

## THE INFLUENCE OF INTIMATE PARTNER VIOLENCE ON CHILDREN'S DEVELOPMENT



Nicole Letourneau, RN PhD FCAHS  
Professor, Faculty of Nursing &  
ACHF Chair in Parent-Infant Mental Health  
Cumming School of Medicine (Pediatrics, Psychiatry &  
Community Health Sciences)  
University of Calgary, Calgary AB Canada




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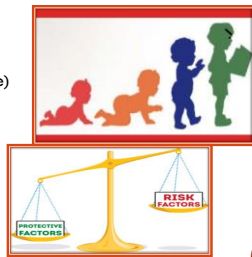
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## INFLUENCE OF IPV

- Definitions
- Infants (birth to two years of age)
- Preschoolers (three to six years of age)
- School-aged Children
- Mechanisms
- Risk & Protective Factors (Moderators & Mediators)
- Summary & Conclusion




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## DEFINITIONS



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## INTIMATE PARTNER VIOLENCE (IPV)

- Intimate partner violence (IPV) or domestic violence between marital or intimate relationship partners, affects millions of children worldwide each year

• (Wathen & MacMillan, 2013)




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- IPV between children's parents or caregivers can take many forms

- threat or infliction of physical and sexual violence
- psychological and emotional abuse, stalking
- controlling or restricting access to financial resources, employment, education and health care

National Center for Injury Prevention and Control, 2015;  
World Health Organization, 2012




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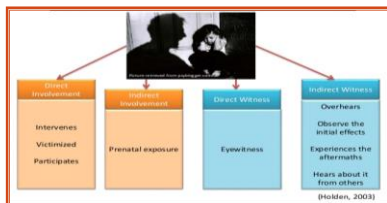
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## TEN DISCRETE CATEGORIES FOR EXPOSURE TO IPV




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# HOW DOES VIOLENCE AFFECT DEVELOPMENT?




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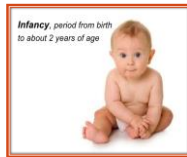
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## INFLUENCE OF IPV ON INFANTS (BIRTH TO 2 YEARS OF AGE)

- Security of Attachment
- Behavioral & Social-Emotional Development




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## INFLUENCE OF IPV ON INFANTS (BIRTH TO 2 YEARS OF AGE)

- Security of Attachment
- Positive outcomes, including being securely attached over assessments or a trend toward secure attachment, were related to low levels of IPV

A. Levendosky, G. Bogat, A. Huth-Bocks, K. Rosenblum, & A. von Eye, 2011




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## INFLUENCE OF IPV ON INFANTS (BIRTH TO 2 YEARS OF AGE)

### Security of Attachment

- Insecure attachment in infancy
- Insecurely attached or to have disorganized attachment patterns
- Disorganized attachment has been most consistently linked to psychopathology
- Emotion regulation, separation anxiety, and difficult temperament such as excessive crying, fussiness and irritability



Cyr, Euser, Bakermans-Kranenberg & Van Ijzendoorn, 2010; A. Cicchetti et al., 2012; Howe, 2011; van Ijzendoorn, Schuengel, & Bakermans-Kranenberg, 1999; Casanueva et al., 2010; Marta Landy & Susan Groseman, 2005




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## INFLUENCE OF IPV ON INFANTS (BIRTH TO 2 YEARS OF AGE)

### Behavioral & Social-Emotional Development

- Greater behavioral problems, particularly social-emotional problems, behavioral problems or delays, in 1 and 2 year olds
- Relationships were observed between IPV exposure in pregnancy and infants' externalizing behaviors and postpartum and 2 to 3 year olds' externalizing behavioral problems, moderated by maltreatment (effects strongest when children also abused, least when parents' sensitive in relationships)
- In 1 to 3 year olds, children exposed to IPV has significantly higher levels of adjustment problems, particularly atypical or maladaptive behaviors such as making odd sounds or repetitive movements
- Even trauma symptoms, such as social withdrawal have been observed in infants exposed to IPV

