DOMESTIC VIOLENCE IMPACTS CHILDREN

LONG-TERM HEALTH RISKS

- PTSD, depression or substance misuse
- Broader ACE research links accumulated adversity to heart disease, cancer and stroke.

FEAR & SAFETY

- Watching for danger
- Worrying a parent will be hurt
- Separation anxiety or clinging.

EMOTIONS & WITHDRAWAL

- Anxiety, sadness or self-blame
- Avoiding attention
- Pulling away from friends
- Quiet does not always mean okay.

ACTING OUT & REGRESSION

- Hitting, kicking, pushing or fighting
- Yelling, screaming or threatening
- Throwing objects or damaging belongings
- Bullying, intimidating or controlling peers
- Explosive outbursts; difficulty calming down
- Bedwetting or loss of learned skills.

SLEEP & PHYSICAL SYMPTOMS

- Nightmares and disrupted sleep
- Eating changes and fatigue
- Headaches or stomachaches
- Physical complaints deserve medical attention.

LEARNING & SCHOOL

- Fear and poor sleep interfere with learning
- Trouble focusing or completing work
- Absences or declining performance
- What looks like refusal needs assessment.

RELATIONSHIPS & TRUST

- Difficulty trusting adults or peers
- Struggles with boundaries or conflict
- Needs safe models of respectful relationships.

BRAIN & STRESS RESPONSE

- Toxic stress can affect brain development, attention and emotional regulation.
- Raised voices or conflict may feel threatening.



UNDERSTAND THE CHILD'S EXPERIENCES BEFORE ASSIGNING LABELS

A child's behavior is not their identity.

Some children repeat aggressive or controlling behaviors they observe at home.
Stop harmful behavior. Protect others. Understand the child. Teach safe alternatives.

Possible effects—not a diagnosis or proof of abuse. Children can heal.

Sources: NCTSN.org • WomensHealth.gov • CDC.gov (ACEs) • Moylan et al., 2010 • Lloyd, 2018

Created by **okchildwellbeing.org**

Before we label a child, we need to understand what that child is living through.

Hitting. Kicking. Yelling. Screaming. Throwing things. Bullying or trying to control other children.

Some children repeat aggressive behaviors they see at home. Others withdraw, become unusually quiet, struggle with schoolwork, or constantly watch for danger. Nightmares, stomachaches, bedwetting, and explosive outbursts can also signal distress.

The behavior needs to be addressed. The child needs to be understood.

Stop harmful behavior. Protect other children. Teach safe alternatives. Look beyond the incident to understand what support this child needs.

Children exposed to abuse deserve adults who recognize its possible effects instead of reducing them to “bad,” “a bully,” or “a problem.”

A child does not have to be hit to be harmed. And a child’s behavior is not their identity.

Learn more and download free educational resources:
https://okchildwellbeing.org/resources

#DomesticViolenceAwareness #ChildWellbeing #TraumaInformed

DOMESTIC VIOLENCE AWARENESS

DOMESTIC VIOLENCE DOES NOT STAY BETWEEN ADULTS.

Children live inside its consequences.

They may hear the threats.
See the injuries.
Fear what happens next.

A child does not have to be hit to be harmed.

Protect the child. Support the survivor.
Hold the person using abuse accountable.

Exposure examples: NCTSN [1]. Action statement: Oklahoma Child Wellbeing advocacy.
Help: 800-799-7233 | Text START to 88788 | thehotline.org
Immediate danger: 911.

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Behavior and health consequences

Domestic violence can affect how a child behaves, feels, sleeps, eats, and functions. Changes deserve attention and support. The examples below are possible responses, not a diagnosis or proof of abuse.

Behavior regression

Regression means returning to earlier behaviors or losing previously learned skills. A child may resume bedwetting or thumb-sucking, cry more, become increasingly clingy, or struggle with separation. These changes may reflect distress and a need for reassurance. They can also have other developmental or medical causes. [2, 8]

Aggression and difficulty regulating behavior

Increased aggression may include more frequent hitting, fighting, or hostile interactions. Children exposed to domestic violence may show increased aggression or impulsivity and have difficulty with peers. Understand the context while setting clear, safe limits. Support and assessment matter; labeling a child as bad does not explain what they need. [2; response guidance is a recommendation]

