Domestic violence and child abuse

The risks of harm to children caused by domestic violence have now been recognised. An amendment to the definition of harm in the Children Act 1989 now includes ‘impairment suffered from seeing or hearing the ill treatment of another’ (Adoption and Children Act, 2002). This reflects that children living with domestic violence are over-represented among those children referred to statutory children and families teams with concerns about child abuse and neglect, and represent up to two thirds of cases seen at child protection conferences. However, children’s experiences of domestic violence are more than a child protection issue. Research with children suggests it has implications for education, health, welfare, civil and criminal justice.

WHAT IS DOMESTIC VIOLENCE?
Domestic violence typically involves a pattern of physical, sexual or emotional abuse and intimidation that escalates in frequency and severity over time. It can be understood as the misuse of power and exercise of control by one partner over another in an intimate relationship. It has profound consequences in the lives of individuals, children, families and communities.

Increasingly, the complexity of patterns of domestic abuse are coming to light. The dominant pattern is of violence and abuse of women, who show much higher levels of fear than men and are much more likely to suffer serious injury, sexual abuse and homicide. However, this is not to under-estimate the minority, but significant group of men who are victimised either in same sex relationships or by their women partners or ex-partners or women abusers in extended family networks. Other complexities are emerging, particularly in relation to the impact on children affected by domestic violence.

While acknowledging at the outset that men may be victims of domestic violence and women may be perpetrators, the language reflects the dominant pattern, and hence feminine terminology is used for survivors and masculine terminology for perpetrators of domestic violence.

LIVING WITH DOMESTIC VIOLENCE
The research evidence highlights the serious consequences for many children who are exposed to domestic violence. Most children are aware of the abuse of their parent with up to 86 per cent either in the same or adjoining rooms during an incident of domestic violence. The level of fear and distress created by hearing or seeing incidents of domestic violence can no longer be under-estimated, and provides the rationale for the extension of the definition of harm in the Children Act 1989. At its worst, this includes children being traumatised by hearing or seeing their mothers being sexually assaulted or murdered. Children may often continue to witness post-separation violence during child contact visits.
DIRECT ABUSE

The risks of children being directly physically or sexually abused are markedly increased where children are living with domestic violence. Research indicates that between 30 to 66 per cent of children suffer direct abuse when living with domestic violence and highlights the extent to which children’s experiences of violence cannot be compartmentalised into single ‘abuse categories’. Screening by front-line workers significantly increases the amount of domestic violence identified. The severity and the length of time over which domestic violence has occurred may also increase risks for children. A US study which analysed 3,363 cases of family violence, found that there was an almost 100 per cent correlation between the most chronic and serious violence of men toward women and their physical abuse of children. There are also some significant (though smaller) risks of increased physical abuse or neglect by mothers who are themselves the victims of violence. Children, particularly teenagers, are vulnerable to being hurt through intervening in a violent incident.

The risks of attack during pregnancy are of particular concern and are indicative of particularly dangerous perpetrators. The Canadian national survey showed that for women abused in pregnancy the violence reported was four times more likely to be severe (beatings, choking, attacks with weapons and sexual assault). Kelly points to the double-intentioned nature of these assaults, which involve both woman abuse and child abuse.

At its most severe, children die. Child death inquiries consistently show that there are a significant proportion of cases where the child’s mother was also the subject of domestic violence. This is no less true where children (and sometimes their mothers) are killed during child contact.

UNDERMINING THE CHILD’S MOTHER

By definition, perpetrators of domestic violence place their children at risk of harm. Other aspects of their parenting abilities may also be very limited. However, the most significant complexity for those working in the area of child abuse is that there is a child victim as well as an adult victim who is usually (though not always), the child’s mother. A very significant effect of chronic domestic violence is to undermine the relationship between the mother and child. This occurs in a myriad of direct and indirect ways, including: criticising and insulting the mother in front of the children, encouraging the children in abusive behaviour toward their mothers, and involving children in secrecy about the abuse within the family. While there is a heightened incidence of substance abuse by domestic violence perpetrators, there is also an increase of substance misuse (often in the form of self-medication to deal with the consequences of domestic violence trauma), by women who are being abused. Unsurprisingly, there is also a substantial increase in mental health problems and physical health problems for women who are subject to domestic violence, which can undermine their ability to provide consistent parenting for their children.

