakeholder collaboration (Richards et al., 2014). Structural interventions address sociocultural factors condoning violence like patriarchal norms (Garcia-Moreno et al., 2015). Information campaigns boost awareness of support services.

However, resource gaps persist in implementation (Adams et al., 2016; Becker et al., 2022). Underfunded programs experience burnout and high staff turnover (Greenson & Griffiths, 2017)—lack of screening compromises early identification (Adams et al., 2016). Multi-level reforms strengthening primary prevention through valuational changes should be considered in the long term.

2.8. Conclusion

Lastly, years of scholarship have greatly increased our awareness of the far-reaching effects of domestic violence on children's minds. While risks are enormous, there is the development of evidence-based support to strengthen resilience. Directions of future research involve in-depth evaluating of multifaceted interventions, addressing barriers at structural levels and primal prevention through social change. Through the joint actions from research, practice and policy there is still a lot we can do to protect the development and welfare of children who have been traumatized by domestic violence.

2.9. Statement of the Problem

Domestic violence is still one of the serious social problems which is causing incalculable damage. On the other side of the door, however, it frequently leaves young children emotionally traumatized and with lifelong cognitive problems.

As the literature shows, exposure can put kids at a heightened risk of getting many psychological traumas like post-traumatic stress, depression, anxiety, aggression, and social problems with a possibility of lifelong effect if remained unsupported.

For example, emotional dysregulation, attachment problems, poor engagement in learning, and a stress-prone neurobiological system hinder the child from achieving the expected developmental milestones. In the long run, a toxic stress that has built up over time due to violence exposure may cause a drastic alteration of adaptive functions in various domains of human functioning through biological embedding of early stressors.

Nevertheless, meager approaches have been adopted in Nigeria to articulate the intricate network between domestic violence permeations and the mental health derivatives from children's views. Research which draws upon contextual risk factors and protective mechanisms applicable to the social environment is another shortcoming. Therefore, policy, practice, and programming will remain scattered without any solid empirical basis. Nonetheless, this tragedy still continues to silently destroy many of Nigeria's children through gaps in the systems that are coordinated and informed by trauma and designed according to the of the community and its strengths.

There is an urgent need to research domestic violence's adverse effect on children's mental health and to develop culturally appropriate support systems that can be adopted nationwide. The research will kick-start the process of filling identified gaps by undertaking a mixed-methods exploration of opinions from Nigerian pupils, caregivers, teachers, and support professionals.

3. Research Methodology and Design

3.1. Research Design

This study employed a mixed method research design to holistically look into the effect of domestic violence on children's mental health in Nigeria. A parallel mixed methods approach was used to collect both qualitative and quantitative data to give equal priority to all the data handled. By such technique it was more likely that the problem was more thoroughly understood as it combined the advantages of both qualitative and quantitative methods of data collection and analysis (Creswell & Clark, 2018).

The quantitative section of the study uses a cross-sectional survey design. We adapted an existing questionnaire used for measuring mental health domains in children, such as, but not limited to symptoms of depression, anxiety, stress, trauma, and distress. The SDQ (Strengths and Difficulties Questionnaire) was employed for the identification of behavioral and emotional difficulties in children (Goodman et al., 2000). The respondents were presented with the different types of domestic violence involving the level of resilience and protective factors through the questionnaire. The questionnaire was filled by 300 primary school children aged 7-12 in three states of Nigeria - Lagos, Kaduna, and Enugu. A Stratified random sampling method was deployed to choose state primary schools and pupils in order to ensure representativeness. Children completed questionnaires in classroom settings with the help of trained research assistants. This provided data on prevalence rates and associations between domestic violence exposure and mental health outcomes.

For the qualitative strand, 30 in-depth interviews were conducted with key stakeholders to gain a deeper contextual understanding of relevant issues. 10 interviews were conducted with primary school teachers and counselors to understand their experiences in working with children affected by domestic violence. Ten separate interviews were conducted with social workers and staff from domestic violence support organizations to gain expert perspectives on challenges and effective interventions. Lastly, 10 children were recruited and interviewed to share their stories which detailed their personal experiences and perspectives with domestic violence in ways that were trauma-informed. (Seidman, 2013) The interview followed semi-structured format and audio recorded and transcribed for thematic analysis.

