

The Impact of Domestic Violence and Sexual Assault on Family Dynamics and Child Development: A Comprehensive Review

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ABSTRACT

This review synthesizes current research on domestic violence and sexual assault, focusing on their short-term and long-term effects on family dynamics, particularly on the development and well-being of children and adolescents. The article employs a curated body of literature, including surveys, reviews, program evaluations, and international health reports, to elucidate the direct and collateral damage caused by such trauma within families. The review critically examines the intersecting consequences of abuse, including immediate psychological distress and long-term socio-economic and educational disruptions for affected youths. Additionally, the review examines structural impediments and cultural intricacies that shape reporting practices and access to support services. The role of civil legal aid and victim advocacy in promoting survivor safety and justice is discussed, supported by findings from service evaluation studies. The review also addresses the exacerbating effects of the Coronavirus pandemic on domestic violence rates and service provision, noting increased occurrences of domestic abuse and decreased pursuit of urgent care and support, highlighting research conducted from the pandemic's start through 2023. Emergent studies reveal a rise in domestic abuse occurrences and a decline in urgent care and support pursuit, emphasizing the need for adapted intervention strategies. The review offers evidence-based recommendations for policymakers, healthcare providers, and community organizations, stressing the necessity of persistent and collaborative efforts to address and prevent domestic violence. The ultimate goal is to advocate for a stronger international response to repair harm and prevent future occurrences, ensuring a safer environment for all family members, particularly children and adolescents.

Keywords: Domestic violence, sexual assault, family impact, children and adolescents, policy recommendations, protective measures

INTRODUCTION

Domestic violence (DV) has profound and lasting impacts on individuals, families, and communities, with children and adolescents being particularly vulnerable to its effects. Recognizing and understanding these impacts is crucial for addressing the long-term consequences experienced by those affected and for promoting healthier communities.¹

The effects of DV on children and adolescents have become increasingly recognized. In Berlin, women with a Turkish migration background face double the risk of DV compared to non-migratory women. The intergenerational impact is alarming, with children exposed to DV at a higher risk of psychological, behavioral, and health issues such as anxiety, depression, posttraumatic stress disorder (PTSD), aggression, substance abuse, and physical health problems. Exposure also disrupts educational attainment and social relationships, posing long-term challenges.^{2,3}

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Long-term consequences for children and adolescents exposed to DV include difficulties forming healthy relationships, increased risk of becoming victims or perpetrators of violence, and perpetuating the cycle of abuse. Cultural and structural factors significantly influence the reporting and addressing of DV, especially in marginalized and immigrant populations. These communities face unique challenges in accessing support services and reporting incidents, which must be addressed in intervention strategies.^{4,5}

Furthermore, the COVID-19 pandemic has exacerbated the already dire situation of DV, with reports showing an alarming increase in cases and a simultaneous reduction in access to support services. Domestic violence has reportedly increased threefold in Hebei, China. An increase in cyberbullying, risky behavior on the internet, and sexual abuse was recorded. Policymakers, healthcare providers, and community organizations must collaborate to develop adaptive measures and intervention strategies to address this urgent issue.^{6,7}

Addressing the impact of DV on children and adolescents requires a multifaceted and collaborative approach. By understanding the complex interplay of short-term and long-term effects, cultural influences, and the exacerbating impact of global crises, we can work toward creating a safer and more nurturing environment for all family members, particularly the most vulnerable. This necessitates persistent and coordinated efforts to prevent and address DV, ensuring the well-being of future generations.

In 2019, Berlin's regional government established a Round Table with 29 organizations, including pediatricians, gynecologists, psychiatrists, the Berlin Medical Association (BMA), hospitals, women's shelters, emergency departments, the fire brigade, police officers, and health insurance representatives. Despite COVID-19 restrictions, more than 20 local and four general meetings were held over two years. This collaboration aimed to identify deficits and create a work plan for 2023-2024, focusing on structural improvements rather than relying solely on the goodwill of professionals. The efforts of these professionals were instrumental in putting DV into the spotlight and paving the way for structural changes necessary for comprehensive support.

