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Erased in Plain Sight: Mitigating the Impacts of Childhood Exposure to Domestic Violence on Latino Children in California

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Executive Summary

15.5 million children live in households where they are exposed to domestic violence in the U.S.¹ Recognized as a national public health crisis, research shows that children exposed to domestic violence generally suffer worse physical, mental, and behavioral outcomes.² For Latino youth, these impacts are worsened by disparities in health, poverty, structural racism, and familism. Despite representing over 4 million Californians and 48 percent of the total child population, Latino children in California are not centered in domestic violence prevention policy.³ Standard methods of prevention are not effective in mitigating the impacts of childhood exposure to domestic violence and must shift to more reliable methods. Growing bodies of research have found that prevention education is a reliable method that mitigates the harmful impacts of exposure to domestic violence and states have shown that passing comprehensive prevention education is possible. To best protect one of its most vulnerable populations, Latino children, California must pass a culturally competent and

comprehensive prevention education policy.

Background

Defining Domestic Violence

Using the California Department of Public Health's definition domestic violence will be defined "as a spectrum and often a pattern of behaviors that includes physical, sexual, verbal, emotional, and psychological abuse and/or economic control used by adults or adolescents against their current or former intimate partners in an attempt to exercise power and authority, which has a destructive, harmful effect on individuals, the family and the community.⁴ This definition is important because it is inclusive of a range of intimate relationships and family structures. Further, a clinical study done by Kaiser Permanente and the Centers for Disease Control on Adverse Childhood Experiences (ACEs), found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.⁵ The study included domestic violence

as an ACE, a traumatic event occurring before the age of 18.⁶

General Impacts of Childhood Exposure to Domestic Violence

Children who are exposed to domestic violence suffer worse physiological, psychological, and emotional outcomes.⁷ Physiologically, some may experience stomach aches or headaches in the short term; in the long term they may be at higher risk for diabetes, heart disease, and obesity.⁸ Other physiological symptoms include trouble falling asleep, bed wetting, showing signs of terror, and engaging in risky behaviors such as imbibing in drugs or alcohol.⁹ Psychologically, children who are exposed may develop fear, anxiety, and depression.¹⁰ Children may also develop post-traumatic stress disorder (PTSD).¹¹ In fact, children who were exposed to violence for more than 75% of their lives exhibit significantly more PTSD problems than children who are not exposed.¹² Emotionally, children may express a number of behaviors or responses due to exposure including intense terror, fear of death, fear of loss of a parent, rage, feelings of guilt, and a sense

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of responsibility for the violence.¹³ This is supported by evidence in maternal reports that state 47% of children responded to violent incidents with intense levels of emotional distress.¹⁴ Additionally, children exposed to domestic violence are a high-risk population for either becoming abusers or entering abusive relationships themselves.¹⁵ Children may experience one or all of these symptoms and outcomes due to exposure to domestic violence.

In a study done on the relationship between parental intimate partner victimization and youth adolescent abuse, researchers found that different kinds of exposure to violence translated into similar patterns in adolescent and adult relationships.¹⁶ It can be concluded that exposure to domestic violence is likely to predispose children to enter into violent relationships as adolescents and adults.

California Domestic Violence Prevention Policies Cannot Be Effective Until They Address the Unique Challenges Latino Children Face

Despite Latinos making up 48 percent of the total child population in California, statewide domestic violence prevention policies do not address the compounding disparities Latino children face while being exposed to domestic violence.¹⁷ Economic and health disparities as well as structural racism intensify the impacts of exposure to domestic violence on Latino children.

