



research in practice

Children Experiencing Domestic Violence: A Research Review

by Nicky Stanley

Signposts compiled by Steve Flood



A research in practice review reveals domestic violence as a sustained process that can happen anywhere but occurs most often alongside social and economic disadvantage. The stresses of these disadvantages interact with other family problems – including poor mental health, substance misuse and homelessness – to produce cumulative harm to children’s health and well-being. Interventions therefore need to take place at a number of levels and reflect the complexity of the experience of domestic violence.

The full review was commissioned for Directors of Children’s Services and senior managers working in a multiagency context, but is equally valuable for frontline practitioners and managers working with children and families affected by domestic violence – from social workers and foster carers to teachers and the police. This briefing focuses on some of the key messages for the service response.

Key findings

Almost a **quarter of young adults** in the UK have witnessed domestic violence during their childhood, and almost 1 in 20 (4.5%) children and young people in the UK have experienced severe forms of domestic violence. Children and mothers who experience domestic violence are likely to do so on a repeated basis. Domestic violence is also a key indicator for child abuse and neglect – with children experiencing domestic violence being three to four times more likely to experience physical violence and neglect.

Children’s involvement in domestic violence is intimate and active. Not all children suffer adverse effects but there is evidence that harm is cumulative and longer exposure leads to more severe impact. The impact is likely to differ according to age and developmental stage.

Parental separation does not guarantee an end to violence. For one in two families who separate, the domestic violence continues beyond separation, and separated women are at particularly high risk. For many families, contact provides a context for domestic violence to continue.

While **both men and women can be perpetrators** of domestic violence, the vast majority of incidents (in one study, 86% of the incidents reported to the police and other agencies on a single day) concern attacks by men on women. Men are also significantly more likely to use threats, harassment and more serious violence.

Mothers’ parenting is likely to be adversely affected by domestic violence, but there is evidence that it can recover. Poor maternal mental health increases the likelihood of harm for children exposed to domestic violence. Research on the parenting of perpetrators is limited, but many struggle to acknowledge the impact of their violence on their children – interventions should address this.

While the **service response** to domestic violence is generally fragmented, early intervention programmes that specifically target domestic violence have been successful in reducing risks, and there is evidence to support the use of Independent Domestic Violence Advisors (especially advocacy), whole-family initiatives and programmes delivered to mothers and children – a key feature of these is the mother’s engagement with the child’s perspective.

Perpetrator programmes appear to be successful in reducing re-offending for most participants. Increasingly, children’s services in the UK are referring perpetrators to local voluntary sector programmes and early evaluation suggests they have the potential to increase children’s safety.

***Children Experiencing Domestic Violence: A Research Review* (Stanley 2011) details the research and evidence around prevalence, effects on children’s development, the interaction with parenting and children’s health and well-being, and service responses. www.rip.org.uk/publications**

Domestic violence - practice and interventions

Prevention

School preventive programmes have had success in developing awareness of the nature of domestic violence, signposting help and changing attitudes. Programmes vary significantly, however, and more needs to be known about optimum content, timing and duration. Programmes should take account of gender and focus on lower awareness among boys of the harm caused by abuse and violence. Public education campaigns could now more usefully target specific groups — in particular perpetrators, many of whom struggle to acknowledge the impact of their behaviour on children.

Disclosure and screening

Domestic violence may be disclosed to a practitioner in any one of a range of services, but for many women disclosure is unlikely unless direct questions are asked. Screening has proved effective in promoting disclosure in different settings, including GPs, health visitors and social care. Routine enquiry should be supported by training in screening and by established interagency pathways for referral to services. There is evidence that disclosure can itself contribute to breaking down the secrecy that helps perpetuate domestic violence.

Tackling low awareness

Understanding and awareness about the impact of domestic violence on children and families and the need for routine screening is less well developed among some adult mental health and substance misuse services, yet both work with parents affected by domestic violence. Children's services may need to make a particular effort to engage those services in interagency training and help establish routine screening and referral protocols.

