

Impact on children of experiencing domestic abuse

The child's experience



At the heart of every court report concerning issues of child contact should be the child's experience. Understanding the complexity of cases involving domestic abuse helps practitioners focus on the impact it can have on children, who should be considered equally as the victim. When living with domestic abuse and the trauma it can cause, children will be affected in different ways.

The Adoption and Children Act 2002 refers to the impairment suffered by children who are exposed to or witness domestic abuse when defining significant harm, but research from Callaghan (2015) indicates that children experience domestic abuse not just as witnesses but as victims. Domestic abuse creates a distressing, stressful and harmful environment, and the long-term consequences of this trauma can stretch into adulthood.

General Principle re Domestic Abuse in Practice direction 12-J: child contact arrangements and contact orders: domestic abuse (Ministry of Justice, 2017)

Domestic abuse is harmful to children, and/or puts children at risk of harm, whether they are subjected to domestic abuse, or witness one of their parents being violent or abusive to the other parent or live in a home in which domestic abuse is perpetrated (even if the child is too young to be conscious of the behaviour). Children may suffer direct physical, psychological and/or emotional harm from living with domestic abuse and may also suffer harm indirectly where the domestic abuse impairs the parenting capacity of either or both of their parents.

Children's responses to living with domestic abuse may vary according to age and stage of development.

The ways in which children are affected may differ. For example, babies living with domestic violence appear to be subject to higher levels of ill health, poorer sleeping habits and excessive crying, along with disrupted attachment patterns.

Children of pre-school age tend to be the age group who show most behavioural disturbance such as bed wetting, sleep disturbances and eating difficulties and are particularly vulnerable to blaming themselves for the adult violence. Older children are more likely to show the effects of the disruption in their lives through under performance at school, poorly developed social networks, self-harm, running away and engagement in anti-social behaviour.

(Humphreys and Houghton, 2008).

The child's experience



Research has started to focus on the impact of exposure to domestic violence on children's brain development. There is emerging evidence that young children who have experienced domestic abuse score lower on cognitive measures even when controlling for mother's IQ, child's weight at birth, birth complications, the quality of intellectual stimulation at home, and gender.

Exposure to domestic abuse particularly in the first two years of life appears to be especially harmful.
(Enlow *et al* 2012)

Whilst children are pre-programmed to respond to stressful situations, such as hunger, meeting new people or dealing with new experiences, it is clear that some stressors are more harmful than others. The strong and prolonged activation of the individual child's stress management system results in *toxic stress*.

In situations where a child's stress levels are high, such as in situations of domestic abuse, persistent elevations of stress hormones and altered levels of key brain chemicals produce an internal physiological state that disrupts the structure of the developing brain and can lead to difficulties in learning, memory, and self-regulation. As a result, children who experience toxic stress in early childhood may develop a lifetime of greater susceptibility to stress-related physical illnesses (such as cardiovascular disease, hypertension, and diabetes) as well as mental health problems (such as depression, anxiety disorders, and substance abuse) (National Scientific Council on the Developing Child, 2007). They also are more likely to exhibit health damaging behaviours, such as smoking, and adult lifestyles, such as drug taking, that undermine well-being, and subsequently lead to earlier death (Brown *et al* 2009).

Key point

Children living with domestic abuse do not become 'used to it' or feel the impact less acutely. It is the duration of the exposure to abuse that can cause the most harm.

(English 2003 in Stanley 2011)



Gender note

Witnessing parental violence in the pre-school years predicted externalizing problems in boys at age 16; and for girls it predicted internalizing problems. Experiencing domestic abuse in early childhood leaves a legacy that appears during the adolescent years, especially in boys' and 'In predicting behaviour problems, in contrast, it was found that the strongest predictor was a climate of violence, chaos and disruption in the home, perhaps especially in the early years.

(Stroufe *et al* 2005)

Assessing impact



It is important to understand how the child has perceived and internalised their experiences and not to attribute harm only to the nature of the abuse. For example, situational couple or separation instigated abuse may have occurred with minimum frequency but caused significant trauma. Although the most pervasive and long lasting effects of domestic abuse are likely to be as living with coercive control, there may also be significant impact from witnessing an incident or several frightening incidents over time.