Euserbrooks, Kim, Kotko, Reimach, & Charney, 2010; A. Levendovsky, Leahy, K. Bogat, G. Davidson, A. Williams, & van Dy, A., 2005; Delongue, van Dy, Bogat, & Levendovsky, 2011; however, sensitivity to stress & security of attachment may mediate the association (A. Levendovsky et al., 2011; R. McDonald, Jouriles, L., Briggs-Gowan, M., Rosenblatt, D., & Carter, A., 2007; Bogat, Delongue, Levendovsky, Davidson, & van Dy, 2008)




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## INFLUENCE OF IPV ON PRESCHOOLERS (THREE TO SIX YEARS OF AGE)

- Trauma
- Cognitive Development
- Behavioral and Social-Emotional Development
- Physical Health




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## INFLUENCE OF IPV ON PRESCHOOLERS (THREE TO SIX YEARS OF AGE)

### • Trauma

- When mothers have PTSD, children more likely to, even if not experienced abuse directly.
- Young children may be particularly vulnerable to relational PTSD due to their close physical and emotional relationship with their parents
- Children exposed to IPV are also at increased risk for exposure to additional traumatic events, such as sexual assaults by family members, physical assaults, serious accidents and or life-threatening illnesses, which likewise further increases their likelihood of having PTSD symptoms
- Moderate to larger effect sizes  
Avia A. Ievendosky-Rogst & Martinez-Torteya, 2013; Graham-Bermann et al., 2015).




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## INFLUENCE OF IPV ON PRESCHOOLERS (THREE TO SIX YEARS OF AGE)

### • Trauma

- Dissociative symptoms associated with PTSD, including selective memory loss, self-detachment, and distorted perception of reality are associated with disruptions in cognitive functioning and poor development and maintenance of interpersonal relationships.

Stein et al., 2013; Putnam, 1997; Van der Hart, Nijenhuis, & Steele, 2006




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## INFLUENCE OF IPV ON PRESCHOOLERS (THREE TO SIX YEARS OF AGE)

### • Cognitive Development

- Reduced IQ
- Poorer memory function  
S. A. Graham-Bermann et al., 2010; E. N. Jouriles et al., 2008




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## INFLUENCE OF IPV ON PRESCHOOLERS (THREE TO SIX YEARS OF AGE)

### • Behavioral and Social-Emotional Development

- Reduced attachment security
- Reduced social competence and poor social relationships
- Emotion regulation problems (moderated by better parenting performance, fewer mental health problems and less severe violence)
- Maternal depression with IPV predicted ADHD

Veríssimo, Santos, Fernandes, Shin, & Vaughn, 2014; Miller, Grubell, Thomas, Bermann, & Graham-Bermann, 2012; Minne, McDonald, Rosentraub, & Jouriles, 2010




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## INFLUENCE OF IPV ON PRESCHOOLERS (THREE TO SIX YEARS OF AGE)

### • Physical Health

- Physical health problems
- Gastrointestinal problems
- Asthma (mother involvement reduced risk)
- Obesity
- Especially girls

Kuhlman et al., 2012; Renée Boynton-Jarrett, Fargnoli, Suglia, Zuckerman, & Wright, 2010




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## INFLUENCE OF IPV ON SCHOOL-AGED CHILDREN

- Physical Health
- Mental Health
- Cognitive Development
- Behavioral & Socio-emotional Development
- Risk and Protective Factors




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## INFLUENCE OF IPV ON SCHOOL-AGED CHILDREN

### • Physical Health

- Eating, sleeping, and pain problems including digestive problems and headaches
- Bedwetting, weight problems
- Asthma
- Allergies

Lamers-Winkelmann, De Schipper, & Oosterman, 2012; Benasrou, Corsi, Raffa, & Cohen, 2014; M. Landy & S. Grossman, 2005; Bair-Merritt et al., 2015; S. Suglia, Eslow, M. Killowan, A. & Wright, S., 2009; Svensson, Bornehag, & Janson, 2010




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## INFLUENCE OF IPV ON SCHOOL-AGED CHILDREN

### • Mental Health

- Internalizing problems, such as depression and anxiety
- Externalizing problems, such as angry outbursts, bullying and noncompliance
- Children in same family have similar, but not identical profiles

