The Effects of Domestic Violence on the Psychological Health, Socio-Emotional Development, Physical Well-being, and Education of Children

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Literature Review

Domestic violence is a significant problem in society that has a lasting impact in all areas of a child's life. Domestic violence does not discriminate and affects children across all socioeconomic backgrounds, geographic areas, and gender identities. An estimated 1.5 million women and 830,000 men experience physical and sexual assault by his/her partner annually (De Jong, 2016). In the United States, approximately 15.5 million children reside in households in which intimate partner violence is recurrent (Herman-Smith, 2013). According to the United Nations Children's Fund (UNICEF), six out of every ten children (approximately 100 million) from the ages of two to fourteen suffer from regular physical and psychological abuse at the hands of a caregiver (Cobos-Cali et al., 2016). This review will examine existing evidence regarding how domestic violence affects a child cognitively, socio-emotionally, physically, and educationally, presenting the findings in a thematic review.

The term "domestic violence" refers to coercive and abusive acts that take place within a household. For the purpose of this review, "domestic violence" will be used interchangeably with the more specific label, "intimate partner violence." Both definitions can be used synonymously because domestic violence and intimate partner violence share the same characteristics of exercising coercive control over another person, issuing threats of physical and sexual violence, and or demonstrating emotional or psychological abuse (Mueller, & Tronick, 2019).

The ways in which a person can be domestically abused is fourfold: (1) physical, (2) sexual, (3) emotional (psychological), and (4) being subjected to controlling behaviors. Acts of physical abuse can include slapping, hitting, and beating. Sexual violence can include sexual assault, sexual coercion, etc. Emotional (psychological) abuse can occur in forms such as belittling, humiliation, and intimidation. Lastly, controlling behaviors occur when the abuser isolates his/her victim(s)

from his/her family and friends (WHO, 2012). When it comes to domestic violence, it is often overgeneralized as occurring only between partners in an intimate relationship, however domestic violence often affects other members of the home, specifically children who witness and are exposed to the violence.

Cognition:

Cognition is the mental process or action of acquiring and comprehending knowledge. The way in which a person acquires knowledge is constantly adapting, however it can be negatively impacted when one is living with constant stress. The National Scientific Council on the Developing Child has found that exposing a child to a climate of hostility, psychological abuse, and physical violence is traumatizing and can cause toxic stress (Easterbrooks et al., 2018). Toxic stress is the prolonged activation of the stress response system in the absence of supportive relationships. With prolonged elevation of stress levels as well as the response to stress, the body is impacted by changes to the brain and other organs, as well as the body's ability to regulate a response to stress (De Jong, 2016). When a child lives with toxic stress, like domestic violence, it is referred to as child traumatic stress.

Throughout a person's life the brain constantly grows and develops, however its plasticity is at its greatest during the first two years of life. In order to examine the effects that domestic violence has on the growth and development of a child's brain, we must first consider how the brain normally grows. By the age of two the brain reaches 75-80% of its adult weight and by the age of eight it reaches 90-95% of its adult weight (De Jong, 2016). Because the brain undergoes such critical structural change within the first two years of life, the experiences during this period are crucial. The brain contains the greatest number of neurons at birth, which is important because the increase in connections between neurons causes additional axons and dendrites to form and

with this allows more cells to link to one another, therefore, increasing the communication between the cells (De Jong, 2016). Brain connections that are stimulated continue to develop whereas unused connections are cut off. Childhood traumatic stress alters the way in which the brain grows and develops. Children who grow up in a household where intimate partner violence takes place have smaller-sized brains for their age. The reason behind the decrease in size is due to the lack of activity in certain regions of the brain: anterior cingulate, corpus callosum, and prefrontal cortex (De Jong, 2016).