Economic Disparities

In comparison to other racial groups, Latinos are disproportionately impoverished, comprising 51.4 percent of poor Californians but only 39.6 percent of the state population.¹⁸ The widespread level of poverty across the Latino community is significant because poverty restricts the resources used to avoid risk and develop healthy habits/behaviors, and as such is associated with a variety of adverse health outcomes.¹⁹ These outcomes include: shorter life expectancy, higher rates of infant mortality, higher death rates for the 14 leading causes of death, and can alter children's cognitive, socio-emotional, and physical development.^{20,21} That means Latino children who are impoverished are also more likely to be food insecure, more likely to develop toxic stress, and are at the greatest risk for poor life outcomes.²²

Health Disparities

One of the ways to mitigate impacts of exposure to domestic violence is through preventative medicine or through medical interventions, however, for many Latino children this is not a viable option. In the U.S., Latinos have the highest uninsured rates of any racial or ethnic group.²³ The high uninsured rates are affected by a lack of employer coverage (Latinos are overrepresented in the essential/gig labor economies) and citizenship restrictions to access.²⁴ If Latino children are able to access healthcare, they must still contend with language/cultural barriers

and a lack of access to preventive care.²⁵ Further, Latino children are at greater risk of heart disease, cancer, stroke, and diabetes.²⁶

Structural Racism & Familism

Anti-immigrant sentiments and racism also impact typical pathways to mitigate exposure to domestic violence. Child welfare agencies, prevention policies, and resources tend to disadvantage the Latino community, who in many instances must overcome a language barrier, a lack of familiarity with the legal system, fear of deportation, and limited knowledge about the resources that are available.²⁷ Domestic violence prevention policies also tend to be punitive and result in out of family care support rather than in-family support.²⁸

Latino children may also be instructed not to seek help by their families due to familism.²⁹ Familism is a multifaceted traditional Latino cultural value that dictates norms, expectations, and beliefs about the family.³⁰ Key features of familism that can impact Latino youths' ability to seek help are:

- The subjugation of one's individual needs to those of the family
- Greater expectations surrounding family responsibility compared with non-Latino Whites
- Obedience and respect for those in positions of authority within the family³¹

Familism in Latino households is meant to serve as a protective mechanism for Latino youth, however, when it comes to domestic

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violence familism may also cause youth not to seek help even if they are under immense stress. Speaking out could be perceived as uprooting the family, disobedience, and putting the needs of the child before the safety and cohesion of the family. In a household experiencing domestic violence seeking help or speaking out can also increase risk of harm on Latino children.³²

The Intersections of ACEs and Risk Factors

Policies that view exposure to domestic violence independently from other risk factors such as poverty, healthy disparities, structural racism, and familism cannot appropriately mitigate the impacts of Latino children exposed to domestic violence. Such policies are absent of the cultural competencies needed to understand the full scope of the problem and how to solve it.

Limitations of Current Domestic Violence Prevention Policies

The greatest limitation of California domestic violence prevention policy is that it is not equipped to meet the needs of Latino children. Prevention policies do not consider the structural and cultural factors that prevent Latino children who are exposed to domestic violence from seeking help and youth are effectively erased from prevention considerations.

Due to Latino youth not being centered in prevention efforts, resources and policies are geared towards support services for

adults with little help available to Latino children. These policies place the onus of seeking help on an adult rather than building access for youth who are being harmed by exposure to domestic violence. This leaves Latino youth in an incredibly difficult situation if adults in their household are not seeking help and can result in youth not receiving help the help they need.

Youth who do end up in the welfare system are also at risk of further traumatization due to caseworkers, mandated and other reporters, being discriminatory or making decisions based on racial biases.³³

Recommendation: Culturally Competent, Youth Centered Prevention Policies are Needed to Effectively Mitigate the Impacts of Domestic Violence on Latino Children

Since interventions at the state or agency level are not equipped to address the needs of Latino youth and cannot effectively mitigate the impacts of exposure to domestic violence—prevention policies and strategies must take an innovative approach to helping Latino youth. A culturally competent prevention policy should be driven by the following goals:

1. Focus prevention on building resilience and capacity to deal with violence at home.
2. Develop a plan that is culturally competent and takes on a comprehensive approach to addressing the unique disparities Latino youth face.

3. The prevention policy will be implemented by an agency that Latino youth can trust.
4. Measure the effectiveness of the program.

