

CHAPTER FIVE PROVISION FOR CHILDREN AND YOUNG PEOPLE EXPERIENCING DOMESTIC ABUSE *Cathy Humphreys and Claire Houghton*

The responsiveness of the intervention system to children and young people affected by domestic abuse is entirely dependent upon the provision of services which are able to be deployed in a timely and appropriate way. Protection without healing does not fulfil the purpose of keeping children and young people nurtured and safe (McIntosh and Deacon-Wood, 2002). It is also an area where the views and experiences of children and young people are critical. Hence, the participation agenda (see Chapter Three) is not easily separated from that of provision.

Given the complexity of the domestic abuse response, provision entails responding to perpetrators, survivors (usually women) and children and young people. It will also require services which work to strengthen the relationship between women and children – a relationship which has been either directly or indirectly undermined through domestic abuse. This review will focus on provision for children and young people, though clearly where the service to women directly impacts on their children, this will be included. It will complement the earlier chapter that focuses exclusively on children's perspectives literature, through a discussion of the wider literature where relevant. Areas for coverage include: services for pregnant women and infants; informal support; individual work; group work; strengthening the mother-child relationship; and identification of websites and helplines.

It is important to note here that there is a need to consider provision in relation to much earlier intervention. This can be defined in terms of

- intervening in the earlier stage of a child's life – services for pregnant women, babies and infants
- identifying domestic abuse at an earlier stage - intervening early when the child shows signs and symptoms, early emotional and behavioural problems
- working with high risk groups
- intervening earlier with young people who use violence against their girlfriends or mothers

Provision has tended to focus on children and young people who are showing significant behavioural and emotional difficulties. A linked problem for services for children and young people is that provision is often seen as 'an add on' or secondary to the services for their mothers. While there is a clear connection between the abuse of women and the abuse of their children, each needs services in their own right, as well as linked services which focus on strengthening the relationship between them (Hester *et al.*, 2007; Humphreys *et al.*, 2006a).

Services for pregnant women and infants

The 'double intentioned' violence of attacks during pregnancy mentioned in Chapter Two highlights the significance of intervention and provision for pregnant women and the baby in utero. The concentration by health professionals on routine questioning of pregnant women about domestic abuse is therefore entirely consistent with the evidence of the heightened vulnerability of women and baby to attack and the impact of these attacks (Taft *et al.*, 2004; Mezey and Bewley, 1997; Teicher, 2002).

Significant research has been undertaken about the response of pregnant women to routine questioning about domestic abuse (Taft, 2002). The research evidence about routine questioning is not unequivocal. Evaluations have shown that most pregnant women do not object to being asked about domestic abuse (Stenson *et al.*, 2001). However, the evaluations are also clear that the introduction of routine enquiry needs to be supported by training for the health professionals involved, both in relation to feeling comfortable about asking women questions and the follow on intervention should women disclose abuse (Taft, 2002). In their study Mezey and Bewley (1997) highlighted the extent to which it was not only domestic abuse but childhood sexual abuse which came to light during pregnancy, and where women often experienced multiple emotional and physical complications. The health issues for women who have been subjected to female genital mutilation may also surface during pregnancy and birthing, and require supportive health and emotional intervention (PAHO, 2003).

The infant's vulnerability raises particular issues about the significance of supportive and proactive intervention with this group of women and the safety planning which may be required (Schore, 2003). In Australia, group work with mothers and babies where there has been domestic abuse is showing very positive results. An examples lies with the 'Peek a Boo Club' which is underpinned by a philosophy which allows the 'baby to lead' and sensitises women to the communication with their babies (Bunston and Heynatz, 2006).

Some pregnant women will not only be experiencing domestic abuse but will also be involved in substance use. The need for multi-disciplinary teams which attend to the complexity of the interface between substance use, domestic abuse and child protection are critical if on-going assessment, support and monitoring of the safety of both the woman and child are to be addressed (Hester and Westmarland, 2005). Groups which support children with substance using mothers and/or fathers are developing, but remain on the margins of service provision within the drug and alcohol sector (Kroll, 2004).

Informal Support

Children and young people most frequently report that they need someone to talk to. Similar to adults, support will often be sought through peers, though adult family friends and relatives are also important (McGee, 2000; Mullender *et al.*, 2002). This has implications for normalising and educating the community, including young people about the effects of violence to ensure that these networks have the capacity to respond to children and young people appropriately¹⁰.

Children and young people also report that they use their informal networks because they do not want to lose control of their situation through the notification or reporting of their circumstances to other agencies, particularly statutory organisations. In Australia and the US where mandatory reporting of children living with domestic violence occurs in many states, this was cited as an issue by young people and one of which many of those interviewed through focus groups seemed to be aware (Bagshaw *et al.*, 2000; Irwin *et al.*, 2006). Automatic referral to the Reporter in Scotland may have similar consequences.