The authors aimed to address the impact of domestic violence and the long-term consequences experienced by those affected and to promote healthier communities.

This review synthesizes current research on domestic violence and sexual assault based on data from WHO, the German Federal Police Agency, the German Institute of Statistics, and relevant medical publications. These data have stimulated Berlin health authorities to start a task force to improve the continuous reporting system and medical, psychological, and social help for victims of DV.

DOMESTIC VIOLENCE—DEFINITION

The World Health Organization (WHO) defines domestic violence (DV) as harm inflicted by a current or former intimate partner living in the same household or having lived in the same household as the victim. This includes marital and life partners of varying durations and intensities.³

Possible acts of violence include:

- Physical violence: slapping, hitting, kicking, beating, and choking.
- Sexual violence: non-consensual sexual contact and behaviors, including rape, attempted rape, sexual touching, and coercion into sexual acts.
- Emotional abuse: insults, belittling, humiliation, intimidation, and threats, including threats to harm or take away children.
- Controlling behaviors: isolating a person from family and friends, monitoring movements via stalkerware, and restricting access to financial resources, employment, education, or healthcare.
- Coercive behaviors: ongoing acts of assault, threats, humiliation, intimidation, or other abuses to harm, punish, or frighten a person.

The Victim(s)

Cultural and religious role models play a significant role in the prevalence of DV. Many women worldwide, especially those with poor educational backgrounds, believe that male partners have the right to control and abuse them. This underscores the importance of education in preventing DV and changing outdated cultural norms. Effective combat against DV requires addressing these underlying cultural and social norms.^{8,9}

The Perpetrator(s)

Traditional role models often guarantee the impunity of men and normalize aggressive and controlling behavior toward female partners. In countries with high alcohol consumption, such as Germany, alcohol is a significant factor in losing emotional control and fostering aggressive behavior.¹⁰

SIGNS AND SYMPTOMS OF DOMESTIC VIOLENCE

The 2011 WHO Istanbul Convention supports standardized diagnosis and community-based, women-centered help, taking into account regional differences. This forms the basis for legal documentation of physical, sexual, and emotional damage. The BMA provides regular training seminars with forensic and social specialists, teaching medical professionals to diagnose and document DV correctly. The Violence-Protection-Ambulance of Charité University Hospital offers 24/7 medical services for legal documentation of all types of domestic and intimate partner violence (IPV), free of charge.

Medical professionals need to be aware of the signs of DV, as many cases go undetected even when victims seek medical help but do not ask directly.^{11,12} For example,

- Ear, nose, and throat (ENT) specialists: Symmetrical hematomas behind the earlobes indicate slaps or blows, not accidents.
- Ophthalmologists: A black eye behind sunglasses is often caused by a punch, not an accident.
- General practitioners: Bruises on the inside of both forearms suggest defensive movements, not household accidents.

PREVALENCE OF DOMESTIC VIOLENCE

Global, regional, and national prevalence data from 2018, published by WHO and several universities, indicate that 27% of ever-partnered women aged 15-49 have experienced physical or sexual IPV in their lifetime. This translates to more than one in four women, with 13% having experienced it in the past year.

Regional variations exist, with higher prevalence rates in low-income countries than in high-income countries. Poverty remains a cornerstone of DV and violent behavior.⁴

Germany publishes annual data on DV, showing that less than 1% of committed cases are officially documented, with the “dark field” of unreported cases being 10-20 times higher. The lifetime prevalence of DV in Germany is around 25%, close to the international median of 27%.

In 2022, there were 126 349 documented cases of female DV in the age group 20-60, comprising 0.6% of women in these age groups. Considering the higher prevalence of the “dark field,” the real prevalence of DV in Germany might be between 6% and 12%, slightly below the international median of 13%.

The increase in documented cases, up 8.5% from 2021, is partly attributed to the COVID-19 pandemic, which confined more women to their homes with potential perpetrators. This data highlights the ongoing need for work to improve DV prevention and response, aiming for better epidemiological data like that in Scandinavian countries.¹³⁻¹⁵

The actual data from the Federal Police Agency presented in August 2024 concerning the number of cases of DV in Germany before and after the coronavirus pandemic.

