

Literature Review: Providing the best response to children and young people exposed to domestic abuse

February 2016

Summary

This review of research explores the impact of domestic abuse on children and families. It was conducted to inform the on-going evaluation of Doncaster's Growing Futures DfE-funded Innovation Programme Project. Databases of research literature were searched to identify evidence on the impact of exposure to domestic abuse on children and young people and potential strategies to prevent and reduce the impacts.

Key findings:

- Mothers may wish that their children who had been exposed to domestic abuse could access therapeutic counselling (McGee, 2000); however, in the UK there is a shortage of therapeutic and other interventions for children exposed to domestic violence (Izzidien, 2008; Stanley et al., 2010b)
- Children often express the need to talk to someone about their experiences (McGee, 2000)
- Children's involvement in developing refuge provision is highlighted as good practice (Fitzpatrick et al., 2003, Houghton, 2006)
- There are some successes in schools-based domestic abuse prevention programmes but these programmes vary significantly (Stanley, 2011) .
- Screening/routine enquiry that is supported by training and by established interagency pathways for referral to services emerges as an effective way of improving children's safety and wellbeing (Stanley, 2011)
- There appears to be value in strengthening parenting as a means of supporting children who are exposed to domestic abuse (Graham-Bermann et al., 2007)
- Programmes delivered to children and mothers in parallel appear to be effective (Stanley, 2011)
- Mental Health and Drug and Alcohol Services need a greater awareness of the impact on families and children of Domestic Abuse (Stanley, 2011)

- Children's Independent Domestic Violence Advocacy Services appear to be effective at empowering children and young people
- Fears they will not be believed and concerns about confidentiality inhibit children's disclosure and help-seeking (Wood et al., 2011)
- Boys may be less likely than girls to be recognised as victims by social workers (Eriksson, 2009)
- In addition to risk factors, protective factors should be taken into account when assessing children and young people
- A responsive service should engage with families on the basis of shared understanding of the harm to children and young people that domestic abuse causes.
- Advocacy services have been shown to provide effective support for both women and CYP; enabling women to re-build independent lives and children and young people to deal with conflicted emotions, gain control and access support on their terms.

Introduction

The following is a report of a recent review of research literature exploring the impact of domestic abuse on children and families. It was conducted to inform on-going evaluation for the Doncaster Growing Futures evaluation. Databases of peer reviewed research literature were searched to find relevant evidence on the impacts of exposure to domestic abuse on children and young people and potential strategies to prevent and reduce the impacts. Search terms included:

Domestic violence

Domestic abuse

Family violence

Spousal abuse

Violence against women

Violence against women and girls

Impacts

Effects

Exposure to parental abuse

Exposure

Children

Children and young people

Prevent*

Harm reduction

Reducing the harm

Mitigate

Empirical research published between 1998 and 2015 and written in English was included in the review.

The findings of the literature review are grouped into general themes. The information was used in a number of ways to support the evaluation of the DGF programme including as part of formative work in which the evaluation team hosting a workshop and training session with newly recruited ‘domestic abuse navigators’, whose role is to reduce and prevent the harm caused to CYP by domestic abuse. The information is also used to help develop theories of change for the programme as a whole and to design research tools (such as interview questions) for use in the evaluation.

Background

The safety, wellbeing and protection of children affected by domestic abuse is a significant and complex problem. One in four children experiences domestic abuse and of these five per cent are reported to be chronic and severe (Radford et al., 2011). The impact of domestic abuse can also affect their education, development and social relationships (Holt et al., 2008) and can frequently occur alongside other problematic circumstances such as substance misuse, mental health, poor housing or crime (Cleaver, Unell & Aldgate, 2010; Hamby & Grych, 2013).

The link between domestic abuse and child safeguarding is widely acknowledged both within the research and practice community. This research shows that there are very damaging effects on children of being exposed to domestic violence, there is an overlap between child maltreatment and domestic abuse, and that domestic abuse has a negative effect on parenting (Hester et al., 2007; Stanley, 2011). Child protection and domestic abuse policy has historically been developed on separate 'planets' (Hester, 2011). Turner and colleagues (2015) find that this separation is particularly striking within the health sector.

Further, child protection social work struggles to respond in ways that are not punitive or threatening. However, the authors in Stanley and Humphreys' (2015) book indicate that engaging with abusive fathers, listening to children, and providing appropriate prevention and intervention services to children and parents may help to reduce the negative perceptions that make families wary of seeking support.