Children's experiences of coercive control

Children are impacted by the controlling circumstances in which they find themselves. The psychological abuse, and the sense of constant fear that is associated with coercive control, is a regular feature of their lives and they creatively and consciously take steps to manage their experiences and utilise strategies that work for them to minimise damage. Far from passive witnesses, they are not 'exposed' to violence and abuse, rather, they live with it and experience it directly, just as adult do. In addition, they respond to violence and coercive control as creative agents, able to adapt and change to meet their adverse experiences and manage them. Children who have experienced coercive control are likely to experience similar impacts as adult victims, they are likely to suffer from limited opportunities to choose, to feel free, and to develop a sense of independence and competence (Katz, 2016).

Callaghan et al (2015) presented the effects described by the children they interviewed which included constrained use of space within the home and constrained self-expression. Children constraining their own behaviour defined children's experience of coercive control, learning to manage what they said and done 'to prevent themselves from being too visible, too loud, too noticeable' in order to protect themselves from the perpetrator. Constraining their behaviour is a clear coping strategy employed by many children as a way of creating a sense of safety. It is therefore important that this hypervigilance is noted as a clear impact of coercive control at home, and professionals consider how this increased vigilance and constraint may affect a child's wellbeing.



Direct work with children



The effects of living with domestic abuse are often more complex than the issues practitioners are able to observe on the surface or children are able to express. When interviewing a child about their experiences it is important to support and encourage them through their responses rather than leading them. Technology such as smartphone or tablet apps can be useful to help build a rapport with the child, while worksheets and colouring can be used with children of all ages to help them relax.

Asking questions can only reveal so much, but the right questions can make children feel comfortable talking about their experiences and allow the practitioner to understand their point of view. The right questions might include:

Who is in your family?

Who are you least close to?

Who makes you feel safe in your family?

Are there some things which happen in your family which are scary?

What do you do when scary things happen?

What do you think needs to change to make things better at home?

How do you think you can change things?

What can other people do to change things?

Direct quotes from the child in answer to your questions can be powerful when writing a report and making a recommendation to the court.

Practitioners should also consider how the child should be supported once the interview is finished.

“
I'd always hesitate of what I would say...even if I said "Hello", I'd always think before like, is he just going to shut me out? Is he going to respond in a nice way, or be angry or anything like that? I'd always think ahead of what I was saying.
”

Child's quote (Callaghan et al. 2015)



Direct work with
children

In my shoes: young people's experience of domestic abuse

8-year-old Benjamin concentrated intently whilst he drew a picture of a small person standing on a desert island in a pool of water. He explained this was himself standing in a pool of his own tears. He said he feels no one can reach him on the island and he'd rather be in the tornado that he drew in the sea next to the island. He drew a very large figure next to him who he said was 'roaring and shouting'. This was his father. He explained in detail his memories of this. He said he could not draw his mum on the island because he knows she can't stop his dad, because the court is in charge.

Simon told his FCA that from his bedroom door he heard his mother, tell his father that she had "had enough" and saw her throwing clothes into a holdall. Simon vividly recalled his father shouting "if you think you're taking the car you've got another think coming!". When I asked Simon to describe how he felt at that moment he said his heart was "beating like a storm" and that he "froze for a minute" not knowing what to do. He could hear the shouting getting louder and was worried that "someone might get hurt". Simon described how he then pulled on his Playmobil knight costume and dashed down stairs to find his father "wrestling" his mother on the sofa (PNC records indicate he was trying to get the car keys out of her hand and that mother sustained minor injuries as a result). Simon said he "whacked Dad, again and again" with his plastic sword until father got hold of the keys, shoved Simon out of the way and then left in the car.

Impact on parenting capacity

Perpetrators can undermine victims parenting ability, making them feel like they are not a good enough parent. Lapeirre (2010) states '*men's attacks on mothering and mother-child relationships are central to their exercise of control and domination*'. Radford and Hester (2006) explain that women experiencing domestic abuse can lose confidence in their parenting ability and capacity and leave them feeling as though they have little left to give as a parent.