Short term health consequences

Sleep and eating changes, nightmares, headaches, stomachaches, anxiety, and distress. Symptoms can affect everyday wellbeing and may continue after an incident. Physical complaints should not automatically be attributed to stress; seek appropriate medical assessment. [2, 8; assessment guidance is a recommendation]

Long term health consequences

Possible risks include PTSD, depression, anxiety, and substance misuse. Broader research on accumulated ACEs also links childhood adversity with chronic diseases in adulthood, including heart disease, stroke, diabetes, and some cancers. These findings do not isolate domestic violence as the cause of an individual illness. [2, 12]

What adults need to remember

A child may regress, become aggressive, withdraw, or show few outward signs. Look at the whole child and their circumstances. Address safety, assess health concerns, support the protective caregiver, and connect the child with appropriate care. These are recommended actions.

Increased risk does not mean an inevitable outcome. Children can recover, and adults must make protection and support real. [4, 5; action statement is advocacy]

Support: Call 800-799-7233, text START to 88788, or visit thehotline.org. In immediate danger, call 911. [7]

What children experience

The child may be in another room. The abuse can still reach them. Hearing threats, seeing injuries or damaged belongings, and fearing another incident are ways children experience domestic violence. Some try to protect a parent, care for siblings, or be perfect to keep the family together. [1]

Abuse changes the environment a child lives in

Domestic violence involves a pattern of power and control. Physical assaults may occur alongside intimidation, emotional abuse, isolation, financial control, or sexual abuse. A child can be affected by the fear and instability around these behaviors. [9; application to child wellbeing]

Children can become a means of control

An abusive partner may threaten to take the children to keep the other parent from leaving. Children can become a link through which control continues after the relationship ends. The National Domestic Violence Hotline recommends support from domestic violence programs and qualified legal help when custody issues arise. [10]

Illustrations for awareness conversations

A child hears a threat through a bedroom wall and worries about a parent. A child steps between adults to stop someone being hurt. A child takes responsibility for younger siblings because home feels unsafe. These are illustrative situations, not accounts of identifiable children. [1]

Our position: Adults should not make children carry messages, protect a parent, calm an abusive adult, or prove that the harm is serious enough to matter. A child's silence should never be treated as confirmation that everything is fine.

Look at the pattern and the child together

Ask what the child has experienced, what they fear, what support they need, and whether abuse is still occurring. Do not reduce the family's circumstances to a single incident or judge safety only by visible injuries. These are recommended assessment questions, not a diagnostic checklist.

Support: Call 800-799-7233, text START to 88788, or visit thehotline.org. In immediate danger, call 911. [7]

Effects across childhood

Domestic violence exposure can affect sleep, emotional wellbeing, school, and relationships. Age, frequency and severity of exposure, and available support shape a child's response. [2]

Babies and young children

Possible signs include disrupted sleep or eating, intense separation anxiety, withdrawal, increased crying, or loss of previously learned skills. A young child may need more reassurance and help settling. [2, 8]

School age children

Nightmares, trouble concentrating, difficulty completing work, withdrawal, aggression, or problems with friends may occur. Some children blame themselves or experience headaches and stomachaches. [2, 8]

Teenagers

Possible effects include anxiety, depression, withdrawal, skipping school, substance misuse, or other risky behavior. Experiences at home may also shape expectations about dating relationships. None of these outcomes is inevitable. [2, 8]

What outward behavior cannot tell us

A quiet child may still need help. A child who acts out needs adults to understand the context as well as set appropriate limits. No single behavior proves domestic violence; the same symptoms can have other causes. [1, 2]

Stress can affect more than emotions

The CDC identifies witnessing violence at home as an ACE. Prolonged stress from adversity can affect developing stress response and immune systems and interfere with attention and learning. ACE research also links adversity overall with later health risks. It does not establish that domestic violence alone caused a particular illness. [3]

Our response must match the impact: protect safety, support learning, assess health concerns, and connect families with appropriate care. A punishment or a referral alone may leave the underlying danger untouched.

Short term health consequences

Domestic violence can affect a child's health now, not just their behavior. Reactions may begin during exposure or continue afterward. Short term describes when symptoms appear; it does not mean the symptoms are minor or will disappear on their own.