Main findings

Community Responses to Domestic Abuse

There is a larger evidence base regarding community responses to domestic abuse in Canada and North America than for the UK, and this evidence base has a greater emphasis on clinical treatments such as counselling and psychiatry, compared to the UK.

A number of studies have examined the effectiveness of community-based responses for CYP affected by domestic abuse.

McGee's (2000) study found that mothers wished that their children who had been exposed to domestic abuse could access therapeutic counselling. The study also found that children who have been exposed to domestic abuse want to talk to other children who had similar experiences. Children often express the need to talk to someone about their experiences. However, Stanley et al. (2010b) note that there is limited availability of services offering direct interventions to children, with long waiting lists and high thresholds for the services that do exist. Major gaps have also been identified in the provision of culturally appropriate specialist services; for instance, Izzidien (2008) points to a lack of specific services for BME children and young people.

Barron (2007) notes that children and young people who had experienced domestic abuse wanted to be listened to, to be taken seriously, and to be believed. Children and young people also wanted their views to be taken into account, whenever decisions that affect their lives were made (ibid). This is supported by Eriksson (2009), who argues that children experiencing domestic abuse need to be approached both as victims and as actors with the capacity to contribute to plans and decisions.

Involving children and young people in the provision of services for victims of domestic abuse is highlighted as good practice in a number of ways. For example, Fitzpatrick and colleagues (2003) cite children's involvement in developing refuge provision (Fitzpatrick et al., 2003), and through the Scottish Women's Aid Listen Louder campaign, in which young people advocated for the development of specific support services for CYP who are exposed to domestic abuse (Houghton, 2006). Mullender et al. (2002) found that support groups specifically designed for children and young people can help them to understand that domestic violence is wrong and not their fault, that they are not alone in their experiences, as well as supporting them to regain confidence and control over their lives in safety.

In the UK, individual and group work for children who have lived with domestic abuse is still under-developed outside of refuges. Radford et al.'s (2011) London study found that services for children exposed to domestic violence were minimal and difficult to access (see also Stafford et al., 2007).

A number of early intervention services have been successful in reducing risks for victims and have also been used to deliver services to children. In a pilot project in Gateshead, Safer Families, IDVAs work to explore and identify risks, undertake safety planning with service users, coordinate a care package of services to enable the plan's implementation and support domestic abuse victims through any police investigations and subsequent court hearings. LetGo in Cumbria offers services including Safespace accommodation, crisis intervention, risk assessment, safety planning for survivors of domestic abuse, support through criminal justice and civil-legal processes, safeguarding children, liaison with agencies, onward referral and signposting to appropriate support services. These pilot projects have succeeded in reducing repeat referrals and reported incidents, reducing risk and increasing survivors' confidence. The evidence suggests that survivors and families with complex needs are likely to need sustained input to achieve change (Stanley, 2011).

Stanley (2011) found that school preventive programmes have had some success in developing awareness of the nature of domestic violence, signposting help and changing attitudes amongst CYP towards domestic abuse. However, she notes that programmes vary significantly, with a need for more knowledge about optimum content, timing and duration. She advocates that programmes should take account of gender, with a greater focus on the lower awareness among boys of the harm caused by abuse and violence, and that public education campaigns could now more usefully target specific groups, in particular perpetrators.

Stanley (2011) finds that domestic abuse 'screening', sometimes referred to as 'routine enquiry' for domestic abuse has proved effective at increasing rates of identification of domestic abuse in a range of settings including General Practice, health visiting and social care. Stanley encourages screening/routine enquiry supported by training and by established interagency pathways for referral to services, in the context of improving children's safety and wellbeing.

Mother-Child Interventions

An American review of findings from 15 projects suggested that participating in groups or mother-child interventions resulted in reduced aggression, decreased anxious and depressive behaviours, and improved social relationships with peers (Graham-Bermann, 2001). Graham-Bermann et al. (2007) further noted that when comparing the results of randomly-allocated children and mothers who have suffered from domestic abuse to either a ten-week programme for children only, or the ten-week programme in addition to a parallel group for mothers to improve their parenting and discuss the experience of violence with their children; the evidence pointed to the value of strengthening parenting as a means of reinforcing interventions delivered directly to children, with children's attitudes and levels of aggression being most likely to improve when both mother and child received a service.