The German Federal Police Statistics 2024 points out:

The number of victims of DV(all types included) was 256 276 persons, of which 70 % were female.

The number of victims of DV(all types included) was 214 481 persons, of which 70 % were female.

This is an increase of 19.5% in all types of DV before and after the coronavirus pandemic in Germany.

IMPACT OF DOMESTIC VIOLENCE ON WOMEN’S HEALTH

Domestic violence has extensive consequences on women’s physical and mental health. Immediate effects include physical injuries and trauma, while long-term impacts can lead to chronic health issues and psychological distress. Victims often suffer from anxiety, depression, PTSD, and other mental health conditions.

Barriers to Seeking Help

Cultural and societal acceptance of domestic violence, particularly in certain communities, creates significant barriers for women seeking help. These barriers are further compounded by economic dependence, fear of retaliation, and limited access to support services. Addressing these barriers and providing comprehensive support networks is crucial for helping survivors break free from abusive situations.^{16,17}

INTERNATIONAL EFFORTS TO COMBAT DV

The World Health Organization’s Istanbul Convention has been pivotal in standardizing the diagnosis of DV, advocating for women-centered support, and promoting legal documentation of all forms of abuse. These international frameworks help countries develop and implement strategies to prevent and address DV.

Raising Awareness and Medical Training

Awareness among medical professionals is essential in detecting signs of DV, as many cases go unnoticed or unreported. Regular training seminars and collaboration with forensic experts can help medical practitioners identify physical indicators of abuse, such as hematomas behind the earlobes, unexplained black eyes, and defensive bruises on the forearms.

The Urgent Need for Data and Consequences

Despite the prevalence of DV, many cases go unidentified and unaddressed. Understanding the factors contributing to under-reporting, as well as the outcomes of interventions, is imperative. Data on DV form a critical foundation for developing effective strategies and interventions to protect and support victims and their children.

Global Prevalence and Regional Disparities

The 2018 data from WHO and collaborating institutions highlight the pervasive nature of IPV against women (Table 1). Approximately 27% of ever-partnered women aged 15-49 worldwide have experienced physical or sexual violence from an intimate partner in their lifetime. There are significant regional disparities, with higher prevalence rates in low-income countries, underscoring the link between poverty and DV.⁴

Domestic Violence in Berlin and Germany

Local Berlin statistics for 2017 revealed:

- 14 600 cases of legally noticed domestic violence
- 1566 cases of severe physical damage

Table 1. National, Regional, and Global Prevalence Estimates of Intimate Partner Violence (IPV) Against Women in 2018 by WHO.⁴

Country	Lifetime (%)	Past Year (%)
Germany*	25	12
Turkiye	32 (UI 22-45)	12 (UI 8-19)
UK Great Britain	24 (UI 14-38)	4 (UI 2-8)
United States	26 (UI 14-43)	6 (UI 4-9)
Sweden	21 (UI 12-32)	4 (UI 12-32)
Denmark	23 (UI 14-34)	3 (UI 2-5)
Democr. Rep. Congo	47 (UI 34-61)	36 (UI 23-50)
China	19 (UI 11-33)	8 (UI 3-18)
India	35 (UI 23-47)	18 (UI 11-28)
Islamic Rep. Iran	31 (UI 16-52)	18 (UI 7-36)
Pakistan	29 (UI 19-40)	16 (UI 10-25)
Global	27 (UI 23-31)	13 (UI 10-16)

*Report of the Federal Criminal Agency and the Ministry of Interiors on domestic violence in Germany in the year 2022, published July 11, 2023. P.S. There are no Uncertainty Intervals given for Germany because absolute annual ciphers are more correct than estimations, but comparability with the international data is not possible, unfortunately. UI, uncertainty interval.

- 400 cases of sexual assault
- 16 homicides due to domestic violence

At the national level, Turkiye reported 280 cases of confirmed femicide in 2021, with legal intervention in 12% of these cases. This highlights the urgency for collaborative efforts to combat DV effectively.

