Domestic Violence and Children
Raising Awareness of School Personnel Responsibilities

Narmada J. Jayasinghe H.Gedara

Thesis for B.A. degree
International Studies in Education
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Supervisor: Annadís Greta Rúdólfsdóttir

University of Iceland School of Education

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Abstract

Domestic violence is defined as a pattern of physical, sexual, and/or psychological behaviors perpetrated against a person by a current or former intimate partner, in order to control the other partner. Research has shown that exposure to violence between parents, or between a mother and her partner within the context of home and families during childhood results in a wide range of developmental outcomes. The literature reviewed in this essay shows that domestic violence is a prominent indicator of a number of other forms of child maltreatment and abuse that include physical, sexual, emotional and psychological abuse, and neglect. The abuser typically abuses the mother, but the mother may also abuse the children. There are a number of risks and protective factors that can increase or mitigate the effects of violence witnessed and/or endured by these children. It is imperative that primary care providers such as school personnel that have closer contact with children and their families are educated about the dynamics of domestic violence, recognize both immediate and long term consequences faced by children, and intervene as early as possible to protect and support the children in their care. It is important to raise awareness of domestic violence and its impact on children and schools in current teacher education.
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Preface

During my first year at the school of education I was fascinated by the contents of the article “We feel, therefore we learn”, (Immordino-Yang & Damasio, 2007). It provided a biological and evolutionary account of the relationship between cognition, or rational thought, and emotion. During my second year I explored the topic Education as a Basic Human Right and a Basic Capability in Education for All. This particular essay argued that despite the universal moral appeal and the highly essential intrinsic values the rights based approach puts on education, it has failed to notice the real life conditions and circumstances that prevent millions of children around the globe from exercising their right to education. I began to recall my school experiences growing up in rural Sri Lanka as a young student. Domestic violence was one of the major causes that affected the lives of numerous school children. The response from the school personnel was extremely disappointing because of the attitude that what happened at home had nothing to do with school settings. Unfortunately, nothing much has changed since. Therefore, I decided to explore the multi–dimensional nature of domestic violence and its immediate and long term effects on children in order to raise awareness for school personnel’a responsibilities towards the children directly and indirectly exposed to domestic violence.

I would like to give special thanks to my thesis supervisor Annadís Greta Rúdólfsdóttir for her valuable suggestions and feedback throughout the development of my thesis. Additionally, I would like to thank my teacher Brynja Elísabeth Halldórsdóttir for being the best teacher I have met throughout my educational life.

This thesis was written solely by me, the undersigned. I have read and understand the university code of conduct (November 7, 2003, http://www.hi.is/is/skolinn/sidareglur) and have followed them to the best of my knowledge. I have correctly cited to all other works or previous work of my own, including, but not limited to, written works, figures, data or tables. I thank all who have worked with me and take full responsibility for any mistakes contained in this work. Signed:

Reykjavík, 14 May 2016

Narmada J. Jayasinghe H. Gedara
1 Introduction

Domestic violence is described as abusive behavior used by one intimate partner to control and dominate the other intimate partner. Studies suggest that most victims are women (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). Nevertheless, evidence from a range of research shows that the impact of both the direct and indirect exposure to domestic violence extends to the children in these families and can severely affect a child’s emotional well-being, personal development, social interaction, and their cognitive and educational attainment (Holt, Buckley, & Whelan, 2008). Consequently, they carry devastating effects forward into later childhood, adolescence, and adulthood, thus contributing to the vicious circle of violence in a given society by becoming abusive themselves. For these children, having a trusted relationship with someone outside the family is the first step in breaking out of the cycle of violence and abuse. Children spend increasingly longer time in school. School should be a safe place for them to express their fears and concerns with respect to violence at home. Teachers and other school personnel such as adults working closely with children and their families, are potentially helpful resources and can ensure that much needed intervention services are provided as early as possible. However, these particular professionals’ lack of knowledge, awareness, and inadequate training in dealing with this extensive and multidimensional phenomenon has become a huge barricade in tackling the complexity of children’s exposure to domestic violence.

Thus in this paper I intend to examine and draw from current literature and empirical research in order to further understanding of this emotive and complex issue. The multisite prospective studies explored are from various regions and countries in the world. First, in order to gain more understanding of the concept of domestic violence, I outline the terminology of domestic violence; I describe the various theoretical perspectives and factors that contribute to domestic violence and the types of domestic violence encountered. Next, I put emphasis on the topic of domestic violence and children. For this purpose, I briefly explore the concept of child’s exposure to domestic violence. I discuss in detail the co-occurrence of domestic violence and child maltreatment, compounding effects of maltreatment both in childhood and adulthood, and the risk and protective factors that influence a wider range of outcomes. Then I argue that the failure of timely identification and appropriate intervention by primary care providers such as educational personnel violate the UN Convention on the Rights of the
Child to protection from violence and in turn the right to education. I suggest that teacher education should include considerable knowledge and training in child abuse and neglect. Teacher education should emphasize the underpinning causes that among domestic violence as a major cause and its adverse effects on children. I conclude the paper by summarizing the whole discussion.
2 Domestic violence

For majority it is the unspoken and hidden shame; nightmare that suppresses the silent scream. Domestic violence is the most visible yet highly overlooked violent act that takes place within the walls of a community or the institution called a family. According to Alpert (2002) domestic violence has been one of the leading causes of “violence-related human morbidity and mortality”. Currently, violence in the home is viewed as one of the most pervasive human rights challenges of our time (UNICEF, 2006). Although it is said that anyone in a family can commit violence against the other family members, men have been known to be the primary perpetrator of domestic violence (Hague & Malos, 2005). Thus, in adult to adult violence in the home settings, evidence shows that victimization is more prevalent and frequent among women (UNICEF 2006; Johnson, 2011; Guðrún, 2014b). According to the findings domestic violence is experienced by between one in three to one in five women (Hague & Malos).

Mullender (1996) states, the victims of domestic violence can be subjected to many forms of violent and abusive behavior by perpetrators. The perpetrator can be a current or former intimate partner of the mother, and can be identified as the biological or step-father of the child or children. Domestic violence towards women involves a combination of intimidation, humiliation and control, and includes physical, sexual, psychological, emotional, financial, and many other forms of violence and abuse (Mullender). Physical violence may consist of bruises, scratches, burns, broken bones, miscarriage, and knife and gunshot wounds. It can result in permanent disabilities or death. Sexual violence entails a range of sexual humiliations and assaults (Basile, Arias, Desai, & Thompson, 2004; Hague & Malos, 2005). Moreover, with psychological and emotional abuse, the perpetrator attempts to wear down self-confidence and self-esteem of the victim (McGee, 2000).

2.1 The terminology and definition of domestic violence

The definition and terminology for the concept of domestic violence has been somewhat controversial and complex, as the term brings different meanings to different scholars from various fields such as social, legal, educational, medical, and so forth. Alpert (2002) asserts that one of the reasons that domestic violence remained undefined and hidden for a long period of time was the ambiguity involved in naming the problem. Describing the events, tracking down the evidence, and finding solutions were confusing and
difficult. However, with the rise of women’s movements and grass-root activists in the 1960s, the severity of the problem started to be recognized (Alpert, 2002). Domestic violence became generally known as violence between spouses and intimate partners (Zorza, 1992). Thus physical violence, marital rape, and emotional abuse against women in the home became social problems rather than personal. By the 1970s it was recognized that domestic violence is a public and health problem. This recognition led to the development of diagnostic systems and treatments in the 1990s. The movement was described as the battered women’s movement, and succeeded in raising public awareness, enacting laws, and creating services in order to help the abused and the victims (Alpert, 2002).

In the United Kingdom the term domestic violence is used to define violence between adults who have been in an intimate relationship whereas many other countries throughout the world use the term wife beating or wife abuse, not taking into account the marital status of the involved partners. In the United States use of the term family violence was considered controversial as it gives the idea that everyone in the family is violent (Jouriles, McDonald, Norwood, & Ezell, 2001). Meanwhile in the United Kingdom, women demanded that the term battered women be replaced with more dignified terms such as ‘women experiencing domestic violence’, ‘abused women’, or ‘women survivors of domestic violence’ (Hague & Malos, 2005). The term domestic violence has been subjected to criticism for number of other reasons such as its gender neutrality and exclusion of other abuse such as physical violence (Holt et al., 2008).