Stanley (2011) also draws upon evidence from the US and UK to argue for the effectiveness of programmes delivered to children and mothers in parallel, usually involving group work for children and groups for mothers that aim to develop responsiveness to the child's needs. Critical to all successful interventions is the parent's engagement with the child's perspective on domestic violence. Evidence from the US suggests that child-parent psychotherapy strengthens mothers' responsiveness and helps to reduce traumatic stress symptoms and behavioural problems in children.

In the UK, Humphreys et al. (2006) developed the 'Talking to My Mum' intervention, an activity picture workbook for children aged 5 to 8 years. The objectives of the workbooks are to help build the child/young person's self-esteem, to learn to talk about feelings, and to restore communication and understanding between mothers and their children. Early evaluation was positive but noted that some mothers needed additional support to acknowledge the extent to which their children had been affected by domestic violence. Mothers also needed support to manage children's responses when communication was established (see Sutton Stronger Families 12 week Programme).

The Cedar project works with children, young people and their mothers recovering from domestic abuse. The programme runs for 12 weeks with groups for children, young people and their mothers running in parallel, providing an opportunity to explore feelings with an emphasis on fun and creative activities that keep children engaged. It creates a safe place for children and their mothers to help each other to find the best strategies to deal with their experiences and rebuild their lives; aiming to help mothers support their children in their recovery. The programme evaluation found that Cedar is an important and powerful approach that can bring about transformational behavioural change for children, young people and families at risk; bringing together skilful and reflective professional practice with the experiential knowledge of mothers and children and young people (Sharp et al., 2011).

Engaging families

Stanley (2011) points to evidence for the effectiveness of interventions that focus on the whole family; for instance, 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 contribute to developing a family's trust and motivation to tackle complex problems. There is also evidence for the effectiveness of perpetrator programmes and direct work by professionals with violent partners, although training and confidence-building may be required before professionals undertake this engagement.

The author argues that the stigma and secrecy associated with domestic violence creates resistance from many families to engaging with social care services, compounded by fears of children being removed into care, and this is likely to be made worse by threats of statutory intervention. Social care practitioners should focus on building trust-based partnerships which rest upon and a shared understanding of the impact of domestic violence on children, which can be a strong motivation for change for both mothers and fathers.

Also crucial to effective engagement with families is greater understanding and awareness about the impact of domestic violence on children and families and the need for routine screening amongst some adult mental health and substance misuse services, who both work with parents affected by domestic violence. These services in particular may need to be engaged by the lead or expert agency in interagency training, and helped to establish routine screening and referral protocols (Stanley, 2011). This is supported by Buckley et al. (2006) who argue that one service is needed to oversee and make connections between different agencies that may or may not have a direct focus on domestic violence, as the needs of the children are so varied that a range of interventions may be necessary at any one time.

Similarly, in relation to managing the referral process effectively, 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 (Stanley, 2011). Interagency collaboration, which can lead to more effective engagement with and outcomes for families, is more likely when shared protocols for screening and assessment are developed and when senior staff attend interagency forums.

Advocacy

Advocacy is increasingly seen as a way to help mothers access social and community resources and to re-build independent lives (see Stanley, 2011). There is strong evidence from the USA 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 was encouraging (Howarth et al., 2009). This offered advocacy and service co-ordination to women at high risk from domestic violence.

Westwood and Larkins (2015) evaluated a Children's Independent Domestic Violence Advocacy Service (KIDVA) supporting CYP aged 11-25. The service included one to one support sessions, attendance at and support for meetings, court support, communication with CYP or with others on their behalf, group activities including during school holidays and other activities such as Facebook sessions. Staff were described as calm, happy, friendly and approachable. CYP were able to make active decisions about which part of the service they engaged with and support was offered on a long-term basis beyond the point of crisis. They found that advocacy relationships are more than about voice. They enable CYP to deal with conflicted emotions, gain control and access support on their terms. The National Advocacy Standards provide relevant measures for evaluating the development and outcomes of advocacy services and interventions for CYP who have experienced domestic violence.

Listening to children

Children want opportunities to talk and so practitioners should be skilled in talking directly to children about domestic abuse. They want to be listened to and to be taken seriously (Buckley et al., 2006;

Mullender et al., 2002). Fears they will not be believed and concerns about confidentiality inhibit disclosure and help-seeking (Wood et al., 2011). Staff should validate children's accounts.