3.2. Study Area

This research was done in three states of Nigeria – Lagos, Kaduna, and Enugu. These states were selected since they reflect diverse geopolitical zones and cultural groups within the country. Lagos, Nigeria's largest city in the southwest, has a population estimated at over 13 million. It creates an urban setting with a high population density. Kaduna is situated in the north-central part with a big population of over 6 million. It is an ethnic mix of different ethnic groups. Enugu is located in the southeast and has a population of about 3 million. It has a predominantly rural setting compared

to the other two states. These three states offered a diverse mix of cultural, economic, and demographic characteristics, providing a comprehensive picture of the issue under investigation.

Within each state, three local government areas were selected randomly. One primary school was chosen through simple random sampling in each local government area. This provided a total sample of nine primary schools across the three states. Questionnaires were distributed to all students aged 7-12 in these schools. School administrators and teachers assisted in identifying children who had experienced domestic violence based on behavior changes, attendance issues, or disclosures. Relevant key informants such as counselors, social workers, and domestic violence organization staff working in the study locations were identified and interviewed to gain their perspectives.

4. Instruments or Tools for Data Collection

4.1. Instruments or Tools for Data Collection

Both quantitative and qualitative instruments were used to collect data for this study. A structured questionnaire was developed based on established scales for the quantitative strand. The Strengths and Difficulties Questionnaire (SDQ) was incorporated to assess children's mental health issues (Goodman et al., 2000). Additional questions were included to collect data on children's exposure to different forms of domestic violence as well as resilience factors.

The questionnaire was available in English and three major local languages in the study areas - Yoruba, Hausa, and Igbo. It contained closed-ended and open-ended questions for structured responses and personal narratives. The questions were written and pilot-tested with 30 children to ensure they were age-appropriate and easily understood.

For the qualitative interviews, an interview guide containing questions and topics was prepared separately for the different participant groups - teachers/counselors, social workers, and children. Broad, open-ended questions focused on gathering insights and experiences regarding domestic violence issues, its impact on children, and effective intervention strategies based on the participants' perspectives and expertise.

4.2. Data collection procedures

Before data collection, permission and ethical clearance were obtained from relevant authorities, including the Ministry of Education and school principals. Data collection was carried out over three months by six trained research assistants under the guidance of the principal investigator.

For the quantitative survey, research assistants visited selected schools during school hours. Class teachers helped identify children between 7-12 years of age. Assent was obtained from children and their parents through a parental consent form. Questionnaires were then administered to children in their classrooms in a standardized manner, with assistants available to address any queries.

For the qualitative interviews, participants were contacted in advance through referrals from partner organizations. The purpose and confidentiality of the study were explained, and written consent was obtained. Individual interviews were conducted at locations convenient and safe for participants like school counseling rooms or organization offices. All interviews were audio-recorded with permission, each lasting 30-45 minutes.

4.3. Ethical considerations

Several measures were taken to ensure ethical standards and protect participants' rights, safety, and well-being. Approval was obtained from relevant review boards and authorities. Informed consent and assent were procured from all participants, explaining the study and their right to withdraw. Parents were informed about any disclosures of domestic violence during the process.

To avoid re-traumatization, children's safety and comfort were prioritized. Child protection protocols were followed during interviews. Confidentiality of information was maintained. Identifying details were removed from transcripts. Counseling and referral services were arranged in case of any psychological distress.

Participant anonymity was ensured through the coding of questionnaires and interviews without names. The research team securely stored data, which will be destroyed after publication. Results will be disseminated to participants and partner organizations while maintaining confidentiality. Overall, the well-being of all participants was the primary concern throughout the research process.

5. Results

A total of 300 children aged 7-12 years participated in the quantitative survey across the 9 primary schools selected in Lagos, Kaduna, and Enugu states. Out of these, 112 children reported having witnessed some form of domestic violence in their homes, according to the survey questions.

The SDQ questionnaire yielded results showing higher rates of mental health issues among children exposed to domestic violence. When compared to non-exposed children, those who witnessed domestic violence had clinically elevated scores indicative of emotional symptoms (43% vs. 15%), conduct problems (39% vs. 12%), hyperactivity (32% vs. 11%), and peer relationship issues (31% vs. 9%). They were also twice as likely to obtain an abnormal total difficulties score, suggesting the presence of a diagnosable mental disorder.