Oftentimes the effects of domestic violence center around that of the current child and the impact on the unborn child are overlooked. Violent relationships often last for a long period of time, and therefore place a child in a risky family environment from the perinatal period through toddlerhood. A risky family environment is one in which there is persistent violence rather than a warm and nurturing environment (Afolabi, 2015). The prevalence of intimate partner violence in the time around and during pregnancy is as high as 36% (Howell et al., 2016). This means that more than one third of the children born, witness and are affected by intimate partner violence. Out of the 36%, Graham-Bermann and Perkins, of the Department of Psychology at the University of Michigan, found that 64% of children exposed to intimate partner violence witnessed this type of violence in their first year of life (Howell et al., 2016). The impact that domestic violence has on a child during the perinatal period is sixfold: (1) four-times the greater risk for antepartum hemorrhage which can be fatal for the unborn child, (2) increased risk for low birth weight, (3) intrauterine growth restriction, (4) increase in preterm delivery, (5) increased fetal morbidity, and (6) maternal high-stress levels which affects the fetus's neurohormonal chemistry (Mueller et. al., 2019).

The womb is a shared environment between the mother and the unborn child, and when the mother is involved in domestic violence it has an effect on the enzyme, 11beta-hydroxysteroid dehydrogenase type 2, which is produced by the placenta (Muller et al., 2019). The function of this enzyme (11beta-hydroxysteroid dehydrogenase type 2) is to break down cortisol to an inactive form, protecting the developing fetal brain from its (cortisol's) harmful effects (Mueller et. al., 2019). When a mother is pregnant and living with intimate partner violence it can cause downregulation in the enzyme, resulting in an increase of cortisol reaching the fetus, ultimately leading to changes in behavioral development, and can make an infant more susceptible to stress later in life (Davis and Sandman, 2010 as cited in Muller et al., 2019).

Adverse childhood experiences have significant effects on multiple areas of the brain. By utilizing previous studies of how different structures in the brain mature during infancy and early childhood, it can be concluded that adverse experiences affect the development of the Hypothalamus-Pituitary-Adrenal (HPA) axis and brain structures that are involved in auditory and visual processing (Muller et al., 2019). The HPA axis is a part of the stress response system, which contains the Sympathetic Nervous System (SNS) and the HPA axis (Afolabi, 2015).

A previous study that examined salivary cortisol levels in a 1-year-old and its possible correlation to electrical activity in the brain, found that there is a negative correlation between the two, meaning that brain activity is directly affected by elevated levels of cortisol (Muller et al., 2019). Chronically high levels of cortisol can lead to cell death. The presence of the mother and the way she cares for her child are primary factors in the infant's HPA hyporesponsivity (Mueller et al., 2019). The maternal figure acts as a buffer which protects the child from high levels of cortisol in the brain, however in a high-stress environment this is hindered (Mueller et al., 2019).

Witnessing intimate partner violence between caregivers, even if it is solely verbal and not physical, has observable impacts on the developing brain. Areas of the brain that see the most change are the visual and auditory cortices. Sight is processed through the visual cortex, which is the area of the brain that processes emotional stimulation and information. Brain imaging has shown that a child who witnesses repeated acts of intimate partner violence has a reduction in volume in the visual cortex, and connections between the visual cortex and the limbic system are diminished (Mueller et al., 2019). Findings have shown that the decrease in brain volume and intraneuronal connections are directly associated with the chronicity of intimate partner violence before the age of twelve (Mueller et. al., 2019).

Images provided by magnetic resonance imaging (MRI) scans have shown a difference in gray matter density in the arcuate fasciculus located in the left superior temporal gyrus, and are involved in language processing (Mueller et al., 2019). Findings from diffusion tensor imaging (DTI) support the previous findings from the MRI. DTI scans have shown a significant reduction of white matter volume in areas of the brain, especially the temporal gyrus (Muller et al., 2019). The significance of the findings is that there is a positive correlation between verbal IQ and language comprehension (Choi et al., 2009; Tomoda et al., 2011 as cited in Muller et al., 2019).