FLOW-ON EFFECTS

Children’s lives are often severely disrupted by domestic violence and characterised by multiple losses. Escaping the violence may mean leaving their home, their friends and their community. Pets, toys, books, clothes and precious possessions may all need to be left behind, disrupting
children’s sense of place. Children may have several school moves and at times may even have trouble gaining a place in a new school. The disruption to schooling can significantly affect their ability to achieve. Separation will also often involve financial hardship that throws children into living in poverty, possibly exposing them to other significant risk factors. Their risk of social exclusion is thereby increased.

Black and Asian children may find it particularly difficult to leave communities in which they have found protection from racism and positive support for their cultural and religious life. Similarly, traveller children and their mothers may find the only way to escape domestic violence is to leave the traveller networks and lifestyle. The resources for disabled children may also be extremely difficult to replace. Specialist assistance with schooling, care packages and alterations to the home may have taken years to establish and put an added restraint on women leaving an abusive situation.

THE IMPACT ON CHILDREN

Studies of children’s emotional and behavioural responses show increased likelihood of risks of disturbance among children living with domestic violence. Children tend to speak in terms of their fears, anger, sadness and loss. Researchers and clinicians using standardised tools focus on externalising behaviours (aggressive and anti-social behaviours) or internalising behaviours (anxiety and depression). These studies show children with elevated rates of externalising behaviour problems as well as high rates of depression and anxiety.

Generally, children witnessing domestic violence have significantly more behavioural and emotional problems than children who are not in these abusive environments. Problems for children can relate to their particular child development issues and will be mediated by other factors such as the extent of the abuse, their level of support and the extent to which their lives have been disrupted by the violence. Some children show signs of post-traumatic stress disorder particularly when there are high levels of fear associated with on-going incidents. Children who have not only witnessed domestic violence but also have been physically abused or sexually abused show the highest levels of behavioural and emotional disturbance.

RESILIENCE

Research with children and young people living with domestic violence shows that they have very individual reactions to the violence. They have their own views and interpretation of the abuse they are living with and their own responses to ‘survival in adversity’. It is therefore particularly important to avoid assumptions of permanent psychological damage and notions of ‘cycles of abuse’, which predict that children living with domestic violence will grow up to be violent.

There are many factors that moderate the risks of harm and negative experiences of children. Several research studies show that in any sample, some children will have few negative symptoms and higher levels of competence than comparison groups, at least in the short term. The mother’s ability to maintain her parenting abilities under such adverse conditions and whether she is perceived by the children to be positively supportive, are particularly important moderators of the abuse impact. Children whose mothers’ mental health is not unduly affected by
depression and anxiety also show greater resilience than children whose mothers are suffering these effects of violence. Children also may learn very positive aspects of ‘survivorship’ from those mothers who model assertive and non-violent responses to violence. Levels of social support from within the extended family or community are significant for all children, but show particularly strongly with minority ethnic children.

Many children will recover their competence and behavioural functioning once they are in a safer more secure environment. In particular, children who are not continually subjected to post-separation violence as a result of child contact show a much stronger pattern of recovery.

**OVER-ARCHING GUIDELINES: WHAT HELPS?**
The development of policy and practice that directs responsibility to perpetrators and their abuse

- **A commitment to work with domestic violence survivors (usually women and children) from diverse backgrounds to ensure their safety and well-being**
  This will require attending to both their separate issues as well as recognising that the child’s safety will usually be linked to their mother’s safety.

- **Knowing that domestic violence is an issue**
  This will mean that when a referral or initial assessment is made in relation to a child abuse concern, questions about domestic violence are asked. The links between child abuse and domestic violence are such that these questions can be justified. However, systematic questioning about domestic violence needs to be accompanied by training to respond sensitively to the issues raised. Recording and monitoring systems also need to be in place at every stage of intervention so that the extent of domestic violence can be ascertained for planning and strategic purposes.

- **Recognising domestic violence as a multiagency issue involving services for children, women and men across the voluntary and statutory sectors**
  Policies and procedures for responding to domestic violence need to be developed for individual agencies as well as for multiagency working. Within agencies policies need to be detailed to address the issues of safety and confidentiality; monitoring; referral processes; guidelines for child protection conferences; staff safety; and separate but linked intervention for children, survivors and perpetrators. In particular, agencies need to overcome a ‘silo mentality’, which separates adult and children’s services and may fail to value and respect the role of voluntary sector agencies.