Collaborative Efforts for Effective Intervention

Addressing cultural, social, and economic factors that perpetuate DV and strengthening support systems for survivors are essential steps toward creating a world free from domestic abuse.^{18,19}

The data from various countries underscore the need for collaborative efforts at both national and international levels. The discrepancies in prevalence rates across different regions highlight the complex interplay of cultural, social, and economic factors contributing to this pervasive issue.²⁰⁻²²

The Role of Community and Government Initiatives

Efforts like the "Round Table" initiated by the Berlin Health authorities are commendable examples of proactive local government actions. Other regions and countries must establish similar task forces, conduct thorough statistical analyses, and implement evidence-based strategies to provide comprehensive support for victims and prevent further violence.

Strengthening Legal Protection and Enforcement

Governments must strengthen legal frameworks and law enforcement to protect women facing DV. The severe consequences, such as physical damage and femicide, emphasize the need for swift and effective legal intervention to prevent further tragedies.²³

Empowering Survivors and Children

Beyond addressing the immediate repercussions of DV, long-term empowerment and support for survivors and their children are crucial. Initiatives should focus on economic independence, access to education and healthcare, and psychological counseling to aid in recovery and rebuilding lives.

International Collaboration for Data Standardization

Collaboration between countries is essential for standardizing data collection methods and ensuring reliable and comprehensive reporting of DV cases. Addressing challenges in data collection and reporting will provide a more accurate understanding of the true extent of DV and help tailor interventions accordingly.²⁴

Looking Ahead: A Unified Global Response

Collective data and experiences from different countries make a compelling case for a unified global response to combat DV. Learning from successful initiatives, addressing regional disparities, and prioritizing the well-being and safety of women can help create a world free from domestic abuse. Advocating for comprehensive support systems, legal protection, and collaborative efforts is crucial in combating DV at every level and ensuring a safer future for all affected individuals.^{25,26}

THE IMPLICATION OF DV ON HOUSEHOLD MEMBERS (CHILDREN, YOUNGSTERS, AND PETS)

Domestic violence primarily affects women, but its impact extends to other family members, especially children and adolescents, who have long been overlooked. These young victims face various acute and chronic consequences, starting with prenatal and perinatal risks due to violence against pregnant women or substance abuse during pregnancy. This risk continues in early infancy due to poor maternal sensitivity and escalates during middle childhood from exposure to parental IPV.

Addressing the Impact on Children and Youngsters

The ramifications of DV significantly affect children and youngsters, posing numerous challenges that hinder their well-being and development.^{25,27}

In addition to the immediate effects, the long-term consequences of DV on children and adolescents have been well documented. These can include difficulties in forming healthy relationships, increased susceptibility to becoming both victims and perpetrators of violence in adulthood, and even perpetuating the cycle of abuse in their relationships and families.

Prenatal and Perinatal Risks

Domestic violence can begin affecting children even before birth, with pregnant women experiencing abuse being at higher risk for preterm labor, low birth weight, and other complications. These adverse outcomes necessitate specialized support for pregnant victims to safeguard their health and that of their unborn children.

Early Childhood Impact

In early infancy, DV can severely impact a child's emotional and cognitive development. Trauma experienced by mothers can disrupt essential bonding and caregiving, crucial for a child's healthy growth.²⁸

Middle Childhood Experiences

Witnessing parental IPV during middle childhood can lead to increased stress, anxiety, and behavioral issues. The resulting instability and fear can hinder the ability to form secure attachments and navigate interpersonal relationships, with these challenges often extending into adolescence and adulthood.

Support and Intervention

Recognizing the unique vulnerabilities of children and youngsters in DV, violence-affected households is imperative. Developing targeted interventions, including trauma-informed care, counseling services, and educational support, can help mitigate the impact of their experiences and foster resilience.²⁹⁻³¹

Addressing the Impact on Pets

Domestic violence also affects pets, with many victims delaying leaving abusive relationships due to concerns for their pets' safety. Providing protection and care for pets is a crucial component of comprehensive support for survivors.