The findings on the auditory that were just discussed cortex are supported by the study conducted by Cobos-Cali and her colleagues. They examined the impact of maltreatment on cognitive functioning and more precisely on language in children who grew up in homes where intimate partner violence is prevalent. The sample consisted of 104 participants which were divided into two groups: a variable group made up of children who had just been institutionalized due to domestic abuse, and a control group made up of children who have not been victims of domestic violence (Cobos-Cali et al., 2017). The way in which language acquisition was measured

was by using the Child Neuropsychological Assessment created by Matute, Rosselli, Ardila, and Ostorosky (2007). The test examines metalinguistic, oral and written comprehension, and expression skills in children (Cobos-Cali et al., 2017). Cobos-Cali and her colleagues found that the variable group scored lower in all components of language with the exception of the discourse, syllable, and non-word dictation when compared to the control group (Cobos-Cali et al., 2017). These results support the findings of different types of neurological imaging, magnetic resonance imaging, and diffusion temporal gyrus, regarding the temporal gyrus (Mueller et al., 2019) that witnessing domestic violence has an effect on the development of the brain, especially in the area of the brain that controls language acquisition.

Socio-emotional:

The socio-emotional development of a child is a process in which children learn to understand and manage emotions as well as develop meaningful relationships with others. According to Swart and Pettipher (2005) and Lewis (2009) analyzing individual familial and societal environments helps people understand the complexity of life (Afolabi, 2015). The constant interplay between a child's environment and the different developmental stages has a significant impact on the child's development.

Scheeringa and Zeanah (1995) conducted a study to look at the relationship between the caregiver and child. They used case records from infants exposed to traumatic events within the previous year. The findings of this study showed that perceived threat to a caregiver during the early years of childhood was more likely than other types of stress and trauma to result in negative behavioral and emotional outcomes in young children (Herman-Smith, 2013). Subsequent studies revealed significant problems when it comes to emotional regulation in preschool-aged children within six to twelve months of exposure to intimate partner violence. A study conducted by

Lieberman and Knorr (2007) found significantly higher levels of hyperarousal, aggressive behavior, excessive fearfulness, withdraw/avoidant behavior, and developmental regression in young children who were exposed to intimate partner violence compared to their counterparts who had not been exposed (Herman-Smith, 2013). A framework that integrates and contextualizes these findings is the ecobiodevelopmental framework.

The ecobiodevelopmental framework integrates three areas of developmental science (neurodevelopmental, epigenetics, and ecological), to explain how unresolved stress experienced by infants, toddlers, and preschoolers has negative effects on their development (Herman-Smith, 2013). The National Scientific Council on the Developing Child (2007) developed three categories of stress responses in children: positive, tolerable, and toxic which is incorporated into the ecobiodevelopmental framework (Herman-Smith, 2013). The ecobiodevelopmental framework posits that toxic stress is detrimental to the development of a child because children who live in an adverse environment release stress hormones such as corticotropin-releasing hormone, cortisol, adrenaline, and subsequently norepinephrine floods the brain. High doses of these hormones can alter neurological growth in children (Herman-Smith, 2013). The development of the brain in the first two years of life is crucial, therefore hormonal flooding as a result of toxic stress can alter the neuronal growth ultimately affecting long-term learning, behavior, and health outcomes of children later in life.

Toxic stress in the lives of young children leads to physiologic responses that can manifest into chronic, stress-related symptoms both in the short and long terms. During infancy, children learn to self-regulate in response to environmental stressors, and one way in which they learn to do so is by relying on caregivers to help maintain homeostasis (Herman-Smith, 2013). Regulation requires them to learn how to control their feelings and this developmental process can be hindered

by lack of normal parent-child interactions (De Jong, 2016). The caregiving environment has a tremendous influence on the developing brain. Research has demonstrated that exposure to intimate partner violence during infancy and early childhood has a negative influence on the caregiver-child relationship and socio-emotional development (De Jong, 2016).