These cultural competencies can be reasonably achieved through a comprehensive prevention education policy. A comprehensive prevention education policy in California would mandate that middle and high schools include a section on domestic violence during orientation, set a domestic violence education requirement in the health framework, and introduce tailored domestic violence education. Tailored domestic violence education should include topics that are tailored towards addressing potential challenges Latino youth may have identifying domestic violence, how to build resilience while being exposed to domestic violence, and how to access confidential, non-punitive resources and be provided in Spanish.

A report on adult victimization and the impact on children concluded that their findings support prevention programming for children to recognize and address challenging familial patterns.³⁴ Federal agencies like the Centers for Disease Control (CDC) and the U.S. Department of Health and Human Services (HHS) made the same determination—prevention education is one of the most effective ways to mitigate the overarching impacts of exposure to domestic violence on children. Additionally, Rhode Island, Nebraska, Florida, Ohio, Virginia, Oregon, and

Louisiana have passed successful statewide, mandatory prevention education policies focused on mitigating the impacts of domestic violence.³⁵ It is crucial to note that these states took similar approaches to prevention education. A significant majority of these states situated domestic violence prevention in their state health curriculum or framework; education expanded on existing curriculum; legislation set educational content standards all school boards to meet, which included the definition of domestic violence, warning signs of dating abuse, and characteristics of a healthy relationship; and legislation purposefully targeted students in grades 7 through 12 (this is consistent with CDC findings that show that 11 to 17 year old children are a high-

risk group).³⁶ Research validates the reliability of prevention education policy in mitigating the harmful impacts of exposure to domestic violence, while states demonstrate that a statewide prevention education policy is achievable.

California must expand beyond what states have previously accomplished and implement a **Culturally Competent and Youth Centered Prevention Education Model**. Not only is this feasible, but the state has the ability to amass political support for this measure given the established facts involved and the importance of elevating the issues impacting Latino children. The state can also find natural partners, such as local Domestic Violence Councils and advocacy groups, in education

efforts to curb domestic violence. Further, the state has access to the necessary data to craft an educational framework that will best serve Latino children. It is recommended that California create content standards for domestic violence education, mandate that schools incorporate it into their health education courses for students in 7th-12th grade and establish cultural competency standards directly linked to serving Latino children. California has an opportunity to help mitigate the harmful impacts of domestic violence on Latino children and should help this vulnerable population by passing a culturally competent and youth centered prevention policy.

Endnotes

¹ Chamberlain, L. (2018). Updated comprehensive review of interventions for children exposed to domestic violence. *Futures Without Violence*.

² California Department of Public Health. "Preventing Violence in California: Volume I: The Role of Public Health." California Department of Public Health: Violence Prevention (May 2017)

³ California Dept. of Finance, Population Estimates and Projections (May 2020); U.S. Census Bureau, Population and Housing Unit Estimates (Jul. 2020).

⁴ California Department of Public Health. Domestic Violence/Intimate Partner Violence, www.cdph.ca.gov/Programs/CCDC/DCDC/SACB/Pages/DomesticViolenceIntimatePartnerViolence.aspx.

⁵ Felitti, Vincent J., et al. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study." *American journal of preventive medicine* 14.4 (1998): 245-258.

⁶ California Department of Public Health, and California Department of Social Services. "Adverse Childhood

Experiences Data Report: Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017." *Injury and Violence*

Prevention (IVP) Branch, California Department of Public Health, Oct. 2020,

www.cdph.ca.gov/Programs/CCDC/DCDC/SACB/CDPH%20Document%20Library/Essentials%20for%20Childhood%20Initiative/ACES-BRFSS-Update_final%2010.26.20.pdf.

⁷ Horner, Gail. "Domestic violence and children." *Journal of Pediatric Health Care* 19.4 (2005): 206-212.

⁸ U.S Department of Human and Health Services. Office on Women's Health. "Effects of Domestic Violence on Children." Received <https://www.womenshealth.gov/relationships-and-safety/domestic-violence/effects-domestic-violence-children>

⁹ Ibid.

¹⁰ Groves, Betsy McAlister. "Mental Health Services for Children Who Witness Domestic Violence." *The Future of Children*, vol. 9, no. 3, 1999, pp. 122-132.