Collaborative Approaches for Holistic Support

Addressing the multifaceted consequences of DV on household members requires a collaborative approach involving healthcare professionals, social services, and animal welfare

organizations. By acknowledging and addressing the diverse range of victims, comprehensive support systems can be developed to ensure the well-being of all individuals affected by DV.³²

Recognizing the Profound Impact on Household Members

It is critical to prioritize interventions that extend beyond the immediate victims. A holistic approach that encompasses the needs of children, youngsters, and pets can help create environments free from the pervasive effects of domestic abuse, ensuring the safety and well-being of all household members.³³⁻³⁵

Emotional and Psychological Impact on Children

Perpetrators often claim that children are not directly harmed, but child abuse includes emotional abuse and neglect. Witnessing household quarrels and violence against their mother can cause strong emotional reactions in children. Over the past 20 years, research has shown that emotional abuse and neglect can cause permanent changes in the stress-reactive cerebral system and might even leave “scars” in the growing brains of young children. This can lead to permanent brain damage, as evidenced by MRI studies, and long-term mental health issues such as major depression, PTSD, borderline personality disorders, anxiety disorders, sleep and eating disorders, and higher rates of suicide and substance abuse.

One in four children under the age of five lives with a mother who is a victim of IPV. These facts underscore the necessity of early intervention to prevent mental health problems later in life, as most adult mental health issues have roots in childhood. Neurological changes during childhood and adolescence offer opportunities to positively or negatively affect the developing brain.³⁶

Early Detection and Intervention

Noticing early signs of emotional abuse and neglect in children is crucial. Behavioral changes observed in children should be carefully examined, considering DV as a potential cause. Pediatricians, teachers, and other professionals should be vigilant and inquire about household conditions if discrepancies arise in the explanations provided by parents or caregivers.^{37,38}

Personal Experience and Professional Cooperation

The author’s experience exemplifies the importance of professional cooperation between medical and educational systems. In a Berlin kindergarten, a boy exhibited “frozen watchfulness” in the presence of male visitors, indicating exposure to household violence. Subsequent investigations revealed a violent family background, leading to comprehensive family support measures and a gradual improvement in the boy’s condition.^{39,40}

Mandatory Cooperation and Protective Measures

Mandatory cooperation between public health departments and youth care authorities is essential. Unlike the automatic removal of children from abusive households practiced in the UK, which led to fewer reported cases of DV, Berlin’s approach focuses on protecting both the mother and children without automatic removal. Adequately financing protective mother shelter homes that also care for children is vital.

Individual and Social Interventions

Interventions to counteract the consequences of DV on children include individual and social measures. Early attachment experiences can provide better resilience to some children. Programs like “early help interventions” during the first months of life can stabilize stress reactions and provide a sense of safety. Social interventions include cooperation with kindergartens, schools, and community activities, which have proven effective in providing help.

Avoiding Medicalization and Promoting Interdisciplinary Cooperation

While medical professionals must offer the best possible care, they should also learn from social sciences and educational systems. Teachers and social workers often spend more time with children and can notice behavioral changes due to DV more readily than medical professionals. Interdisciplinary cooperation is essential for comprehensive support.

Holistic Approach to DV

In recognizing the profound impact of DV on household members, prioritizing comprehensive interventions that extend beyond immediate victims is crucial. By fostering a holistic approach that includes the needs of children, youngsters, and pets, society can work toward creating environments free from the pervasive effects of domestic abuse. Ensuring the safety and well-being of all household members involves early intervention, professional cooperation, and adequately financed protective measures.⁴¹⁻⁴³

