

Children and Domestic Violence

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What is Domestic Violence?

- Motivated by abuser's intent to establish and maintain control
- Ongoing pattern of violence and abuse
- *'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'*
- Responsibility lies solely with abuser
- Evidence relating to adverse effects of children's exposure to domestic violence – definition of significant harm in Children's Act 1989 extended to include:
 - *"impairment suffered from seeing or hearing the ill-treatment of another"*

Stats

- When women are abused it is twice as likely that children are abused also.
- DV often increases or begins in pregnancy.
- 76% of children in court ordered contact with violent parent – further abused
- 90% of dv incidents – children in same or next room

Ways a child can experience DV

- Witnessing violence
- Isolation/ secrecy
- Threats
- Blame
- Deprivation / neglect
- Direct involvement
- Injured
- Try to protect
- Own violent relationships

Impact on behavioural and emotional well-being

- Significantly more frequent behavioural and emotional problems
- Children who have been both physically abused as well as witnessing the violence tend to show the highest levels of behavioural and emotional disturbance
- Some children are reported to be more aggressive and anti-social - 'externalised behaviours'
- Others have high rates of depression, anxiety and trauma symptoms – 'internalised behaviours'

Impact on cognitive abilities

- Below average school performance
- Doubled rate of absence from school
- Behavioural problems observed in class
- BUT - school may be a safe and happier place for children than a difficult home life
- Of immediate practical concern is getting children into school when they have to leave home or move refuge

Age

- 0-2 - demanding/easily frightened/clingy/tantrums/underweight/poor development/aggressive
- 2-5 – lack of emotion or increased crying/aggressive to women/tries to stop abuse/feels guilt/hurts self/regression
- 8-11 – aggressive at school/bullies/bullied/blame self/angry with mother/copies behaviour/school avoidance/inappropriate responsibilities/depression
- 11-17 – gender roles confused abusive / depression /drugs-alcohol/run away/truancy/isolation

Good practice pointers when children disclose domestic violence

- Show that you take seriously what children are saying, and try to find ways to get appropriate help – straight away if the danger appears to be current.
- Practitioners should be familiar with the government guidance on dealing with children who have been abused.
- See *What to do if you are worried about a child being abused* (Department of Health, 2003) – useful flowcharts about disclosure referral process and info sharing.

How should professionals respond?

Disclosure

It is important for all professionals working with children to:

- find safe and confidential ways of asking children what is really wrong when they see any of the symptoms
- recognise violence at home as one of the common reasons for problems in children's lives
- give them a chance to talk
- believe what they say
- know what help is available for them, and their mothers.

Benefits of Talking to Children about the Violence

Children feel safer

- They learn that violence isn't their fault
- They learn that violence isn't an okay way to solve problems
- It helps them to feel cared for and understood
- Children learn that it's OK to talk about feelings

CAF

- Shared assessment tool for everyone who works with children, young people and families
 - “To establish the impact of... alcohol/drug misuse on parenting capacity, and any risks to children, and to guide the most appropriate intervention”
 - Professionals need to be sensitive to cases where multiple issues exist and ensure that a safe environment is created for their disclosure as risks to children are greatly increased under these circumstances (I.e.: DV)
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- *Children of Problem Drug Users*
 - Withdrawn, secretive, lack of friendships;
 - Caring responsibilities for parents and siblings including anxiety for their welfare;
 - Poor school attendance/poor concentration.
 - It is important to remember that many of the signs could also be indicators of problems other than drugs. Signs of drug use may also be more difficult to spot if their use is occasional.
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- Drug action teams (DATs) have developed local screening tools to help identify the risk of substance misuse. Clear links should be established between these tools and the CAF to support further assessment where a substance misuse issue has been identified.

AIPV

- Adolescents experience similar levels of domestic violence as adults
- Exacerbated by the fact that adolescents are more acceptant of, and dismissive about, this form of behaviour than their adult counterparts

Teenage DV is often hidden because :

- DV is often conceptualised as something that only occurs between adult partners or within a family setting
- Teenagers are inexperienced with dating relationships.
Want independence from parents.
Have romanticized views of love.
Are pressured by peers to have dating relationships.
- Teen domestic violence is influenced by how teenagers look at themselves and others.
- Media
- Police do encounter cases that could be classified as adolescent DV, but that a lot of these cases are not investigated and recognised as such
- It is important to target adolescents with early intervention and prevention programmes aimed at decreasing the prevalence of domestic violence.

AIPV – Risk Factors

- Previous experience of violence in the home
- Low perceived control
- Depression in childhood
- Poor mental health
- Problem drug and alcohol misuse from early age
- School non-attendance
- Homeless
- Disruption of family unit / 'looked after'
- Sexual relationships
- Having a child
- Poverty
- Sexual exploitation and sexualised risk taking

EVAW Poll

- Nov 2006 – 524 16-18 year olds online poll
- 40% know girls whose boyfriends coerce or pressure them to have sex
- 42% know girls whose boyfriends have hit them
- 59% feel they do not have enough info to advise victims (68% girls, 51% boys)
- 95% recognised that violence against a partner is unacceptable
- 27% - ok for boy to expect sex with a girl if girl had been flirtatious
- 8% - ok if boy had spent money on girl
- 11% - ok if boy was 'really turned on'
- These views reflect those of an adult poll in 2005

Worrying attitudes among young people

- worrying degree of tolerance of violence against women
- primary prevention work in schools and elsewhere is an important focus

Preventative Work in Schools

- Westminster Pack www.westminsterdomesticviolenceforum.org.uk
- Spiralling DVD
- Learning to Respect – Hounslow
- Womankind pack www.womankind.org.uk/uk-schools.html
- Home Truths Video
- Trust project www.tender.org.uk/education/index.htm
- Leeds interagency project www.liap.org.uk
- Link to PSHE , ECM, Healthy Schools Agenda
- Peer education

Prevention Work in Schools (Ellis 2005)

- Short-term – lasts on average 2 years
- Initiated outside the education sector
- Mainly delivered in mainstream schools
- Delivered as part of PHSE curriculum
- Substantial variation in length and pattern of delivery
- Cognitive-behavioural approaches with some focus on values

London Projects

- Sutton community groups
- Peer education / mentoring
- Young Offenders work / screening
- Spiralling DVD / Womankind DVD
- Good practice guidelines for schools
- E-forum for front line child workers
- Training – intersecting issues

Link between DV/Substance Misuse/Child Protection

- All child protection conferences, initials and reviews in Hertfordshire in 2004 (n = 1010)
- Substance misuse was a significant factor at 319 of these (32%), affecting a total of 612 children.
- DV – risk factor in 193 of the conferences
- In 69% of conferences where domestic violence is a factor, so is substance misuse.

- "People tend to protect children and young people. For me, this translated into ignoring my need to be informed and involved. My life was affected anyway and if I had guidance it might have made the experience more positive. I needed good, age-specific information about my mother's condition and its consequences. And I needed someone to talk to who would listen in confidence and help me to express and explore the complex feelings and situations I was dealing with."