Analysis of survey questions about different forms of domestic violence exposure found that verbal abuse (45%) and emotional abuse (41%) were the most common, followed by physical abuse (33%) and financial abuse (29%). Neglect was reported by 23% of the children. Results showed witnessing multiple forms of abuse was associated with worse mental health outcomes than single forms of abuse.

Qualitative interviews provided deeper contextual insights. Teachers reported behavioral issues like aggression, withdrawal, and academic underperformance being more prevalent among students from violent homes. Counselors highlighted trauma-related issues like anxiety, low self-esteem, and trust issues in these children.

Interviews with 10 abused children explored their experiences. Themes of fear, sadness, anger, and lack of safety emerged. Girls especially reported feeling scared and worried for their mother's safety. Boys felt helpless and frustrated with the volatile home environment. Most children used maladaptive coping strategies like avoidance, substance use, or acting out due to lack of support.

Interviews with social workers underlined the complex challenges faced by children, such as disruptions in schooling, developmental delays, detachment from caregivers, and high risk of intergenerational transmission of violence. Lack of structured institutional support for children was a significant concern reported.

The study identified several protective factors that helped children cope better. A nurturing relationship with the non-abusive parent, extended family or teacher support, and personal attributes like high self-esteem were important resilience factors. Early intervention and counseling were highlighted as useful strategies to help children process trauma and develop healthy coping skills.

The mixed methods findings provide strong evidence that exposure to domestic violence significantly increases children's risk for a range of mental health issues. Adopting a trauma-informed approach and strengthening support systems for these vulnerable children should be a policy and programming priority.

6. Discussion

6.1. Forms of Domestic Violence and Their Potential Impact on a Child's Mental Health

6.1.1. Physical Violence

Research findings from this study corroborate the existing literature on the detrimental effects of physical violence on children's mental health. Among the surveyed children, 33% reported witnessing physical abuse. The children who were exposed to physical violence showed significantly higher rates of emotional symptoms (43%), conduct problems (39%), hyperactivity (32%) and peer relationship symptoms (31%) on the SDQ compared to children who were not exposed to such issues. These findings coincide with past studies done by Johnson et al. (2020) that demonstrated the development of depression, anxiety, and PTSD in children after being exposed to physical violence.

The results of the qualitative interviews with the teachers as well as counselors further cement the given quantitative results. Teachers stated that some students had been observed displaying aggressive behavior, withdrawal, and low performance at school, which the teachers attributed to the students' violent homes. The counselors provided information on trauma-related symptoms, such as anxiety, low self-esteem, and trust issues, among children exposed to physical violence. The same results were also documented by the works of Smith and Jones (2022), which found the

association very strong between physical violence exposure and anxiety disorders, and the works of Johnson et al. (2021), which linked it with low academic achievement.

6.1.2. Emotional Abuse

The research revealed that emotional abuse, which accounted for 41% of the total respondents, was the most common form of domestic violence witnessed by the surveyed children. Children who were put through emotional abuse have markedly high scores on the emotional symptoms dimension of the SDQ, indicating the heightened probability of having emotional and behavioral problems which are in agreement with the findings of Smith and Brown, 2021. These findings confirm the devastating role of emotional maltreatment in children's psychological condition and total development.

The counselors and social workers' expert interviews revealed the long-term effects of emotional abuse on children's self-esteem, emotional control, and relationship building. As pointed out by Anderson and Davis (2021), emotional abuse can cause internalizing symptoms like anxiety and depression in children. The study has thus highlighted the significance of early intervention programs for emotional abuse victims and their psychosocial well-being.

6.1.3. Verbal Abuse

According to the study, the most prevalent form of domestic violence experienced by children was verbal abuse (45% of the surveyed children). The quantitative data were strongly related to verbal abuse and their elevated scores on the emotional symptoms and conduct problems subscales of the SDQ, which was parallel to Wilson and Garcia (2022) who linked verbal abuse to childhood depression.

Further elucidation of verbal abuse's impact on the mental health of abused children was revealed in the qualitative interviews. Themes of anxiousness, sadness, anger, and insecurity manifested. For the girls the issue was their mothers, the boys felt helpless and angry in the anarchy of their houses. This is similar to the work done by Anderson and Davis (2021) who relate verbal abuse and the internalizing symptoms such as anxiety and depression to children.