Sleep and eating

Nightmares, difficulty falling or staying asleep, and disrupted eating can occur. Young children may return to earlier behaviors, such as bedwetting. [2, 8]

Pain and physical symptoms

School age children may experience frequent headaches or stomachaches. These symptoms deserve medical attention when persistent or concerning. Do not assume a symptom is only stress; a clinician should consider other causes. [8; assessment guidance is a recommendation]

Fear and emotional distress

Children may become fearful, anxious, withdrawn, or intensely distressed when separated from a caregiver. Trouble concentrating, increased aggression, or loss of previously learned skills may also occur. [2]

Direct injury is a separate health concern

Some children exposed to domestic violence are also physically abused. A child may face both the effects of exposure and direct harm. Injuries require appropriate medical assessment; emotional support cannot substitute for treating physical harm. [8; care statement is a recommendation]

What adults should do

Take new or persistent symptoms seriously. Discuss sleep, eating, pain, and emotional changes with a pediatric clinician. Tell the clinician about known exposure when safe to do so. Coordinate medical care, child trauma assessment, and support for the protective caregiver. These are recommended actions, not a diagnosis or a treatment plan.

The message for awareness: A child's headache, sleepless night, or stomachache should not be dismissed because there is no visible injury.

Support: Call 800-799-7233, text START to 88788, or visit thehotline.org. In immediate danger, call 911. [7]

Long term health consequences

The effects of childhood adversity can extend beyond childhood. Long term effects may persist or become apparent later. A child can heal, and risks vary with exposure, other adversity, support, and access to care.

Mental health and substance use

NCTSN identifies depression, anxiety, posttraumatic stress disorder, and substance misuse among possible longer term effects of repeated domestic violence exposure. These outcomes are not inevitable. [2]

Chronic physical disease

Broader ACE research links greater childhood adversity with higher odds of heart disease, stroke, diabetes, asthma, chronic obstructive pulmonary disease, kidney disease, and cancer excluding skin cancer. A CDC study used self-reported data from 144,017 adults in 25 states. It examined accumulated ACEs, not domestic violence exposure alone. [12]

How stress may affect health

The CDC describes how prolonged stress from adversity can affect brain development, immune function, and stress response systems. Attention, learning, and decision-making may be affected. This is one pathway connecting adversity with health; it does not explain every illness. [3]

What the evidence does and does not mean

These are population-level associations. The CDC study relied on adult recall of childhood experiences and self-reported health conditions. It cannot prove that one experience caused a person's illness. An ACE score is not a medical diagnosis or a prediction of someone's lifespan. [12; score statement is an interpretation]

Why prevention and ongoing care matter

Reducing exposure and strengthening safe, supportive relationships are health priorities. Care should address current symptoms, ongoing safety, and access to routine medical and mental health services. [3, 5; care actions are recommendations]

The message for awareness: Protecting children from domestic violence is also a long term public health responsibility. The evidence supports action without treating survivors as permanently damaged.

What parents need to know about lasting health risks

Domestic violence exposure can have physical, emotional, behavioral, and neurological effects. Some effects appear during childhood; others may persist or emerge later. Understanding these links can help parents recognize concerns and discuss appropriate care for children and adult children.

Heart disease cancer and stroke

Research links accumulated adverse childhood experiences, including witnessing violence at home, with increased adult risks of heart disease, stroke, and cancer excluding skin cancer. These findings describe associations across populations. They do not prove that domestic violence alone caused an individual's disease. [12]

Brain and nervous system effects

Prolonged adversity can affect brain development and stress response systems. Complex trauma may involve heightened alertness, strong physical reactions to stress, shutdown, and over- or under-response to sensory input. These effects can influence daily functioning, but they do not establish that trauma causes every neurological condition. [3, 13]

Behavioral and emotional dysregulation

Dysregulation means difficulty managing emotions, impulses, or reactions. It may look like intense outbursts, aggression, difficulty calming down, or withdrawal. Some responses began as ways to cope with danger and may persist in safer settings. Context, assessment, and support matter. [13]

What this means for your family now

Share relevant exposure history with a clinician when safe and appropriate. Describe specific symptoms and their timing rather than assuming a cause. Ask whether medical assessment, trauma care, or specialist evaluation would help. Adult children should have a choice about whether and how they discuss their experiences. These are suggested steps, not a diagnosis.

Health problems deserve care regardless of their cause. Understanding trauma should add to good medical care, not replace it. A child or adult survivor is not permanently defined by these risks.

Support: Call 800-799-7233, text START to 88788, or visit thehotline.org. In immediate danger, call 911. [7]

Seizures and trauma need a careful explanation

Seizure symptoms are real and require medical assessment. A history of abuse does not tell us what type of seizure someone has, and an episode should not automatically be attributed to stress.

