

Chapter 3

Impact of domestic abuse on children under five years

This chapter explores the impact of domestic violence and abuse on children under five years. The initial focus is on the unborn child, before moving on to examine how babies and infants can be affected by living in a violent and abusive household.

THE UNBORN CHILD

Nourishment and a safe environment are basic to the healthy development of the unborn child. To achieve this, the expectant mother must have an adequate diet and refrain from: smoking, recreational drugs, drinking alcohol, and an overuse of prescription medication. The environment in which she lives will also affect the growing foetus. Physical impacts, bumps and blows may damage the placenta and maternal stress can increase the release of cortisol, which may also harm the foetus.

Pregnancy can trigger the start of physical violence and abuse within a relationship or increase its severity and frequency (Humphreys and Houghton, 2008). Pregnant women exposed to abuse sustain poor health outcomes for themselves and their unborn child when the violence includes punches and kicks directed at the woman's swelling abdomen and breasts. There is substantial research that shows such assaults are associated with an increased rate of miscarriage, stillborn and premature birth, foetal brain injury, and fractured placental separation. Domestic abuse during pregnancy is also linked with poor outcomes at birth, including foetal distress, low birth weight, and foetal and baby death (see for example, Mezey and Bewley, 1997; Meuleners *et al*, 2011).

A mother's emotional condition can affect her unborn baby. Domestic abuse creates a stressful, unpredictable and dangerous environment for pregnant women. It may include acute traumatic events and chronic anticipation of abusive behaviours (Martinez-Torteya *et al*, 2017). The body responds to high levels of stress through the neuroendocrine release of cortisol. Usually the placenta protects the unborn baby from the mother's cortisol but when the mother is very stressed, this works less well. When cortisol permeates the placenta, it has been shown to be linked adversely to the development of the baby's amygdala, an area

of the brain involved in emotional and social development in childhood (Stoye *et al*, 2020).

Unborn babies exposed to high levels of cortisol are more likely to develop behaviour problems and have lower cognitive development at 18 months (Herba and Glover, 2021). Research has shown an association between prenatal exposure to domestic abuse and 'birth outcomes including low birth weight, stress response alterations, temperamental difficulties, and internalising (e.g. sad, inhibited) and externalising (e.g. oppositional, aggressive, rule-breaking, impulsive) behaviours during infancy and childhood' (Martinez-Torteya *et al*, 2017, p.40). Danya Glaser (2000) provides a comprehensive review of research on the effects of abuse and neglect, particularly the role of stress responses to trauma, on early brain development, and on attachment patterns in infancy.

Exposure to domestic abuse can result in an expectant mother experiencing poor mental health and post-traumatic stress, leading to an overuse of alcohol, prescription or illicit drugs; issues that may affect adversely the unborn child (Phillips, 2004). Drug use may harm a developing foetus via multiple mechanisms depending on the stage of pregnancy. Very early in pregnancy, the foetus is susceptible to structural damage whereas drugs taken later can affect growth or cause neonatal addiction (Julien, 1995; The Conversation, 2014).

The impact on the unborn child of drinking during pregnancy is related to the amount and pattern of alcohol consumed by the mother (Forrester, 2012). Excessive drinking is associated with an increased rate of miscarriage and can cause foetal alcohol syndrome disorder (FASD). The alcohol, which passes through the placenta, damages cells in the baby's brain, spinal cord and other parts of the body, and can result in miscarriage. Babies that survive may be left with lifelong problems, including difficulties in impulse control as well as behaviour and learning difficulties. A survey by Adoption UK (2020) of nearly 5,000 adopters in the UK found that one-quarter of the adopted children had been affected by parental drinking during pregnancy; eight per cent had been diagnosed with FASD; and a further 17 per cent were suspected of having FASD.

Harriet Ward and colleagues (2012) followed 57 children who had been subject to a core assessment or s.47 enquiry before their first birthday, for three years. They found that when babies had been exposed to domestic abuse in utero, the abuse continued following their birth, as the following example illustrates:

The police were called several times during incidents in which Nathan was held up and used as a shield between his parents.