¹⁰ See the Prevention Chapter of this review

Individual Work

The elevated level of cognitive, behavioural and emotional problems shown by children and young people affected by domestic abuse ensures that this group of children and young people are over-represented amongst those referred for individual counselling. While group work is frequently seen as the intervention of choice for children and young people, Jaffe, Wolfe and Wilson (1990) on the basis of their group work experience and evaluation recommend that groups suit children with mild to moderate behaviour problems, while children with more chronic exposure to violence and more severe emotional and behavioural problems are, at least initially, more suited to individual counselling.

Focus groups with children and young people suggest that the processes of engagement are particularly significant. Some young people pointed out that referral to counselling may be experienced as a punishment for behaviour problems rather than a sensitive response to the adversity they are living with, or have lived with (parental reports of children's views in Bagshaw *et al.*, 2000). It is a problematic issue which is reinforced when the child's behavioural problems are the focus of the work, and the underlying issues of domestic abuse remain unaddressed (Jaffe *et al.*, 1990). Such practices also highlight the significance of the initial assessment which needs to routinely explore the child or young person's family circumstances, proactively asking about living with fear, fighting or domestic abuse so that this primary issue does not remain invisible.

Following the evaluation of work by the Home Office Crime Reduction Program (Hester and Westmarland, 2005), two different types of individual work with children were identified and discussed by Mullender, (2004). These included:

- in-depth work 'focused around a particular issue'
- an unstructured approach, 'going where the child wants to take it, at the child's pace and only as far as they want to go, using free expression through art, play or other forms of therapy designed to help 'unravel complex feelings' (Mullender, 2004 cited in Hester *et al.*, 2007).

The work itself was not evaluated, but women consistently spoke positively of the effects of groupwork on their children (Hester and Westmarland, 2005).

While the different approaches to the work with children and young people are noted, the literature suggests that there are specific issues which may need to be addressed in the aftermath of domestic abuse. Helpful supporting frameworks and theories which underpin counselling practice in this area include:

- Understanding of attachment theory to address the disorganised and disrupted attachment experienced when violence disables the child's mother and undermines the father's emotional involvement with the child (Prior and Glaser, 2006). This work requires engagement with the child's mother or other non-offending care giver to provide

experiences through which a child can feel a more secure attachment to their parent. (Miller, 2007).

- Recognition of the processes of loss and grief which confront children as they come to terms with the adverse experiences brought on by violence and abuse. This can include loss of a caring father, loss of their home, pets, friends and family networks (Mullender *et al.*, 2002).
- Intervention which recognises and acknowledges children's traumatic reactions to seeing incidents of domestic abuse. It recognises that children are profoundly affected by seeing violence perpetrated against their primary carer (Miller, 2007) and may need intervention which goes beyond dealing with their immediate behaviour and cognitive reactions. It recognises the role of sleep disruption (Lowe *et al.*, 2007) and the role of fear as an organising factor in the lives of many children affected by domestic abuse.
- Systemic and ecological analysis which situates individual work with children within the wider context of their family, social and community networks. This recognises that most intervention with children and young people will need to address factors in their wider social context and their relationships and not just focus on their internal world (Mullender *et al.*, 2002).

A number of issues guide the individual work with children and these are now reflected in standards and guidelines for working with children and women affected by domestic abuse (Department of Human Services, Victoria, 2007; Women's Aid Federation England, 2007; Gevers, 1999). The guidelines have been developed following extensive consultation and attention to the relevant literature. In each case they recognise that children and young people need services which are separate but linked to their non-abusive parent, usually their mothers. Standards and guidelines recognise that there are core issues which are common to all work in the domestic abuse sector (understanding domestic abuse; safety; diversity and equality of access; advocacy; empowerment; confidentiality; co-ordinated community response; responsibility for violence and holding perpetrators accountable; service accountability), as well as those standards which are specific to children and young people living in refuge and using outreach and floating support services (Women's Aid Federation England, 2007).

Group Work

Greater attention has been given to group intervention strategies with children and young people than individual work. It has the benefit of addressing the issues of secrecy, supporting children to feel less isolated and strengthening their peer relationships (Mullender *et al.*, 2002; Sudermann *et al.*, 2000). An array of manuals and practice materials are available to support this work. For example the Australian Domestic and Family Violence Clearinghouse lists, describes and links to 26 Australian group programs and resources for children affected by domestic abuse www.austdvclearinghouse.unsw.edu.au, while Women's Aid Federation England has a further children's resource base www.womensaid.org.uk/. The group work developed in Ontario, Canada (see Loosley, 2006) has been widely disseminated and built upon in both the UK and Australia. The pre and post test results showed significant positive changes as well as high levels of satisfaction reported by both children and their mothers as a result of the community based

groups (Sudermann *et al.*, 2000). The first evaluation of groups in England based on the Ontario model has shown positive results. The interview based data with both children and their mothers is very encouraging (see Chapter Three) though results from pre and post test data will need to wait until larger numbers of children have participated (Debbonaire, 2007).

