

Fixing Mommy's Face: How Intimate Partner Violence makes Children Feel Alone and Ashamed

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Abstract

Intimate Partner Violence (IPV) is a social issue which negatively impacts families every day. As a child, I believed the violence I was exposed to was unique to my family. While doing research for this autoethnography, I sought to learn more about the effects of child exposure to intimate partner violence. The majority of research on intimate partner violence focuses on the individual victim and not the family as a whole. I have attempted to construct what C. Wright Mills refers to as "Sociological Poetry," by joining research from peer-reviewed journals and a personal narrative, which illustrates the emotion attached to IPV. This paper was designed to call attention to the way that children who are exposed to intimate partner violence are negatively impacted and express the need for further research in this area.

Introduction

I am one of a countless number of people who were exposed, as children, to Intimate Partner Violence (IPV), which is also referred to as Domestic Violence. Intimate Partner Violence is defined, by the U.S. Department of Justice, as "physical, sexual, or psychological harm by a current or former intimate partner or spouse." Threats of violence and stalking can also be considered types of intimate partner violence (DOJ). According to the U.S. Department of Health and Human Services, "Studies estimate that 10 to 20 percent of children are at risk for exposure to domestic violence." However, I said "a countless number" because I believe that the estimates of child exposure are extremely low, especially considering the information that has been collected by the National Coalition against Domestic Violence (NCADV). According to the NCADV, one in every four women will experience domestic violence in her lifetime.

Considering that domestic violence is one of the most chronically underreported crimes, the figures may be even higher. When a mother is the victim of IPV, children are often used by perpetrators as a control tactic. Perpetrators of IPV often make threats of bodily harm against children or threaten to take the children away from the other parent, as ways of further controlling their victim (NCADV).

C. Wright Mills (1959) would say that domestic violence and child exposure are both societal issues that are beyond any one person's control. I did not begin to realize the extent of IPV or the way that it destroys families until I was an adult. As a young girl, I thought I was all alone. The violence in my turbulent home was not uncommon in my neighborhood; but, somehow, *my secrets* seemed darker. I could not imagine any other eight-year-old girl or boy experiencing the same things.

By the age of eight, I had developed a system to follow whenever things were about to get out of control. It was a way to keep my sisters safe from flying objects and my step-father's temper. Whenever he attacked my mom, I took my three sisters into one of the bedrooms. I would turn the stereo's volume to high, so they could not hear mom's head bounce off the wall or her screams. Then I would push the big dresser across the room to block the door. I would calm them down, and usually stay with them, unless it got really bad.

My mother, usually in a manic state, screamed combinations of obscenities at my step-father while being beaten. If it got silent, either he was choking her or she had been knocked unconscious. In either of these situations, I had to leave the girls to take care of my mother. I would pull the large dresser just far enough away from the door to squeeze out of the room and into the hallway. From the hallway, I'd stick one arm back into the bedroom and try to pull the dresser as close to the back of the door as I could. Then, I'd tell the girls to climb into the closet, and stay there until I came back. They had to promise to leave the music on. As long as they couldn't hear most of what was happening, they would stay calm.

The aftermath was always the hardest for me to deal with. After he was gone, and my mother was conscious, I had to help her "fix her face" before my sisters or

anyone else saw her. First, I would get her some pain killers and a glass of liquor. Then, we'd apply lots of ice for the swelling. Finally, I'd use her make-up kit to try to cover all of the shades of blue, gray, purple, red, and brown. When old scrapes, cuts, and bruises are combined with new ones, strange color combinations appear. Somehow, seeing, touching, and covering-up all of her injuries bothered me more than listening to all of the screams and the sound of smashing glass. I used to feel sick afterwards, occasionally vomiting; and, I experienced many sleepless nights. Why would I think that anyone else was going through this rather than playing outside, especially when no one talks about it? I thought I was alone. The violence I was observing, trying to shield my sisters from, sometimes physically intervening in, and dealing with almost every day was mine alone, or so I thought. Research tells the story of a much larger social issue that can negatively impact the victim and the other family members both physically and mentally.

Being exposed to intimate partner violence may negatively impact children well into their adult lives. In the article "Recognizing and Responding to Domestic Violence," Berkowitz (2005) explains, "A wide range of physical and behavioral health problems are reported in children who are exposed to parental interpersonal violence, particularly when the exposure is chronic. Most prevalent is posttraumatic stress disorder (PTSD), which has been noted in up to 85% of children exposed to intimate partner violence." PTSD may contribute to trouble with sleeping, paying attention, learning, and headaches. It may also lead to behavioral issues and gastrointestinal problems (397).

