Children living with domestic abuse

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Key messages

- A very high number of children in Scotland live with domestic abuse.
- Notions of ‘witnessing’ don’t describe the variety of ways in which children experience domestic abuse. Violence and abuse between adults in all its forms is very dangerous to children.
- Exposure to domestic abuse at any age can influence developmental, behavioural and educational outcomes.
- Development is recoverable with early intervention and once children of any age are in a safe environment.
- Professionals need to exercise greater levels of judgement, in consultation with others, about the best approach to securing a child’s welfare; protecting the mother may be the best way to protect the child.
- A spectrum of provision should be on offer for children and young people and their views should influence decisions about appropriate activities. Children should be seen as active partners in decision-making and service development.

Introduction

Children’s perspectives are unique and adults cannot speak for them\(^1\). By listening to children and young people, professionals and policy makers can enhance their understandings of domestic abuse\(^1\), and their responses to children and families. This briefing draws primarily on a number of publications written to support the National Domestic Abuse Delivery Plan for Children and Young People\(^2,3,4\) and other recent research\(^5,27\), to highlight key issues for children and young people living with domestic abuse.

Why is the issue important?

Domestic abuse is increasingly regarded as a children’s issue. It creates vulnerability in children and young people – as well as posing a potential physical threat it can affect children’s emotional and mental health and their future relationships\(^6\). Notions of ‘witnessing’ don’t describe the variety of ways in which children experience domestic abuse\(^7\). Violence and abuse between adults in all its forms is very dangerous to children; less obvious forms of domestic abuse can be overlooked or tolerated\(^8\).

Given the prevalence, age and gendered nature of domestic abuse, a very high number of children in Scotland live with domestic abuse\(^5\). Children view domestic abuse as something that is happening to them as well as their mothers\(^5\). It can be the main concern in a child’s life or one of a number of issues, as well as a risk factor for other forms of child maltreatment. When combined with parental substance misuse, ill-health and neglect, it may be particularly harmful to children’s well being.
Domestic abuse is a feature of (at least) one third of child protection cases\textsuperscript{21}. The best estimate of co-occurrence of domestic violence against women and child abuse is 40\% of cases\textsuperscript{8}. Domestic violence featured in 34\% of serious case reviews in England\textsuperscript{10}. However, ‘rather surprisingly’ domestic abuse was identified as a factor in only one of the key cases in Scotland\textsuperscript{11}. Other research has suggested that a culture of violence can become the norm for both workers and families resulting in the impact of violence not always being given sufficient attention\textsuperscript{12}. This makes it important that professionals remain always alert to the possibility of domestic abuse\textsuperscript{11}.

The National Domestic Abuse Delivery Plan for Children and Young People indicates the national agenda to improve outcomes for children and young people affected by domestic abuse, their families and communities\textsuperscript{2}; and sets out a common framework based on Getting It Right for Every Child (GIRFEC) principles and values. The focus is on early identification, intervention and prevention for families at risk. Building on the UN Convention on the Rights of the Child 1989, the Delivery Plan illustrates the direction of policy in Scotland, by supporting children to be active participants in the decisions and actions that affect them.

**What does the research tell us?**

**The developmental impact of trauma on children**

The impact of trauma associated with domestic abuse on children can begin in pregnancy, which is a period of increased risk, with a significant association between pregnancy, pregnancy losses and births and physical or sexual violence\textsuperscript{13}. Babies living with domestic abuse may exhibit high levels of ill health, poor sleep habits and excessive screaming\textsuperscript{14}. Abuse may negatively impact on mother-infant attachment\textsuperscript{15}. Younger children may show regression and loss of developmental skills, may experience sleep disturbance and separation anxiety and replay traumatic events in their play\textsuperscript{3}.

However, exposure to domestic abuse at any age can interfere with the achievement of developmental tasks\textsuperscript{16}. Whilst early exposure to abuse is likely to create more severe disruption, problems for children can compound over time. Developmental, behavioural and educational outcomes are all influenced by the effects of domestic abuse\textsuperscript{17}. However, children exposed to violence react in different ways; not all children will show higher levels of emotional distress and behavioural disturbance.

**Children’s resilience**

Some children show resilience – they have good outcomes in spite of serious threats to adaptation or development; such resilience may result from different coping strategies and protective factors. Once infants and children are in a safe and secure environment, many will recover their competence and capacities\textsuperscript{18}. A mother’s ability to maintain parenting in adversity and show positive support to children are protective factors and may provide a strong role model for non-violence. Resilience may also be strongly influenced by the level of family and community support for children, particularly for black and minority ethnic children\textsuperscript{6}. Fears of a ‘cycle of violence’ have no basis in the evidence and it is important that clear messages are conveyed to allay such fears amongst children, mothers and agencies\textsuperscript{19}. Partner violence is a significant concern for young people’s wellbeing, particularly girls, and suggests that adult domestic violence may start at a much younger age than previously recognised\textsuperscript{20}.