Children can be directly involved in coercive and controlling activities i.e. undermining the non-abusive parent's role as a parent. These include isolation, blackmailing, monitoring activities, stalking, and can be used in other ways by abusers to minimize, legitimise and justify violent behaviour. (Johnson, 2009, Stark, 2007).

Victims will often try to act as the protective parent by attempting to limit the damage to the children. This is normally in two main ways...

Radford et al (2011) add that perpetrators often attempt to damage children's respect for their mother, prevent mothers from being able to provide consistent routines for their children, and attempt to turn the children against her. Constraining the amount of parenting time is also a common tactic which prevents attachment and limits natural engagement.

1

Protection as an act to stop physical violence being perpetrated on their children by their partner

2

Protection as a constant process they engage in to create an environment that is free of violence and provided some form of stability or normality for their children often placating the perpetrator to prevent an attack

mother

Quote from a

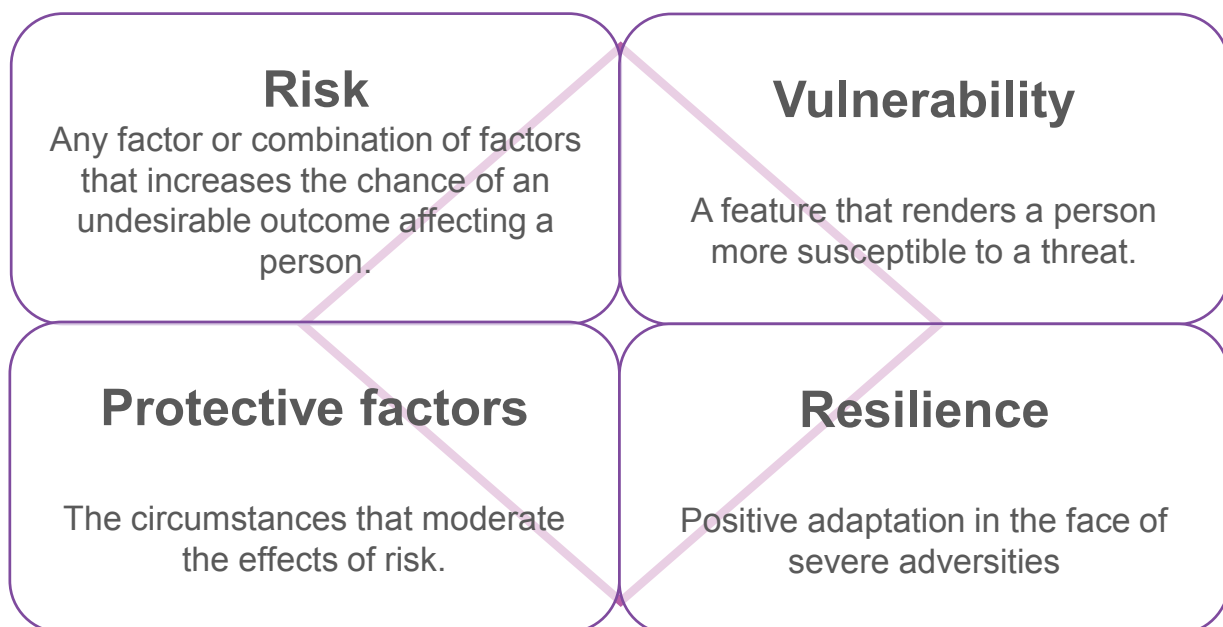
I was cooking for six hours a day, he wanted fresh meals, he wanted different items. I was cooking to keep the peace. If I was to go out with my friends, he would make sure that I had his meal ready in the oven or all mixed together so all he had to do was put the oven on. It so scared me that sometimes I would forget to do that and I'd run back from the station just to do that so I wouldn't get in trouble.

Resilience



Every assessment and impact statement requires the inclusion of the resilience potential for that individual child. It is important to balance harm with protective factors and offset strengths against the adversity experienced.