Jouriles et al. (2001) explain that research literature focusing on different areas such as children’s exposure to violence, violence against women, and violence within family do not put much effort into explaining the meaning of the terms that they use. For instance, terms such as ‘wife abuse’, ‘battered women’, and ‘husband-to-wife violence’ are interchanged with the terms ‘marital violence’, ‘spousal abuse’, or ‘physically aggressive couples’. They argue that ‘marital violence’ cannot be conflated with ‘violence against women’. Moreover, use of these terms totally overlooks other crimes such as child abuse and violence against the elderly within domestic settings. Mullender (1996) argues that the use of the word ‘domestic’ is inaccurate not only because the word does not encompass the other crimes within domestic settings, but also because there are violent acts committed by intimate partners who do not live together. Additionally, she stresses that domestic violence does not end with separation or the end of a relationship but continues to the point that in many cases women are murdered by their ex partners. Mullender prefers to use the term abuse as it covers all forms of intimidation,
humiliation, and control. Intriguingly, prominent feminist scholar Walker (1999) argues that when referring to domestic violence, the term violence speaks for physical, sexual, and psychological abuse directed against women. Yet, she states, similar types of violent acts against children in the home are called abuse.

Despite all the controversy surrounding definitions and terminology, domestic violence is presently known by a number of terms such as ‘intimate partner abuse’, ‘family violence’, ‘wife beating’, ‘marital abuse’, ‘spousal abuse’, and many more (Hornor, 2005). Although an estimated 90 percent of perpetrators are men, there are reports of women being the abusers in domestic violence cases where the relationship is heterosexual (Kelly & Johnson, 2008). This being said, domestic violence does not discriminate, it occurs in same sex marriages as well as other intimate partnerships (Hague & Malos, 2005). However according to the vast majority of studies the abuser is more powerful in many ways than the abused, the most common victims are women, and women’s actions are more often in self-defense (McGee 2000). In order to increase the knowledge in school personnel who have close contact with children and their families it is essential to explore the contributing risk factors of domestic violence.

2.2 Factors that contribute to domestic violence

Although family violence includes criminal offences and behavioral acts that eventually lead to medical problems (Wallace, 2008), people’s misunderstandings and misconceptions continue to exist with the belief that some levels of domestic violence by men are justifiable and acceptable (Gelles, 1980). A common view of domestic violence is that it should be seen as a private affair that takes place within family walls and between intimate partners (Hague & Malos, 2005). This attitude leads to a poor understanding of the causes behind domestic violence. However as a result of ever changing analysis with different views, the deep rooted attitudes and assumptions about the causation of domestic violence have been transforming. In this regard, McGee (2000) points out that many of the risk factors and causes of domestic violence claim to have one underlying commonality, i.e., the violent partner’s need to exercise power and control over the woman and her children. Professionals have put forward theories that describe the causes of domestic violence (Hague & Malos). Wallace (2008) has grouped these theories into three main models: the psychiatric classification, the social psychological model, and the sociological or the socio-cultural model. Although it is beyond this paper to analyze all these theories in detail, I will describe some of their elements as it is vital to gain a proper understanding of underlying factors that affect the wellbeing of children in violent homes.
One of the main theories is the patriarchy theory, which comes under sociological or the socio-cultural model. This model analyses how social structures lead to inequalities, focusing in particular on male dominance, socioeconomic status (Hague & Malos, 2005), and cultural acceptance of violence as norm (Gelles, 1980). Thus, the patriarchy theory solely focuses on the economic and social processes that are directly or indirectly operated by patriarchal structures in a given society (Wallace, 2008). Hague and Malos explored how men had legal rights until the 1980s to discipline their wives, children, and servants, often resulting in violent acts. These legal rights were referred to as bread winner’s legal authority. Wife beating, wife burning, and many other violent acts against women are examples of traditional patriarchal customs (Almeida and Dolan-Delvecchio as cited in Sokoloff & Dupont, 2005, p. 47).

However, Dutton and Corvo, (2006) argue that the strong belief that domestic violence is the product of socially sanctioned domination and control of women by men, and ignore other risk factors such as stress, poverty, chemical dependence, personality disorders, substance abuse, and so forth. They emphasize that the belief that the patriarchy theory is being the sole cause of domestic violence is still the underpinning explanation for legal and policy discourse in some countries. Yet, domestic violence does not occur solely due to male dominance.

The culture of violence is another theory developed from the socio-cultural model. It stresses that although domestic violence is seen in all socioeconomic conditions, the poorer societies are more likely to suffer from severe and frequent occurrences of violent acts due to the stress caused by issues such as lack of money, housing and opportunities, unemployment, and frustrating working conditions (Hague & Malos, 2005). Jewkes (2002) argues that while empirical research in countries like USA, Nicaragua, and India support this theory, analysis by other researchers contradict it. She states that a large study of intimate partner violence in Thailand does not support this explanation that stress is a cause of intimate partner violence. Furthermore, Jewkes asserts that a study conducted in South Africa did not associate domestic violence with such socioeconomic status. Another argument of this theory is that in a pluralistic society, violence is more prevalent in subcultures to the dominant culture (Wallace, 2008). This stereotyping of a group of people that belong to a particular culture has been questioned by some scholars of domestic violence. For example, Sokoloff and Dupont (2005) argue that not only do these cultural explanations confuse the role of culture and structure such as patriarchy, colonialism, and economic exploitation of marginalized communities, but they have been used to justify violence against women. Wallace (2008) adds that in contemporary
society, violence is displayed in every kind of media and received by virtually all as part of an everyday existence in spite of cultural, economic, or class differences.

The substance abuse theory comes under the category of psychiatric classification that defines individual personality traits, character disorders, mental status, and substance abuse as main causes of domestic violence (Wallace, 2008). Although it is still widely believed that alcohol and other drugs are one of the major causes of domestic violence, this belief remains a topic of controversy. Since most victims of domestic violence are women and children, Hague and Malos (2005) explain that in the past it was commonly believed that men’s dependency on alcohol was the main cause of violent behavior towards their wives and children. Alcohol is said to reduce anxiety, impair the ability to think, and narrow the focus in life. Thus the theory states that inhibition and impaired judgment can lead to over-reaction such as violence. Bennett et al. report that rates of concomitance of substance abuse and domestic violence perpetration ranged from 23% to 100% (as cited in Corvo, 2010, p. 184). Murphy and O’Farrall have reported that two thirds of married men who sought treatments for alcoholism had engaged in domestic violence (as cited in Riggs, Caulfield, & Street, 2000, p. 1295).

However, biological links between alcohol and violence are complex. Jewkes (2002) explains that on the one hand connections between violence, drinking, and drunkenness are socially learnt and not universal. On the other hand, men use alcohol as an excuse to escape accountability. Moreover, in some social settings, abusers feel that using alcohol prior to beating their partners is socially expected. This theory has failed to explain why every person who uses alcohol or other drugs does not act violently (Wallace, 2008). The dominant belief is that while alcohol is an aggregative factor, it cannot be regarded as the sole cause of violence but is often uses an excuse (Hague & Malos 2005). There are other causes such as psychological function of a perpetrator.

The psychopathology theory was proposed by medical professionals who associated with medical personnel treating victims of home violence (Wallace, 2008). Holtzworth-Munroe et al. assert that “violent husbands evidence more psychological distress, more tendencies to personality disorders, more attachment/dependency problems, more anger/hostility, and more alcohol (p. 94)” (as cited in Corvo, 2010, p. 183). Thus, domestically violent men greatly differ from non-violent men on important psychological functions and have a number of other important characteristics that work against healthy engagement with their intimate partners and children. Despite the popularity of the psychopathology theory, researchers have not being able to locate one particular mental illness or neurological deficits that distinguish violent persons from the rest. Moreover,
many individuals who suffer from personality disorder or neurobiological dysfunction do not engage in violent acts (Wallace, 2008).

