



Children, Domestic Violence, and Guns

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The negative consequences of domestic violence are not only felt by a batterer's intimate partner; they are also felt by the children who see, hear, or are otherwise affected by the abuse of a parent or are themselves directly abused. It is estimated that child abuse co-occurs with domestic violence in 30 to 60 percent of households with children in which domestic violence occurs (Edleson, 1999). In extreme cases, children are witnesses to the violent death of a parent or are killed.

This paper presents research evidence on the intersection of firearm use in domestic violence and the presence of children. It discusses threats against children, murders of children, and the psychological impacts to surviving children. While any domestic violence witnessed by a child can be damaging, and any threats or violence against children decreases their safety and is detrimental to their lives, the involvement of guns in these acts may make them particularly harmful due to a gun's lethality and ability to engender fear. It is therefore worth specifically examining the intersection of children, domestic violence, and guns.

Research on firearm use in domestic violence and its impact on children is sparse. At times, this review examines research on threats and intimate partner homicide (IPH) with additional child victims more generally due to a dearth of specific firearms research. However, this is what we know: we know that gun threats are made against children; we know that children are witnesses to gun use in domestic violence, particularly IPH; we know that children are sometimes killed during IPH, often with guns; and we know that children are psychologically harmed when one of their parents kills the other.

Batterers' Threats Against Children

Batterers use violence against their intimate partners as a means to control them (Stark, 2007). The perpetration of domestic violence is about having power over one's intimate partner; the power to dictate what they do, who they see, what they wear, and how they act, for example. By using violence, batterers gain this power. This abuse may include physical violence, but often includes many other tactics, as well. When a victim has a child, that child can be used by the batterer to further assert control. One common tactic is to threaten the victim's children with harm or even death if the victim does not comply. For example, one woman responding to a national survey on gun use stated that during an argument with her ex-husband, he "pulled a gun and threatened to shoot me and my children. He fired the gun but didn't shoot anyone" (Azrael & Hemenway, 2000, p. 286). This tactic of gun threats and uses, especially against children, may be particularly effective for batterers as a means of keeping their victims "in line" as women¹ generally do what is asked of them to safeguard their children.

Batterers make firearm threats against children in a small, but nontrivial, percentage of cases of domestic violence. Some evidence for this comes from a study of 35,413 police reports of

¹ Throughout this paper, batterers are gendered as male, and victims as female. This is consistent with research that shows that the majority of victims of domestic violence victims are female and the majority of offenders are male (e.g., Black et al., 2011).

domestic violence incidents in Philadelphia, Pennsylvania (Sorenson, 2017). The reports were analyzed to learn the frequency and nature of weapon use in these incidents. 576 police reports mentioned guns in the description of the violent incident. In 2% of these gun-involved incidents, children were injured; however, the research does not specify whether the injuries were due to gun use (such as through pistol-whipping), other external weapon use (e.g., knives), or physical force not involving external weapons. Still, significantly more children were injured during the domestic violence incidents in which guns were involved than those in which no external weapons were involved. Additionally, witnesses, including child witnesses, were more likely to be present when guns were involved in the violent incident than when no weapons were involved (Sorenson, 2017).

A second study looked at the frequency of gun threats against children as part of domestic violence. In a survey of 417 women in battered women's shelters, researchers found that 65% of women who reported that guns were kept in their homes also reported that their partners used those guns against them. Of those, 3% reported that their abusers had threatened to harm or kill their children (Sorenson & Wiebe, 2004).

The above studies stand out in their direct measurement of nonfatal firearm threats or uses against children. Several other studies give us reason to suspect firearm threats or uses against children occur in some percentage of cases, but do not directly measure this. For example, in a survey of partner-victimized women who were randomly sampled from the population, 8% of women reported that their violent partner threatened to kill his family, and 5% reported that he threatened to harm their children (Campbell et al., 2003). In cases of domestic violence in which the batterer escalates to killing the female partner, threats to harm or kill children may be more common, as the offender demonstrates his willingness to use severe violence. The same study interviewed family members or close friends of women killed by their male (ex) partners. These proxy respondents reported that in roughly 34% of cases, the abusive partner had threatened to kill his family. Similarly, in 19% of cases, the abusive partner threatened to harm the children (Campbell et al., 2003).