¹¹ Horner, Gail. "Domestic violence and children." *Journal of Pediatric Health Care* 19.4 (2005): 206-212.

¹² Holden, George W. "Children exposed to domestic violence and child abuse: Terminology and taxonomy." *Clinical child and family psychology review* 6.3 (2003): 151-160.

¹³ Groves, Betsy McAlister. "Mental Health Services for Children Who Witness Domestic Violence." *The Future of Children*, vol. 9, no. 3, 1999, pp. 122-132.

¹⁴ Holden, George W. "Children exposed to domestic violence and child abuse: Terminology and taxonomy." *Clinical child and family psychology review* 6.3 (2003): 151-160.

¹⁵ U.S Department of Human and Health Services. Office on Women's Health. "Effects of Domestic Violence on Children." Received

¹⁶ Liu, Weiwei, Elizabeth A. Mumford, and Bruce G. Taylor. "The relationship between parents' intimate partner victimization and youths' adolescent relationship abuse." *Journal of youth and adolescence* 47.2 (2018): 321-333

¹⁷ Lucile Packard Foundation for Children's Health. "Hispanic/Latino Children Summary." *Kidsdata.org*, www.kidsdata.org/demographic/17/hispaniclatino-children/summary#87/demographics.

- ¹⁸ Bohn, Sarah, et al. "Poverty in California." Public Policy Institute of California, 18 Aug. 2020, www.ppic.org/publication/poverty-in-california/.
- ¹⁹ Czapp, Patricia, and Kevin Kovach. "Poverty and Health - The Family Medicine Perspective (Position Paper)." AAFP Home, www.aafp.org/about/policies/all/poverty-health.html.
- ²⁰ Ibid.
- ²¹ Lucile Packard Foundation for Children's Health. "Children Participating in CalWORKs." Kidsdata.org, www.kidsdata.org/topic/670/calworks/.
- ²² Ibid.
- ²³ U.S. Department of Human and Health Services. "Profile: Hispanic/Latino Americans." The Office of Minority Health, minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64.
- ²⁴ Torralba, Elaiza. "Despite Health Insurance Gains in California, Latinos Still Lag in Coverage, Access." UCLA Center for Health Policy Research, healthpolicy.ucla.edu/newsroom/pressreleases/pages/details.aspx?NewsID=318.
- ²⁵ U.S. Department of Human and Health Services. "Profile: Hispanic/Latino Americans." The Office of Minority Health, minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64.
- ²⁶ Ibid.
- ²⁷ Denham, A. C., Frasier, P. Y., Gerken Hooten, E., Belton, L., Newton, W., Gonzalez, P., Begum, M., & Campbell, M. K. (2010). Intimate partner violence among Latinas in Eastern North Carolina. *Violence Against Women*, 13(2), 123 - 140.
- ²⁸ Roberts, Dorothy. "Race And Class In The Child Welfare System ." PBS, Public Broadcasting Service, 2002, www.pbs.org/wgbh/pages/frontline/shows/fostercare/caseworker/roberts.html
- ²⁹ Stein, G.L., Gonzalez, L.M., Cupito, A.M., Kiang, L., & Supple, A.J. (2013) The protective role of Familism in the lives of Latino Adolescents. *Journal of Family Issues*.
- ³⁰ Ibid.
- ³¹ Ibid.
- ³² Holden, George W. "Children exposed to domestic violence and child abuse: Terminology and taxonomy." *Clinical child and family psychology review* 6.3 (2003): 151-160.
- ³³ Administration for Children and Families. Administration for Children and Families Report: Addressing Racial Disproportionality in Child Welfare. Child Welfare Information Gateway, Nov. 2016, www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/.
- ³⁴ Liu, Weiwei, Elizabeth A. Mumford, and Bruce G. Taylor. "The relationship between parents' intimate partner victimization and youths' adolescent relationship abuse." *Journal of youth and adolescence* 47.2 (2018): 321-333.
- ³⁵ Blackman, Kate, et al. Teen Dating Violence, www.ncsl.org/research/health/teen-dating-violence.aspx.
- ³⁶ Ibid.