The positive findings from the Ontario groups for children are generally supported by other group work evaluations which show similar benefits for children and often their mothers (see p. 206-209 of Hester *et al.*, 2007). However, there are criticisms which have emerged from the US about the fact that although group work programs have been good at developing age appropriate themes and activities, to date, there has been a tendency for 'one size fits all'. This does not allow for the delineation of programs to support children along a continuum from less affected to highly disturbed children and young people (Graham-Bermann, 2001). The overview by Graham-Bermann of group work programs suggests that programs focus on three intervention areas highlighted in the literature for children and young people: aggression, internalising problems and problems in social relations.

A further issue raised by Graham-Bermann (2001) is that evaluation of programs is still at an early stage with few control groups, little follow up, high drop out rates and little attention to the wide range of presenting problems. Nevertheless the 13 programs which met basic evaluative criteria all showed a range of benefits for children including: positive changes in children's aggressive behaviour; greater knowledge of safety; changed attitudes to violence; strengthened relationships between mothers and children; lowering of anxiety and increased self-esteem (Graham-Bermann, 2001).

Work with children and young people in the UK has often been less clinically based and developed in youth clubs and community venues. The development of resources through the use of video and community arts processes have been integral to these positive developments (for example, Scottish Women's Aid's *Young People Against Domestic Abuse* and *Listen Louder* DVDs).

Mother-child strengthening

The earlier review of the impact of domestic abuse on children highlighted that an aspect of the abuse was the undermining of the relationship between mothers and their children (Mullender *et al.*, 2002; Humphreys and Stanley, 2006; Radford and Hester, 2006). Organising provision to ensure that there is the capacity to strengthen this relationship in the aftermath of violence is a significant, but to date neglected aspect of provision. Supporting professionals to develop systems for screening for domestic abuse across a range of contexts such as child abuse, child contact centres, mental health and substance use services is the first step towards creating a safer context for both women and children. This is a constant theme of the work of Radford and Hester (2006). New books of activities for children (Humphreys *et al.*, 2006a) and older children and young people (Humphreys *et al.*, 2006b) have also now been developed to support this relationship. The activities are built around five different themes: talking about feelings; building self-esteem; strengthening the relationship through exploring similarities and differences; safety; and talking about things that matter (including the shared experience of domestic abuse). Other

resources have similarly been developed to support parents (particularly mothers) to assist with children who have experienced trauma and specifically domestic abuse (Pughe and Philpot, 2006). The review of children's work in refuges (Mullender *et al.*, 1998) highlights the way in which joint activities between mothers and children through outings and inclusive holiday activities for children and their mothers are an important part of the provision in the sector. It could be argued that the significance of this interactive form of play may have been underestimated due to the lack of formal evaluation of these common but important activities.

The Parkas (Parents accepting responsibility – kids are safe) group work program of consecutive children and women's groups was developed in 1996 in Victoria, Australia (Bunston and Heynatz, 2006). A particular feature of this program is that the children and women's group share the same facilitators and there are common group experiences at the beginning, middle and end of the 10 week program. This avoids the 'splitting' which may occur when there are separated women and children's groups. The manual and the evaluation over five groups demonstrated real changes can be affected in children's lives through a combination of individual attention and strengthening the relationship with their mothers. Pre and post tests with children, teachers and mothers showed significant improvements in lowering the total number of difficulties children were experiencing, a reduction in distressing emotional symptoms, and improved peer relationships. It also showed that there was an increase in behavioural issues for a group of children. The facilitators suggest this is due to the amelioration of traumatic symptoms and the movement from internalising feelings to more overt expression of strong emotions – a move away from avoidance to 'coming to life' (Bunston and Henynatz, 2006, p. 158).

Websites and helplines

Children and young people have been clear that websites and helplines are an important aspect of services which meet their needs (see Chapter Three). In the UK websites and helplines are now available and provide a significant source of support and information (Mullender *et al.*, 2002). There has been little evaluation of this provision, and none from the Scottish or domestic abuse perspective, but usage can be high.