According to Herman-Smith, exposure to intimate partner violence is harmful in two ways: (1) the child is exposed to chaos, confusion, and the disruption that accompanies violence, and (2) intimate partner violence can diminish adult victims' capacity to relieve the child's stress (Herman-Smith, 2013). When children are exposed to intimate partner violence they need support and comfort from their caregiver, and unfortunately this need comes at a time when the caregiver is least able to provide it. Because the caregiver in this environment is not available, the child's ability to self-regulate their emotions during times of intense stress is impacted (Herman-Smith, 2013).

The relationship that the caregiver and child create during the first few months and through toddlerhood is important to the socio-emotional development of the child. Gewirtz and Edleszon (2007) identified that the primary developmental task in infancy is forming affection with the main caregiver (Afolabi, 2015). John Bowlby, creator of the attachment theory, asserts that a child's attachment to their primary caregiver can be either secure or insecure. Secure attachment is when a child knows how to regulate their emotions and insecure attachment is linked to negative future emotional outcomes for the developing person (Fusco, 2017). A child who is constantly exposed to intimate partner violence can develop an insecure attachment to their caregiver, whereas a child who is not exposed to an adverse environment will create a secure attachment. Insecure attachments hold negative consequences for children's emotional regulation later on in life and

have been linked to both internalizing and externalizing problems in childhood and adolescence (Fusco, 2017).

Studies over recent years have examined attachment classifications in children who have been subjected to intimate partner violence. Rachel A. Fusco, an Assistant Professor at the School of Social Work at the University of Pittsburgh, explored the correlation between intimate partner violence and socioemotional problems in children, along with supports that may mediate this relationship. According to the emotional security hypothesis, young children are highly affected by intimate partner violence, when the caregiver (usually the mother) is preoccupied with violent intimate relationships and are less emotionally available and reliable attachment figures (Esterbrooks et al., 2018). Fusco examines three domains of intimate partner violence and their effects. The three domains are (1) the relationship between mothers in the welfare system who are experiencing intimate partner violence and the demonstrating of risk factors (mental health, substance abuse, etc.) over mothers in the system who do not report intimate partner violence, (2) exposure to intimate partner violence related to socioemotional problems among children in the welfare system, and (3) the relationship between exposure to intimate partner violence and child socioemotional problems mediated by the family dynamic and social supports (Fusco, 2017).

Fusco's study took 350 caregivers from a larger study which examined the implementation of socioemotional and developing screening of all children (ages 0 to 5) who are entering the welfare system from the northeast region of the United States (Fusco, 2017). Interviews were conducted in the patients' homes and utilized a structured survey to gather information about maternal health, any history of intimate partner violence, and the health and behaviors of the child. The results of the study are as follows: the presence of intimate partner violence is directly related to greater child socioemotional problems ($\beta = .27$, $p < .05$). Intimate partner violence is

also related to weaker mother–child attachment ($\beta = -.28$, $p < .001$), less emotional support ($\beta = -.19$, $p < .05$), and reduced concrete support ($\beta = -.11$, $p < .05$). Based on the results, it can be concluded that the dynamics of intimate partner violence hinder a child's developmental need for security. Additionally, children whose mothers are in a violent romantic relationship are more likely to develop insecure attachments.

When a frightening event happens, the brain floods with hormones that are used as a protective mechanism. People remember the varying patterns of sensations of that event, including sights, sounds, smells, and the overall feeling that the frightening event caused. Exposure to such patterns may trigger hormones that cause the child to believe that the experience is happening again (De Jong, 2016). The combination of developing improper relationships as a child and the drastic increase in the hormones that are used to protect them from danger can cause children to develop attention biases at a young age. The study conducted by Mastorakos and her colleagues investigated the relationship between attention bias and social-emotional development in preschool-aged children. Both groups were shown pictures of different facial expressions and the reaction between the two were compared. This study included fifty-five children (ages 18-70 months; 23 DV-exposed, 32 non-exposed) and their mothers (Mastorakos, 2019). Participants attended one 15-20 minute visit in which the child was placed in a booster seat 60 centimeters in front of the eye-tracking computer screen where they would engage in different games, and the mother completed two questionnaires, one on demographics and the other was ASQ-SE-2 (Mastorakos, 2019). The results show that 46% of DV-exposed children met the ASQ-SE-2 moderate-to-high-risk cut-off for socio-emotional problems, compared to 12.9% of the non-exposed children; DV-exposed children showed an attention bias away from sad faces and neutral faces relative to non-exposed children (Mastorakos, 2019). Based on the findings it can be

concluded that there is a significant correlation between socio-emotional problems and a fixation on sad and neutral faces.