(Ward *et al*, 2012, p.127)

The unborn child may be at risk of poor development due to the difficulties women may have in attending antenatal appointments. This

could be the result of controlling and coercive behaviour, such as when an abusive partner restricts the pregnant woman's movements. For other women, the link may be indirect. For example, the experience of abuse may leave a woman with such low self-esteem and depression that she fails to look after her own and the unborn child's physical needs, including attending antenatal clinic (Peckover, 2001). Irregular attendance at antenatal clinic has been shown to be associated with pregnancy complications such as pre-eclampsia and eclampsia, both pregnancy-related high blood pressure disorders, and with anaemia. It is also linked with higher adverse birth outcomes including preterm birth, low birth weight and stillbirth (Abbas *et al*, 2017).

Finally, there is evidence that the experience of domestic abuse weakens the bond between an expectant mother and her unborn child. Women who are victims of domestic abuse have been shown to be more likely to have a lower attachment to their unborn child when compared with non-abused women (Zeitlin *et al*, 1999; Pires de Almeida *et al*, 2012).

In some cases, the effects of domestic abuse on an expectant mother and her unborn child may be mitigated. Protective factors include good, regular antenatal care, and a network of alternative, safe and supportive people.

INFANT DEVELOPMENT (UNDER FIVE YEARS)

In supporting kinship and foster carers, adopters and special guardians to meet the needs of a baby or infant who has been exposed to domestic abuse, an understanding of the underlying issues is essential. The remainder of this chapter describes the expected health and development of infants, before examining the possible impact of domestic abuse.

HEALTH

Expected developmental progression

Fundamental to the health and development of an infant is a caring adult who can meet their needs for love and affection, adequate food, and a safe environment.

Newborn babies learn from the first days of life and can habituate to repeated stimulation. Present from the beginning are their individual cycles of sleeping, waking, crying, eating and defecating. Although babies differ, they generally sleep 16 to 18 hours a day and feed perhaps 10 times. There are significant variations in their general activity rate, restlessness, irritability and cuddliness (Bee, 2000). To ensure the baby's

health and development, parents need to be able to adapt to these differences.

Most babies achieve their milestones within the anticipated timeframe. They develop motor skills by repetitively performing a limited range of movements and, in order to do so, need a home that provides adequate stimulation, safety and protection. By 15 months many infants can walk unassisted and by 24 months their gross motor control has developed sufficiently to enable them to climb onto furniture. A child's gross motor control continues to develop, so that by four years most children would be expected to succeed in catching, kicking, throwing and bouncing a ball and to enjoy climbing-frames.

Fine motor control should have developed to the stage where, by 24 months, children are able to feed themselves and pick up tiny objects. By three years, they would be expected to be able to use a pencil and draw a person as a head with legs and arms coming out of it, and by four years to copy some letters.

Babies should be taken regularly to clinics for immunisations and developmental reviews and, when babies and infants are ill, it is essential that they receive prompt medical attention.

A UK study that took place between July and November 2020 explored the impact of the Covid-19 pandemic on children aged 0 to 2 (Reed with Parish, 2021). Their findings identified that, during the first phase of lockdown, support services for this age group were highly depleted. The majority of services did not "bounce back" quickly as the lockdown eased. Evidence of harm to very young children emerged in five overlapping areas:

- *An increased likelihood of exposure to traumatic experiences*
- *Indirect health risks from time confined indoors and reduced contact with health services*
- *Risks of harm to development from restricted social interaction*
- *Risk of increased parental stress, less responsive parenting and harms to caregiving relationships*
- *Increased likelihood of hunger or material deprivation*

(Reed with Parish, 2021, p.14)

Possible impact of domestic abuse

It is an ultimate irony that at the time when the human is most vulnerable to the effects of trauma – during infancy and childhood – adults generally presume the most resilience.