UK examples include:

- Childline 08001111 <http://www.childline.org.uk/>
- www.hideout.org.uk - a special website developed for young people living with domestic abuse
- www.there4me.com - an NSPCC online advice resource for children aged 12-16 years old, and worried about issues like abuse, bullying, exams, drugs and self harm.
- NSPCC – helpline 0808 800 5000 <http://www.nspcc.org.uk/kidszone/> - a website for children and young people with helpful information and support across a wide range of areas including domestic abuse

Summary

The focus on the provision for children and young people highlights the following issues:

- *Children and young people require provision which is both separate and linked to their non-abusing parent, usually mother*
- *Proactive support for pregnant women and women with young infants who are subjected to domestic abuse intervenes with the most vulnerable women and at the most crucial time in the child's neurological and attachment pattern development.*
- *Informal support is a critical aspect of provision for children and young people*
- *Individual work is particularly relevant for those children showing the most disturbed emotional and behavioural patterns. Such behaviour needs to be understood as a symptom of trauma, and intervention will need to acknowledge and address the issues of violence so that children experience a referral to counselling as a positive intervention rather than a punishment for perceived 'bad behaviour'*
- *Group work is the intervention of choice for many children and young people assisting children to feel less isolated and helping with their peer relationships*
- *Strengthening the mother-child relationship is a critical aspect of provision which addresses the ways in which domestic abuse may undermine this relationship*

Directions for good practice - provision

It is suggested that consideration is given to the following:

1. Replace automatic referral to statutory services with a requirement to provide children affected by domestic abuse with access to and options for services to address their holistic needs (which may include referral for compulsory measures for a proportion of children)
2. Improve links between adult and child services: consideration of models that designate a worker for woman and worker for child where domestic abuse is an issue; consideration of improved links between substance misuse/mental health services and domestic abuse/child protection services
3. Develop work that focuses on strengthening the relationship between mothers and their children in the aftermath of domestic abuse
4. Further develop domestic abuse training/guidance initiatives to ensure a more effective response from all professionals including:
 - enquiry and screening for domestic abuse as an issue
 - appropriate responses to children/women/perpetrator on disclosure/incident
 - shared risk assessment, management and safety planning
 - appropriate (and innovative) interventions where domestic abuse identified
 - multi agency working and shared principles
5. Develop the focus on early intervention with pregnant women and mothers with small children through improved health response supported by training: development of routine enquiry in health settings; ensure appropriate response with supportive (and innovative) health and emotional intervention
6. Develop the focus on children's early years through greater consideration of pre-school, Surestart and other early years service providers and strengthen their role in early intervention where there is domestic abuse
7. Consider provision along a continuum in relation to those less affected and those highly affected by domestic abuse to ensure that there are options for support and counselling to address each child's individual needs

8. Prioritise access to individual support for *all* children affected by domestic abuse. Develop options for intensive counselling/appropriate mental health services for those whose mental health, emotions and behaviours are most seriously affected
9. Develop concurrent child and mother groupwork in Scotland as an option for many children affected by domestic abuse, building on best practice internationally and incorporating a *robust* evaluation from the outset in order to develop effective and responsive practice and a wider 'reach' to children
10. Develop guidelines/standards to ensure support provided for children affected by domestic abuse (and their mothers) is based on relevant frameworks and best practice, including best practice identified by children themselves
11. Proactive recognition that informal support (friends, family, community) is most important to children affected by domestic abuse. Elements of public/community/school education campaigns and programmes should be directed towards these sources of support for children, thereby equipping people to respond more appropriately
12. Investigate the use of different media and technology (website, email, helplines) in relation to support for children affected by domestic abuse in Scotland, preferably *with* children and young people
13. In light of the move to local outcome agreements, ensure that there remains a measure of monitoring and accountability for local authorities "to ensure there are appropriate support services for children affected by domestic abuse" (as per the now defunct national children's services planning guidance/supplementary domestic abuse guidance, and quality improvement framework indicators)

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ANNEX - METHODOLOGY

The literature review chapters undertaken by Cathy Humphreys and Claire Houghton are based on searches which included online databases, internet resources, government reports and 'grey literature' gathered from organisations in Scotland, England, Wales, Northern Ireland and Australia. The latter accumulation of reports and evaluations has not been undertaken systematically, whereas the database searches were systematic, documenting literature from 1998-2006 with further adding of some articles in 2007.

The writing of the review has clearly been constrained by word length and accessibility. Selection of relevant and pivotal articles and books has been drawn from a literature wider than that cited in the review. The search restricted itself to literature which related to domestic abuse/domestic violence/family violence/intimate partner violence. To keep the search manageable it did not search broadly on literature more generally which may have had areas of overlap such as alcohol and drug abuse or mental health.

Data base searches included:

- PsychLIT (1998-2006 psychology, psychiatry and sociology journal articles)
- MEDLINE (1998-2006 medical database)
- National Child Protection Clearinghouse and National Domestic and Family Violence Clearinghouse Australia
- ASSIA (unrestricted)
- CareData (unrestricted)
- Cochrane Library (unrestricted)
- SOSIG
- Social Science Citation Index (1998-2006)
- EMBASE (1998–2006)