Risk assessment and filtering

Police notifications are the principal means by which children's services are informed about children's exposure to domestic violence and managing their high volume effectively is a challenge. A recent survey of Local Safeguarding Children Boards identified 30 multiagency initiatives designed to assess risk, although the involvement of agencies other than children's services and the police was uneven. Co-location, interagency meetings and integrated teams can all provide an effective means for agencies to share information as part of the process of filtering referrals and assessing risk.

Engaging families

The stigma and secrecy associated with domestic violence means many families are resistant to engaging with social care services. This is compounded by fears of children being removed and taken into care and is likely to be made worse by threats of statutory intervention. Social care practitioners should focus on building partnerships based on trust and a shared understanding of the impact of domestic violence on children — this can be a strong motivation for change for both mothers and fathers.

Early intervention

A number of early intervention services have been successful in reducing risks for victims and have also been used to deliver services to children. For example, two pilot projects — Safer Families in Gateshead and Letgo in Cumbria — were able to reduce repeat referrals and reported incidents, reduce risk and increase survivors' confidence. The evidence suggests survivors and families with complex needs are likely to need sustained input to achieve change.

Advocacy

Advocacy is increasingly seen as a way to help mothers access social and community resources and to re-build independent lives. There is strong evidence from the US for its role in reducing depression and victimisation, and increasing mothers' social support and quality of life. In England and Wales, early evaluation of the Independent Domestic Violence Advisors service, which offers advocacy and service co-ordination to women at high risk from domestic violence, is also encouraging.

Parallel interventions

There is evidence from the US and the UK for the effectiveness of programmes delivered in parallel to children and mothers. These usually involve group work for children and groups for mothers that aim to develop responsiveness to the child's needs. A key feature of all successful interventions is the parent's engagement with the child's perspective on domestic violence. There is evidence from the US that child-parent psychotherapy strengthens mothers' responsiveness and helps reduce traumatic stress symptoms and behavioural problems in children.

Listening to children

Children experiencing domestic violence want opportunities to talk. They want to be listened to and to be taken seriously — fears they will not be and concerns about confidentiality inhibit disclosure and help-seeking. Children and young people also commonly report being excluded from key decisions that affect them — practitioners must establish and respect their views on contact in particular.

Refuge work

Most refuges provide support for children. Although this covers a wide range of interventions, including counselling, advocacy, structured play and storytelling, there has been little evaluation of this work in the UK. Shortness of stay can be a barrier to effective intervention, but the evidence is that children in refuges have high levels of need and their stay is an important window of opportunity for providing assessment and linking families to support services.

Whole-family interventions

There is evidence for the effectiveness of interventions that focus on the whole family, although some critics doubt whether such approaches can always contain men's 'power and control' behaviour. A Family Group Decision Making approach in Canada was associated with reduced child maltreatment, while early evaluation of Family Intervention Projects in England found small caseloads, a key worker approach and long-term involvement help secure a family's trust and motivation to tackle complex problems.

Working with perpetrators

Assessment processes tend to target mothers rather than fathers, yet there is evidence for the effectiveness of perpetrator programmes, many of which are led by the voluntary sector in the UK. While these are unevenly distributed, early evaluations suggest they can be successful, including when participants' initial motivation may be to ensure access or avoid care proceedings. Professionals do need to engage with violent fathers directly, however. Efforts should be made to build workers' skills and confidence through training, perhaps led by staff with experience of delivering perpetrator programmes. Relaxing the timeframe for initial assessments may also make it easier for social workers to engage with fathers.

Interagency collaboration

The current fragmented service response to domestic violence makes it harder for families to access support and limits information transfer between agencies, so reducing the information available to inform assessment. Increasing regular and sustained communication between children's social care and specialist domestic violence services and the police, rather than confining it to formal settings (eg case conferences) could be particularly helpful. Interagency collaboration is more likely when shared protocols for screening and assessment are developed and when senior staff attend interagency forums.