(Perry et al, 1995, p.271)

The widely-held assumption that babies and very young children are unaware of, and consequently can be shielded from, the impact of domestic abuse has now been debunked (Glaser, 2000; Humphreys and Houghton, 2008). Very young children exposed to domestic abuse may have been the unintended victims of both physical and emotional harm. They are particularly vulnerable to suffering injury, illness and neglect because they are unable to avoid danger or defend themselves. Most obvious are injuries that can occur when the baby or toddler is caught in the crossfire between parents, as can happen when held in a mother's arms during a physical assault. In other cases, a baby or infant may be deliberately targeted:

He'd think nothing like, you know, when [daughter] was three or that he would think nothing of coming in from the pub and I suppose to save myself I would always pick her up. Yeah, I did that, but that was the only protection I had and if he had hit her in any way I definitely would have done something about it ... he would get in over her some way and she would be crying and screaming, like, just leaning over her and busting me in the side of the head, you know what I mean, he's a very violent man.

(Hogan and O'Reilly, 2007, p.28)

Very young children are in danger because an abusive relationship is driven by the need to control and dominate. The arrival of a baby can result in intense jealousy and new mothers may be acutely aware that the time spent breastfeeding can act as a trigger to renewed abuse. In an attempt to control the abuse, mothers may prioritise the man's needs at the expense of those of her baby. Consequently, the baby may receive irregular feeds and little attention or affection when the perpetrator is present.

Regular sleep patterns may also be difficult to establish. Research has shown that babies who live with domestic abuse are subject to poor sleeping habits and excessive screaming (Humphreys and Houghton, 2008):

Ariel, an 11-month-old who was present when her mother was attacked by her boyfriend, kept waking up at night screaming.

(National Child Trauma Stress Network, 2010, p.3)

When babies cry and are not easily soothed, perpetrators of domestic abuse can become extremely frustrated and may attempt to stop the crying and control the behaviour through shaking or violence.

Young children may be harmed because domestic abuse affects a mother's mental health, leaving her in a state of apathy, with impaired concentration. This can have dangerous consequences for her infant because lack of attention may result in accidental injuries, such as when babies are left alone in the bath or infants are sent out on to the street to play unsupervised. For example, children under five years who live with

domestic abuse and violence are at increased risk of having to attend a medical service because of burn injuries. This age group accounts for up to 70 per cent of children who attend UK medical services and the most common risk factors are prior injury, parental mental health problems and domestic abuse (Nuttall *et al*, 2020).

A more insidious way in which babies and toddlers may be harmed is through their day-to-day experiences and interactions with their parents. Infancy is potentially the most vulnerable period in childhood because it is the time of greatest post-natal brain development. For example, between the ages of 6 and 18 months, the orbitofrontal cortex matures – an area of the brain involved in the cognitive process of decision-making. It is thought to be the location for social and emotional interactions, attachment development, and internal working models (Archer and Gordon, 2006). When the predominant early experiences are fear and stress, these can have significant and enduring effects on how the brain develops. The advancement of neuroimaging in the 1990s has enabled the identification of an association between witnessing physical familial abuse and morphologic changes in infants' brains (Tsavoussis *et al*, 2014).

Extreme stress and trauma are also associated with enduring changes in the secretion and processing of cortisol, a hormone found to cause disrupted neural development, resulting in emotional, social and cognitive impairment in very young children (Enlow *et al*, 2013; Cairns and Cairns, 2016; Clements *et al*, 2019). The experience of trauma in infancy increases the brain structures involved in vigilance and can result in a constant state of arousal, numbing or avoidance (SAMHSA, 2014).

EDUCATION: COGNITIVE AND LANGUAGE DEVELOPMENT

Expected developmental progression

Soon after birth, babies respond to sound and voices and can almost immediately distinguish their mother (or regular caregiver) from others on the basis of smell, sight or sound (Murray and Andrews, 2000). By nine months, the vast majority of babies enjoy communicating with sound and can shout for attention or scream with rage. Generally, at about one year, infants say their first words and new words are added quickly, typically names for things or people. By two years, infants are able to follow simple instructions, and by three and four years, most can concentrate well and, although enjoy playing by themselves, are beginning to be able to "take turns".

Hearing can be a serious issue for some children. Each year around 840 babies in the UK are born with a significant hearing impairment (Claridge, 2006). There are a number of approaches that can help deaf babies to acquire language (Humphries *et al*, 2012) but regardless of the method, all these babies will need additional stimulation and help.

