Domestic Violence Impact on Infants and Toddlers
Heidi S. Roibal, BS, IMH-E
April, 2015

NMAIMH competencies addressed
Theoretical foundations
  - Attachment, separation, trauma and loss
Direct Service Skills
  - Safety
Reflection
  - Emotional response

Angela, a young mother, enters a women’s shelter. She is 23 years old and has two young children, a 2 year-old son and a 7 month-old daughter. She has broken ribs and a black eye. She is scared, angry, brokenhearted, and has nowhere else to go. Your program has received a referral to enroll this mother into home visiting.

Witnessing domestic violence is an extremely traumatizing experience. 15.5 million children in the U.S. live in families in which partner violence occurred at least one time during the past year and 60% were less than 6 years old. (Ellison, 2014).

According to a 2013 New Mexico Summary (nmadv.org) in a single, typical day in New Mexico, 951 victims of domestic violence found refuge in emergency shelters, or received assistance and services provided by local domestic violence programs. More than 275 of these victims were children. Children who witness violence in the home is the strongest risk factor for transmitting violent behavior from one generation to the next. (Break the Cycle, 2006).

Research in neuroscience (brain and nervous system) tells us that infants and toddlers are most vulnerable because trauma that occurs during this stage impacts a child’s entire system, including those systems that help infants build capacity for self-regulation. It is a common misperception that infants and toddlers are too young to remember or be impacted by domestic violence, but the Adverse Childhood Experiences (ACES) study tells us that what happens early in life matters. ACESare serious childhood traumas that result in toxic stress and can harm a child’s brain and may result in long-term health problems.
One of the most harmful aspects of domestic violence for very young children is the loss of their primary caregiver, usually the mother, as an attachment figure. Many times, a baby’s primary caregiver is unable physically or emotionally to help the baby manage his/her stress reactions to a domestic violence event because of the overwhelming stress that the parent experiences.

We can share with parents that every child is impacted by domestic violence, no matter how young. We can help parents and families see their ability to take on a protective role for their child. The protective role includes supporting a strong and safe attachment relationship between the parent and the child. Sharing information about how strong attachment acts as a protective factor to buffer traumatic experiences may help a parent feel more competent. We can help parents understand that infants and toddlers need engagement and intentionally to re-build connections with parents. We can help parents use the behavior of the baby as their language in identifying and responding to their children’s needs as a way to help build trust and competence. Many parents are glad to have a chance to focus on their infant or toddler and we can help parents think about how to re-establish the trust and attachment with their child in different ways.

Home visitors are uniquely positioned to talk with families about the impacts of stress on very young children by building upon the foundations of our relationship-based practice. As we create and nurture trusting relationships with parents, we can support parents in building resilience in children. When we avoid talking about domestic violence, we may inadvertently send a message that parents should be ashamed of their experience. These can be difficult conversations to have. We can help parents understand the harmful impact of domestic violence on infants and toddlers while not adding to the parent’s feeling of self-blame. When we explore with the parent some ideas that may help promote attachment such as encouraging the primary caregiver to view themselves as part of the protective factors, this can buffer the impact of domestic violence, build resiliency and promote positive parent-child interactions.

**Questions to encourage discussion and reflection…**

- How can I learn more about the ACES study?
- What kind of activities in my home visiting model or curriculum can help support parents in building strong attachment?
- Who in our community provides support for domestic violence issues such as the legal system, social services and infant mental health?
- How is this work affecting me personally? Who is my support system?

**References/Additional Resources**


National Domestic Violence Hotline- 1-800-799-7233 FREE