However, Riggs et al. (2000) assert that regardless of the complexity of research on psychological syndromes and substance abuse disorders, “these factors represent some of the best documented risk markers for perpetration of spouse abuse” (p. 1296) as they are related to one another. Thereby Riggs argues that understanding this correlation is important in examining its association with the perpetration of domestic violence.

The social learning theory that falls under the social psychological model describes another contributing factor. Corvo (2010) states, that appropriate and inappropriate interactions of individuals are the consequences of observing others in their environments. Hence, the individuals who were subjected to violence are more likely to become violent in the home than those who did not experience violence. This is a framework specifically designed in relations to children who learn by watching and imitating others. The circle of violence or the intergenerational transmission is also based on this theory (Wallace, 2008). Exposure to home violence paves the way not only to learn violent behavior, but also to justify violence and aggression as a part of the norm. The long process of children’s social encounters results in modification of behavior, thereby leading to deviant or non-deviant social behavior when they grow up. This theory too has been criticized for its inability to explain certain kinds of sudden aggressive behaviors of adults (Wallace, 2008).

Recognizing and documenting domestic violence as criminal behavior that is no longer accepted by civilized society has given a better insight into the causation of violent acts by intimate partners against their spouses. As outlined above, people’s perceptions about the causes of domestic violence can be diverse and complex as there is no single factor to identify violence and abuse by intimate partners. From the traditional belief of man’s legal right to batter his wife, blaming a man’s use of alcohol or a rare psychological condition to the shift to scientific knowledge about risk factors that contribute to violence in the home, the academic arguments have expanded understanding of the nature and extent of this problem. However, the lack of systematic research studies and some other weaknesses in study designs have made it difficult to put forth well-formed and strongly held theories about the causes of domestic violence.

Next is a brief discussion that explores another key aspect, the types of domestic violence a parent/partner engages in against the other. Creating an inclusive and empowering environment that in all children can flourish needs a stronger relationship between teachers and parents. Thus school professionals’ ability to teach children
expands past the children and includes parents. Teachers may be the first to notice changes not only in children, but also their parents. As mentioned earlier, domestic violence is much more than bruises and broken bones, it is a pattern of coercive behavior. Regardless of the type of domestic violence, the result is serious harm to the child. Teachers well prepared teachers for their role in child protection should be knowledgeable about this.

2.3 Four major types of violence

Archer asserts that to the dismay of a number of people working in domestic violence related areas, the findings of large scale studies have indicated that women are as violent as men in intimate relationships (as cited in Kelly & Johnson, 2008, p. 477). However, professionals such as domestic violence advocates and service providers strongly reject or ignore these findings. These professionals state that experiences indicate that this is not the case. They fear that the victims, who are battered women and their children, will be abandoned by society. Hence, in order to resolve the gender symmetry debate in domestic violence and the issues it entails, Johnson (2006) suggested it would be useful to distinguish between different types of intimate partner violence. Johnson & Ferraro (2000) stress that “Partner violence cannot be understood without acknowledging important distinctions among types of violence, motives of perpetrators, the social locations of both partners, and the cultural contexts in which violence occurs”. Moreover, they argue that differentiation of types of domestic violence has far reaching implications for policy and practice in relations to treatments programs, legal sanctions, custody of children, and so forth. Thus Kelly and Johnson put forth four major types of intimate partner violence.

Coercive control violence, initially termed as patriarchal terrorism or intimate terrorism, consists of power and control over one’s partner, i.e. through non-violent tactics of intimidation, emotional abuse, isolation, blaming, use of children, asserting male privilege, economic abuse, and coercion and threats (Kelly & Johnson, 2008). The authors highlight that the primary abusers are males. Despite the non-violent tactics used in this context, there is a high likelihood of victims being severely injured by male partners. Therefore, coercive controlling is considered to be a major risk factor for physical violence and sexual violence. However, greater than physical effects, the psychological impacts of these tactics are fear and anxiety, loss of self-esteem, depression, and post-traumatic stress (Kelly & Johnson).

Violent resistance is another type of domestic violence. Kelly and Johnson (2008) use the term ‘violence resistance’ instead of ‘self-defense’ in order to avoid the legal
conceptualization of the term self-defense. Nonetheless, both of the terms can be defined as “violence that takes place as an immediate reaction to an assault and that is intended primarily to protect oneself or others from injury”. The majority of violent resisters are females. Pointing to studies from USA, Kelly and Johnson explain that these female resisters were trapped in relationships that they could neither survive nor leave. Ferraro states that if the violent resistance leads to the homicide of the abuser by the victim, the vast majority of such violent acts took place during a brutal attack by the abuser (as cited in Kelly & Johnson, 2008, p. 485).

Situational couple violence is the most common type of aggression in intimate partner relationship. Most often it results in minor forms of violence such as pushing, grabbing, shoving, and so forth. Situational couple violence is said to be close to gender symmetric. Caused by arguments or specific situations, this type of domestic violence does not involve patterns of power and control. Holtzworth-Munroe et al. assert “men who are involved in Situational Couple Violence do not differ from nonviolent men on measures of misogyny” (as cited in Kelly & Johnson 2008, p. 485). Kelly and Johnson assert that although health problems, psychological symptoms, and other negative impacts are fewer among intimate partners that engaged in this type of violence, frequency of violence can eventually result in severe violence as well severe health and psychological problems.

Separated instigated violence is another type triggered by traumatic separation or a traumatic experience in relations to domestic affairs. These acts are seen symmetrically in both men and women (Kelly & Johnson, 2008). Individuals who engage in separated instigated violence were known to have a non-violent history prior to becoming violent. Thus, it is assumed that the violent acts take place during a serious loss of psychological control, being unable to face the reality or the shock of a separation, infidelity, and so forth. Throwing objects at partners and destroying property are example of such a sudden loss of temper (Kelly & Johnson, 2008).

The occurrence of domestic violence can either be extremely violent or moderate. In terms of primary perpetrator, it is felt that there is a need to recognize gender symmetry in intimate partner violence, as this subject continues to bring controversy. To delve deeper into the controversial areas of domestic violence, it is necessary to examine the degrees of severity and differences with respect to types and forms of intimate partner violence. The theories that explain male violence towards females are numerous. Yet, there is no theory that is accepted by all scholars, practitioners, or professionals. These studies and theories that differentiate intimate partner violence are highly beneficial in
making recommendations and decisions about, among many other things, the well-being of children and custody and parenting plans as there is a significant link between child maltreatment and domestic violence.
3 Domestic violence and children

Home is considered as the place for protection, nurturing, socialization, and facilitating development as these are the most basic functions of a family. However, it is widely acknowledged that domestic violence is undeniably a common occurrence that millions of children throughout the globe have to endure regardless their social, cultural, or economic background. As a result, the security usually found at home is threatened. A report completed by Fearon and Hoeffler (2014) highlights that about 290 million children suffer due to violence in their homes. According to them violence in the home is considered to be the most important aspect of child maltreatment or child abuse and neglect. This violence could take any form from direct and indirect exposure to violence between parents, corporal punishment, to other types of child abuse. Moreover, they highlight: “Nationwide surveys for the US ... 80.3 per cent of all perpetrators of child abuse (this includes neglect, physical, psychological and sexual abuse) are the child’s parents (USDHHS, 2012:63)”. It is estimated that 133 to 275 million children witness violence between their parents and caregivers annually on a frequent basis (Pinheiro, 2006). In such circumstances, professionals in the education sector should be able to observe these children and recognize early signs of such abuse.

However, UNICEF (2006) reports argue that the need for recognizing severe consequences faced by children of domestic violence is immense. Described as silent, forgotten, and unintended victims, the plight of these children has become more visible in domestic violence between adult partners (Edleson, 1999). Nevertheless, understanding the dynamics of its impacts on children remains an area yet to be examined extensively.

