When Violence Is the Primal Scene

A Review of

How Intimate Partner Violence Affects Children: Developmental Research, Case Studies, and Evidence-Based Intervention

by Sandra A. Graham-Bermann and Alytia A. Levendosky (Eds.)


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Reviewed by

Ian M. Evans, Ruth A. Gammon

Daddy went after Mother with a pair of scissors and pushed her into the laundry room off the kitchen. . . . This incident had a particularly devastating effect on my brother. Almost forty years later, he told me how humiliated he’d felt running for assistance, how helpless he felt that he couldn’t stop his father, how irrevocable his hatred was after that. I realized then how foolish I’d been, in the aftermath of the episode, to revert to our family policy of just pretending nothing had happened and going back to “normal.” . . . I missed the deep scarring and the trouble it would inevitably bring.

(Clinton, 2004, p. 79)

Here’s the problem (and it is not with the book under review, which is excellent in many ways): Just taking toddlers and preschoolers as one example, witnessing or experiencing intimate partner violence is associated with cognitive deficits (lower IQ scores), cognitive distortions (hypervigilance to threat, negative maternal representations), physiological reactivity, poor emotion regulation, less empathy, posttraumatic stress disorder symptoms (emotional numbing, reexperiencing, ruminative thoughts, frightening dreams), aggressiveness (fighting, antisocial behavior), hyperactivity, helplessness, anxiety, depression, low self-esteem, loss of self-confidence, sleeping difficulties, and health problems (asthma, allergies, gastrointestinal disorder). All of these outcomes have been supported by research studies, some of which have even managed to minimize the inevitable confound with concomitant physical abuse, maternal depression, and harsh punitive parenting.

Now add to this extraordinary list the facts that (a) intimate partner violence (IPV) itself can vary in its nature, its severity, and its duration, and (b) children’s experiencing IPV in the family can mean a host of different encounters at different ages and stages of development, and you have a Gordian knot that no one is likely to cut through in the near future, and certainly not with additional studies of effects. We feel that this whole topic is one extremely unsuited to our usual “science” approach, which assumes relatively clear, generally linear cause–effect relationships among operationally defined independent variables and dependent variables (outcomes, consequences) that are objectively measurable and culturally universal.

Uniqueness of the Effects

We might put this another way. Is intimate partner violence in itself a special category of harmful experiences for children? How does it compare with being physically and sexually abused by an adult? If it has the effects listed, then how does that compare with children witnessing or experiencing street violence? Or what about children exposed to intergroup warfare, to rape of their mothers by soldiers, or to night after night of aerial bombardments? Will they be
shocked and awed, as the more powerful aggressors hope, or will they be terrified, depersonalized, and developmentally damaged, as psychologists have been concerned about for some time (e.g., Garbarino, Kostelny, & Dubrow, 1991)?

Our point is that many really terrible things are experienced by children, who should be protected by all of us, not just their parents. *How Intimate Partner Violence Affects Children: Developmental Research, Case Studies, and Evidence-Based Intervention* is a valiant effort to sort through these questions and tease out the unique effects of exposure to IPV, even when other violence may be occurring with the children. The point that needs to be constantly brought home is that children are harmed simply by witnessing (experiencing) violence in the home. We know about the devastating effects of the other horrors that befall children; this one needs to be recognized and understood as well.

The other uncomfortable feature of this phenomenon is how widespread it is. According to estimates in this book, over 15 million children in the United States alone are exposed to IPV in any given year. Does this not give us pause to wonder if the wrong phenomenon is being targeted? Surely professional, judicial, and social efforts should be concentrated on reducing domestic violence in the first place, rather than treating its aftermath.

Many people do worry about prevention of family violence and are working on the problems, but at times these problems seem too overwhelming. Even the U.S. Preventive Services Task Force (2004) found no evidence to justify routine screening for IPV. And prevention efforts might need to address some of the yet more fundamental factors associated with intimate partner violence: poverty (especially being asset poor; Wight, Chau, & Aratani, 2011), unemployment, alcohol or substance abuse, divorce or separation, mental health problems, and so on—to seemingly infinite regress. Prevention is even more complex than understanding the impact of IPV on children.

Rather than merely wringing our hands, let's at least celebrate the successes revealed in this important book. In many ways it represents a compendium of the voluminous yet careful work of the editors, Sandra Graham-Bermann and Alytia Levendosky. Since together or separately they coauthored more than 50 percent of the chapters, they contributed rather more than the usual editorial role, and they seem to have been able to give coauthorship opportunities to a number of former or current graduate students. This is laudable.

So, too, is the scholarship revealed, giving the reader an excellent synopsis of a decade or more of their own work, some of it longitudinal. At the end of the book, in their epilogue, the editors nicely lay out the challenges and complexity of addressing IPV. Their appendix poses stimulating questions for discussion.

Of special merit is the organization of the book around four developmental stages (prenatal to infancy, toddler to early childhood, school-age children, and adolescents). It is abundantly clear that the response of children to IPV cannot even begin to be understood without recognizing the interaction between the emotional and cognitive development of children within these age bands.

Nevertheless, a problem for many children, as they get older, is that they have experienced domestic violence in all those age ranges, unless a violent intimate partner came into, or went out of, their otherwise safe lives. It is perhaps somewhere around that simple recognition that prevention can begin: One responsible parent must try to ensure that the children in her (usually a *her*) care experience incidents of domestic violence only once.

When will society declare no tolerance and provide the support to prevent reoccurrence? For secondary prevention, can a harm-reduction model offer suggested immunization strategies so that older children, instead of feeling helpless or intimidated, know exactly what they should do?

There is a certain irony in the finding—not actually reported in the otherwise exhaustively referenced literature review—that the people most likely to argue that intimate partner violence does not affect children are the perpetrators of domestic violence themselves (Rothman, Mandel, & Silverman, 2007). Whether this is defensive denial to assuage their guilt or reflects their overall lack of empathy and general emotional incompetence is hard to say, but insight doesn’t change their behavior.
This affirms, however, one of the central values of having a book like this: Exposure to intimate partner violence, even when children are not physically hurt, is bad news. Since it took Bill Clinton 40 years to fully come to this realization (and we note how he emphasizes the effects on his brother rather than himself), the present volume and its detail and wealth of information will be of essential use to all mental health professionals' understanding of the seriousness of the phenomenon.

*How Intimate Partner Violence Affects Children* is an essential resource for practitioners, academic faculty, and student trainees. We started this review by questioning the adequacy of the traditional linear cause–effect research models, in which children would be selected on the basis of experiencing intimate partner violence, and then measures attempted of their development, within which latent problems—the "ghosts"—may be manifest, but possibly only many years later, perhaps into motherhood (Fraiberg, Adelson, & Shapiro, 1975).

If one actually had to make a prediction about the negative effects of such an experience, one would ask many more questions: What was the violence like, how long did it continue, what was the child’s developmental stage, and what internal and contextual conditions were available to mitigate its effects?

These are the same questions a clinician should be asking when trying to help a young client cope with the negative impact of this kind of experience. This is really an example of where clinical wisdom and understanding are of greater practical value than is the scientific evidence. This is ably demonstrated in *How Intimate Partner Violence Affects Children*, wherein four detailed and thoughtful case studies are presented that offer intelligent examples of how what we know generally about the relationship between adverse family/parental experiences and child development can be used to design comprehensive interventions.

**References**