Eriksson (2009) found that social workers varied in their capacity to talk directly with the child about their experiences of abuse and to acknowledge their identity as a victim of domestic violence. They also differed in the extent to which they were prepared to provide children with the information and feedback they needed to participate in decisions about contact.

Eriksson (2009) suggests that boys are less likely than girls to be recognised as victims by social workers, and are more likely to have their wishes not to have contact with abusive fathers ignored.

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. Eriksson (2009) advocates reflexivity to ensure that social workers are not influenced by established notions of 'ideal victims' in their communication. She argues that children experiencing domestic abuse need to be approached both as victims and as actors with the capacity to contribute to plans and decisions.

Further to this, it has been argued that it is too simplistic to assume that the needs of the child are synonymous with the needs of the woman/victim (Croke, 1999) and that services should focus on individual needs due to differences in impact (Cunningham and Baker, 2004).

Resilience

In addition to risk factors, protective factors should be taken into account. A secure attachment to a non-violent parent/significant carer is widely considered as an importance factor mitigating trauma and distress (Graham-Bermann et al., 2006; Mullender et al., 2002; Osofsky, 1999). This links to the information concerning the mother-child relationship outlined above.

Social support is also important (Kashani and Allan, 1998; Ullman, 2003). This includes grandparents (Cox et al., 2003) or other family members (Levendosky et al., 2002). Social workers need to pay more attention to children and young people's friendships (Daniel & Wassell, 2002). Positive peer friendships and sibling relationships can also be helpful in helping children to cope, as can helping children to build positive self-esteem (Mullender et al., 2002; Guille, 2004; Daniel and Wassell, 2002).

Partnership Working

Whilst increased partnership working brings increased opportunities for information sharing, risk assessment and management, and a wider range of interventions, it brings challenges such as maintaining confidentiality (Stanley & Humphreys, 2015). It can be time-consuming and require constant negotiation (Stanley & Humphreys, 2015). Some agencies may not acknowledge children's involvement in domestic abuse or may hold deeply embedded negative assumptions about the dynamics of domestic abuse or particular agencies. The impact of domestic violence on children and young people has been documented elsewhere (Holt et al., 2008).

Programmes to improve professional responses

Turner and colleagues' (2015) review of interventions to improve professional responses to children exposed to domestic abuse highlights the significant ways in which health professionals have been under-informed and under-trained on the child safety implications of domestic abuse. The authors

report that individual (practitioner) and organisation-wide programmes aimed at improving knowledge and understanding of the effect of domestic abuse on child safety and well-being improves professional knowledge as well as patients' experiences. Further, the authors draw attention to components of good practice including the provision of an 'added experiential or post-training discussion component' (alongside the didactic component), incorporating 'booster' sessions at regular intervals after the end of training, advocating and promoting access to local DVA agencies or other professionals with specific DVA expertise, and finally, drawing from a clear and well-articulated protocol for intervention" (Turner et al., 2015: 17).

Barnardo's have developed and implemented the Domestic Violence Risk Identification Matrix, used to inform assessments with families experiencing domestic violence. The tool classifies risks to children exposed to domestic violence at one of four thresholds (moderate - likely need for targeted support by a single practitioner, moderate to serious - likely need for integrated support by more than one agency which should be co-ordinated by an identified lead professional, serious - Section 17 initial assessment should be considered and safeguarding intervention may be necessary if threshold of significant harm is reached, severe - Section 47 enquiry and core assessment should be considered), each of which is linked to a level of intervention. In the evaluation of the model, practitioners reported that the Matrix was accessible and provided them with structure and detail they had previously lacked; clarified thresholds and increased their confidence in decision-making (Calder, 2009).

Stanley (2011) reports that awareness of the impact of domestic abuse on children and young people is less well developed among some adult mental health and substance misuse services. This is despite the fact that these services frequently work with parents who are affected by domestic abuse. The author recommends that Children's Services make a particular effort to engage those mental health and substance misuse services in interagency training and help establish routine screening and referral protocols.

Developing a responsive service

Stanley's (2011) 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.

Hester et al. (2007) suggest that any intervention strategy needs to respond to individual need (a one size fits all approach is inappropriate), incorporating context, focusing on stabilizing the home environment and minimising disruption. Timing is crucial (Osofsky, 2004) and informal support should be enhanced (Cunningham and Baker, 2004).

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