McGee (2000) whose findings are based on the firsthand accounts of children and their mothers in relations to experiences of domestic violence argues that the general belief held by most parents is that their children are shielded from the exposure to violence between parents. Moreover, Sudermann and Jaffe argue that “the myth that there are no substantial consequences for children as long as the children themselves are not physically harmed in incidents of domestic violence/wife assault remains prevalent in the beliefs and protocols of [the health, welfare, education and criminal justice sectors]” (Sudermann & Jaffe, 1997:55-56 as cited in Tomison, 2002, p. 09). In reality, children are reportedly aware of much of the violence and are tremendously affected by such events; their presence and observation of the violence taking place can be as harmful as if they
had themselves been the target of violence. Thus, while recent research has documented a link between domestic violence and its grave consequences for children, these perspectives still need to be integrated into the work of law enforcement, the judicial systems, the child welfare system, and social service (Osofsky 2003). While domestic violence per se is a sub type of child maltreatment, a number of studies from various countries have concluded that when domestic violence is present, the children in the family are likely to be also subjected to other forms of child maltreatment and vice versa (Apple & Holden, 1998; Holden, 2003; Guðrún Kristinsdóttir, 2014a; McGee, 2000; Mullender, Hague, Imam, Kelly, & Malos, 2002; Hague & Malos, 2005; Dong et al., 2004). This is an area that school professionals should be knowledgeable in, protecting children from harm’s way.

Appel and Holden (1998) highlight in their review of 20 years of studies of the co-occurrence of domestic violence and child maltreatment, 90% of reviewed studies used reports from a single source such as the mother, legal, social, or the medical workers. As the reports from a single source have limited accuracy, the authors highlighted the importance of studying corresponding reports by every source such as social services, medical records, intake reports, police reports, and most importantly reports from children. Thus, findings of recent studies, i.e., Mullender et al., (2002), McGee (2000), and Guðrún (2014a) were directly focused on the children’s views. Children’s active participation is crucial for the understanding of children’s position within domestically violent households. These studies provided children with an opportunity to speak about their understandings of the experiences, and complexity and terror intrinsic to domestic violence. Moreover, directly exploring children’s perspectives enables the children to get involved in finding solution and helping to make decisions (Mullender et al., 2002; Holt et al., 2008).

However, the studies conducted in relation to witnessing domestic violence and specifying the category of child maltreatment that children are subjected to, have drawn much controversy over their inaccuracy. Children’s exposure to domestic violence is a problem with considerable dimensions. Moreover, witnessing domestic violence can be varied.

3.1 The concept of exposure to domestic violence

The acknowledgement that domestic violence can be a direct or indirect form of child abuse, and that it can have devastating consequences on children’s health and wellbeing has paved the way to increase the frequency of research and publications on the subject. Yet, Holden (2003) drawing from 20 years of research findings which include a number of
empirical studies, elaborates that the ambiguity over the definition and terminology of the topics that are linked to children’s exposure to domestic violence has not been adequately addressed. In order to broaden the understanding of scope and manifestation of the problem, terms such as witnessing or observing domestic violence by children have been replaced with the term exposure to domestic violence. In general, the term exposure means being within sight or sound of adult-to-adult domestic violence. However, in broader terms the exposure includes in addition to seeing and hearing, children being used as tools of the perpetrator and experiencing the aftermath of violence (Edleson et al., 2007). Holden argues that the nature of the exposure needs to be investigated comprehensively in order to be able to look deeper into children’s experiences of domestic violence. Although it is beyond the scope of this paper to thoroughly explore Holden’s reflections on terminology of conceptualization of the nature of children’s exposure to domestic violence, it is necessary to mention some of the different types of exposure Holden (2003) has proposed. One of the most important types is that during parental engagement in violent acts children could make verbal or physical attempts to stop the assault. Sometimes children are forced or “voluntarily” join in the assault. Moreover, children witness the aftermath which could be highly traumatic event i.e., crying, or bleeding mother. Another possibility is children only overhear the assault but do not participate. It is necessary that teachers explore these different types of exposure to domestic violence in order to obtain adequate knowledge and to be able to understand the experiences of children raised in domestically violent homes.

The presence of domestic violence in the household is itself a form of child maltreatment, as parents in violent household are emotionally unavailable and may not be responsive to their children (Osofsky, 2003). Domestic violence is also a potential indicator of other child maltreatments such as emotional, physical, and sexual abuse of children as the presence of one form of child maltreatment may be a strong predictor of the other (Edleson, et al., 2007; Holt et al., 2008). It is observed that men who are violent to their partners are known to maltreat the children living in the home. But mothers in domestic violence relationships may also maltreat their children and are more likely to do so than mothers in non-violent relationships (McGee, 2000; Hornor, 2005; Tomison, 2000). As will be discussed in a different section, it has been argued that teachers have a unique role in child protection because they are able to observe and detect early signs of child maltreatment and abuse. In order to do this, it is essential to be able to recognize and define the terms elaborated below.
3.2 Child maltreatment

The extent of the trauma children had suffered at the hands of parents, responsible adults, and caregivers in homes and family settings has been described vividly in religious and historical documents. However, a publication of an article on child physical abuse in The Journal of the American Medical Association by Dr. Kempe and his colleagues was the first public recognition of child maltreatment (Gelles, 1980). In the 1980’s, the issue of child sexual abuse was given more scholarly interest and was the subject of a number of systematic studies. As a result, there was a significant increase in the understanding of the depth of different forms of child maltreatment. Yet the acknowledgement of psychological and emotional abuse of children and the impact of domestic violence on them did not appear on the horizon until relatively recently.

The United Nations Convention on the Rights of the Child defines a child as persons under the age of 18 (Fearon & Hoeffler, 2014). However, in relation to the definition of child maltreatment, detecting a universal definition is a hard task. The definition differs according to different views, times and cultures, and it varies in accordance with different professionals such as those in the medical and clinical, social service, legal, and educational fields. In general, the definition of the term child maltreatment is described as the kind of behavior by parents, caregivers or other adult that is considered to be outside the norms of usual interactions and causes significant harm to the child impairing health and development (Glaser, 2000; Beyer, Higgins, & Bromfield, 2005). Such behaviors involve intentional or unintentional acts of commission i.e., abuse and acts of omission i.e., neglect (Freysteinsdóttir, 2005), thus concluding that child maltreatment constitutes abuse and neglect. As described earlier, exposure to domestic violence is a form of child maltreatment and it is among the five main types of child maltreatment identified by researches.

Physical abuse includes acts of intentional harm to a child’s health, survival, development, or dignity committed by a responsible adult most probably a parent or parents. Examples of physical abuse by parents and care givers are hitting, kicking, shaking, slapping, punching, throwing, biting, burning, strangulation, and even poisoning. Corporal punishment by parents defined as “the use of physical force with the intention of causing a child pain, but not injury for the purposes of correction or control of the child’s behavior” (as cited in Miller-Perrin, Perrin, Kocur, 2009, p. 3) and is another aspect of physical child abuse. Corporal punishment can also involve acts of extreme violence that consists of hitting a child with a belt, stick, or other hard objects repeatedly (Pinheiro, 2006; Kristinsdóttir, 2014b). In addition, according to McGee (2000) there are
reports of other physically abusive behavior towards children such as strapping, dragging, dangling, twisting ears, and spitting at.

Sexual abuse is identified as incidents when an adult engages a child or minor in asexual act or exposes a child to sexual behavior or materials beyond the understanding of the child. Sexual abuse can be contact or non-contact acts. It may involve physical force and threats, but more often involves manipulation. Children are coerced into believing that such activities are normal and a way of showing love, or it is child’s fault that they have brought such abuse upon themselves. Many of these behaviors were committed by family members or someone children trusted as responsible for their care. Girls are more likely to be sexually abused than boys (Guðrún Kristinsdóttir, 2014b; McGee, 2000; Pinheiro, 2006).