**Strengthening mother-child relationships**

The tactics of abuse and violence used against women can significantly undermine their relationships with their children and represents an attack on the mother-child relationship\textsuperscript{3}. Violence may force women and children to leave their families and communities\textsuperscript{22}. Domestic abuse may undermine the health and well-being of mothers to the extent that it impacts on their parenting; this may bring children to thresholds indicating child protection concerns. Such cases may be wrongly categorised as due to neglect arising from parental substance use, or mental health problems\textsuperscript{3}. Evidence is mixed Implications for practice

- It is important to engage directly with children and young people who have experiences of living with domestic abuse. The child’s perspective is unique and adults cannot speak for them.
- Being safe and having someone to listen to them are the two main concerns of children and young people.
- Confidentiality and trust are important to children. Children should be believed, taken seriously, treated positively and enabled to have contact with other children who have been through domestic abuse.
- A spectrum of service provision should be on offer to children, including support workers, counselling, groupwork and other school-based services.
- Children and young people should be asked what support and activities are best for them. Service providers should promote children’s active partnership in service development.
in relation to whether women living with domestic abuse are more likely to abuse and neglect their children\textsuperscript{23,24}, but other research suggests that parenting can show very significant improvements following separation from the abusive parent\textsuperscript{25}.

Cases of domestic abuse involving children should not be automatically referred to the Children’s Reporter. Professionals need to exercise greater levels of judgement, in consultation with others, about the best approach to securing a child’s welfare; protecting the mother may be the best way to protect the child\textsuperscript{21}. However, some children are at risk of significant harm and will require statutory intervention.

**What makes a difference to children and young people?**

Being safe and having someone to listen to them are the two main concerns of children and young people\textsuperscript{1}. Children say that they have felt branded, judged and stigmatised by professionals and have not had the support they need, with detrimental consequences for their mental health and wellbeing. Children distinguish between counselling and support and want a range of effective and non-stigmatising options. Trust and confidentiality are very important to them\textsuperscript{1}.

School is the key place for children and young people to get help; they want the chance to talk to teachers and specialist workers and have access to drop-in, one-to-one and groupwork services. Training of all professionals is an important priority, although particularly for teachers. Children want access to a named support worker and better access to services in the community\textsuperscript{1}.

Children say that groupwork gives them a chance to talk to those of their own age with similar experiences, to have fun and help them get ‘back on the right track’\textsuperscript{1}. Research shows that outcomes from groupwork are positive\textsuperscript{26} and recent research provides a positive endorsement of the value of the Cedar concurrent groupwork programme\textsuperscript{27}. The Cedar programme also provides a useful vocabulary for children and professionals to use when speaking about domestic abuse\textsuperscript{27}.

When moving home, children and young people say they want access to appropriate high standard and non-stigmatising refuges, housing and support services\textsuperscript{1}. They want to be ‘active decision-makers in their own lives’; they appreciate clarity and honesty about what is happening and want practical and financial help with moving\textsuperscript{22}.

For some, being enabled to make a difference for other children is important\textsuperscript{1}. Many children want to give other children positive messages; their accounts convey an optimism that it is possible ‘to get through it’\textsuperscript{3}.

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**Further resources**

- **Baker L and Cunningham A (2004)** *Helping Children Thrive, Supporting Woman Abuse Survivors as Mothers: A Resource to Support Parenting*: [www.lfcc.on.ca/HCT_SWaSM.pdf](http://www.lfcc.on.ca/HCT_SWaSM.pdf)
- **Information about the Cedar groupwork programme**: [www.cedernetwork.org.uk](http://www.cedernetwork.org.uk)
- **A Women’s Aid space to help children and young people to understand domestic abuse, and how to take positive action**: [www.thehideout.org.uk](http://www.thehideout.org.uk)
- **Scottish Women’s Aid (2010)** Information Briefing – No. 3. The impact of domestic abuse on children and young people’s exposure to domestic abuse. [www.scottishwomensaid.org.uk/publications/practitioners-briefings](http://www.scottishwomensaid.org.uk/publications/practitioners-briefings)
- **The Centre for Children and Families in the Justice System, Canada**: [www.lfcc.on.ca/childrenExposed_to_domestic Violence.html](http://www.lfcc.on.ca/childrenExposed_to_domestic Violence.html)
- **Voice Against Violence**: [http://voiceagainstviolence.org.uk](http://voiceagainstviolence.org.uk)

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**References**


27. Sharp C, Jones J, with Netto G and Humphreys C (2011) We Thought They Didn’t See, Cedar in Scotland – Children and Mothers Experiencing Domestic Abuse Recovery, Scottish Women’s Aid

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About this briefing

Written by Cathy Sharp, Director, Research for Real, info@research-for-real.co.uk and Jocelyn Jones, Director, Mindful Practice, jocelyn.jones@mindfulpractice.co.uk. With reference to the Scottish policy context, SCCPN research briefings draw out key messages for practice from recent research and signpost routes to further information. Briefings were reviewed by Julie Taylor, Professor of Family Health, University of Dundee, Seconded to NSPCC Head of Strategy and Development (Abuse in High Risk Families); Brigid Daniel, Professor of Social Work, University of Stirling; Fiona Mitchell, Coordinator, SCCPN; Linda Bisset, Key worker; Graeme Baylis, Social worker, Children and families; Lorraine Prentice, Team leader, Children and families, Argyll and Bute.

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