To progress and develop, young children need adults who listen to their verbalisations and encourage them to interact. Looking at pictures and reading to a child helps to develop their vocabulary, knowledge and understanding of words and language. A safe environment enables the toddler and infant to explore their surroundings and thus develop their cognitive skills.

Possible impact of domestic abuse

The first years of life are a critical period for cognitive and language development. An analysis of the findings from a longitudinal twin study of five-year-olds, carried out in England and Wales, found that exposure to domestic abuse was associated with children's delayed intellectual development (Koenen *et al*, 2003). Research by Dan Anderberg and Gloria Moroni (2020), in line with these findings, showed that exposure to domestic abuse during the pre-school years had a significant negative effect on a child's cognitive skills. This can result from parents being preoccupied with their own feelings and emotions, and failing to notice their child's feelings or wishes or to respond appropriately. In other cases, feelings of exhaustion, depression and a lack of self-confidence and self-worth, factors associated with the experience of domestic abuse, may result in a parent not having the capacity to engage and stimulate their infant. As a result, infants and very young children may show significant delays in their language and general understanding, and start nursery and school from an unfavourable position.

Growing up in a violent and chaotic household has been shown to be associated with children who show little or no interest in their environment (Humphreys and Mullender, 1999). If children are not sure of their parents' behaviour and fear triggering a violent reaction, they may lack the courage to explore and consequently inhibit their natural inquisitiveness. Pre-school facilities, such as a nursery or playgroup, can compensate for a lack of stimulation at home and provide an opportunity to interact with other children and adults. Sadly, when parents are in a violent and abusive relationship, they often fail to take their children on a regular basis to such a facility. This may result from an abusive and controlling partner preventing the parent and child leaving the house, or because the abused parent is experiencing poor mental health. Finally, poverty and a chaotic lifestyle of some families affected by domestic abuse can mean that getting a child ready on time to attend a preschool facility is impossible.

EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

Expected developmental progression

The emotional and behavioural development of an infant depends on the parental bond with the child and the child's attachment to the parent (Bowlby, 1973; Schofield and Beek, 2018). The formation of this relationship is based on the opportunity for parent and infant to 'develop a mutual, interlocking pattern of attachment behaviours, a smooth "dance" of interaction' (Bee, 2000, p.320):

The baby signals his needs by crying or smiling; he responds to being held by quieting or snuggling; he looks at the parents when they look at him...(The parents in turn)...pick the baby up when he cries, wait for and respond to his signals of hunger or other need, smile at him when he smiles, gaze into his eyes when he looks at them.

(Bee, 2000, p.320)

This "dance" of interaction will be influenced by the baby's temperament, which in turn will affect the parent's reactions. Key to a good outcome will be the parent's capacity to adapt and respond appropriately to their baby's emotional and developmental needs (Belsky *et al*, 1998).

During the second year of life, attachment experiences influence the development of a child's working model of how people are likely to behave towards them. The child develops an awareness of others and the capacity to empathise. It is a period when emotions are difficult to regulate and moods can fluctuate greatly. How infants learn to manage their moods depends upon the relationship between parent and child.

By three or four years, children are usually friendly and helpful, although outbursts of frustration and temper, both verbal and physical, are not unusual. It is an age when children are plagued by irrational fears, and key to managing these is the presence of a consistent adult who is able to reduce their anxiety and reassure them.

Statistics for England, based on high quality assessments with a random sample, found that one in 18 (5.5%) pre-school children were identified with at least one mental disorder. Behavioural disorders were evident in 2.5 per cent of preschool children. At this age, boys were more likely than girls to have a disorder (NHS Digital, 2018).

Possible impact of domestic abuse

Mothers who are abused can 'become numb, uncommunicative, unresponsive and unable to cope', while violent fathers are 'negative,

controlling, authoritarian and punitive in their behaviour, and see fatherhood in terms of their rights rather than the child's needs.