Functional seizures

Functional or dissociative seizures are involuntary episodes that can resemble epileptic seizures but are not caused by the abnormal electrical activity responsible for epilepsy. They are a form of functional neurological disorder. They are not deliberate behavior or pretending. [14]

Trauma and stressful life events are associated with functional seizures in some young people. A 2026 systematic review found varied experiences and limitations in measurement and study design. These findings do not establish that witnessing domestic violence alone causes functional seizures. [15]

Epilepsy after physical brain injury

A separate pathway exists when physical violence causes traumatic brain injury. Post-traumatic epilepsy can develop after a brain injury, especially a more severe injury. This is different from functional seizures and from exposure to domestic violence without a brain injury. [16]

What parents should ask

Ask the treating clinician what evidence supports the diagnosis and whether a neurologist or other specialist should assess the episodes. Describe any known head injuries and the episode's features. Do not diagnose epilepsy or functional seizures from trauma history alone. These are recommended questions for care.

Why identifying the seizure type matters

Epileptic seizures and functional seizures require different clinical approaches. Episodes cannot be reliably classified from their appearance or a trauma history alone. Appropriate specialist assessment helps identify the condition and guide treatment. [14; evaluation statement is recommended practice]

The goal is accurate recognition, appropriate assessment, and care that fits the diagnosed condition.

Support that helps children recover

The person using abuse is responsible for it. Support should increase a survivor's options and safety, not add blame or demands they cannot safely meet.

Give children clear messages

Tell the child they did not cause the abuse and do not have to fix it. Let them talk about their feelings, including mixed feelings about a parent. Use language that fits their age. Avoid making promises of safety you cannot guarantee; explain the steps you are taking. [6; last sentence is suggested practice]

Listen without turning the conversation into an investigation

Let the child speak in their own words. Do not demand repeated retellings or suggest the answer you want. Do not use a public awareness event to collect disclosures. If a safeguarding concern arises, follow your organization's reporting and response process. These are recommended practice safeguards.

Make practical help part of protection

Families may need advocacy, help navigating services, and resources that support safety. NCTSN explains that therapy alone may not meet these needs. A qualified clinician can consider child trauma treatments such as Child-Parent Psychotherapy or Trauma-Focused Cognitive Behavioral Therapy. [4]

Recognize barriers to leaving

Housing, money, threats, isolation, and fear of losing children can limit a survivor's options. Leaving is a complex safety decision. Work with a domestic violence advocate on options that fit the family; do not assume one instruction solves the danger. [10, 11]

Protect relationships that support recovery

Safe, stable relationships and access to services help buffer adversity. Children need support that is accessible to them, including communication, language, and disability accommodations when needed. [5; accessibility is a campaign recommendation]

Support: Call 800-799-7233, text START to 88788, or visit thehotline.org. In immediate danger, call 911. [7]

What protection requires from systems

Protective capacity is shown in what an organization does after a concern is raised. The following are Oklahoma Child Wellbeing recommendations. They are not a statement of uniform legal duties.

Schools and childcare

Create a private route to a trained safeguarding contact. Consider trauma when responding to attendance or behavior concerns. Coordinate educational support without making the child repeatedly explain the abuse. Confirm that the family actually reached the referral.

Healthcare and mental health services

Provide private, accessible opportunities to raise safety concerns. Assess the child's symptoms and the caregiver's support needs. Explain confidentiality and reporting limits. Make a supported connection to an advocate or appropriate treatment, rather than handing over a number without follow-up.

Churches and community organizations

Provide practical assistance and trained referrals. Do not pressure a survivor to reconcile, forgive on demand, or remain exposed to abuse. Do not use religious teaching to excuse the person causing harm. Make safety part of the response, not an afterthought.

Courts and child serving agencies

Assess patterns of abuse and control with qualified expertise. Distinguish allegations, observations, and corroborated facts. Consider how decisions affect the child and protective caregiver. Explain decisions, identify who owns the next step, and check whether the plan improved safety.

Five questions every organization should answer

Who receives a concern and has authority to act?

What immediate safety needs must be addressed?

Who makes the supported referral?

Who documents and follows up on agreed actions?

How will we know the child and caregiver are safer?

A recommendation is not an outcome. Close the loop. Record whether help was accessible and received, identify unresolved barriers, and adapt the response. Do not publicly share identifying information as proof of action.