Emotional abuse is said to be the most common form of abuse in a child’s life as all kinds of abuse entail emotional abuse or psychological abuse to children. Verbal form of degrading such as name calling, insulting, terrorizing, bullying, and belittlement is considered as emotionally abusive. This can appear in the form of rejecting a child’s legitimate need for a relationship with parents, isolating a child from friends or preventing normal social bonding, ignoring a child when parental responsiveness and stimulation is expected by the child, and corrupting the mind of a child with anti-social and self-destructive behaviors. Emotional abuse can also occur when parents do not consider or respect children’s age and maturity and expect the children to fulfill the needs and goals of the parents. The witnessing of domestic violence and the feeling of fear and anxiety caused by anticipation of violence in violent family settings can result in major emotional abuse. Moreover, in violent house-holds children manifestly experience emotional abuse with loneliness, distrust, and self-disgust (Pinheiro, 2006; Holden, 2003).

Child neglect refers to the failure of a parent or responsible caregiver to meet the child’s physical, emotional, educational, and supervisory needs when parents have the means, knowledge, and access to services that enable them to provide such. The aspects of physical neglect are lack of adequate food, shelter, clothing, hygiene, and mental and physical health care. Emotional neglect is defined as failure to fulfill a child’s basic emotional needs outlined above. Educational neglect can also be seen in parent’s lack of interest in intervening in the process put forth by school in ensuring a child’s education. Supervisory neglect includes abandonment, not monitoring a child’s welfare properly, or leaving a child with dangerous caretaker thus putting the child at risk (Hildyard & Wolfe, 2002; Freysteinsdóttir, 2005; Pinheiro, 2006)
While exposure to domestic violence harms children as much as direct abuse does, its presence in the household places children at an increased risk for multiple forms of child maltreatments. As a consequence, children’s physical, psychological, emotional, and cognitive development can be threatened. The potential long-term effects of experiencing domestic violence and being a direct victim of child maltreatment may extend through childhood into adulthood, thus resulting in adverse outcomes in adult life.

To realize their protective obligations to children and intervene as early as possible teachers should have the skills and knowledge to identify immediate adverse effects that are included below. These findings help school personnel better understand the trauma children experience with the exposure to domestic violence.

3.3 Negative consequences in childhood and adulthood

Violent and traumatic events affect the healthy development of childhood and result in adverse effect in adult life. These outcomes are defined as negative consequences. The most immediate consequences are fatal and non-fatal injuries. Failure to thrive, cognitive impairment, psychological and emotional consequences i.e., feelings of rejection and abandonment, impaired attachment, trauma, fear, anxiety, insecurity, and shattered self-esteem are among the other adverse outcomes (Pinheiro, 2006).

3.3.1 Consequences associated with children

According to Evans, Davies, and DiLillo (2008) the first case study examining negative impact of domestic violence on children was published by Melvin D. Lavine in 1975. Throughout the next decade other researchers began publishing their findings of empirical studies. However, Evans et al. (2008) state that there were inconsistencies and methodological limitations as these studies failed to precisely describe the type of violence children were exposed to, or to focus on other variables such as their age and gender. Studies onward the 1990s began to show more methodological concern, thus employing more sophisticated research designs and tested models. As a result, most recent studies have extended their investigation to young children and adolescents and address the limitations of research methods (Evans et al.). Such empirical evidence has pointed out that exposure to domestic violence has an adverse impact across a range of child functioning. Evidence suggests different maltreatments at different ages affect the developmental progress and personal ability of a child (Fantuzzo & Mohr, 1999; Holt et al, 2008).
3.3.2 Consequences on different developmental stages

To begin with, infants and toddlers are extremely vulnerable to attachment issues as they totally depend on the primary caretaker usually the mother for care and other support (Huth-Bocks, Levendosky, & Semel, 2001). Evidence suggests that violence witnessed as at young as two months old can be held in non-declarative memory (McIntosh, 2002). The stressful and non-nurturing environment triggers emotional and behavioral problems in children this age. Consequently, they exhibit excessive irritability, emotional distress, sleep disturbance, fear of being alone, mood swings, problems with toilet-training and language, and immature behavior. Studies indicated that the presence of symptoms in these children are very similar to post traumatic disorder in adults including re-experiencing of traumatic events, avoidance, and sleeplessness (Bogat, Dejonghe, Levendosky, Davidson, & von Eye, 2006). They are afraid of going to sleep, subjected to nightmares, and showed limited emotions in their play (Osofsky, 2003). In violent households the attachment of the child to his/her mother is disorganized as the depressed and overwhelmed mother is a source of comfort and fear for the child. Such disorganized attachments could eventually lead to devastating developmental consequences, threatening their emotional and physical functioning throughout the life (Holt et al., 2008).

Pre-school age children completely depend on their parents for developmental needs, care, safety, and security. Their risk of exposure to home violence is higher than that of older children (Huth-Bocks et al., 2001). They are more vulnerable because of developmental limitations such as cognitive ability and coping options. Thus, they tend to show more behavioral and social problems, post-traumatic stress symptoms, and poor self-esteem (Lundy & Grossman, 2005). For them, developing empathy is more difficult as the violence they experienced may desensitize them to aggressive behavior (Fantuzzo & Mohr, 1999). They struggle with increased sleep disturbance, show less interest in exploring and playing freely, display poor verbal abilities, and lack motivation. They are unable to concentrate and focus, and can be jumpy, scared, and anxious. Behaviors including temper tantrums and aggression, crying and resisting comfort, or despondency are the results of their underdeveloped ability in verbalizing emotions. Moreover, possessiveness is a particular problem in this group of children (Holt et al., 2008).

School age children usually begin to develop more sophisticated emotional awareness of themselves and others in their proximate environment (Lundy & Grossman, 2005). During this age phase their way of reasoning becomes more complex and based on these reasoning they tend to blame themselves for their mother’s abuse and feel guilty.
for the violence they are exposed to at home (Holt et al., 2008). Cunningham and Baker describe children of this age group as trying to rationalize domestic violence, justifying it on alcohol, stress, or bad behavior (as cited in Holt et al., 2008, p. 803). These inaccurate attitudes and beliefs put them at risk of adopting anti-social rationales for their own abusive behaviors. They often show internalize behavior such as withdrawal and anxiety and externalizing difficulties such as aggressiveness and delinquency (Lundy & Grossman). Developing friendships and preserving them, which is a fundamental part of this developmental stage is unachievable for them as they show social problems including poor social skills. Moreover, these children have difficulties adhering to the rules of the school and act out, have peer difficulties, experience sadness and depression, and frequently bring them to the attention of the teachers. They are at high risk of bullying or being bullied (Bauer et al., 2006). They see school as a respite and a place to avoid going home, but as children get older they are more likely to perform poorly in school (Holt et al., 2008; Osofsky, 2003).

Adolescence is the critical stage when intimate peer relationships and dating become more important (Levendosky, Huth-Blocks, & Semel, 2002). However due to the behavioral models they experience at home, forming healthy intimate relationships with peers becomes difficult. As a result, during adolescence the impact of domestic violence reaches beyond family walls. There is more likelihood for them to have an avoidant attachment style than a secure attachment style. Moreover, according to Levendosky et al. such patterns in intimate relationship initiated in adolescence may lead to violence and victimization in adult life. Mullender et al. (2002) and Holt et al. (2008) assert that these adolescents’ coping strategies may involve risky efforts such as use of alcohol or other substance. They may become more active in trying to prevent or intervene in the abuse or adopt the role of taking care of siblings and their abused mother, thus losing their own childhood and facing the risk of severe emotional distress. Herrankohl, Sousa, Tajima, Herrenkohl, and Moylan, (2008) state that studies provide findings that negative outcomes for maltreated adolescents include depression, teenage pregnancy, running away from home, high school drop-out, youth delinquency, and criminal victimization.

These effects of childhood stressors appear to continue to adulthood resulting in negative health outcomes and behaviors in adult life.

3.3.3 Potential long term effects for adult survivors

Negative effects do not stop once the abuse is over, but continue to promote various kinds of problems that often lead to significant poor health outcomes both physically and psychologically across the life spectrum. Thus, the relationship between adverse
childhood experiences and negative physical, cognitive, psychological, behavioral, and social consequences are said to be interrelated.

