



Briefing Note

REDUCING DOMESTIC VIOLENCE ...WHAT WORKS? MEETING THE NEEDS OF CHILDREN

Crime Reduction Research Series
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Introduction

Children who live with domestic violence typically know it is happening. They are now considered likely to be affected by the fear, distress and disruption to their lives, even when they are not directly abused themselves, in ways that depend upon developmental stage, personality and individual circumstances. Psychological and behavioural problems are more common than in other children. Although the notion of intergenerational transmission of violence remains highly controversial, domestic violence may have a longer-term impact on self-esteem, social adjustment or mood. Minority ethnic children may be forced by the violence to leave a supportive local community and may face discriminatory attitudes from relevant agencies and/or the risk of abduction. However, all children have varying degrees of personal resilience and protective factors to draw upon, and many can be helped to recover from earlier adverse effects once they feel safe.

The overlap between women and abuse, and child physical abuse is variously estimated at between 30 and 60 per cent. There is also substantial overlap with child sexual abuse (nearly half the cases in one study). Up to one-third of children on child protection registers live with domestic violence. This may indicate heightened danger, though currently child protection professionals lack skills in confronting male perpetrators in these situations. Children can be at risk of accidental injury if they get in the way of an attack or intervene, and the dynamic of the domestic violence can affect patterns both of child-care and of discipline within the home. Contact visits and handover meetings with abusive fathers are raising particular concerns for the safety of both women and children. Two-thirds of refuges report women being abused and one-third report children being abused, during contact visits and handover following separation and divorce. In only 3% of County Court cases is contact refused. Risks to unborn children are well established, with violence frequently commencing or escalating during pregnancy. The Department of Health now acknowledges the need for effective inter-agency co-operation between domestic violence work and child

protection work, and research indicates that helping women to be safe is also likely to constitute good child protection practice.

Key findings

At present, too much spending is locked into a child protection investigative approach which offers no protection to women, leaves many children at risk, and draws resources away from family support and direct work with children.

The only comprehensive attention paid to the needs of children is in refuges, although childwork provision is chronically under-resourced (its funding can be as low as £240 a year).

Present policy and practice leave much to be desired, in that there is:

- no mention of domestic violence in the Children Act 1989;
- an imbalance between child protection and family support considerations in developing policy and practice in relation to domestic violence;
- no routine screening to find out whether children using child welfare, child protection or child health services are living with domestic violence;
- only patchy development of relevant direct work to which children could be referred, even if the violence in their lives was known about; and
- only the merest beginning of work in schools to teach children and young people that violence against women is wrong.

Conclusions and recommendations

As we already know so much from research about what living with domestic violence is like for children, there are convincing arguments for mainstreaming the service responses in order to:

- help mothers keep children safe;
- challenge perpetrators to be non-violent partners

and parents;

- work with children to overcome negative experiences; and
- influence the next generation to regard violence as wrong and themselves as able to work on ending it.

Possible improvements can usefully be considered under three broad categories:

1. Primary prevention (working to prevent domestic abuse from happening at all), e.g. work in schools and youth settings to educate children and young people about domestic violence.
2. Secondary prevention (stopping domestic violence as soon as any agency learns it is happening and preventing its recurrence), e.g. intervention by statutory and voluntary agencies in situations of domestic violence in ways that have relevance for children and women.
3. Tertiary prevention (reducing the harm to those who have already experienced domestic violence), e.g. direct work with children and young people, chiefly in groups but also through counselling and other one-to-one work.

Primary prevention

Work in schools and youth settings offers exciting scope for influencing young people's attitudes. The need is great. As many as half of young men and a third of young women think there are circumstances in which it is acceptable for a man to hit a female partner. Boys are progressively more likely than girls as they get older to 'blame the victim' and excuse the perpetrator. 84% of secondary school children want lessons on domestic violence and what to do about it. Young people want participative learning about domestic violence in school; they find discussion and drama good ways to learn, and those with personal experience of violence at home want to be able to talk to friends and teachers who can understand. There are teaching packs already available and a 'whole school' approach may be particularly valuable. Local communities can also be involved, with, for example, a 'youth strategy' forming part of wider public education.

Secondary prevention

All services that deal with domestic violence need to think about the impact on children. Specifically child-focused inter-agency work could be co-ordinated through Area Child Protection Committees, groupings of organisations which come together to draw up children's services plans, and children's subcommittees of domestic violence fora. These bodies could give detailed attention to the ways in which different agencies could work together more effectively to meet the needs of women and children, and tackle the behaviour of their abusers. There needs to be more effective work with perpetrators which encourages them to take responsibility for their violence, including

through legislative means, as opposed to the contemporary assumption that the woman should leave the home. A change of court practice in respect of child contact is currently under consideration and cases should always be screened for a history of violence before any joint meeting is organised. A shift towards family support work could open up new opportunities for working with non-abusing parents. Work with male perpetrators on their parenting role also has a place, provided that this complements and does not dilute work on their violence. Independent services for abused women and children escaping violence must clearly have a key role within overall provision, particularly as women fear approaching statutory agencies for help with the children in case this triggers an unsympathetic child protection response.

Tertiary prevention

Direct work with children can be offered through groupwork and one-to-one work, including counselling. One Canadian city alone ran 25 groups in 1996 for children who had lived with domestic violence and had all relevant children's agencies working together to achieve this. 92% of children going through such groups rated them positively, as did 87% of their mothers. Most parts of the UK have no such provision; the only major national resource is the chronically under-resourced childwork in refuges. Some projects have been established by the major UK children's charities, while more comprehensive, positively evaluated models in parts of the US and Canada can offer useful lessons. We are a long way short of the integrated, comprehensive coverage we need in the UK. In addition, all agencies need training on how staff can work more constructively with survivors of domestic violence and their children.

Further research

All forms of prevention, whether in direct or indirect services, need to be evaluated. More work is needed on children's views of the help they are offered, on what would be most helpful, and on what is missing. Research on intervention with perpetrators and on services for survivors needs to include issues for children as a mainstream consideration.

Further reading

Hester, M., Pearson, C. and Harwin, N. (1999) *Making an Impact: A Reader*. London: Jessica Kingsley.

Humphreys, C. (2000) *Social Work, Domestic Violence and Child Protection*. Bristol: The Policy Press.

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