(Lewis, quoted in Guy *et al*, 2014, p.47)

The experience of domestic abuse can leave parents emotionally unavailable and unresponsive to their infants, and create in very young children a primal fear and a host of other raw, complex and unresolved emotions (Edwards, 2019). The lack of emotional availability will impact negatively on the 'interlocking pattern of attachment behaviour'. The process of attachment may be interrupted as a result of the violent partner being arrested or if the abused parent and infant escape an abusive home. As a result, infants may experience several unplanned moves, separations, or the loss of a parent figure. This could leave them with feelings of extreme anxiety, which they may express through bed-wetting, sleep disturbance, rocking and head-banging.

The child's emotional development may also be impeded in less obvious ways. It has been argued that an infant must experience nurture and affection in order 'for the limbic nuclei, relevant for the regulation of emotion, to develop normally' (Ironsides, 2004, p.40). Sadly, for many children exposed to domestic abuse, neither parent is able to consistently provide such an environment. Research using data from a UK longitudinal study found that a mother's exposure to domestic abuse was strongly negatively associated with an infant's socio-emotional skills, an infant being defined as aged between birth and three years (Anderberg and Moroni, 2021).

In the early years, an infant's emotions and behaviours generally mirror the moods and actions of those who are caring for them. The apathy, despair and feelings of worthlessness many victims of domestic abuse experience can leave them emotionally unavailable to their infants and incapable of showing any warmth. When children have not experienced love and affection, they feel unloved, unlovable and unwanted (Clever *et al*, 2011). As a result, children become "touch hungry" and show no discrimination between their parent and strangers; they may be unduly clingy and fearful.

When infants have heard and watched arguments and fighting, they may be flooded with unpleasant emotions: sadness, anger, fear, confusion, grief and loneliness. With a limited ability to verbalise their emotions, they may act out, cry, resist comfort or become despondent (Baker and Cunningham, 2009). Research by Alytia Levendosky and colleagues (2002a) found that pre-school children living with domestic abuse suffered symptoms of post-traumatic stress disorder (PTSD). Mothers described the children's symptoms in terms of 'argues a lot', 'can't sit still, restless, or hyperactive', and 'fears certain animals, situations or places'. No differences were found in the PTSD symptomatology between boys and girls.

A report by UNICEF (2006) identified behavioural changes for young children exposed to domestic abuse that included:

- excessive irritability;
- sleep problems;
- emotional distress;
- fear of being alone;
- immature behaviour;
- problems with toilet training; and
- language development.

When domestic abuse starts some months after birth, a young child may regress to earlier behaviour patterns, such as inconsolable crying, loss of toilet training, and asking for a bottle. Children may show increased aggression and act out in play the events they have witnessed (National Child Trauma Stress Network, 2010). The volatile environment and the inconsistency in parental reactions harm infants' ability to trust adults. It reduces their exploratory behaviours, which is a necessary element for the development of autonomy.

IDENTITY AND SOCIAL PRESENTATION

Expected developmental progression

Children's understanding of who they are develops during their first years of life. By the age of three and four years, most children recognise their parents and siblings and have a sense of who belongs to their immediate family. It is a time when children gain a sense of ownership; an understanding of "me" and "mine". At this stage in their development, children's sense of identity is concrete and based on visible characteristics, such as whether they are a girl or boy, the colour of their hair, and what they are good at doing (Bee, 2000). The hypothesis that early childhood trauma is associated with gender dysphoria is unproven (see, for example, Malone, 2017 and Giovanardi *et al*, 2018).

Infancy is the stage when children integrate the "good" and "bad" parts of self, through adults telling them how to behave. It is by integrating these two aspects of themselves that children come to understand 'they are good people who sometimes do "not good" things' (Fahlberg, 1994, p.74). Infants who receive sufficient love and attention develop a positive view of self and are relatively confident and able to take pride in their achievements. Consequently, they expect adults to like them and, in turn, see adults as dependable and trustworthy. Parents generally take

pride in their children and ensure that they are clean and appropriately dressed.