The impact of domestic violence on children

- Children and young people are likely to experience a range of **emotional and behavioural responses**, including fear, anxiety, worry, anger and aggression. They may feel isolated and stigmatised, while many have to take on caring responsibilities. The risk of psychological harm is high for those who also experience other forms of abuse and neglect.
- Impact differs by **developmental stage**: infants may show delayed development, sleep disturbance, temper tantrums and distress; school-age children may develop conduct disorders and difficulties with their peers and find it hard to concentrate; depression, delinquency and aggression are common among adolescents.
- Not all children suffer adverse affects, however. There is evidence that the **impact is cumulative**, with sustained exposure over time leading to the most severe impact.
- A strong sense of self-esteem and self-efficacy can promote **resilience** and help children attribute responsibility for the violence to others. Having an adult (usually the mother) who provides consistent support contributes to resilience, while friendships offer vital social support.
- Domestic violence characterises the history of a substantial proportion of **looked after children**. Contact and reunification plans should take ongoing domestic violence in birth families into account and respect children's views.
- **Young people** exposed to domestic violence in childhood are more likely to experience violence and abuse in their own relationships. All practitioners who work with young people should ask about violence in intimate peer relationships, as young people are unlikely to disclose it spontaneously.
- **Maternal mental health problems and parental substance misuse** both increase the likelihood of harm for children exposed to domestic violence. The mental health of mothers should be a key target for intervention.
- **Mothers' parenting** can be undermined by assaults on their self-esteem and confidence, and by perpetrators forging hostile alliances with children or other family members. However, there is clear evidence that parenting can recover once mothers are no longer living with domestic violence.
- **Social isolation**, which can continue after women leave an abusive relationship, contributes to parenting problems and may be acute for mothers from some minority ethnic communities, mothers with disabilities, families with disabled children and homeless mothers. Interventions should aim to link them into local support systems.

Developing a responsive service

The review identified the key characteristics of a service that responds to the needs of children experiencing domestic violence. A responsive service:

- engages with families on the basis of a shared understanding of the harm experienced by children living with domestic violence, rather than utilising blame or threats
- seeks to involve all family members, including perpetrators, while recognising that it may not always be safe or appropriate to see all family members together
- distinguishes appropriate pathways for families experiencing domestic violence using risk assessment that incorporates evidence from the full range of services
- recognises the need for long-term engagement with families who have complex needs and embedded histories of domestic violence, but neither assumes nor is predicated upon separation.

Key steps towards developing a responsive service

Commissioning

- Early intervention services require the support of senior managers from the full range of services in order to be able to link families to these services effectively.
- Voluntary sector-led programmes for perpetrators that address their role as fathers can help reduce men's violence and increase their awareness of its impact on children.
- Parallel interventions for both mothers and children that develop mothers' understanding and responsiveness to children's experience of domestic violence, while strengthening children's self-esteem, offer a means of building resilience and promoting recovery.

Developing interagency collaboration

- Children's social care should identify mechanisms for increasing ongoing communication with both specialist domestic violence services and the police – communication should not be confined to formal settings, such as case conferences.
- Co-location schemes should be developed that allow children's social care and other agencies, such as the police, to share the information required to assess risk.
- Children's social care should collaborate with adult mental health services and CAMHS to increase their sensitivity to domestic violence and its impact on children and to develop therapeutic interventions for mothers and children.

- Systems for collaboration need to be developed with practitioners in an 'intermediate' position – such as school mentors – who offer a means of intervening with young people experiencing violence in their relationships.
- Closer collaboration between children's social care and refuges should aim to incorporate the work undertaken with children in refuges into wider assessments of their needs – a child's stay in a refuge is a window of opportunity.

Strengthening practice

- Practitioners should be skilled in talking directly to children about domestic violence. In particular, they need to listen to and validate children's accounts.
- Work with adolescents, particularly those who are looked after and leaving care, should address their peer relationships. Young people should be routinely asked about their experiences of domestic violence, both in their own and their parents' relationships.
- Training in work with violent men should be made available to all social care practitioners and their managers.
- Interagency training that addresses variations in agency approaches and objectives in work with families experiencing domestic violence can strengthen collaboration.

Signposts briefing compiled by Steve Flood from the Research Review by Nicky Stanley, Professor of Social Work, University of Central Lancashire.

Stanley N and Flood S (2011) *Children Experiencing Domestic Violence: A Research Review (Signposts)* Dartington: ©research in practice March 2011