Physical Well-Being in Children:

Children who are exposed to domestic violence at home might often be victims of physical abuse. Over 678,000 children were identified as victims of child abuse and neglect in 2018 and 10.7% were physically abused, based on statistics obtained from the U.S. Department of Health and Human Services (U.S. Department of Health & Human Services, 2020). In their January-June 2020 report, The National Children's Alliance (NCA) found that they had supported a total of 159,229 children nationwide through their Children's Advocacy Centers. Out of the 159,229 children, 32,709 reported physical abuse (National Children's Alliance, 2020). In a majority of all reported cases of abuse, the relationship of the alleged offender to the child was either a parent, stepparent, the parent's boyfriend/girlfriend, or other relatives (National Children's Alliance, 2020; Pieterse, 2014).

Domestic violence can affect a child physically by causing injury, disability, and or death (Arcos G et al., 2003, Bragg, 2003; Brown & Bzostek, 2003; Center for Judicial Excellence, 2020). Other examples of physical abuse can include but are not limited to grabbing, choking, shoving, slapping, hitting, biting, kicking, punching, stabbing, shooting, or restraining from leaving (Children's Hospital of Philadelphia Research Institute, 2020; Ravi and Ahluwalia, 2017). Various studies have shown that domestic violence in children can lead to poor physical health, can cause somatic symptoms, and can affect physical behavior (Arcos, 2003; Bragg 2003; Byrne et al., 2007; Carrell, 2010; De Jong, 2016; Ingram, 2020; Lamers-Winkelman, 2010; Pieterse, 2014). Though the number of domestic violence cases in the U.S. ranges in the millions, it's crucial to recognize that the exact number of domestic violence incidents is unknown, and sometimes there ". . . is

incongruence or a lack of agreement about exactly what constitutes '"domestic violence"' (Bragg, 2003 p. 9).

In the *Revista Medica de Chile* (2003) a study was published where the results demonstrated that mothers who were victims of domestic violence adhered less to regular health controls and went to fewer medical appointments for their newborns compared to the control group of mothers who were not subjected to domestic violence (Arcos, 2003). The study also found that there is a great risk of bronchopneumonia in the group of newborns of mothers who experience domestic violence compared to the group of newborns of mothers who do not experience domestic violence (Arcos, 2003).

In addition, another study shows that the likelihood of under immunization is greater for children exposed to domestic violence (Lamers-Winkelman, 2012). Children who witness and are exposed to it experienced somatic symptoms, specifically health complaints, such as consuming more food, an increase in rates of obesity, increased and decreased rates of sleeping, increasing pain problems, and an increase in suicidal ideations (Lamers-Winkelman, 2012). In addition, in a recent study conducted by Ingram and her colleagues, it was discovered that when it comes to somatic symptoms "girls more often had stomach aches (20.3%) than boys (7.5%) ($p < .01$)" (Ingram et al, 2020 p.6).

Domestic violence impacts the child's physical behavior and promotes risk taking behaviors during adolescence (Braggs, 2003; Byrne et al., 2007; Carrell, 2010; De Jong, 2016; Lamers, 2012). A meta-analysis that assessed adolescent bullying found that 34.5% of children who were exposed to domestic violence were agents (perpetrators of) traditional bullying, whereas 36% of adolescents within that same study were targets (recipients of) traditional bullying (Ingram et al, 2020). In Byrne's qualitative study, all interviewees agreed that the impact of domestic

violence on a child's behavior affects self-esteem and confidence (Byrne, 2007). The effects of physical abuse on children have also been linked to some other behavioral problems like dissociation, excessive worrying, identifying with or mirroring behaviors of the abuser, listlessness, depression, low energy, and more (Bragg, 2003).