Possible impact of domestic abuse

When domestic abuse has led to poor parental mental health or substance misuse, the abused parent may lack the capacity to care about their own and/or their child's appearance. Children may be neglected and basic hygiene ignored; they may be left unwashed, with infested hair and dressed in inadequate and filthy clothes. Some children of four years are to a very limited degree able to look after themselves, but younger ones are not. How a child looks and smells will influence how others react to them and also how they feel about themselves.

Domestic abuse that is associated with poor parental mental health can result in a child being shown little warmth and being physically and emotionally rejected. Over time, children can develop negative and distorted beliefs about themselves and lose confidence in the ability of adults to look after and protect them.

Particularly damaging to a child's sense of identity is the belief, which many hold, that in some way they are to blame for the abuse in the home: 'it's my fault'. Infancy is the time for egocentric and magical thinking (believing that thoughts or actions can influence the course of events). This can result in unrelated events being linked together in a child's mind. For example, children may associate their mother's reproof for not putting away their toys earlier in the day with the subsequent domestic violence and abuse directed at her (Baker and Cunningham, 2009).

Children, even from a very young age, may try and put things right. They may attempt to comfort the abused and distressed parent or simply wish to hold on to them, fearing the external world:

Whenever he saw us arguing, he used to be crying his eyes out all the time. He was 'Mummy, Mummy'. And coming to me all the time.

(Mother of a two-year-old boy, quoted in Humphreys and Mullender, 1999, p.8)

FAMILY AND SOCIAL RELATIONSHIPS

Expected developmental progression

Early attachment and bonding between a baby and parent (or caregiver) begin during the first year of life and this experience will influence a child's approach to all new relationships. The process is generally

reciprocal; each player affects the response of the other. There are, however, some circumstances when such a complementary relationship may not be present. Research has shown that severe autism with associated learning difficulties may result in an infant failing to attach securely to their parent (Rutgers *et al*, 2004).

Fear of strangers and separation anxiety are at their height around the age of two years. When the relationship with parents is well established, such fears gradually diminish. Most children can cope well with separation by the age of three and four years, understanding that their parent continues to exist when absent, as does their relationship (Bee, 2000). This enables the parent and child to plan for brief separations, such as attending nursery school and what the child should do when frightened or needing help. However, this period of childhood is a time for irrational fears, the greatest being that parents will abandon them (Fahlberg, 1994).

Infants as young as 14 months show an interest in one another and, over the coming months, they gradually learn to establish relationships with peers and develop social skills. Pro-social behaviour emerges, such as sharing, helping or comforting, which may be directed towards a parent, sibling or unrelated child. The development of such behaviour is influenced by parental reinforcement, the modelling of altruistic behaviour, and moral exhortation (Smith and Cowie, 1993). During early childhood, siblings will spend a lot of time together. These relationships can be very volatile because infants have not developed the capacity to regulate their emotions.

Possible impact of domestic abuse

Domestic abuse and other linked parental difficulties can affect the attachment process. Children are likely to have experienced inconsistent parenting, which may leave them bewildered and frightened. They may become uncertain as to whether their needs and wishes will be met with interest and pleasure or hostility and indifference.

Children can become fearful and unnaturally vigilant, believing that danger is an ever-present feature in their lives. Infants may display excessive irritability and an increased fear of abandonment. Their inability to verbalise the powerful emotions they feel may prompt temper tantrums and aggression, crying and resisting comfort, or despondency and anxiety (Holt *et al*, 2008):

They see what their mother have to go through. She cry, she scream. And with me...I had to block my face when my husband start with me and I had to scream and this affect my kids a lot. I mean, my son, he was very withdrawn. He don't interact with other kids and play with them.

(Mother of a toddler and three-year-old, quoted in DeVoe and Smith, 2002, p.1085)

Children exposed to domestic abuse are shown to have more problems in playing and interacting in a sociable way with siblings and other children. They are more likely to display anger, peer aggression and behave in challenging ways, than non-exposed children (Covell and Howe, 2009). They may learn to resolve conflict with peers and siblings through mirroring what they see at home. Abused mothers in Ellen DeVoe and Erica Smith's study (2002) expressed concerns that their children were mimicking their partner's abusive behaviour. They were frustrated with their children's aggressive behaviour, as one reported:

He (participant's son) beat too much on his sister, oh my god. He used to hit her, and he used to bite her – he was 14 months when this all started.
(Mother, quoted in DeVoe and Smith, 2002, p.1086)

Some mothers feared that their children would become violent in their adult relationships. One mother reported '...he told me once, "When I get bigger, I'm gonna hit you like my dad"' (DeVoe and Smith, 2002, p.1086).