A 2008 study, titled "Symptom Patterns among Youth exposed to Intimate Partner Violence," found PTSD to be one possible result; however, only 25% of their sample displayed "patterns of emotional and behavioral problems indicative of significant distress, of which 10% displayed acute PTSD" (Lang and Stover: 626-28). Although these rates of PTSD are much lower than the 85% reported in the Berkowitz article, the short amount of time between the report of abuse and the interviews may help explain the sizable difference. Lang and Stover (2008) used a quantitative analysis of data from mothers who were victims of intimate partner violence, between ten days

and three weeks following the initial report of violence. Lang and Stover's results suggest that over time the effects of the initial abuse paired with interaction with a mother who is in some way suffering from the abuse may increase the rate of PTSD in children (627-28).

Lang and Stover (2008), "suggest that distinct symptom patterns [in children] can be identified, and are related to maternal functioning and child trauma history" (627). They found a correlation between the symptoms and distress experienced by mothers, who had been the victims of intimate partner violence, and the functioning of their children (627-28). Based on these results, children could potentially continue to be negatively impacted long after the abuse has ended. Living with a parent who is experiencing emotional distress, aggression, or symptoms connected to mental illness could cause children additional harm. The 2008 study was conducted fairly soon after the exposure to intimate partner violence. It is possible that a symptom patterns study conducted many years after the exposure would find a larger percentage of children who present with emotional or behavioral problems, especially in cases where the mothers have not received treatment for mental illness or emotional distress.

In my case, my mother has bipolar disorder, but we did not know about it at the time. She was diagnosed when I was thirteen. During the years in between, my mother wasn't receiving any treatment for the physical and emotional abuse or her mental illness. She was abusing alcohol, which is relatively common for people suffering from bipolar disorder (Swann 2005). According to Swann (2005), people who have bipolar disorder and also abuse alcohol are at an increased risk for impulsive violent and suicidal behaviors. This may have contributed to the steadily growing volatility in my household at the time.

As the words became more hateful, the attacks became bloodier, and injuries got more severe. Secrets got bigger; lying became an everyday occurrence. I felt trapped by the situation, embarrassed by my family and ashamed because I couldn't help myself or my sisters. *I am the oldest; I should be the strongest. Why can't I stop this*

from happening? There were times when I didn't know who I hated more: my step-father, my mother, or myself.

The article "Shame and Intimate Abuse: The critical link between cause and cure" examines the connection between shame and the origins of violence. It explores another side of intimate partner violence, which addresses the role of shame in the perpetrator and the victim. There has not been much research in this area; however, according to this article:

Shame stemming from childhood victimization may not only motivate people to commit violence, but also may motivate a person to hide an abusive experience and turn it inward....Hiding the abusive experience and the corresponding shame can cause a person to blame oneself for what happened; this in turn can cause life-long problems including depression, suicidal ideation, and the propensity to be attracted to self-destructive relationships.... (Mills 2008, 632).

In other words, shame may cause children to respond to the violence they have been exposed to in one of two ways. They may either turn the shame inward by blaming themselves, which contributes to the underreporting of intimate partner violence, or they may turn it outward, thus becoming a perpetrator of violence. The authors write, "If offenders feel that their shame is triggered by something the victim has said or done, they may act their victimization out in violent ways. Similarly, if victims feel ashamed of their victimization, they may fail to seek help...." (633). In both cases, shame breeds more violence – either turned outward or inward.

In "The Sociological Imagination," C. Wright Mills (1959) explains the stratification of our society and the pressure that people feel as a result of it. It's as if these enormous walls are built up to divide people into little compartments. These divisions make people become intensely private because they feel like they only have control of their "private orbits." Intimate partner violence is a social problem that persists because people lack the sociological imagination that would allow them to see and understand the connections and patterns between their personal problems (troubles), larger societal issues, and historical context. Without the ability to assess

their position and situation as they relate to society, people cannot draw attention to those issues or change them. This is true for the many adults and children that are victims of intimate partner violence who think that IPV is a problem unique to them.

