

# INTIMATE PARTNER VIOLENCE AND FAILURE TO THRIVE IN CHILDREN: A LITERATURE REVIEW

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#### Background

- There is one thing for sure, babies will grow. But physical development is more than just hitting the right percentiles, or the right Z score ranges.
   It includes attaining the appropriate milestones.
- Factors that affect growth include: genetics, birth weight, Hormones,
   Nutrition and environment.
- Failure to thrive (FTT) is best described as inadequate growth or the inability to maintain growth, usually in early childhood.
- Intimate Partner Violence (IPV) is a common type of violence, and is a public health problem that exists in all societies and among people of higher and lowers social strata.
- This literature review contributes to the understanding of maternal abuse and the effect on the child. The identified domains of inquiry are:

   (1) the impact of IPV on physical growth;
   (2) the effect of IPV exposure on general health of the child and
   (3) the impact of IPV exposure on mental development of the child.



#### Methods

A comprehensive search of identified databases (BMJ Journals Online; CINAHL; JSTOR; Psychological and Behavioral Sciences Collection; PsycINFO; PubMed index) was conducted using the key words "domestic violence," "intimate partner violence" "family violence," "child," "exposure," "failure to thrive," "Malnutrition," "and "under nutrition". This search yielded a vast literature, from which online abstract was used to identify selectively the material that met the inclusion criteria of (1) those published within a 9-year framework (2005-2013), and (2) those directly exploring impacts as outlined above. A total of 25 articles were reviewed.

## Findings



- Failure to thrive is recognized to reflect relative under nutrition, however there is no consensus regarding a specific definition (Olsen, 2006; Olsen 2007; Shields et al., 2012 & Cole, 2011)
- Children of mothers exposed to physical violence are more likely to be wasted, stunted and, severely underweight and at risk of developing acute malnutrition (Ackerson & Subramanian, 2008 & Hasselmann & Reichenheim, 2006).
- There is an increased likelihood of under immunization, missed health visits, early cessation of exclusive breastfeeding, diarrhea and respiratory infection in children exposed to IPV (Bair-Merritt et al., 2006; Moraes et al., 2011 & Saltzman et al., 2005).
- Children who are exposed to family violence suffer from symptoms of post-traumatic stress disorder, such as bed-wetting or nightmares, and are at a greater risk than their peers of having allergies, asthma, gastrointestinal problems, headaches and flu (Graham et al., 2005 & Whitaker et al., 2006).
- Children of mothers who experience prenatal physical domestic violence are at increased risk of exhibiting aggressive, anxious, depressed or hyperactive behavior (Whitaker et al., 2006 & Holt et al., 2008).
- Most articles have examined negative health effects of children's exposure to and witnessing IPV and the majority of them have focused on birth outcomes or on the health of older children between 5-12 years. Few studies have looked at children less than two years of age (Burke et al., 2006 & Salazar et al., 2012).
- Majority of articles examined the effects of IPV on general well being and the mental development of the child, very few articles examined physical growth (Salazar et al., 2012).

### Conclusions

 There is need to examine the effects of IPV exposure on children aged between 0-24 months specifically on physical growth. Physical growth is crucial during this age because any growth deviation from the normal may pose a risk of permanent mental, emotional or physical delays.



# Acknowledgement

The primary author wish to recognize and thank Fulbright Foreign Student Program for their commitment and support in her academic development.