Education:

Across the United States and other parts of the world, studies have found that one of the effects of domestic violence in children is lower academic achievement (Byrne, 2007; Carrell et al., 2010; Lloyd, 2018; Pieterse, 2014; Romano et al., 2014). Carrell and his colleagues followed third through fifth graders in a Florida county, and it was found that exposure to domestic violence in the students' homes was associated with substantially lower academic achievement and higher levels of misconduct occurring at school (Carrell et al., 2010). In addition, the lower-achieving students from the geographical area in which the study took place went to schools with high numbers of peers who were exposed to domestic violence (Carrell et al., 2010). In a study done in Cape Town, South Africa, results show that higher proportions of girls had experienced maltreatment and their numeracy test scores and overall performance was lower than boys' scores (Pieterse, 2014). The study also concluded that the specific act of being hit hard was consistently associated with adverse effects on educational outcome (Pieterse, 2014).

A literature review conducted in 2014, found an association between childhood maltreatment and numerous academic-related outcomes (Romano et al., 2014). The literature review found that some of the outcomes related to childhood maltreatment were lower grades, higher rates of grade retention, low achievement expectations, greater cognitive and language delays, and greater involvement in special education interventions (Romano et al., 2014). Besides the lower grades and lower achievement score, other studies have found that children's behavior

in school is also negatively affected by domestic violence. Lloyd noted that preschool children respond to parental conflict in different ways including "becoming withdrawn, anxious, engaging in repetitive play, regressive behavior, having inhibited independence, sleep problems, tantrums or impaired understanding" (Lloyd, 2018 p. 3). A qualitative study conducted in Northern Ireland explored the perceptions of Education Welfare Officers, child protection social workers, and teachers. It found that all participants agreed that children who are exposed to domestic violence have two very opposite behavioral reactions, one of which is becoming quiet and withdrawn, and the other is children becoming loud and aggressive (Byrne, 2007).

Implementation of Educational Plans:

Kearney (1999) proposed a guide for teachers to identify domestic violence in their students includes: what to ask yourself, the next steps after a student discloses domestic violence, the DOs and DON'Ts of responses for students, and an implementation of classroom strategies. Children spend "an average of 169 days each year at school," (Tarr et al., 2012, p. 114) therefore, teachers are in an ideal position to notice when children may exhibit signs and behaviors that they've been exposed to domestic violence. Children often see teachers as the only adults they can trust and sometimes those teachers are the first adults children disclose domestic violence to. According to Kearney (1999) schools should have a plan for helping children and families of domestic violence. Kearney adds that social workers in schools play the most crucial role in attempting to stop the cycle of violence. Social workers need to ensure that they are assisting teachers with specific intervention techniques and not shifting the responsibility of helping a child onto a teacher who should be focused on creating a safe learning environment for all students.

Knowledge and expertise about safeguarding children and child protection are both essential skills for faculty and staff who work in school districts. It is a professional responsibility

of teachers to care for all learners, thus child protection programs and the safeguarding of children remain necessary and relevant. Tarr et al. defines professional standards regarding safeguarding in the following manner:

> 1. Be aware of the current legal requirements, national policies and guidance on the safeguarding and promotion of the well-being of children and young people.
> 2. Know how to identify and support children and young people whose progress, development or well-being is affected by changes or difficulties in their personal circumstances, and when to refer them to colleagues for specialist support.
> 3. Establish a purposeful and safe learning environment conducive to learning and identify opportunities for learners to learn in out-of-school contexts. (2012, p. 109).

While there is a lot that individual teachers can do, Kearney (1999) emphasizes that domestic violence intervention requires more than just the help from a teacher. Intervention should occur from a large network of trained professionals. Kearney (1999) states that teachers play a key role in the process of intervention due to the time spent with children. Social workers and principals should hold most of the responsibility in the intervention process. Teachers need to focus their priorities in making the classroom into an emotionally safe environment (Kearney, 1999).

