

Every child who “lives domestic violence” experiences it in different ways. Children are remarkable in their resiliency, but they must be protected from continued exposure with their caretaker’s abuser in order to heal. Here are some symptoms of children who live domestic violence:



Academically

- Absenteeism
- Declining school performance
- Delinquency
- Feelings of inadequacy
- Inability to concentrate
- Over-achieving or under-achieving
- Truancy
- Short attention span

NOTE: Later in life, over-achieving child tends to become perfectionist, causing problems with self-image and adult relationships.

Behavioral

- Aggressive, acting out (usually boys)
- Bedwetting
- Changes in eating habits
- Crying, whining, distress
- Disobedient, defiant, tantrums
- Disturbed sleep, sleepwalking, nightmares
- Early interest in drugs/alcohol
- Excessive attention-seeking
- Fighting with other children
- High risk play/activities
- Hurting other children/animals
- Hyper vigilant, “startle” reaction
- Poor impulse control
- Premature sexual activity or promiscuity
- Reenacts trauma through talk or play
- Rigid defenses—aloof, sarcastic, prickly
- Running away
- Self-abuse
- Stealing, shoplifting
- Substance abuse
- Uses violence to resolve conflict
- Withdrawn, unresponsive, passive (usually girls)

NOTE: Look for behaviors in opposite extremes

Cognitive

- Attempts to understand/explain violence
- Believes anger = someone getting hurt
- “Black and white” thinking or reasoning
- Blames others for own behavior
- Blurred parental boundaries
- Concentration and memory deficiencies
- Concern about disrupted routines
- Confuses love and violence
- Develops tolerance for violence

- Fantasizes about rescuing victim, family
- Inability to express needs/wants
- Inability to learn “cause and effect”
- Inflexibility in gender roles
- Intrusive thoughts or images of violence
- Limited understanding of violence
- Sees violence as way to gain power
- Short-term memory of events
- Understands that using violence gets needs/desires met
- Views assault as normal
- Wants family reunited

NOTE: Often misdiagnosed as ADHD/ADD or (in teens) ODD

Developmental

- Born with medical conditions
- Cognitive development delayed
- Delay of self-care skills
- Delayed ability to toilet-train
- Develop more slowly vs. children from non-abusive homes
- Inability to communicate needs
- Inability to develop sound reasoning/thinking skills
- Incontinence (after previously being toilet-trained)
- Learns inappropriate coping skills
- Minimal/delayed speech, muteness
- Motor development delayed
- Regression

Emotional

- Anger, rage, irritability
- Angry about violence/chaos in life
- Anxiety, fear, panic, nervousness
- Conflicted feelings towards parents
- Confusion, numbness
- Depression, sadness, listlessness
- Embarrassment, shame
- Explosive feelings
- Fear of abandonment/separation
- Fear of abuse/retaliation by abuser
- Fear of expressing feelings
- Fear of going to sleep
- Fear of personal injury
- Fear of male or loud voices
- Feels responsible to stop violence
- Feels responsible to protect victim
- Grief over losing one parent, or home
- Mourning loss of abuser’s positive image
- Guilt, self-blame
- Helpless to intervene
- Hopelessness, powerlessness
- Insecure, low self-esteem
- Stressed, worried
- Suicidal ideation

Physical

- Victimization (physical, incest, etc.)
- Born prematurely
- Chronic illness
- Desensitized to pain
- Eating disorders
- Failure to thrive
- No energy for normal activities

- Poor personal hygiene
- Post Traumatic Stress Disorder
- Psychosomatic complaints
- Range of physical ailments (headaches, stomachaches, ulcers, asthma, etc.)
- Sleeping disorders
- Tired, lethargic
- Unintended injuries
- Suicide

Social

- Abusive towards victim
- Accepts violence/abuse in relations
- Acts out violently, sometimes to divert more dangerous violence
- Aggression/cruelty towards others
- Ambivalent about family separation
- Ambivalent allegiance to one parent
- Ambivalent towards abuser (cont’d)
- Anger towards victim for allowing abuse
- Anger towards victim for failure to protect
- Antisocial behavior (such as bullying)
- Anxious attachment to parents
- Conflicted loyalties
- Destruction of property
- Dissociative
- Distrustful of adults
- Disturbed relationships with peers
- Embarrassed by family
- Engage in exploitive relationship (as perpetrator or victim)
- Explosive/violent interpersonal behavior
- Hypersensitive to danger cues
- Identifying with abuser
- Inability to create/express/honor others’ boundaries
- Inhibited/passive social behavior
- Isolated, lonely
- Lack of empathy
- Lack of social skills
- May become family caretaker
- Parentification or role reversal
- Poor anger management/problem-solving skills
- Prematurely serious dating relations
- Problems with peers
- Relationships are stormy, intense—end abruptly

Drawn into Violence by:

- Seeing/hearing violence
- Attempting to intervene
- Attempting to/kill the abuser
- Being abused for victim’s compliance
- Being coerced by abuser to abuse
- Being forced to participate in attack
- Being interrogated by abuser
- Being physically or sexually abused
- Being removed from non-violent parent
- Being restricted from contact with others
- Being used as a “spy” or confidante
- Choosing one parent to defend
- Getting injured while intervening
- Having to call police for help
- Running for help