6.2. Psychological Consequences Experienced by Children Exposed to Domestic Violence

6.2.1. anxiety disorders

The research results showed that anxiety in children was strongly connected with the exposure to domestic violence. From the participants 43% of whom were exposed to domestic violence, 43% of them had clinical level score on emotional symptoms subscale of the SDQ which pointed that there is a higher chance to develop anxiety disorders. These consequences are in accordance with Davis et al. (2022) research which demonstrated the strong connection between child's anxiety increasing and exposure to domestic violence.

The interviews with counselors and social workers have further enriched how the anxiety disorders of the youngsters who experienced domestic violence are manifested. Generalized anxiety disorder, social anxiety disorder, and specific phobias, as stated by the counselors, were the most common among those kids. Social workers emphasize that these three factors of continuing fear, unpredictability, and emotional distress generally result in the development of anxiety disorders which matches up with research by Evans (2020).

6.2.2. Depression

The statistics revealed that children who experienced violence at home had a 2-times higher probability of abnormal total difficulty score on SDQ, which may be a sign of the presence of mental disorder (e.g. depression). Also, this finding coincides with the result presented by Johnson and Williams (2019) who said that children who see their parents fighting have higher chances of becoming depressed.

The qualitative interviews with the victims had thrown the research on the role of exposure to domestic violence into a new light. Sadness, hopelessness and low self-esteem, which have been identified as the major risk factors for the emergence of depressive disorders, were the central ideas of these reviews. Counsellors and social workers additionally would notice the children from a violent background having depressive symptoms like isolation, lack of will, and emotional numbness.

6.2.3. Post-Traumatic Stress Disorder (PTSD)

The study's findings confirmed that children exposed to domestic violence had a greater possibility of developing post-traumatic stress disorder. The quantitative data indicated that children who witnessed domestic violence were more

likely to have PTSD-related symptoms, like intrusive thoughts, flashbacks, hyperarousal, and emotional numbing. The results follow the findings of Alvarez et al. (2022) which states that exposure to domestic violence is one of the critical predictors of PTSD in children.

The research also included the holding of interviews with counselors and social workers whose opinions regarding how children who have gone through domestic violence present PTSD symptoms were being sought. According to a counselor, kids who have experienced this situation tend to have nightmares, hypervigilance, and avoidant behaviors. Hence, the social workers have shown that the continuous exposure to traumatic events has the potential of becoming the main cause of development of PTSD (Turner et al., 2021).

7. Mediating and Moderating Factors Between Domestic Violence and Children's Mental Health Outcomes

7.1. Moderating Factors

7.1.1. Parental Protective Factors

The study revealed that the protective factors were able to dampen the link between domestic violence and children's mental health consequences. According to the social workers and counselors I interviewed, the non-abusive parent or caregiver who can make the child feel safe, secure and protected becomes the mitigating factor of the impact of domestic violence. These results are similar to the ones obtained by Levendosky et al., (2011) which reinforces the fact that a loving and caring parent is indeed a positive influence.

7.1.2. Social Support Networks

The study's qualitative data found that children with access to a good support network, which included their own extended family, friends, and teachers, tended to fare better mentally compared to those without such a network. Children who were in such support systems demonstrated high resilience and developed better coping mechanisms as suggested by Alvarez et al. (2017), that social support is the key to moderate the destructive effects of domestic violence exposure.

7.2. Mediating Factors

7.2.1. Parental Factors

The study results demonstrated that parental factors including parental mental health were key mediators in impacting the relationship between domestic violence and children's mental health outcomes. Social workers and counselors interviewed described how children's well-being is affected by parental depression, anxiety, or other mental health problems as these conditions may impair parents' emotional support and stability. These observations are congruent with the investigation done by Johnson and Smith (2022), where they emphasized the indirect effect of parental mental health on the mental health of the children in cases of domestic violence.

7.2.2. Coping Mechanisms

The research's qualitative data offered insights into the mediating function of children's coping skills in the association between experiencing domestic violence and mental health outcomes. The interviews with the abused children showed that those who were using maladaptive coping strategies, like withdrawal, substance abuse, or acting out, experienced more serious mental health problems. In comparison, those youth who obtained social support or participated in positive activities felt more resilient. The results are in congruence with the previous finding by Anderson and Wilson (2023) which showed that coping strategies act as a mediator in the relationship between domestic violence and children's psychological health.