When a perpetrator controls a mother's movements, it may severely restrict their child's social life by preventing engagement with wider family, peers and extra-curricular activities. One such mother reported:

I just didn't go out, so then the children didn't go out. It was just school and home. So they missed out on days out, family trips, socialising with people. And they've missed out on knowing what healthy relationships are about in other families because children don't make as many friendships if you can't mix with other mums.
(Mother, quoted in Katz, 2016, p.53)

Children may be further traumatised as a result of family separation. Young children can experience conflicting feelings of relief and a sense of greater safety, mixed with a sense of loss. Some will yearn for continuing contact with their abusive fathers, and the intensity of the grief will vary depending on the strength of the emotional attachment (Baker and Cunningham, 2009).

TO SUM UP

Key problems for the unborn child

- Pregnancy can trigger or increase assaults on an expectant mother, including punches and kicks directed at her abdomen. Foetuses that survive such assaults may be born prematurely, suffer brain injury, foetal distress and low birth weight.

- An expectant mother may be prevented from attending antenatal appointments. Irregular attendance is associated with pregnancy complications and adverse birth outcomes.
- Expectant mothers who are subject to domestic abuse may suffer poor mental health, and some will have self-medicated with drugs or alcohol. Alcohol and drugs can affect foetal growth and result in life-long problems including impulse control, behaviour and learning difficulties. Alcohol taken later in pregnancy may lead to neonatal addiction.
- The high levels of stress experienced by an expectant mother may negatively affect the development of an unborn baby's nervous system and brain.

Key problems for children aged under five years

- The arrival of a new baby and the time spent feeding can awaken feelings of intense jealousy in an abusive partner. To counteract this, mothers may prioritise their partners' needs over those of their babies. This can result in irregular feeding and little time for affectionate interaction; bonding and attachment may be affected negatively.
- High levels of fear and stress can affect the brain development of very young infants, resulting in emotional, social and cognitive impairment.
- Infants may react to having been exposed to extreme stress and trauma with a constant state of arousal and emotional numbing.
- A young child's cognitive and language development can be delayed when parents are preoccupied with their own emotions, including exhaustion, depression, low self-confidence and self-worth. Parents may not have the capacity to engage and stimulate their child, and may react negatively or with hostility to their child's needs.
- The fear and anxiety that results from living in a violent household can inhibit children's natural instincts to explore their environment. Nurseries and pre-school facilities can compensate for delayed cognitive and language development, but an abusive partner may prevent a child's attendance.
- The key to good bonding and attachment is a parent's capacity to adapt and respond appropriately to their baby's emotional and developmental needs. Exposure to domestic abuse can leave parents emotionally unavailable. Children may react by becoming unduly clingy and fearful, excessively irritable, difficult to soothe and settle when upset, and fearful of being left alone.
- Domestic abuse can affect parents' capacity to attend to their child's physical needs, leaving children neglected and with very poor basic hygiene. Other adults and children are likely to react negatively to a child

who is smelly, wearing filthy clothes and with infested hair, resulting in the child feeling rejected and unlovable.

- Many children will believe that they are at fault for the violence and abuse in their family. Such negative beliefs about themselves will be reinforced when children's efforts to please are met with rejection.
- Children who have been exposed to domestic abuse may have difficulty in regulating their emotions, resulting in frequent temper tantrums and aggression, crying but resisting comfort, and over-dependency and anxiety.
- When parental behaviour has been unpredictable and frightening, children may display symptoms similar to or be suffering from post-traumatic stress disorder.
- Children exposed to domestic abuse may have problems in playing and interacting with other children. While some may be overly aggressive to peers, others will be fearful of any interaction.