There were many reasons that I thought it was simply my problem; they are all connected to shame and secrecy. Intimate partner violence is not often discussed, which may lead to and also stem from feelings of shame. Children are also taught to lie about the abuse, which makes the violence itself seem more terrible, strange, and abnormal. I remember wondering why my mother rehearsed lies with me if no one ever asked anyway. It did not take long for me to realize that people already knew; but, they were pretending not to know. Erving Goffman (1963) describes stigma as “an attribute that is deeply discrediting” (3) and used as the basis to view stigmatized people as being somehow less than or “not quite human” (5). When we went places, people would look at my mother’s heavily bruised face and shake their heads or look away. It was clear to them, and me, that we didn’t fit under the category of normal, loving, two-parent households. My family couldn’t be “normal” because my mother was clearly being abused at home. Goffman (1963) would discuss this type of stigma as both a blemish of individual character, since my mother was a victim of violence, and a tribal stigma that affected the entire family. We were a long way from being the “perfect family,” as seen on TV, but the way others responded made me feel more embarrassed and more ashamed. It made me feel alone and prevented me from speaking out. Stigmatized people often become acutely aware of the way other perceive them, and may at times begin to believe that they should be looked down upon because of their stigma (Goffman 1963). As I understood the situation at the time, I was not normal; therefore, I was alone. I could not see the extent of this problem or how many people it affects.

Intimate partner violence has never simply been my problem or trouble. I am not the only child who fixed mommy’s face or cleaned blood off the floor. My home was not the only home from which horrifying screams could be heard in the middle of the night. My sisters were not the only children to be tucked away in a closet. My neighbors were

not the only people to feel that it was “none of their business.” I was not the only child who lied about all of the injuries, or was terrorized by nightmares of my mother being beaten to death. My mother was not the only woman who easily convinced the police to leave; they had “bigger” crimes to handle. And I am not the only person who has shared a story like this one; yet, the stories of exposed children and the emotion connected to intimate partner violence have not been extensively explored in the research until now. In 2010, many articles were published that do consider the experiences of children, including Goddard & Bedi (2010) which explores child abuse and intimate partner violence through a child-centered perspective. Although this research is shedding some light on child experience, there is still more that needs to be explored.

Most of the research refers to children seeing, hearing, or observing intimate partner violence, but what about the children being physically hurt by intervening or being struck by flying objects, and emotionally devastated in the process. What about the children who help to treat or cover wounds, keep secrets or lie, protect siblings or other family members, and jump in the middle to try to stop the violence? What about the children who become victims to the same violence they observe? There is a need for more qualitative research in this area. Sociologists need to explore the point-of-view, thoughts, and feelings of children who are exposed to intimate partner violence, in a way that does not violate a child’s privacy or have a negative impact. We also need to report findings without omitting the emotion that is attached to this painful topic.

C. Wright Mills (2000) expresses similar frustration in a letter to Dwight Macdonald, in which he draws attention to the need for what he calls “sociological poetry.” Mills describes it as “a style of experience and expression that reports social facts and at the same time reveals their human meanings.” Mills goes on to say, “If we tried to make up formal rules for sociological poetry, they would have to do with the ratio of meaning to fact, and maybe success would be a sociological poem which contains the full human meaning in statements of apparent fact” (in Mills and Mills 2001:112). Giving both adult victims of intimate partner violence and exposed children

a voice could bring feeling and probably more attention to some very compartmentalized, emotionless, and disconnected research. It is important for sociologists to explore the topic of intimate partner violence through a child-centered lens and allow the voices of those hurt by IPV to guide their exploration.

Autoethnography is an important and underutilized research method that may be particularly useful for stigmatized subject matter such as IPV. Hearing more stories like mine and those of others may help everyone realize the enormity of this issue. Sociologists and other academics have the abilities to share their own stories from their home life or other experiences they have encountered along the way. Pairing personal experience with scholarly research would help include emotion without overwhelming the audience. Bringing more attention to intimate partner violence could help families understand that they are not alone, and their situations are not unusual. Once people see and understand the patterns, they can begin to try to change them.

While doing research for this paper, one question continuously bothered me: What is the purpose behind conducting research if it does not help the people whose lives are touched by the "topic" of the research? Although I did not find the answer to this question, I did learn a lot about the extent of the issue that is Intimate Partner Violence, and about myself. This is my attempt at sociological poetry. My hope is that you understand the enormity of this issue, the traumatic impact it has on its victims, and the unfortunate way that our society supports the secrecy that allows this abuse to continue. Research has proven that IPV has very serious consequences such as mental illness and feelings of shame; regrettably, even that information appears to be a well kept secret, which is written in a manner that is too static and inaccessible to help victims of IPV understand that they are not alone. Being a victim is not a crime. Victims of violence should not be made to feel abnormal. Children cannot be forgotten. People who are researching real life issues that negatively impact the lives of others should look to Mills for insight. I never expected to write a paper like this, which exposed so many "private" aspects of my life, but once I read Mills I understood that it is my responsibility to fight against the secrecy surrounding IPV. I now understand that this is

not *my secret*. Intimate Partner Violence is bigger than me and my family; it affects the entire country, the entire world. It is no longer the secret inside of me that breeds shame and anxiety, but I hope it will be the truth that proves to others that they are not alone in their pain.

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