**PRACTICE ISSUES**
The Children Act 2004 and associated guidance that supports the Every Child Matters (ECM) Change for Children Programme are re-configuring the delivery of services to children and their families. Of 158 outcomes, targets, and evidence for inspection, there is one specific inspection target (2.2.5) in the Outcomes Framework under the Stay Safe outcome. This states that ‘Children affected by domestic violence are identified, protected and supported’. The National Service Framework also mentions domestic violence in the core standards, specifically 5.9 Safeguarding and promoting the welfare of children and young people (Sections 5, 9, 10). Otherwise the framework provides general guidance to support services for children and their carers (usually mothers) affected by domestic violence. Practitioners
what helps

and their managers will therefore need to be pro-active in ensuring that domestic violence is addressed in multiagency partnerships as well as through the other outcomes, all of which are relevant even though not specified. For example ‘Be Healthy’ has an aim to support ‘mental and emotional health’, with priority targets on ‘improvement in access to CAMHS’ and to lower the ‘death rate and suicide’. Similarly a target is to ‘Halve days [of school] missed through absence’ under the Enjoy and Achieve outcome. Given the impact of domestic violence on children, these targets are directly relevant as are many others.

The Common Assessment Framework (CAF) has much to offer children affected by domestic violence. Early intervention is essential to ensure that children, their mothers and fathers receive supportive (or challenging) intervention so that not all children and their families living with domestic violence are routed through to the statutory service. However, this will require multiprofessional training to heighten awareness and also service provision to ascertain which children, women and men can be referred for early intervention.

The ECM expectation of information sharing and the capacity to ‘track’ children across agencies is doubled-edged for mothers and children attempting to escape domestic violence. This may add to danger unless security of address information is markedly tighter than current practice would indicate. Any refuge in the UK will have examples from women of where their address has been ‘accidentally’ disclosed by professionals to the perpetrator. Greater information sharing may lead to greater danger rather than safer practice without training and flagging in databases of high-risk children for heightened security.

Assessment is complex and needs to address the issues for children, their mothers and fathers. The Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000), which is used to assess children in need has a small section on domestic violence under the domain ‘Parental Capacity’. Specific frameworks for the assessment of children affected by domestic violence have since been developed by practitioners and academics to complement this guidance. The framework provided by Healy and Bell (2005), for example, names nine areas requiring thorough assessment: the nature of abuse, the risk to the children posed by the perpetrator, risks of lethality, perpetrators’ pattern of assault and coercive behaviours, impact of the abuse on the woman, impact of abuse on the children, impact of the abuse on parenting roles, protective factors, and the outcomes of women’s past help-seeking.

Domestic violence is not a homogeneous process. Children living with domestic violence should be eligible for services under Section 17 of the Children Act 1989. Where there is a concern that children may be suffering or likely to suffer harm, decisions will need to be made about whether to initiate s.47 enquiries in accordance with Working Together to Safeguard Children (2006). Some children will have many protective factors in place and these may be able to be strengthened while others will have heightened risks. Radford et al (2006) suggest up to 21 different areas to be explored in the child’s assessment, including: age, support networks, ‘is there already significant harm?’, ‘are there high levels of criticism directed at the child?’, ‘how has the child made sense of the violence and abuse?’, etc.

‘Family assessments’ in which mothers and fathers are seen together are
unhelpful at best and dangerous at worst. When domestic violence is identified, survivors (usually mothers) need to be seen separately to assist with identifying the specific risks the perpetrator poses (eg, sexual assault, stalking, direct child abuse, assault during pregnancy, use of weapons, obsessive jealousy, disregarding of court orders) and any protective steps which have been either successfully or unsuccessfully used in the past. Safety planning and information about a range of relevant services for survivors and children should be given alongside the assessment.

Domestic violence is a primary not a secondary issue for assessment when there are issues of child abuse, mental health or substance misuse. It is particularly important in the assessment not to let the significance of the perpetrator’s violence and abuse become invisible, even if the perpetrator is not available for the assessment.

There is a danger, in the face of the perpetrator’s tactics of abuse and violence that workers will also be affected by the same disempowerment that children and non-abusing parents experience. When workers are involved in assessment or on-going work where there is domestic violence, they will therefore require careful supervision and support that acknowledges if, and how, the worker is affected by the threat of violence and abuse.