A study of domestic violence restraining order petition forms found that on 2% of forms, petitioners indicated that batterers "threatened to use [a] deadly weapon against minor children residing with" the restraining order petitioner (Moracco, Clark, Espersen, & Bowling, 2006, p. 69). Additionally, 4% of petitioners reported that batterers used firearms against them and 3% reported that batterers threatened to use firearms against them (Moracco et al., 2006). However, it is unknown from the report to what extent these groups intersect or, to put it another way, how many of those who threatened to use a deadly weapon against children had threatened to use a firearm.

In a survey of 8,529 partner-abusive men in batterer intervention programs, 1% of non-gun owners reported that they had threatened to use a firearm against a "family member, pet, friend, or object" their intimate partner cared about without displaying the gun (Rothman, Hemenway, Miller, & Azrael, 2005, p. 63). In the subsample of gun-owners, 5% reported making this threat (Rothman et al., 2005). While it is probable that some partner-abusive men had

threatened to use a firearm against a family member (instead of or in addition to a “pet, friend, or object”), and the family member threatened was a child, we cannot say how often this occurred from the way this study was designed. However, these results suggest that those batterers who owned guns may be more willing to threaten others, or may be more violent, than those who do not own guns. Whether this is because those who own guns are motivated to use them, or because those who are more violent are more likely to become gun owners is unknown. Clearly, researchers need to pay more attention to firearm uses and threats against children who live in households with domestic violence.

Batterers’ Killing of Children

Tragically, batterers sometimes kill the children of their intimate partners; children who are often, but not always, their own biological children. In many cases, batterers kill their children at the same time as the children’s parent. In fact, children may be fatally injured as they attempt to come to the aid of the victimized parent during a violent incident. Multiple studies have found that intimate partner violence offenders kill their partners’ children to retaliate against them, often for leaving the relationship (M. Cooper & Eaves, 1996; Liem, Levin, Holland, & Fox, 2013; Liem & Reichelmann, 2014; Websdale, 2010; Wilczynski, 1995). In these homicides, which often occur after the victim has separated, or threatened to separate, from the offender, it is believed that the homicide offender views the children not as individuals, but as extensions of the intimate partner who has left the relationship (Liem & Reichelmann, 2014). By killing the children, the batterer commits an extreme and monstrous act to demonstrate his² power over his intimate partner’s life.

Research suggests that children are all too often killed in the context of domestic violence, and that these homicides are committed with firearms. Multiple studies of homicides of children have been conducted using data from 2003 through 2009 from the National Violent Death Reporting System for 16 U.S. states.³ One identified 96 murder-suicides that involved child victims in which the homicide offender (who then committed suicide) was their parent (biological, step, or foster), for a total of 144 child victims of these murder-suicides (Logan, Walsh, Patel, & Hall, 2013). Sixty-four percent of the homicide-suicide offenders were non-Hispanic White, 70% were male, and 68% were between 35 and 49 years of age. Seventy-four percent of these parental homicide-suicides with child victims had known intimate partner problems before the homicide. This is far greater than the percentage known to have mental health problems prior to the homicide (30%). It should be noted, however, that mental health concerns prior to the homicide-suicide were more common for female offenders than male: while 21% of male homicide-suicide offenders who killed their children exhibited mental health issues, 52% of female homicide suicide-offenders did (Logan et al., 2013). These results are similar to those of a later study that examined homicide-suicides involving child victims from 2003 through 2011 (Holland, Brown, Hall, & Logan, 2018).

² As shown below, the majority of IPH offenders who also kill children are male.

³ The 16 states are Alaska, Maryland, Massachusetts, New Jersey, Oregon, South Carolina, and Virginia (data from 2003 through 2009); Colorado, Georgia, North Carolina, Oklahoma, Rhode Island, and Wisconsin (data from 2004 through 2009); and Kentucky, New Mexico, and Utah (data from 2005 through 2009).

Intimate partner problems preceded homicide-suicides in which children were killed regardless of whether the intimate partner was killed. In 23 of the 30 (or 77% of) cases in which the homicide offender killed both his children and intimate partner, intimate partner problems were known to precede the homicide-suicide. In 41 of 66 cases (or 62%) in which the homicide offender killed only his children before committing suicide, intimate partner problems were also the most common preceding circumstance. In these cases, in which the homicide offender left his intimate partner alive, he was deemed to have killed the children specifically as a way to devastate the children's mother. In 90% of these cases, the offender was male. The offender used a gun in 57% of homicide-suicides with child victims (Logan et al., 2013).