To provide a safe and effective education, all administrators should be trained in the dynamics of domestic violence, because it is inevitable that many of whom they educate will either be a victim or a perpetrator. Thompson & Trice-Black (2012) highlight the importance of group counseling interventions that include both structured activities and play therapy as a way to address developmental concerns. As Thompson and Trice-Black (2012) described, group counseling is one of the most efficient ways to promote growth and development among children exposed to domestic violence. Group counseling gives children a supportive social system that allows for

mutual aid and gives the power back to the children who receive and give support to each other (Thompson & Trice-Black, 2012).

Thompson and Trice-Black (2012) discuss the importance of creating interventions that are non-structural because they promote a sense of trust among the children. For middle-school aged children, a good way to present the material is through the incorporation of therapeutic storytelling in the regular lesson. This will create a safe environment for students to discuss issues that might be going on at home in a safe, trusting environment, while feeling empowered after sharing their thoughts, feelings, and contributing to the lesson (Thompson & Trice-Black, 2012). Teachers will have an easier time intervening and talking to the children who have not disclosed exposure to domestic violence but that they suspect might be experiencing or witnessing domestic violence at home. Some of the other forms of interventions suggested are: Group interventions, bibliotherapy, and play therapy (Thompson & Trice-Black, 2012).

The objectives of the interventions found on this guide include conflict resolution and problem solving, identification and expression of feeling (Thompson & Trice-Black, 2012). Additionally, the objectives reduce self-blame and guilt, develop knowledge and awareness about domestic violence, which changes the attitudes of how it is viewed (Thompson & Trice-Black, 2012). Lastly, they give children a chance to self-conceptualize their experience and continue their healing and empowering journey.

When developing a program and or training for educators, certain measures must be taken to ensure as much as possible the safety of victims. Lutz and Grady, emphasize that administrators of educational programs “should assume that classes will contain victims or perpetrators of domestic violence abuse” (2004, p. 364). The assurance of safety is crucial for these training,

especially if the administrators do not know if an attendee is a victim or perpetrator of domestic violence.

Confidentiality must be maintained to ensure the safety of both those who attend and their children. Furthermore, confidentiality ensures victims of domestic violence that what they are disclosing during the program will remain confidential and will not be used against them at a later date. When holding an information session and training on domestic violence, it is important that the administer is aware of the following:

1. Orders of protection are sought for safety.
2. 90% to 95% of victims of domestic violence are female.
3. The victim is the best gauge of the abuser's level and probability of abuse because he or she is an expert at such analysis.
4. Of domestic abuse, 0% is caused by alcohol or drug misuse, even though the abuser often may use substance abuse as an excuse.
5. Domestic violence is a learned behavior. An abuser will only stop the behavior when the cost of the abuse is greater than the benefit to be derived.
6. Anger management and conflict resolution courses will not help an abuser stop abuse. (Lutz & Grady, 2004, p. 369).

Conclusion:

It can be concluded that domestic violence against children continues to be an ongoing worldwide issue. Based on the analysis of the literature reviewed, we found that every area of childrens' lives are affected, starting from the time they are first exposed and continuing through adulthood. Despite such evidence, there are still inevitable gaps in the literature we reviewed. One gap is that all the studies examined heterosexual couples; the maternal figure was often the victim

of domestic violence while the paternal figure was the perpetrator of violence against the mother and child (Arcos, 2003; Afolabi, 2015; Herman-Smith 2013; Lamers-Winkelman, 2012). Another gap is the lack of ethnic and racial diversity among the sampled population used in all studies. A reason for the lack of diversity could be because of the location in which the studies were conducted. Despite gaps in the research, it is clear that we need equitable improvements to existing services and policies. With the implementation of new plans that will support victims and survivors, the cycle of domestic violence will diminish, resulting in the protection of future generations.

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