Vu et al., 2016; Piotrowski, 2011




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## INFLUENCE OF IPV ON SCHOOL-AGED CHILDREN

### • Mental Health

- Traumatic stress symptoms
- Anxiety and depression
- Self-harm and talk about suicide
- Suicide ideation
- Suicidal behavior

S. Evans, C. Davies, & D. Dilillo, 2008; Margolin & Vickerman, 2007; Mohammad, Shapiro, Wainright, & Carter, 2015; Spillsbury et al., 2007; Taylor, Stewart-Tufescu, & Piotrowski, 2015; Kennedy, Bybee, Sullivan, & Green, 2009; Kennedy, Bybee, Sullivan, & Green, 2010; Lamers-Winkelmann et al., 2012; Thompson et al., 2012; Serafini et al., 2015




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## INFLUENCE OF IPV ON SCHOOL-AGED CHILDREN

### ▪ Cognitive Development

- Poor academic performance
- Poor cognitive functioning.
- Specific learning problem
- Difficulties in executive functioning, such as planfulness, organization, and task completion

M. Lundy & S. Grossman, 2005; DePrince, Weinzierl, & Combs, 2009




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## INFLUENCE OF IPV ON SCHOOL-AGED CHILDREN

### ▪ Behavioral & Socio-emotional Development

- Lower self-esteem into adulthood
- Lower self-esteem is commonly associated with depressive symptoms, suicide ideation and other mental health difficulties
- Defensive/fragile self-esteem linked to aggression with peers

McGee, 2000; Orth, Robins, & Roberts, 2008; Sandstrom & Jordan, 2008; Grych, Jouriles, Swank, McDonald, & Norwood, 2000




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## INFLUENCE OF IPV ON SCHOOL-AGED CHILDREN

### ▪ Behavioral & Socio-emotional Development

- Aggressive behavior including bullying at school
- Aggressive with family members, including both their mothers and siblings (interaction with dads unknown)

Bauer et al., 2006; Moretti, 2006; Salzinger, Rosario, Feldman, & Ng-Mak, 2008; Calvete, Orue, Games, Guadix, & Bushman, 2015; McCloskey & Lichter, 2003; Holmes, 2013a; Potkowski, Tachis, & Camaneres, in press; Tucker, Finkelhor, Turner, & Shattuck, 2014




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## NEGATIVE EFFECTS OF EXPOSURE TO IPV ON CHILDREN

• Moderators of associations include:

- Parental mental health & trauma
- Parenting
- Social support for children and parents
- Neighborhood & income

(Hungerford et al., 2012; Zarling et al., 2013).




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## HOW DOES VIOLENCE AFFECT DEVELOPMENT?



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## MECHANISMS



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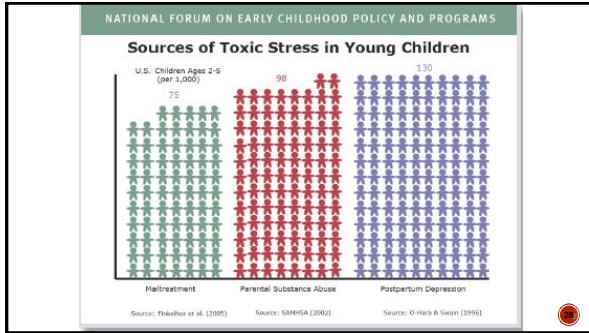
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## DISCOVERY

### WHAT ARE THEY?

ACEs **are**  
ADVERSE  
CHILDHOOD  
EXPERIENCES

The three types of ACEs include:

ABUSE	NEGLECT	HOUSEHOLD DISFUNCTION
Parent	Parent	Moved Home
Teacher	Teacher	Parental Divorce
Peer	Peer	Family Substance Abuse
		Domestic Violence

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### WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes.