A third study using the National Violent Death Reporting System data examined IPHs in which at least one person was killed in addition to the intimate partner. Twenty-five percent of the 718 additional (non-intimate partner) victims were under 18 years of age (Smith, Fowler, & Niolon, 2014). Of all additional victims who were family members of the homicide offender, almost half were under 18 years old and more than one-third were under 12 years of age. Roughly 70% of all additional victims were killed with firearms (Smith et al., 2014).

A stark statistic discovered using data from the National Violent Death Reporting System is that nearly one third (31%) of firearm homicides of children under the age of 13 years are related to domestic violence (Fowler, Dahlberg, Haileyesus, Gutierrez, & Bacon, 2017). In fact, domestic violence was found to be second only to "argument" as the circumstance precipitating the firearm deaths of those 12 years of age and younger. The percentage of firearm homicides involving domestic violence is lower, however, for children between the ages of 13 and 17 years, at 8%. It should be noted, however, that virtually the same number of children ages 0 through 12 years and 13 through 17 years were killed (90 and 89, respectively). However, many more children aged 13 through 17 years were killed than those aged 12 years and younger (1,588 versus 373, respectively). For children aged 13 through 17 years, more frequent precipitating factors were arguments, other crimes, gang-related factors, and drug activity (Fowler et al., 2017).

Another study examined homicides in the US from 2000 through 2009 in which multiple family members were killed. Of these 238 events, 62% involved the homicide offender killing an intimate partner and child victims. Most often, the minor victims were the children of both the homicide offender and intimate partner victim however, less commonly, the children were only those of the intimate partner victim and, rarer still, the children of only the homicide offender. Contrary to common thinking about IPH being "crimes of passion" that are the immediate result of a momentary decision made under incredible emotional strain, 83% of the 150 homicides of intimate partners and children were premeditated (Liem & Reichelmann, 2014). In over 80% of the homicides, intimate partner problems were known to exist prior to the homicide, with 25% of the cases involving a domestic violence restraining order. The homicide offender committed suicide in 46% of homicides of intimate partners and children, and financial difficulties and child custody disputes often characterized this subset of homicide-suicide cases.

The majority of homicide offenders of intimate partners and children were White men between 30 and 49 years old. Firearms were used in almost all cases (Liem & Reichelmann, 2014).

Additional research examined IPH-suicides with victim and offenders between the ages of 18 and 44 years that occurred in the US from 1999 through 2004 (Sillito & Salari, 2011). The victim and/or offender had children in 208 cases, and in roughly 77% of these cases, the children were biological children of both the homicide victim and offender. Twenty-three percent of the children were killed as part of the homicide-suicide. The remaining children were either not present during the homicide (24%) or either directly witnessed the homicide or were at the same location, but possibly in a different room, when the homicide occurred (53%) (Sillito & Salari, 2011).

Guns were used in the vast majority of these IPH-suicides, regardless of whether children were killed, not present, or witnessed the homicide. Ninety-one percent of the children who were killed were killed with a gun, and for 90 percent of the children who witnessed or were present for the homicide, a gun was used. Additionally, for 87 percent of children who were not present at the time of the homicide, a gun was used (Sillito & Salari, 2011). There was some question in the study over the main motives of the homicide offender. Based on their examination of available sources, including news reports, Sillito and Salari (2011) assessed that for the majority, the primary intention was suicide, and not homicide. The high percentage of cases in which guns were used may represent not just an increased risk of IPH when a violent partner has access to a gun, but an increased risk of suicide when a suicidal individual has access to a gun.

Child Survivors of IPH

In 2015, roughly 55 percent of homicides of women and 6 percent of homicides of men were committed by intimate partners, and roughly 55 percent of all IPHs were committed with guns (US Department of Justice & Federal Bureau of Investigation, 2017). Additionally, the risk of homicide increases by 500 percent when a violent intimate partner has access to a firearm (Campbell et al., 2003). Therefore, it is unfortunately necessary to include a discussion of a child's parents being murdered when analyzing the intersection of domestic violence and firearms.

While some children are killed in the course of the IPH, many more are left to mourn the loss of their parent. Due to the nature of IPH, which often take place in the home, children frequently witness these homicides (Sillito & Salari, 2011). In Alaska from 1999 through 2006, children witnessed 15 percent of all IPHs (Shai, 2010). Additionally, in a 10-city study of intimate partner femicide and attempted intimate partner femicide in which the victim was a mother, 35 percent of the femicides and 62 percent of the attempted femicides were witnessed by children (Lewandowski, McFarlane, Campbell, Gary, & Barenski, 2004). In an additional 37 percent of femicides, children found their mothers' bodies and in 28 percent of attempted femicides, children found their victimized mothers (Lewandowski et al., 2004). Surviving children who witness their parent's homicide are sometimes threatened by the murderer (Hardesty, Campbell, McFarlane, & Lewandowski, 2007). Understandably, the psychological consequences of experiencing one parent kill the other are serious, and the consequences may be worsened when a child witnesses the homicide (Lewandowski et al., 2004).