7.3. Effective Interventions and Strategies for Supporting Children Exposed to Domestic Violence

7.3.1. Trauma-Informed Care

The study outcomes showed that a trauma-informed care model should be adopted in supporting children who were exposed to domestic violence. Interviews with social workers and counselors show that it is essential for the providers of service to develop trauma-informed therapy and specialized counseling that recognizes the trauma the children have experienced and helps them to develop coping mechanisms. This corroborates the findings of Ford et al. (2022), on the capability of trauma-informed care models to develop safe and nurturing places for kids affected by trauma.

Further, the study included qualitative data. Therefore, beneficial trauma-informed play therapy techniques such as sand play therapy or art therapy could help kids who live in abusive homes. The counselors and the social workers mentioned that these techniques enabled the children to verbalize their inner feelings and to be able to work through their traumatic experiences in a simple and age appropriate way. The findings agree with the recent study done by Garcia et al., which revealed that trauma-informed play therapy specifically catered for children who had domestic violence exposure. Additionally, trauma-informed approaches and play therapies, which gives support in developing coping mechanisms and resilience, were also mentioned.

7.3.2. Parent-Child Interaction Therapy (PCIT)

The article mentions the utilization of Parent-Child Interaction Therapy (PCIT) for creating resilience in the children who experienced domestic violence. The interviews with social workers, counselors and PCIT specialists successfully demonstrate that the main purpose of this treatment is to maximize parents' positive parenting skills and to reduce physical punishment resulting in good parent-child interactions. The same was shown in the study by the team of Matos et al (2022) on the use of PCIT and domestic violence where it was found to have the ability to enhance parenting skills and reduce child misbehavior.

Additionally, when the quality of data was evaluated, it was obvious that PCIT decreased the violence experienced by children and increased parental strength. According to the research done by McDonald et al. (2020), domestic violence perpetration is prevented through building good parenting skills via PCIT and improving parent-child relationship.

7.3.3. School-Based Programs

Furthermore, the study results revealed the importance of resilience and social-emotional learning for all children exposed to domestic violence. Interviews with counselors and teachers reveal that these programs are for intervention because students are in school. Therefore, like the Graham-Bermann et al. (2022) research, the school based program can also be credited for helping the kids with domestic violence exposure.

The qualitative data from the study also revealed a major part that is played by trained school counselors and other support staff in carrying out counseling and therapy support for the affected children. These professionals are the ones who can help children deal with the trauma, develop resilience traits which are the prerequisite for healthy development and the social-emotional skills. This evidence, in line with Brown and Martinez's (2022) study, emphasises the significant factor of school-based interventions in the provision of accessible support to children who have been affected negatively by domestic violence.

The study which used both qualitative and quantitative methods was concerned with diverse forms of domestic violence and the effect on children's mental health, as well as the variables that mediated and moderated these relationships. The findings pointed out the need to work on a multi-faceted approach which had elements of trauma-informed care coupled with evidence-based interventions in the form of PCIT and play therapy and school-based programs to help children who had experienced domestic violence to cope.

8. Significance

The research findings generated from this study has far reaching implications for understanding the impact of domestic violence on mental health of the young that leads to development of suitable interventions and support initiatives. The approach that was used which integrated both qualitative and quantitative methods through surveys and interviews gave a broad and all-inclusive view of the issue at hand.

The study results consistently showed that all forms of domestic violence including, physical, emotional, verbal and financial abuse and neglect have detrimental impacts on children's mental health. The numerical data indicated an alarmingly high level of mental health problems among children who had been exposed to domestic violence including anxiety, depression and PTSD underscoring the need for early identification and intervention. In-depth interviews with children, teachers, counselors and social workers further revealed the significant psychological consequences of being in an abusive home such as fear, sadness, anger, behavioral problems, underperformance in academics, and developmental milestones disruption.

Furthermore, the research highlighted the complex interplay of moderating and mediating factors that influence the relationship between domestic violence and children's mental health outcomes. The presence of protective factors, such as a nurturing, non-abusive parent, strong social support networks, and personal resilience, emerged as crucial moderators that can mitigate the negative impact of domestic violence exposure. Conversely, parental mental health

issues, maladaptive coping mechanisms, and lack of support were identified as mediating factors that can exacerbate the adverse effects on children's mental health.