**POSITIVE**

0 ACEs 1 ACE 2 ACEs 3 ACEs 4+ ACEs

Possible Risk Outcomes:

BEHAVIOR	
Alcohol Use	Smoking
Illicit Drug Use	Sexual Activity
Substance Abuse	Self-Harm

PHYSICAL & MENTAL HEALTH	
Heart Disease	Diabetes
Stroke	Chronic Pain
Depression	PTSD
Obesity	Chronic Lung Disease

In the absence of **supportive relationships**, the scale tips towards negative outcomes.

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Center on the Developing Child  HARVARD UNIVERSITY

#### TOXIC STRESS RESPONSE: THE FACTS

##### Positive

Brief increases in heart rate,  
mild elevations in stress hormone levels.

##### Tolerable

Serious, temporary stress responses,  
buffered by supportive relationships.

##### Toxic

Prolonged activation of stress response systems  
in the absence of protective relationships.




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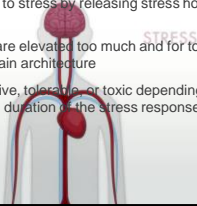
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## THREE KINDS OF STRESS

Stress can **strengthen** and **weaken**  
brain architecture

- The body responds to stress by releasing stress hormones for "fight or flight"
- If these hormones are elevated too much and for too long they **disrupt** brain architecture
- Stress can be positive, tolerable, or toxic depending on the intensity and duration of the stress response




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## POSITIVE STRESS

A HEALTHY PART OF DEVELOPMENT

- A mild stress response
- Caring adults offer support so the duration is short
- Prepares the brain and body for stressful situations later in life




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## TOLERABLE STRESS

NOT HARMFUL WITH SUPPORT FROM CAREGIVERS

- A more severe stress response
- Not good for development, but;
- Won't do lasting damage if caring adults are present to buffer the stress response




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## TOXIC STRESS

WEAKENS BRAIN ARCHITECTURE

- Intense, repeated and prolonged response to stressful events
- No caring adults around to buffer the stress response
- Disrupts brain architecture and increases lifelong health risks




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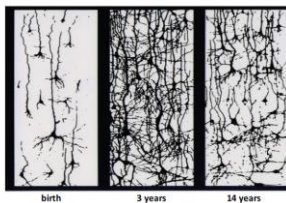
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## Experience Shapes Brain Architecture by Over-Production Followed by Pruning

700 synapses per second in early years




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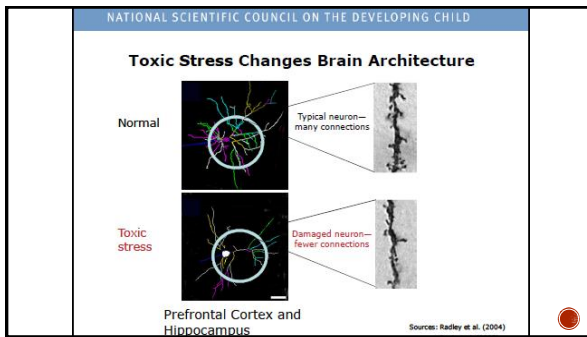
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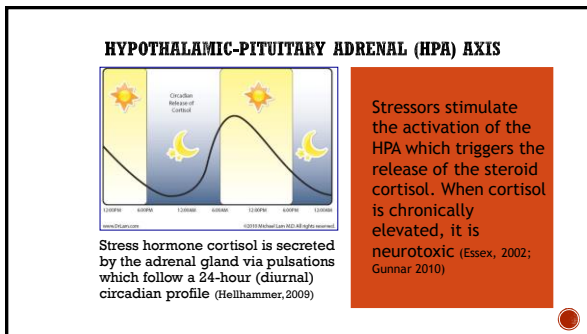
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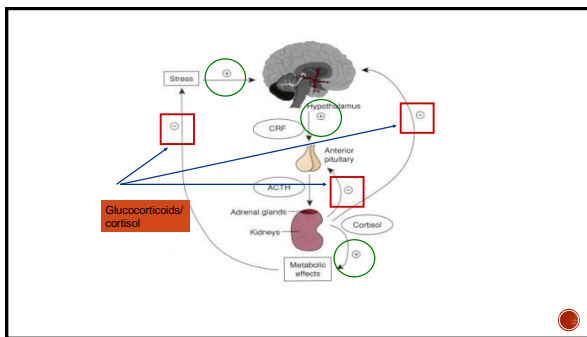
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## HPA AXIS