A systematic review of research on the impacts of parental IPH to children suggests that the consequences are quite severe across all domains of a child's life. Outcomes may be particularly terrible because of the reality they face as being "simultaneously the child of a murderer and a victim" (Alisic, Krishna, Groot, & Frederick, 2015, p.329). Psychological outcomes exhibited by the children in these studies included post-traumatic stress disorder (PTSD), emotional disorders, and behavioral problems, among others. The impact of this trauma may culminate in the child's suicide attempt (Hardesty, Campbell, McFarlane, & Lewandowski, 2007). The trauma of parental IPH also manifests in children as physical symptoms, including headaches and stomachaches, eating issues, and becoming unable to speak.

Academically, children's grades often drop, and older children sometimes drop out of school after the IPH of their parent (usually mother) (Alisic, Krishna, Groot, & Frederick, 2015). Children also face social upheaval in their lives that may worsen their academic and health outcomes. In a study of 146 children who were affected by the IPH of their mothers, 87% had to move from their homes after the homicide, which resulted in them leaving their schools and circle of friends who may have otherwise provided needed social support (Lewandowski et al., 2004). The majority of these children moved into their relatives' care, and siblings were sometimes split up; however, 9% of the children were moved into the foster care system (Lewandowski et al., 2004).

Unfortunately, research suggests that children who lose a parent to IPH often do not get the mental health care that they need (Lewandowski et al., 2004). This may be because victim assistance programs are underfunded and sometimes unknown to those who could use their services. When known, services may not be accessible, or children's caretakers may underestimate the importance of accessing these services (Lewandowski et al., 2004). However, getting mental health care may be critical in helping children work through their trauma to recover. Research suggests that children from minority racial and ethnic groups may be at a higher risk of deleterious health impacts in all domains due to the negative impacts of racism and discrimination with which they must already cope (Alisic et al., 2015).

The trauma of having one's parent murdered by another parent can extend into adulthood. Swedish researchers have investigated these psychological impacts in adulthood by comparing adults whose fathers had murdered their mothers when they were children with a sample of adults taken from the general Swedish population (Lysell, Dahlin, Langstrom, Lichtenstein, & Runeson, 2016). Of the identified 261 cases of IPH in which there were children, 32 children were also killed while 494 children survived. In 30% of these homicides, the child's father committed suicide after having murdered the child's mother. Those adults whose mothers had been killed were significantly more likely to experience major mental disorders (defined as psychotic disorders, personality disorders, and affective disorders), substance use disorders, violent crime convictions, and self-harm than the comparison group from the general population (Lysell, et al., 2016).

Researchers have attempted to determine the psychological impact to children of nonfatal weapon use in domestic violence (Jouriles et al., 1998). The researchers hypothesized that children would view violence that involved knives or guns as more dangerous than violence that did not, and that psychological symptoms of depression, anxiety, and behavior problems would therefore be worse in weapon-involved domestic violence. As predicted, in households where children observed knife or gun violence or where knife or gun violence occurred but was not observed, children had more behavioral problems than those in households in which weapons were not used in domestic violence. However, while it was expected that children who observed the gun or knife use would have more severe psychological outcomes due to increased awareness of the dangerousness of the domestic violence, there were no differences in outcomes for children who did or did not observe gun or knife use (Jouriles et al., 1998). Because the researchers asked about the use of “knives or guns” instead of asking about knives and guns separately, we do not know if the results would be the same for an analysis of the psychological impact to children of gun use in domestic violence.

Conclusion

While more research is needed to understand the nature and scope of firearm-involved domestic violence in households that have children, the existing evidence suggests that children are threatened with guns, witness gun use and homicides, and are sometimes killed. Those who survive the murder of their parent suffer grave psychological, physical, and academic consequences. While the problem of domestic violence must be addressed in society, there are legal interventions that can prohibit a batterer’s access to firearms. For more information on these laws and research evidence of their effectiveness, please go to www.preventdvgunviolence.org.

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