KEY CONCLUSIONS AND RECOMMENDATIONS

0. *Structural Financing of Women’s Shelters*
Adequate funding for women’s shelters that accommodate women and their children is mandatory. Berlin currently offers seven such shelters with a total of 350 beds, ensuring comprehensive care and support for survivors.
1. *Development of Standard Operating Procedures*
Standard Operating Procedures should be developed for public health authorities and ambulatory medicine, based on typical case reports for problem-oriented learning. The Berlin Fire Brigade has initiated training for 2000 first aid rescue workers with standardized protocols to recognize and respond to acute domestic violence. This training and learning from case reports should be part of a quality control system established by law and financed by health care insurance companies.⁴⁴
2. *Mandatory Continuous Medical Training*
Continuous medical training for all subspecialties on diagnosing and treating DV and its consequences has been included in the 2021 training regulations of the BMA. This training must be documented in an electronic logbook, and “train the trainer” seminars will support training officers in all relevant medical subspecialties. The BMA also allocates 5.000 Euros annually for training on violence and abuse across all age groups, with a focus on improving psychosocial care for exposed children.
3. *Enhancing Critical Incidence Reporting*
A new approach will take up the existing critical incidence reporting system or “learning from errors” by addressing the already existing help offers to report on mistakes that

have been made and what can be learned from them. Ideally, this includes medical, social, and educational institutions.

4. *Continuous Reporting Systems*
Social preventive measures can only be effective when measured by continuous reporting systems of domestic violence and its consequences for all family members. Quality control needs data beyond criminal statistics. We have good definitions and good diagnostic tools, and we have started on standardized operating procedures, but time is missing in outpatient medical practice and hospital emergency departments to properly document interventions that take place in the best of the patients' interests.⁴⁵
5. *Bridging the Gap in Pediatric Psychotherapy*
Addressing the deficit in pediatric psychotherapy and psychological support is critical. Efforts should focus on establishing a robust network of pediatric psychotherapy and psychological help for children affected by DV. WHO's 2020 statement highlights the need for timely interventions for children with mental health conditions.⁴⁶
6. *Intervention Programs for Perpetrators*
Addressing the root causes by offering effective intervention programs for perpetrators is essential. Group therapy and educational initiatives aimed at promoting lasting behavioral changes and challenging violence-supportive norms are critical in breaking the cycle of DV. These programs should start in adolescence to address violence-supportive norms early, promoting non-patriarchal values and reducing IPV.
7. *Structured Financing of Support Services*
Emphasizing structural financing for support services is crucial for aiding individuals affected by DV. Adequate funding for women's shelters, which accommodate both women and their children, ensures comprehensive care and support for survivors.⁴⁷
8. *Anonymous Forensic Documentation and Training*
Anonymous forensic documentation of sexual assault and DV in emergency wards, established by Charité University Hospital's Department of Forensic Medicine, is vital. Continuous training in emergency wards will ensure the proper use of resources for forensic documentation.⁴⁸⁻⁵⁰
9. *Prioritizing Child Protection Ambulances*
Structural financing and the implementation of child protection ambulances are essential for comprehensive care for children exposed to DV. Collaboration with health insurance companies can facilitate funding and quality control mechanisms.
10. *Educating Alternative Role Models*
Educating alternative role models without patriarchal privileges and disempowerment of women is vital for long-term change. The risk of IPV is highest in societies with unequal gender relations and accepted norms of violence. Programs should ideally start in adolescence to address violence-supportive norms early.
11. *Recommendations for Effective Implementation of Support Systems*

Implementing these recommendations can significantly enhance support systems for individuals affected by DV. A comprehensive framework addressing structural, medical, and social levels will foster a supportive and responsive environment

for survivors. In conclusion, the implementation of comprehensive and multi-faceted strategies is crucial for effectively addressing and mitigating DV. Adequate funding for women's shelters, the development of Standard Operating Procedures for public health authorities, and continuous medical training are essential for providing immediate and sustained support to survivors. Strengthening critical incidence reporting and ensuring anonymous forensic documentation will enhance the accuracy and reliability of responses to DV cases. Additionally, prioritizing child protection ambulances and bridging the gap in pediatric psychotherapy will address the long-term mental health needs of children exposed to violence. Effective intervention programs for perpetrators and the promotion of non-patriarchal values from adolescence can break the cycle of violence and foster healthier societal norms. The collective implementation of these measures, supported by robust funding and legislative backing, will create a comprehensive support system, ensuring the safety and well-being of individuals and families affected by DV.

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