- Sensitive periods of enhanced brain plasticity vulnerable to long-term effects of cortisol
  - Over-activation of the HPA system related to:
    - decreases in brain volume
    - inhibition of neurogenesis
    - disruption of neuronal plasticity
    - abnormal synaptic connectivity
- (Gunnar, 2009)




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## HPA AXIS

Prolonged exposure to elevated levels of cortisol predict:

- increased insulin resistance
- obesity
- diminished immune responses
- reduced cognition, memory
- fear behaviours, hypervigilance
- attention deficits, behavioural problems
- disturbances with emotional regulation & self control

(Essex, 2002, Gunnar, 1998)




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Caregivers are “hidden”  
regulators of their infants’  
endocrine & nervous systems

www.CHILDstudies.ca




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Noticing and responding  
appropriately to infant cues,  
caregivers are regulators of  
their infants' states

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## ATTACHMENT



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There is no such  
thing as a baby—  
Winnicott



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## WHAT IS ATTACHMENT? (BOWLBY)

- Attachment is an emotional bond to another person... "a lasting, psychological connectedness between human beings"
- Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life
- Attachment serves to keep the infant close to the mother, thus improving child's chances of survival

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## ATTACHMENT THEORY

- Integrative perspective, a systemic theory that focuses on behaviour in context and patterns of communication
- Takes an evolutionary perspective designed to maintain proximity and care between primary caregivers and children
- Bowlby proposed that inside every individual there are scripts or internal working models that are built from our experiences of being cared for as infant
- So an infant that receives consistent, caring attention will build an internal working model that will also them to develop a secure base

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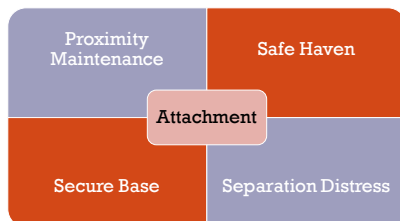
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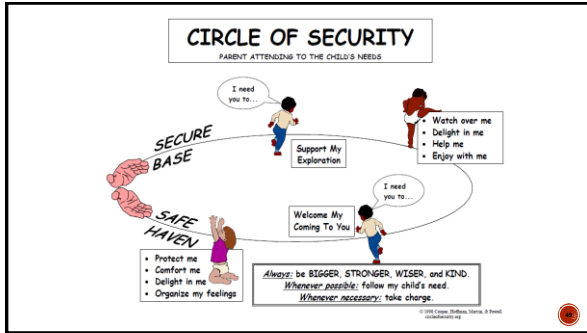
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## ATTACHMENT PATTERNS

- The pattern of a specific relationship
- A self-protective strategy
- 4 patterns—
  - Type B (Balanced/Secure)
  - Types A & C (Insecure)
  - Type D (Insecure-Disorganized)

Pattern reflects whether children feel secure in the availability and responsiveness of caregivers

Bowlby, 1988; Ainsworth, 1978; Main, 1990; Crittenden, 2005

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## TYPE A (AVOIDANT)

- Show signs of ignoring, looking or turning away from caregiver
- Make no effort to maintain contact with caregiver
- Minimize awareness of feelings and do what will be reinforced and avoid doing what will be punished—leads to disorders of inhibition and compulsion.
- E.g. a child responded to negatively EACH time she cries may develop a Type A strategy.

Cassidy & Shaver, Handbook of Attachment

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## TYPE C (AMBIVALENT)

- Seek contact with caregiver then resist contact angrily once achieved
- Type C focus on feelings as guides to behaviour—
- Leads to disorders of anxiety and obsessiveness tied to too great a reliance on negative affect.
- E.g. a child who is INCONSISTENTLY ignored by a passive parent unless acts out may develop Type C strategy

Cassidy & Shaver, Handbook of Attachment




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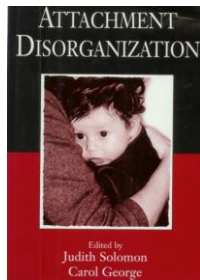
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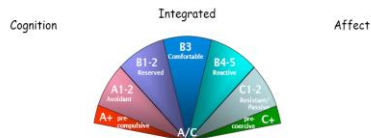
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## DMM Patterns of Attachment in Infancy