Chapman et al. (2004) report that experiencing multiple forms of abuse or household dysfunction as a child has a strong relationship to depressive disorders threatening mental health throughout adulthood. The medium age of respondents of their study which was 57 suggests that negative consequences of childhood experiences persist for several decades after their occurrence. The study points out that emotional abuse exhibited the strongest relationship to depressive symptoms. Miller-Perrin et al. (2009) explain that psychological abuse towards children was a more powerful predictor of depression and low self-esteem. Moreover, the authors point out that verbal abuse was associated with severe personality disorders in adolescence and adulthood. The study indicated that individuals who experienced severe forms of abuse in childhood demonstrated poorer psychological outcome. The long term negative effects identified in several studies in relations to individuals who were exposed to severe violence and subjected to multiple acts of abuse as children include anxiety, depression, hostility, interpersonal sensitivity, paranoid ideation, psychoticism, somatization, eating disorders, attempted suicides, and a variety of sexual problems (Miller-Perrin et al.)

There is a graded relationship between childhood experiences in abusive and dysfunctional households and many of the leading causes of death in adults such as alcohol and drug abuse, heart disease, cancer, chronic lung disease, liver disease, obesity, reproductive health problems, suicide attempts, and depressive disorders as posit by Felitti et al. (1998). They describe that social, emotional, and cognitive impairment resulted from early childhood adversities could lead to adoption of health risk behaviors such as alcoholism, smoking, substance abuse, and so forth. These behaviors eventually lead to diseases, social problems, and disability increasing early deaths. Research findings with regard to adult women health outcome by Cannon, Bonomi, Anderson, Rivara, & Thompson (2010) concluded that women who had been victims of child abuse and witnessed domestic violence had higher rates of health care utilization. In their study they highlight that amplified health effects are due to the exposure of the developing brain to the stress response which in turn impairs multiple brain structures and functions. These findings further explained in Anda et al. (2005) that neuroscience suggests that early life stress such as child abuse and adverse experiences cause brain dysfunction, affecting health and quality of life throughout the lifespan.

In addition, intergenerational transmission of violent behavior and subsequent victimization in adult relationships are identified as potential effects of growing up in a
domestically violent family (Tomison, 2000). Although having a history of abuse does not mean that one will become abusive, those parents who abuse their children were twice as likely to be have been abused themselves as children, which in turn confirms that having been abused is indeed a risk factor for transmitting abuse. Whilst men who witnessed domestic violence as children committed the most frequent domestic violence as aggressive adults and parents, they are more likely to engage in abusive behaviors towards next generation by becoming child abusers. Moreover, the abused men committed more general violence. The most violent perpetrators are most likely to have been physically abused and witnessed domestic violence as children (Pears & Capaldi, 2001; Murrell, Christoff, & Henning, 2007). Socolar (2000) points outs that sons of those who use severe domestic violence are ten times more likely to become wife batterers. Daughters of batterers are less likely to question violence by men. In addition, these women are less likely to seek help in abusive situations. Widom, Czaja, Dutton (2008) argue that abusive and neglected childhood was associated with increased risk for lifetime re-victimization. According to them, childhood victimization increased the risk for sexual abuse/assault, kidnapping/stalking, and having a family friend murdered or commits suicide.

While exposure to domestic violence and abuse in childhood can lead to a number of adverse outcomes in both childhood and adulthood, it is important to note that the nature and extent of these consequences may vary widely. To fulfill the salient role of safeguarding and promoting wellbeing of children, school professionals need to examine these factors that influence various outcomes.

### 3.3.4 Factors that influence a wider range of outcomes

A host of factors within the child’s environment, family, and individual characteristics may play a role in determining how a child is differentially affected by exposure to violence. These risk and protective factors are identified as: age, gender, the severity, intensity, frequency, nature, co-occurrence, and length of the violence, child’s relationship with parents, parents’ emotional availability, personality of the child, and the child’s physical and psychological involvement in the act of violence (Fantuzzo & Mohr 1999; Edleson et al., 2007; Osofsky, 2003; Holt et al., 2008). Holt et al. (2008) describe that exploring these factors as moving beyond documenting negative effects.

With respect to age, the younger the child is the more the likelihood of developing negative outcomes. Younger children’s capacity to understand and cope with their experiences is less developed. On the one hand, their vulnerability in terms of both immediate effects and longer term risk for later psychological problems is greater. On the
other hand, their lack of developmental ability to process the potential risk can be of advantage (Osofski, 2003). While early and prolonged exposure can create severe problems, some research points out that regardless of the age, exposure to domestic violence can produce catastrophic and long-term trauma in child witnesses (Holt et al., 2008).

The relevance of gender in interpreting the effects is met with different outcomes by researches. Studies of Kitzmann, Gaylord, Holt, and Kenny (2003) and Wolfe, Crooks, Lee, McIntyre-Smith, and Jaffee (2003) concluded with similar results that gender does not significantly moderate the outcomes. However other evidence by several researchers suggests that boys exhibit frequent externalizing problems such as hostility and aggression. Girls seem to respond with internalized difficulties such as depression and somatic complaints. The argument is boys’ outcomes reflect of their experiencing a higher level of threat from exposure. Girls’ responses show their experiences of a higher level of self-blame (Holt et al., 2008). Clearly, gender difference is an important and still emerging area of research.

Other factors that include intensity, severity, the forms of violence, and frequency can be identified in the types of domestic violence that involves knives, or guns, physical violence between parents, or exposure to sexual abuse of the mother. When weapons were employed in violent acts child victims tend to exhibit greater risk of behavioral problems. Therefore, the processes of negative effects in children become more extreme if the type of violence is more than verbal abuse between parents.

While some studies found that regardless of the intensity, or the frequency, witnessing domestic violence provokes trauma in children, other scholars concluded that children who were exposed for or more than 75% of their lives showed significantly increased behavioral problems in comparison to those who were exposed to lesser extent. Studies suggest that generality, frequency, and severity of violence and psychopathology increased as level of childhood exposure to violence increased (Holt et al., 2008; Holden, 2003; Murrell et al., 2007).

Co-Occurrence or dual exposure of witnessing domestic violence and experiencing other forms of child maltreatment is another area just a few studies have investigated. This was mainly due to the fact that exposure to domestic violence and other types of child abuse has been researched as independent risk factors. Hence, studies on consequences of dual exposure point to mix findings. Bourassa, (2007) highlights that co-occurrence of exposure to inter-parental violence and child physical abuse has a greater impact on the presence of internalize and externalize symptoms. Termed as double
whammy effect, studies document that dually exposed children showed higher externalizing and internalizing difficulties demonstrating clinical problems and fare worse later outcomes i.e., depression, delinquency in comparison to exposure to one form of violence (Moylan et al., 2009). They are at increased odds of developing mental disorders with the magnitude of multiple abuses. Bourassa states that when both being abused and exposed, it became beyond their ability for children to cope with such intensity. Moreover, according to other findings, number of serious health risk indicators in later life increased linearly with number of exposures to violence in childhood. These findings also highlighted the association between dual exposure and perpetrating abuse and abusing their own children later in life (Herrenkohl et al., 2008).

Resilience is a dynamic process that enables some children to find protection in a context of risk. It has been defined as the maintenance of healthy/successful functioning or adaptation within the context of a significant adversity or threat. As a result, the maintenance of non-clinical levels of both internalizing and externalizing behaviors over time can be facilitated. Studies demonstrate that resilience rate from 31% to 65% among school age children (Martinez-Torteya, Anne Bogat, Von Eye, & Levendosky, 2009). Research identifies a number of characteristics associated with resilience. Protective factors such as individual characteristics that include self-control, positive self-image and self-esteem, strong determination to be different from abusive parents, child’s higher cognitive abilities, commitment to school, strong and positive attachments to mother, and caring and non-abusive relationships within the community, and positive and supportive care-givers have been identified as building blocks of resilience (Herrenkohl et al., 2008). These factors contribute to the child’s ability to cope, mitigate trauma and distress, and provide the child with support and nurturance enabling them to deal with stress (Holt et al, 2008).