Campaign posts

Main awareness post

Domestic violence does not stay between adults. Children live inside its consequences. They may hear threats, see injuries, or fear what happens next. Some try to protect a parent or hold the family together. [1]

No child should have to manage an adult's violence to feel safe at home. No child should have to show falling grades, a crisis, or visible injuries before adults take their circumstances seriously.

Health effects can include sleep problems and physical symptoms now, and longer term mental health risks. Broader childhood-adversity research also links accumulated exposure with adult chronic disease. [8, 12]

Children can recover. Help the protective caregiver access resources, connect children with appropriate care, and hold the person using abuse responsible. [4, 5; accountability is our advocacy position]

Schools, churches, healthcare providers, courts, and agencies: What happens after a family asks you for help? Who owns the next step? Who follows up? What changes for the child?

Awareness is the beginning. Protection is the work.
Created by okchildwellbeing.org
#DomesticViolenceAwareness #ChildWellbeing #ProtectChildren

Short post on responsibility

A child should not have to protect a parent, keep a sibling quiet, or keep the peace to prevent an adult's abuse. Adults and systems must carry the work of protection. Support the survivor. Hold the person using abuse accountable. Created by okchildwellbeing.org.

Short post on hope

A child's trauma history is not their future written in stone. Safe relationships and appropriate care help. Our job is to make that support reachable, consistent, and real. [4, 5] Created by okchildwellbeing.org.

Support: Call 800-799-7233, text START to 88788, or visit thehotline.org. In immediate danger, call 911. [7]

Include source links when posting. Invite discussion about solutions, not identifying disclosures.

Community awareness reading

We often speak about domestic violence as though it happens only between adults. But children live in the same home. They hear the threats. They see the fear. They may try to protect a parent or keep the family together. [1]

The health effects can reach beyond emotional distress. Children may have sleep problems, headaches, or stomachaches. Repeated exposure can increase mental health risks. Broader childhood-adversity research links accumulated exposure with chronic disease in adulthood. These risks are not predictions of any one child's future. [2, 8, 12]

No child should be responsible for keeping an adult from becoming violent. No child should have to become their family's protector.

And we must not put the entire burden of protection on the person already being abused. Families need options they can use: practical resources, trained advocates, appropriate care, and organizations that follow through. [4; systems statement is our recommendation]

There is hope. Safe, supportive relationships can help children recover. But hope must be backed by action. [5]

So this month, ask more of every system serving children. Who receives a concern? Who acts? Who checks whether the help worked? Who notices when the family is still unsafe?

Children deserve adults who carry the responsibility of protection. They deserve safety they can experience, not just assurances they can hear.

Support: Call 800-799-7233, text START to 88788, or visit thehotline.org. In immediate danger, call 911. [7]

Facilitator prompts

What barrier can our organization remove this month? Who will own that action? When will we review whether it helped? Offer private follow-up and allow people to step out without explanation.

THEY DO NOT HAVE TO SEE THE ASSAULT.

Children may hear threats, see injuries or damaged belongings, and fear the next incident.

Another room is not a guarantee of protection.

NCTSN [1]. Action statement is campaign interpretation.

Created by okchildwellbeing.org

REGRESSION. AGGRESSION. SIGNS OF DISTRESS.

Returning to bedwetting.
Increased clinginess.
Loss of learned skills.
More aggression or impulsivity.

Understand the context.
Set safe limits.
Connect the child with support.

NCTSN [2] and HHS Office on Women's Health [8]. These signs can have other causes. Response guidance is a recommendation.

Created by okchildwellbeing.org

SHORT TERM HEALTH CONSEQUENCES.

Sleep and eating changes.
Headaches and stomachaches.
Anxiety and distress.

Take symptoms seriously.
Seek appropriate medical and mental health care.

NCTSN [2] and HHS Office on Women's Health [8]. Symptoms can have other causes.
Care actions are recommendations.

Created by okchildwellbeing.org

LONG TERM HEALTH CONSEQUENCES.

Possible risks: PTSD, depression, anxiety, and substance misuse.

Broader ACE research links accumulated adversity with heart disease, stroke, and cancer.

Increased risk is not destiny.
Children can recover.

NCTSN [2] and CDC MMWR [12]. Chronic disease findings concern accumulated ACEs, not domestic violence alone. Associations do not establish individual causation.