When a woman who is being abused is also involved in the abuse of her children, assessments need to explore her capacity to acknowledge the abuse and her capacity to change her mothering when she is no longer being abused herself. Recovery work will also need to recognise that domestic violence also constitutes an attack on the parent-child relationship (usually mother) and that intervention is needed to strengthen this relationship in the aftermath of violence.

Both statutory and voluntary sector workers are crucial in documenting the evidence of domestic violence and child abuse. At every turn, women will need this evidence to enhance their safety. This includes evidence for: child contact proceedings, non-molestation and occupation orders, a documented ‘course of conduct’ in relation to on-going harassment, immigration proceedings, housing access, criminal proceedings, compensation, and a case for enhanced safety support (panic alarms and locks) so that women and children are able to stay in their own homes without the disruptive effects of moving. Women may also need the evidence for themselves to strengthen their resolve if pressure is being placed upon them to reconcile following a decision to separate.

Children have been consistent in saying that they want safety and someone to talk to. Helplines and websites are therefore important. They also want information to understand what is happening to them and their family. A strengths-based approach for young people, which recognises their resilience and understands the strategies they have developed for surviving living with domestic violence, is a respectful starting point.

One of the strongest resilience factors for children is their perception that their mothers continue to care for and support them. Children whose mothers are able to retain or recover their mental health also show resilience. Taking steps to protect the child’s mother from continuing domestic violence and acknowledging and supporting the significance of this relationship with her children is good practice. This is more complex when, for a range of reasons, women find it difficult to acknowledge the harm to themselves or their children created by the domestic violence. It is
also more difficult when issues of substance misuse or mental health problems become evident and interfere with the care of the children. This highlights the need for strong multiagency working so that support for the women’s complex needs can be addressed by domestic violence, mental health or substance misuse agencies.

Separation can be dangerous and will often put women and children at greater risk of sexual assault, homicide and serious injury. It is therefore not a strategy to be lightly recommended, and agencies will need to take responsibility for enhanced protection of the women and children if they are supporting this strategy. Post-separation violence is common and a particular risk if and when child contact arrangements occur. The most serious domestic violence perpetrators are also the most likely to be dangerous post-separation. Women will need to be convinced that they and the children will be safer leaving rather than staying. This requires a well planned, well co-ordinated, multiagency response. However, research evidence also suggests that children’s capacity to recover increases when they are in a safer environment and unsurprisingly, the level of direct child abuse they experience decreases markedly.

All children, but particularly Asian children, comment upon the importance of other family members in their support network. The role of child-child support through friendships, group work and sibling relationships is also always mentioned in any work with children and young people. Exploration of children’s networks also highlights the importance of stable community networks where children have a supportive adult in walking distance of their home. Strengthening these informal or therapeutic networks so that children and young people are not isolated is a significant aspect of effective intervention in this area.

High-quality prevention programmes in schools and in the community are becoming increasingly common. These programmes are extremely helpful in addressing the attitudinal problems that lead to the belief that it is okay to hit a woman and that some women deserve to be hit. They also give the message to children affected by domestic violence that there are places to go for help, that the violence is not their fault, and that talking to someone can be helpful.

C ONCLUSION
Domestic violence is a widespread social problem, which has an insidious and destructive effect on the fabric of society, as well as the individual lives of adults and children affected. Early intervention to prevent on-going negative experiences is a goal for all those involved, though one which can be difficult to achieve. A well co-ordinated, multiagency response which responds decisively to challenging perpetrators of violence through proactive policing and high-quality perpetrator programmes is a necessary back-drop for this work. Support for survivors and their children through a range of strategies that help to name the abuse, re-build self-esteem and focus on safety provide the mainstays of the work to address the serious issues they face.
KEY TEXTS

RESEARCH


OTHER USEFUL RESOURCES
Australian Domestic Violence Clearinghouse www.austdvclearinghouse.unsw.edu.au provides a wide range of on-line resources and research publications

Department for Education and Skills www.dfes.gov.uk/research
Click on ‘Publications’ for four-page research briefs summarising findings from a wide range of research impacting on children and young people.


Support helplines and websites:
• Childline - 08001111 www.childline.org.uk
• The Hideout - www.thehideout.org.uk
• NSPCC – 0808 800 5000 www.nspcc.org.uk/kidszone
• 24-hour domestic violence helpline - 0808 200 0247 www.womensaid.org.uk/survivors_handbook/index.htm

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This briefing has been independently and anonymously reviewed by an academic and practitioner with special interest in domestic violence.

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