As highlighted above research has reported high co-occurrence of domestic violence and child maltreatment. Among many negative outcomes, victims of domestic violence may lose trust in other humans and in turn, losing the capacity for love, empathy, and development of future relationships. Their personal development and achievement in life can be stunt resulting in heavy cost to the society as a whole (Pineherio, 2006). Schools professionals that work closely with children and their families do have a duty and moral obligations to help, protect, and promote the wellbeing of children. Children cannot seek help for domestic violence on their own. There is a need for creating at least some of the mentioned building blocks of resilience in order to minimize and eliminate the negative consequences. Schools and other childcare facilities are the main institutes to initiate
these steps. The failure to raise the issue of domestic violence in these places severely affects the child’s rights to protection put forth by UN convention, in turn infringing the rights of the child to education.
4 Raising the issue of domestic violence in school

Children benefit from supportive and caring environment that is safe and secure relative to the violence at home. Victims of domestic violence will not disclose due to variety of reasons. Yet the need for disclosures is immense and it usually helps the children to talk about the things that trouble them with a trusted adult. School settings play a salient role in offering much needed protection and support for these children. As McGee points out schools can have a ‘crucial role in emotionally supporting children experiencing domestic violence’ (as cited in Alexander, Macdonald, & Paton, 2005, p. 189). Therefore, schools can be regarded not only as a resilience or protective factor in hindering and mitigating negative effects of being exposed to domestic violence and all other forms of child maltreatment, but also a service that promotes and safeguards welfare of children while protecting them from further abuse. Additionally, schools can immensely contribute to breaking the circle of violence. Teachers, principals, and other educational personnel within the school environment have the opportunity to establish a close contact with their students and observe changes in the students’ behavior. They may be the only caring adults that children are able to contact outside the home. Until those persons outside the family recognize the problem and intervene, these children continue to suffer in silence. Mullender et al. state that children need teachers and senior staff who know what the impact of domestic abuse can be, so they will have some understanding of children’s experiences and the impact on their schooling without breaking any confidence as children have a need to feel safe and have someone to talk (as cited in Alexander, Macdonald, & Paton, 2005, p. 189). O’Toole, Webster, O’Toole, and Lucal (1999) assert that of all the mandated professionals, teachers have the most opportunities to observe and enjoy a relationship of trust with children, in turn leads to children’s willingness to talk to them about their own abuse or of their classmates. Eekelaar asserts:

No social organization can hope to be built on the rights of its members unless there are mechanisms whereby those members may express themselves and wherein those expressions are taken seriously. Hearing what children say must, therefore, lie at the root of an elaboration of children’s rights. No society will have begun to perceive its children as right holders until adults’ attitudes and social structures are seriously adjusted towards making it
possible for children to express their views, and towards expressing them with respect (Eekelaar, 1992, p. 228, as cited in Farrell, 2001, p. 20).

However, according to research studies that have taken place internationally over last three decades, these particular professionals only receive minimal and in most cases no education, training, and other support in how to recognize and report child abuse and maltreatment. They do not receive any education about the factors such as domestic violence that contribute to child abuse and maltreatment. It is reported that majority of teachers are not trained in making child protection decisions and complex judgments about the existence of potential child abuse (Hazzard, 1984; Kenny, 2001; Alvarez, Kenny, Donohue, & Carpin, 2004; Faller 2003; Webster, O’Toole, O’Toole, & Luca 2005; Walsh & Farrell 2008; McKee & Dillenburger 2009; Karadag, Sönmez, & Dereobali, 2015). As a result, most teachers lack sound professional knowledge and experiences that required in order to counteract the problem effectively. Therefore, statements of human rights or the mainstream international policy declarations on child’s rights to protection from violence appear as merely rhetorical as.

4.1 Children’s rights to protection from violence

On a global scale, article 19 of the UN Convention on the Rights of the Child addresses, in its articulation, the roles of government and its agencies in protecting children from violence and all types of abuse within the family and beyond in settings such as schools and early childhood centers.

UNICEF (1989), states that children in the care of parents, legal guardians or any other person who has the care of the child must be protected from all kind of violence, child maltreatment and abuse. Further more:

Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement (UNICEF, 1989).

While there is an obligation for states to act to uphold those rights, statutory systems such as education system bear a core responsibility to protect children and their rights. Early detection has been identified as a second important factor by the WHO and International Society for Prevention of Child Abuse (2006) after early prevention efforts to
safeguard children against the damages of child maltreatment (Karadag et al., 2015). Moreover, there is a legal obligation in many parts of the world for teachers to report known or suspected child abuse and neglect to statutory authorities. Teachers are enlisted as the agents of child protection and their work is increasingly framed by legislations and mandate. And when there is a legal obligation there is mandatory reporting. While those who reported in good faith will be protected from legal liability in the event of false reporting, penalties apply for failure to report (Walsh, Farrell, Bridgatock, & Schweitzer, 2006; Farrell, 2001). Nevertheless, mandatory reporting is another highly debated issue.

Arguments in favor of mandatory reporting are stated as: prevention of child deaths and injuries, early intervention, importance of child’s rights, increase reporting of children at risk, educating communities of appropriate ways of treating children, enable professionals to maintain their professional integrity in the process of intervene, and provide the reporters with a safety net if the report is not substantiated (Harries & Clare, 2002 as cited in Walsh et al., 2006, p.66-67).

There are some strong arguments pertaining to why mandatory reporting should not exist, such as: do more harm than good by inflating the number of inaccurate reports, thus causing trauma to wrongly suspected perpetrators and their families, intrude on family privacy, overload the child protection system with inaccurate reports, work against the development of trust in communities, inhibit self-disclosures by victims and perpetrators, and discriminate against vulnerable populations (Harries & Clare, 2002 as cited in Walsh et al., 2006, p.66-67).

In light of study results, teachers’ detecting and reporting child abuse and neglect is a critical step towards addressing the potential lifelong and prevention of further generations of abusing and neglecting in families. Therefore, these professionals’ work is embedded in identifying, reporting, remediating child abuse, and of supporting and teaching children about protective behavior. However, while professional responses to child abuse and maltreatment has become a topic of major interest in both mass media and professional literature, according to O’Toole et al. (1999) teachers who are a large profession of mandated reporters have been relatively neglected in research studies in professional responding to child abuse. Meanwhile responses of school professionals have been drawing a lot of attention as school professionals are responsible for failing to report most cases. There are a number of reasons identified for such failure.
4.2 Barriers to reporting

Despite the required mandated reports teachers often fail to comply with this mandate. The limited research literature has identified a range of reasons. Teachers’ role in child protection has many dimensions that include adequate knowledge of signs and symptoms in child abuse and maltreatment, reporting procedures, what constitutes reasonable ground for suspicion, and understanding of legal consequences. Studies done internationally report that majority of teachers are not trained in these areas. Inadequate knowledge on how to identify cases of child maltreatment is described as failure to recognize the problem after it has occurred (Alvarez et al., 2004). McKee and Dillenburger (2009) drawing from studies from Northern Ireland, United Kingdom, United States, Australia, Portugal, and Spain argue that pre-service and in-service teachers are not prepared to deal with childhood trauma upon entering professional practice. According to Karadag et al. (2015) research carried out on early childhood teachers in Singapore and Taiwan has too provided similar descriptive information indicating the insufficiency in current training programs. Kradag et al.’s own study in Turkey concluded that there is a greater need for prioritizing teacher training in child abuse. Walsh and Farrell (2008) produce the findings of their research that teachers have demonstrated difficulty in making association between domestic violence, mental health concerns, social and economic concerns to the prevalence of child abuse and maltreatment or identify these conditions as risk factors.

With respect to inadequate knowledge, most teachers are concerned about physical abuse that constitutes visible signs and evidence while they fail to identify symptoms as evidence of other types of abuse such as emotional neglect. In such circumstances not only recognizing differences between signs and symptoms of child abuse and neglect can be complicated, but also distinguishing other childhood and developmental difficulties. Therefore, findings highlight that majority of teachers display inadequacy of knowledge in both detection and identification of early indicators for all types of abuse, more specifically, for awareness of the signs and symptoms of neglect, physical, and sexual abuse. This reason is a significant obstacle to mandatory reporting (Alvarez et al., 2004; McKee & Dillenburger, 2009).