Created by okchildwellbeing.org

ABUSE CAN USE CHILDREN AS LEVERAGE.

An abusive partner may threaten to take the children to keep the other parent from leaving.

Support the survivor's options.
Get qualified advocacy and legal help.

National Domestic Violence Hotline [10].

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TRAUMA DOES NOT DECIDE THEIR FUTURE.

Safe, supportive relationships and appropriate care help children heal.

Make help accessible.
Stay connected.
Follow through.

NCTSN [4] and CDC [5]. Actions are campaign recommendations.

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WHO OWNS THE NEXT STEP?

A family raises a concern.
A referral is made.

What happens next?

Assign responsibility.
Check whether help was received.
Address the barriers.

Oklahoma Child Wellbeing institutional recommendations.

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CHILDREN SHOULD NOT CARRY THE WORK OF PROTECTION.

That responsibility belongs to adults.

Support the survivor.
Protect the child.
Hold the person using abuse accountable.

Oklahoma Child Wellbeing advocacy.
Help: 800-799-7233 | Text START to 88788 | thehotline.org
Immediate danger: 911.

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Evidence and source links

1 National Child Traumatic Stress Network and Futures Without Violence

How Does Domestic Violence Affect Children

https://www.nctsn.org/sites/default/files/resources/children_domestic_violence_affect_children.pdf

2 National Child Traumatic Stress Network

Intimate Partner Violence Effects

https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence/effects

3 Centers for Disease Control and Prevention

About Adverse Childhood Experiences

https://www.cdc.gov/aces/about/index.html

4 National Child Traumatic Stress Network

Intimate Partner Violence Interventions

https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence/interventions

5 Centers for Disease Control and Prevention

Risk and Protective Factors for ACEs

https://www.cdc.gov/aces/risk-factors/index.html

6 National Child Traumatic Stress Network and Futures Without Violence

Listening and Talking to Your Child About Domestic Violence

https://www.nctsn.org/sites/default/files/resources/children_domestic_violence_listening_talking_to_your_child.pdf

Evidence and use of the materials

7 National Domestic Violence Hotline

Support and contact information

https://www.thehotline.org/

8 US Department of Health and Human Services Office on Women's Health

Effects of domestic violence on children

https://www.womenshealth.gov/relationships-and-safety/domestic-violence/effects-domestic-violence-children

9 National Domestic Violence Hotline

Power and Control Wheel

https://www.thehotline.org/identify-abuse/power-and-control/

10 National Domestic Violence Hotline

Children as an Abusive Mechanism

https://www.thehotline.org/resources/children-as-an-abusive-mechanism/

11 National Domestic Violence Hotline

50 Obstacles to Leaving

https://www.thehotline.org/resources/get-help-50-obstacles-to-leaving/

12 Merrick and colleagues CDC MMWR 2019

Estimated Proportion of Adult Health Problems Attributable to ACEs 25 States 2015 to 2017

https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm

How the evidence is used

Effects are possible outcomes, not diagnoses or predictions. ACE findings cover adversity broadly; they do not prove that domestic violence alone causes a particular disease. Institutional actions and campaign demands are recommendations from Oklahoma Child Wellbeing. Illustrations are not case reports.

Sharing the package

Print the opening poster and adult guidance separately. The eight visual pages form a campaign series and can be exported for social media. Retain the branding, evidence links, and help information. Do not include identifying child or survivor details in public discussion. Sources reviewed October 11 2026.

Sources on nervous system effects and seizures

13 National Child Traumatic Stress Network

Complex Trauma Effects

https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects

14 National Institute of Neurological Disorders and Stroke

Functional Neurologic Disorder

https://www.ninds.nih.gov/health-information/disorders/functional-neurologic-disorder

15 Seizure journal 2026 systematic review

Prevalence of stressful life events in young people with functional seizures

https://pubmed.ncbi.nlm.nih.gov/41962320/

16 Epilepsia 2022 systematic review and meta analysis

Incidence and risk factors of posttraumatic epilepsy following pediatric traumatic brain injury

https://onlinelibrary.wiley.com/doi/full/10.1111/epi.17398

Distinguish the evidence

Complex trauma findings concern repeated traumatic experiences broadly. Functional seizure research describes associations with varied stressful experiences; not every person with functional seizures has a trauma history. Post-traumatic epilepsy evidence concerns physical brain injury. None of these sources supports diagnosing a neurological condition from a history of domestic violence alone.