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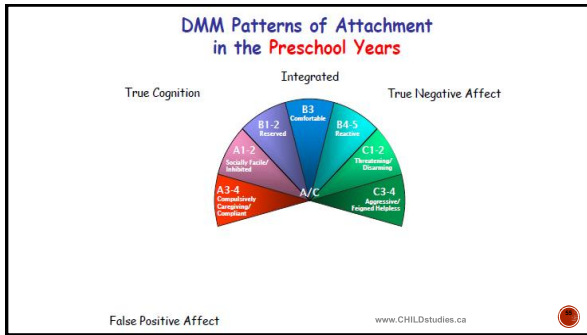
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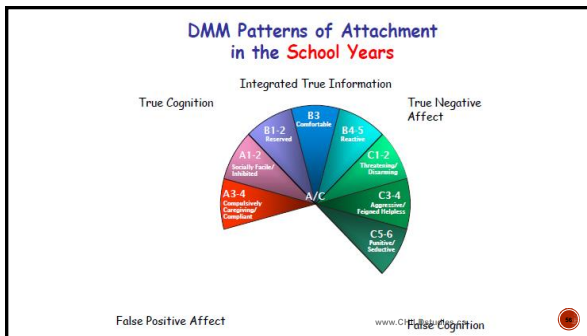
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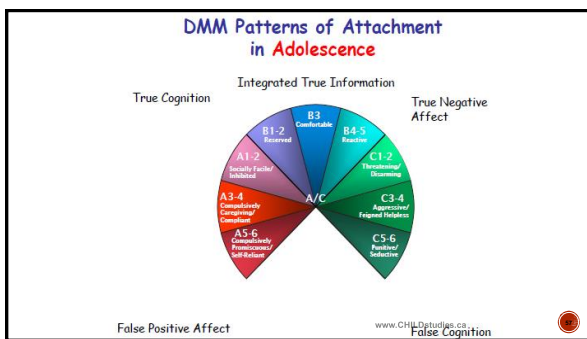
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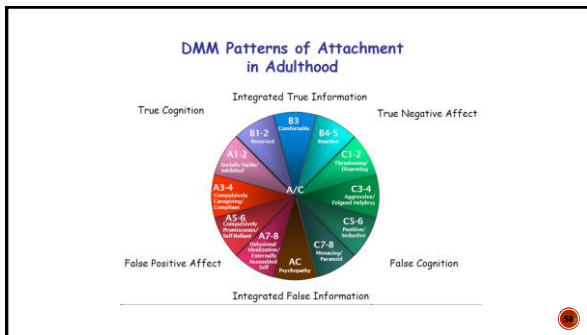
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## WHAT IS AN ATTACHMENT FIGURE?

- Protection and comfort
- Person who is there when you need...
- Long-term intimate, reciprocal relationship
- Affectively charged
- Person-specific
- Basis for physical and psychological survival

Crittenden, 2008

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Sadly, primary caregivers (usually mothers) affected by IPV may be traumatized, depressed or distressed which reduces their regulation of the infant's stress (e.g. are withdrawn, emotionally unavailable, or frightening)



And abusers are unlikely to provide environment conducive to safety and security, essential for healthy development

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## INSECURE ATTACHMENT

Primary caregiver :

- Insensitive
- Disengaged
- Uninvolved
- Emotionally flat
- Controlling

Infants develop:

- Self-protective strategies




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## MATERNAL UNRESOLVED TRAUMA

- Parents experiencing unresolved trauma/loss can demonstrate Frighten\* behaviour – frightened AND frightening (Main and Hesse 1990); Hostile and Helpless (Lyons-Ruth 2005)
- Atypical/anomalous parenting behaviours (Lyons-Ruth 2005):
  - threatening (looming)
  - dissociative (haunted voice; deferential/timid)
  - disrupted (failure to repair, lack of response)
  - affective communication errors (mother laughing while child distressed)