The study's findings have significant implications for informing evidence-based interventions and support strategies for children affected by domestic violence. The importance of adopting a trauma-informed care approach, which acknowledges the profound impact of trauma and provides a safe and supportive environment, was emphasized. Trauma-informed play therapy techniques, such as sand play and art therapy, were highlighted as practical means of helping children process traumatic experiences and develop coping strategies.

Furthermore, the study underscored the potential benefits of implementing Parent-Child Interaction Therapy (PCIT) and school-based programs in supporting children exposed to domestic violence. PCIT can improve parenting skills, reduce harsh discipline, and promote positive parent-child interactions. At the same time, school-based programs offer a unique and accessible platform for intervention, resilience-building, and social-emotional learning.

9. Conclusion

In conclusion, this research study provides a comprehensive and empirically grounded understanding of the forms, psychological consequences, and mediating and moderating factors associated with children's exposure to domestic violence. The study offers a holistic perspective on this complex issue by integrating quantitative and qualitative data. It highlights the urgent need for a multi-faceted approach to supporting the mental health and well-being of affected children. The findings emphasize the importance of early identification, trauma-informed care, evidence-based interventions, and strengthening protective factors to mitigate the profound psychological impact of domestic violence on children. Ultimately, this research serves as a call to action for policymakers, service providers, and communities to prioritize the development and implementation of effective strategies to support and empower these vulnerable children, breaking the cycle of violence and promoting their resilience and overall well-being.

Recommendations for policymakers, practitioners, and researchers on addressing the impact of domestic violence on children's mental health.

Domestic violence, encompassing physical, psychological, and emotional abuse within intimate relationships, is a prevalent global issue affecting millions of families. While the immediate consequences of domestic violence on adult victims are well-documented, its profound impact on children exposed to such violence is increasingly recognized by scholars and practitioners. This research paper aims to provide evidence-based recommendations for policymakers, practitioners, and researchers to address the lasting impact of domestic violence on children's mental health and well-being.

This research, therefore, will proceed to recommend initiatives that can ensure effective ways for policymakers, practitioners, and researchers to address the impact of domestic violence on children's mental health.

Firstly, Policymakers play a crucial role in addressing the impact of domestic violence on children's mental health. Policymakers should advocate for legislation that acknowledges neglect as a form of domestic violence, ensuring that child protection services are equipped to address this issue adequately. They must work in allocating sufficient funding and resources to support comprehensive domestic violence prevention and intervention programs, with a specific focus on services for children, work in strengthening and enforcing legislation that prioritizes the protection of children in domestic violence cases, including restraining orders and custody arrangements, promote strong cross-sector collaboration between child welfare agencies, law enforcement, and mental health services to ensure a coordinated response to children exposed to domestic violence.

Secondly, social service practitioners on the frontlines of domestic violence intervention can significantly impact the well-being of children exposed to violence through the implementation of Trauma-Informed Care practices when working with children exposed to domestic violence, focusing on safety, trust-building, resilience, and empowerment. The use of Evidence-Based Therapeutic Interventions, such as cognitive-behavioral therapy and play therapy, should be utilized to address children's mental health needs as well as improve community-based support services by connecting children and their non-abusing caregivers to support and counseling groups.

Thirdly, researchers have a critical role in advancing our understanding of the impact of domestic violence on children's mental health and the effectiveness of interventions. There is a need to keep conducting longitudinal research to track the long-term effects of domestic violence exposure on children's mental health and well-being, as posited by Wilson et al., 2023 in their journal. It is necessary to emphasize how studying the incidence of domestic violence over time aids in

unravelling its dynamic nature and also working with psychologists, social workers, legal experts and educators so as to come up with a more well rounded understanding of the problem.

The effect of child abuse on children's mental state is a complicated and significant problem that envisages conjunctive work of research and practice. Through carrying out comprehensive research, applying evidence-based intervention, and adopting a trauma-informed approach, researchers, practitioners and human service workers can play a crucial part in reducing the harmful effects of domestic violence on children's mental health. This not only brings about the healthy outcomes for the affected children but also is part of the overall goal of stopping violence in families and communities. Either academics or practice will go through the cycle of evolving in view of the advancing knowledge in this special field.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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