Discussions of resilience are typically framed with reference to risk, vulnerability and protective factors. It is the complex interplay of these factors over time that determines children's outcomes. The following definitions of these factors have been offered by Newman (2004) in a review of what works in building resilience:



Masten et al (1990) identified three types of resilience in children:

1. Children who do not succumb to adversities, despite their high-risk status, for example babies of low birth-weight.
2. Children who develop coping strategies in situations of chronic stress, for example the children of drug-using or alcoholic parents.
3. Children who have suffered extreme trauma, for example through disasters, sudden loss of a close relative, or abuse, and who have recovered and prospered.

Resilient children, therefore, are those who resist adversity, manage to cope with uncertainty and are able to recover successfully from trauma.

Newman, 2004

Resilience



Summary of factors associated with resilience during school years (Daniel and Wassell)

Family factors associated with resilience

Close bond with at least one person
Nurturance and trust
Lack of separations
Lack of parental mental health or addiction problems
Required helpfulness
Encouragement for autonomy (girls)
Encouragement for expression of feeling (boys)
Close grandparents
Sibling attachment
Four or fewer children
Sufficient financial and material resources

Individual factors associated with resilience

Female
Sense of competence and self-efficacy
Internal locus of control
Empathy with others
Problem-solving skills
Sociable
Independent
Reflective, not impulsive
Ability to concentrate on schoolwork
Autonomy (girls)
Emotional expressiveness (boys)
Sense of humour
Hobbies
Willingness and capacity to plan

Wider community factors associated with resilience

Neighbour and other non-kin support
Positive adult role models
Peer contact
Good school experiences

Summary of factors associated with resilience during adolescent years (Daniel and Wassell 2002)

Exposure to domestic abuse can have lasting effects on children and adolescents. Not all young people are affected in the same way; some children are resilient, able to heal and go on to thrive. Various risk and protective factors within the child, family and community can impact the ways in which children and young people process and understand the exposure to abuse. (Edelson 2004)

Individual factors associated with resilience

Male
Responsibility
Empathy with others
Internal locus of control
Social maturity
Positive self-concept
Achievement orientation
Gentleness, nurturance
Social perceptiveness
Preference for structure
A set of values
Intelligence
Willingness and capacity to plan

Resilience

Protective Factors within the family and community that help promote victim resilience

Strong cultural identity

Access to health care

Stable housing



Economic stability: ability to earn a livable wage

Social support: connections to family and friends

Affiliation with a supportive religious or faith community

Helpful resources



[Impact of domestic abuse on children by developmental level](#) (pdf)

www.cedarnetwork.org.uk/
(Children Experience Domestic Abuse Recovery)

[Unicef: Behind closed doors](#) (pdf)

[UK says no more: Effects of domestic abuse on children](#)

References



Enlow, M. B., Egeland, B., Blood, E. A., Wright, R. O. and Wright, R. J. (2012), 'Interpersonal trauma exposure and cognitive development in children to age 8 years: a longitudinal study', *Journal of Epidemiology and Community Health*, vol. 66, pp. 1005–1010

Brown, D.W., Anda, R.F., Tiemeier, H., Felitti, V.J., Edwards, V.J., Croft, J.B., Giles, W.H. (2009), 'Adverse childhood experiences and the risk of premature mortality', *American Journal of Preventative Medicine*, vol. 37, no.,5, pp. 389–396

Humphreys, C. and Houghton, C. (2008), *Literature Review: Better outcomes for children and young people exposed to domestic abuse – directions for good practice*, Edinburgh: Scottish Government

Katz, E. (2015) 'Recovery-Promoters: Ways that Mothers and Children Support One Another's Recoveries from Domestic Violence', *British Journal of Social Work*, vol. 45, sup. 1, pp. i153-i169.

Callaghan, J. E. M., & Alexander, J. H. (2015). *Understanding Agency and Resistance Strategies: Children's Experiences of Domestic Violence Report*. Northampton. Retrieved from www.unars.co.uk

Sroufe, Egeland, Carlson & Collins (2005) *The Development of the Person. The Minnesota Study of Risk and Adaptation from Birth to Adulthood*. Guilford Press: New York

Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence Against Women Survey. *Journal of Family Issues*, 26, 322-349. doi:10.1177/0192513X04270345

Radford, L. et al (2011) *Child abuse and neglect in the UK today*. NSPCC