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## PARENTS OF FUTURE DISORGANIZED ATTACHMENT

### Attention dysregulation:

- Mothers gazed away from the infants face excessively, and in an unpredictable way
- Future disorganised infants may not feel reliably seen

### Orientation dysregulation:

- Excessive looming; less predictable self-contingency of moving among orientation positions of sitting upright, leaning forward, and looming-in was unpredictable
- Infants may feel frightened




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### Affect dysregulation

- Lowered interactive co-ordination with infant facial-visual engagement (withdrawal); *infants may not feel emotionally joined by mother*
- Heightened facial self-contingency – overly facially stable (still-face); *infants may feel 'stone-walled' and unable to read mother*
- More smiles or surprised faces at infant distress; *infants may feel opposed or countered and no acknowledgement of their distress*




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### DISORGANISED ATTACHMENT

- Strong association between atypical behaviours and disorganized attachment at 12/18months

Madigan et al 2006

- Strong association between disorganized attachment at 12/18 months and later problems including severe psychopathology, including borderline personality disorder and narcissistic personality disorder

Borelli et al 2010; Green and Goldwyn 2002




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### DANGER IS THE PROBLEM

- Insecure attachment is not the problem...danger is the problem
- Insecure attachment is the solution, BUT IT MAY NOT BE ADAPTIVE IN THE LONG RUN

Insecure attachment is the child's strategy for eliciting protection and comfort from the parent.




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Over the lifespan, insecure attachment is associated with:

- Problems with intimacy and affection
- Trust issues, low self-esteem
- Difficulty maintaining relationships
- Behavioural, academic and mental health problems
- Physical illness, especially inflammatory disorders




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## SYMPTOMS OR STRATEGIES?

- Attentional problems
- Hypervigilance
- Compulsions
- Agitation
- Aggressiveness (Crittenden, A&P)




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## RISK AND PROTECTIVE FACTORS




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## WHAT CAN WE DO ABOUT IT?

Deficits

Assets



Like building a house, getting it right the first time is more cost effective, however it is possible to correct or reverse issues later on.




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## RISK AND PROTECTIVE FACTORS

- Some children from families with IPV develop well or are "resilient" in spite of this risk
- The quality of relationships between mothers and their infants/children is a potent predictor of children's future development
- Families with more resources that precluded the need for shelter could be protective
  - Perry, 1995; Humphreys, 1993; Rudo, Powell, & Dunlap, 1998; Bornstein, 2002; McCain & Mustard, 1999; Shome, 1997; Sumner & Spietz, 1994; Letourneau et al., 2015; A.A. Levendovsky; Huth-Bocks, Shapiro, & Semel, 2003; Wuest, Merritt-Gray, & Ford-Gilboe, 2004; Attala and Summers, 1999




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## RISK AND PROTECTIVE FACTORS

- Other positive relationships including those with siblings or extended family members may also significantly decrease the risk for maladjustment
- Supportive peer relationships may also play a role
  - Camacho, Ehrensaft, & Cohen, 2012; Iruiralde, Margolin, & Shapiro, 2013; Kennedy et al., 2009; Miller, VanZomeren-Dohm et al. 2014




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## RISK AND PROTECTIVE FACTORS

- Individual characteristics linked to resilience
    - Child temperament
    - Child appraisals of blame and guilt concerning the violence
    - Spirituality and emotional intelligence
    - Prosocial skills such as empathy, self-regulation and self-esteem
    - Involvement in after school activities
- Agnafors et al., 2016; Fortin, Doucet et al. 2011; Howell and Miller-Graff 2014; Howell 2011; Ward, Martin, Theron, & Dastiller, 2007




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## RISK AND PROTECTIVE FACTORS

- Family and neighborhood characteristics associated with resilience
  - Socioeconomic advantage
  - Positive maternal mental health and parenting practices
  - Interventions to support parenting work!
- Howell and Miller-Graff 2014; Ungar, 2015; Letourneau 2016




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## HOW BRAINS ARE BUILT

The Core Story of Brain Development




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## BRAIN ARCHITECTURE

Brains aren't just born. They're also built.