Notifying child protection services of detected abuse is viewed as addressing harm and injustice to the child. Walsh et al. (2006) emphasize that the aims of reporting are to intervene and stop reoccurring abuse and violence, seek support for the child, and bring the perpetrators to justice. However, in terms of reporting procedures teachers lack information on the requirements of mandated reporting and ethical concern (Alvarez et
al., 2004). McKee and Dillenburger (2009) point to the study outcomes that an alarming 87% of teachers did not even know the reporting procedure of their own schools. Kenny (2001) describes the findings of her study that many teachers expressed concern about having to be mandated reporters when the support from their school counselors can deter their reporting. Furthermore, according to Kenny only 3% of the teachers in the study were aware of the school procedure for reporting child abuse. Some school leaders took precautions to resolve child abuse cases within the school community while others personally investigated such cases brought to them by teachers before making a report to child care services. Principals show more concern about the school reputation and alliance between the school and the families. Thus the school administration is not only unsupportive but also the institutional policy seems to be in direct opposition to state law (Alvarez et al., 2004).

Teachers’ underreporting was accompanied with fear of making an inaccurate report as they are unaware of the standard procedure. Not only teachers are reluctant to report child abuse violations, especially by their staff members, but additionally they feel that child protection service does not offer to help maltreated children. Legal ramification for false reports is high concern for majority of teachers. Many tend to believe reporting will bring negative consequences to themselves while the victim will be faced with further abuse or families will be disrupted as a result (Kenny, 2001; Alvarez et al., 2004).

According to O’Toole et al. (1999) teachers with less education and teachers in administrative positions were less likely to report. Moreover, public school teachers have the lowest recognizing and reporting while, specifically rural schools lag in reporting of abuse. These findings poignantly point out that in such circumstances child is denied of his/her rights to opportunities to much needed help provided by other intervention services.

4.3 Children’s rights to both protection and education are infringed

Mandated school professionals’ lack of training and knowledge in many aspects of child abuse and their responding is not in compliance with state legal obligations in child’s rights to protection from abuse. Educators, legal and law enforcement personnel, social services, medical and health professional are mandated to report suspected abuse (Alvarez et al., 2004). Nonetheless, it is apparent that with such approaches governments tend to hide behind the right based policy and become satisfied that they have strictly followed the legal obligations within international human rights discourse. In other words, they have legally granted every child the right to protection. However, right to protection is not only about enlisting the professionals as mandatory reporters, but
making additional efforts to meet the materials underpinning the rights. Else the child is deprived of access to abilities to exercise her rights to protection and in turn infringing the rights of the child to education as well.

Education is a fundamental human right as provided by the article 26 of the Universal Declaration of Human Rights. It emphasizes that elementary education shall be compulsory and free of charge. Article 26 specifies “Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms” (UNESCO 2000, P. 16). In this paper it is well described above that exposure to domestic violence and other child abuse may result in poor long-term intellectual and academic deficits. These children are less likely to achieve well in schools and more likely to leave school at an earlier age. They lack skills, knowledge, and qualifications to effectively participate in the society. McKee and Dillenburger (2009) assert if children and young people do not feel secure, if their basic needs are not met, it is well established that they cannot learn effectively. Thus, while these concerns reflect the legal, moral, and ethical perspectives of teachers’ responsibilities as agents of child protection, scientifically speaking, they acknowledge educators’ failure to recognize how deeply rooted the relation between learning, emotions, and body state, i.e., being hungry, ill, in pain or feeling tired, is within the process of learning itself. In the educational context, ability to understand of the ways which emotions can have an effect on student’s learning and performance could strive the educators to consider how profoundly interconnected cognition and emotion are, as described by prominent neuroscientists Immordino-Yang and Damasio (2007). Therefore, teachers’ potential for crucial role in detecting and preventing child abuse and immediate and long term detrimental impact caused by -among many reasons domestic violence must be recognized by teacher education and other programs offered for educational personnel.

4.4 The need of the hour

While there is an increasing awareness of children exposed to domestic violence, the need for training of teachers and other educational professionals to recognize and respond to child abuse and maltreatment is widely acknowledged. Because child abuse and maltreatment is often present with domestic violence, teachers’ lack of awareness of the issues and possible indicators and knowledge of child protection procedures hamper teachers from realizing their protective obligations towards children and young people. Faller (2003) argues that there is a need for specific inquiry to uncover domestic violence and associated traumas. Intriguingly Faller recommends applying the same research and practice knowledge used for interviewing children that could be victims of sexual abuse to
address the issue of impact of exposure to domestic violence on children. Unlike physical abuse, other types including sexual abuse leave no physical signs. Therefore, Faller describes that the strategies employed in possible child sexual abuse may not only be informative about other types of child maltreatment but also about the danger of children being witness or being exposed to domestic violence.

However, given the findings that both pre-service and in-service teacher education needs to develop a discipline specific knowledge base about child abuse, it is clear school professionals are unable to fulfill their protective role and create a protective environment for children where children feel confident and are listened to (McKee & Dellinburger, 2009). Teachers cannot and should not be expected to educate themselves in their role of protecting children. Such programs must be included in teacher education by developing a comprehensive child abuse and neglect curriculum for teachers and identifying pedagogical approaches most effective for teaching current and future teachers (Walsh & Farrell, 2008). Alvarez et al. (2004) outline that these training programs need to include first and foremost the types of abuse and definitions as various types of child maltreatment are complicated and difficult to identify as described in this paper. Secondly it is essential to include reporting procedures and legal issues describing specific guidelines in reporting, legal requirements, and consequences in failing to report. Furthermore, in training programs it is essential to emphasis on findings that reporting did not lead to negative consequences for victims, families, and perpetrators as well as reporters but mostly resulted in improvements. Moreover, it should be included that fear of legal ramification is unfound as only a small percentage of these cases result in prosecution. Additionally, school professionals should be well aware of the fact that the goal of child protection service is to keep the family together. As for the strained relationships between child protective services and mandated teacher professionals, methods to improve the understanding in these relations must be applied to the training programs.

Children exposed to domestic violence need to talk. School professional may receive disclosures about what is troubling these children. Teachers should be knowledgeable of the ways to respond when disclosures do occur. Considering children’s rights to protection from all types of abuse, and children’s rights to an education that contributes to full development of the human personality, neglecting to address school professionals’ protective role infringes the rights of children. Convention on the rights of the Child asserts education as one of statuary systems that bear core responsibility to protect children and their rights. However, this role must be fully underpinned and supported by
the state. Defining and recognizing child abuse and neglect, responding and reporting, and understanding government policies, procedures, and legislative frameworks must be included in teacher training programs.
5 Conclusion

This paper has been an attempt to provide further insights into raising awareness about school personnel responsibilities with respect to the relationship between domestic violence and children. Domestic violence has been recognized as an important health and social problem on a massive scale. It is explained that the issue of domestic violence is diverse and complex and it can take various forms. However, this paper solely followed a growing number of studies that have investigated aspects of violence between intimate partners within home environment. The association between intimate partner violence within the context of home and families and child maltreatment is significant as millions of children around the globe are directly and indirectly exposed to violence between their parents or between their mother and her partner. Thus, the assessed research studies on the effect of domestic violence on children highlight that witnessing violence between parents harms children as much as being directly abused. These effects can lead to lifelong consequences for their health and development in turn contributing to the circle of violence. Children that grow up in violent households need to disclose their experiences and seek help. While school can be a safer place for them, school personnel such as teachers are the closest to these children and their families. However, identifying and responding to cumulative harm done to these children is a challenge for school personnel as these professionals lack knowledge in understanding the underlying causes of child maltreatment and abuse, training in signs and symptoms in child abuse, and education in reporting procedure. Therefore, I conclude that there is an obvious need for education in current teacher education throughout the globe in relations to understanding the problem of domestic violence, how it affects children and school, and what can be done to support and protect children that are exposed to domestic violence.
References