- Early life experiences build brain architecture
- Brain architecture affects behaviour and learning, and lifelong physical and mental health, including addiction




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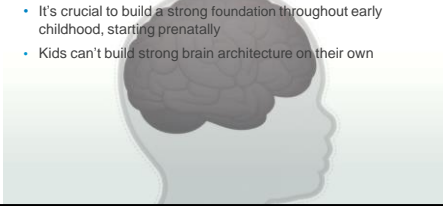
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## BRAIN ARCHITECTURE

BRAINS ARE BUILT IN STAGES

- More complex brain circuits are built on simpler circuits
- It's crucial to build a strong foundation throughout early childhood, starting prenatally
- Kids can't build strong brain architecture on their own




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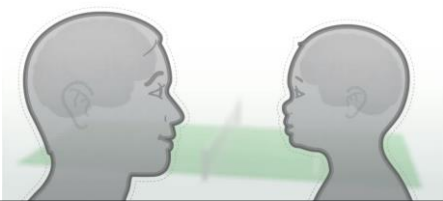
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## SERVE AND RETURN

NURTURING INTERACTIONS BUILD STRONG BRAIN ARCHITECTURE

- ~~Carers~~ The child responds to interaction making faces




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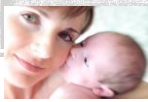
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## SUMMARY



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### NEGATIVE EFFECTS OF EXPOSURE TO IPV ON CHILDREN

- Verbal problems, physical health problems and post-traumatic stress disorder (PTSD) symptoms such as dissociation
- Poor psychosocial outcomes including socio-emotional difficulties and insecure/disorganized attachment
- Internalizing problems (e.g. depression, anxiety and withdrawal),
- Externalizing problems (e.g. aggression and hyperactivity),
- Perceptions and cognitions (e.g. self-blame, self-worth)
- Posttraumatic stress disorder (PTSD)
- Interpersonal relationships or social competence

• Chan & Yeung, 2009; N. L. Vu, E. N. Jouriles, R. McDonald, & D. Rosenfield, 2016

• N. L. Vu et al., 2016



### NEGATIVE EFFECTS OF EXPOSURE TO IPV ON CHILDREN

- Studies including younger children reveal more emotional and internalizing behavioral problems, social problems (e.g. social inhibition, antisocial behaviour), developmental delays and aggression and less verbal and cognitive abilities than standardized norms

• Lemmey, Malecha, et al., 2001; Lemmey, McFarlane, Willson, & Malecha, 2001; Holden & Ritchie, 1991; Moore, Gidycz, & Peticola, 1981; Atala & Summers, 1989; Claesson, 1995; Hughes, 1988; Hughes & Barad, 1983; Kerouac, Taggart, Lescop, & Fortin, 1986; Westra & Martin, 1981; Wildin, Williamson, & Wilson 1991



## NEGATIVE EFFECTS OF EXPOSURE TO IPV ON CHILDREN

- School-aged children who were exposed for longer periods of time, and those who were exposed to more serious forms of IPV (e.g., involving use of a weapon) along with other forms of family violence such as partner-child aggression, mother-child aggression demonstrate more serious adjustment difficulties

• R. McDonald, Jouriles, Tart, & Minne, 2009; N. Vu et al., 2016




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## CONCLUSION

- IPV is one of the key ACES with significant impacts throughout childhood and over the lifespan.
- There is a wide range of variability in the onset, seriousness and longevity of effects
- The potential for dichotomous outcomes—either psychological/cognitive or physical warrants investigation
- Mechanisms, risk and protective factors are well understood




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Thank you.

Email: [nicole.letourneau@ucalgary.ca](mailto:nicole.letourneau@ucalgary.ca)




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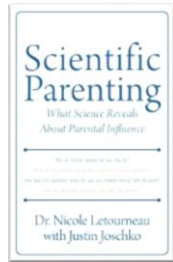
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## WANT TO KNOW MORE?

- Email: [Nicole.Letourneau@Calgary.ca](mailto:Nicole.Letourneau@Calgary.ca)
- Twitter: @DrNLetourneau



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