



IN THE NAME OF GOD

DOMESTIC VIOLENCE IN CHILDREN

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- Threatening, controlling, coercive behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender or sexual orientation) by a current or former intimate partner or family member.



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- As many as ten million children and adolescents witness violence between their **parents or caregivers** each year.
 - This kind of violence is called domestic violence or intimate partner violence.
 - The US Department of Justice defines domestic violence as "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner."

DOMESTIC
VIOLENCE
CAN BE :

verbal

Physical

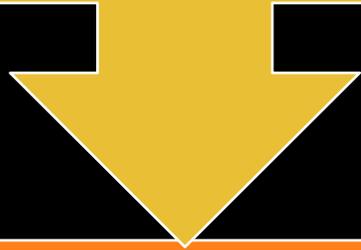
Sexual

Psychological



- Parents or caregivers involved in a violent relationship may think that the fighting **does not affect** their children.
- Even children **who do not see domestic violence** are affected by the conflict in the family.
- Children may develop serious emotional and behavioral problems.
- These problems are not **always** recognized by their parents or caregivers.
- As a result, children do not **always** get the help they need.

The **most** prevalent forms of domestic violence are psychological and emotional abuse and these are often **impossible** to measure and difficult to prove.



The controlling tactics can be so contrived that the victim can come to believe the perpetrator's behaviour is the result of the victim's failings.



- At the **extreme end of the continuum** domestic **homicide** accounts for approximately one in four of all murders, manslaughters and attempted murders in Northern Ireland.
- In England and Wales it is estimated that 140 individuals are killed each year by the crime of uxoricide – the killing of one parent by another.



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- The **crime** is overwhelmingly committed by **men**, and results in children being deprived of both the parent who has been murdered and subsequently the parent who is incarcerated.
 - Even when couples have separated the risk to women of being *Research Review: The Impact of Domestic Violence on Children* 81 killed by their former partner increases (Monckton Smith *et al.*, 2014; O'Hagan, 2014).

- When there is domestic violence between partners, there is often child abuse as well.
- Sometimes children get hurt **accidentally**.
- Children need to be **assessed** for their health and safety when domestic violence occurs.



SYMPTOMS
TO WATCH
OUT FOR IN
YOUNG
CHILDREN
INCLUDE:

Anxiety or increased fear

- Depression
- Loss of interest in school, friends, or other things they enjoyed in the past
- Sleep problems including nightmares or bedwetting
- Increased aggression
- Anger
- Spending more time alone
- Fighting at home or at school
- Bullying or being bullied
- Changes in appetite



**SYMPTOMS TO
WATCH OUT
FOR IN
ADOLESCENTS
INCLUDE:**

Drug or alcohol abuse

Skipping school

Changes in peer groups

New rebellious or oppositional behavior

Declining grades

Social withdrawal

Depression or anxiety

Loss of interest in school, friends, or other things they enjoyed in the past

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- Young children are dependent on parents or caregivers for both physical and psychological safety.
 - Both research evidence and clinical data show that young children **lack the developmental and cognitive abilities to protect themselves.**
 - When domestic violence occurs around them, they cannot **understand the danger** or what is causing the commotion; however, they do sense that their environment is different and often respond by crying that can irritate the adults.
 - Furthermore, young children **cannot make decisions** to protect themselves.

- Studies show that infants are able to recognize and respond to an **expression of fear on a parent's face** during the **first** year of life.
- Miller (2015) reviews studies of young children's awareness of **perceived threats** and the relationship with adjustment problems **in 3–7-** year-old children. Because early relationships influence the young child's **ability to trust and develop positive later relationship**, they may be **unsure about the safety of their preschool or later school environments** and whether they also can trust the adults to teach and take care of them.
- Young children exposed to domestic violence may show **behavior and emotion dysregulation** most commonly manifested in **aggressive behaviors**.

EARLY INTERVENTION

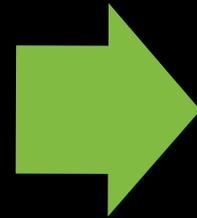
They may also show more anxiety with fear of separations.

The most important message is that the potential for emotional and mental health problems can start very early in life and that prevention and early intervention is crucial.

Relationship-based interventions can play a significant role in preventing later negative mental health outcomes for children.

EARLY IDENTIFICATION

Early identification of exposure to family violence becomes a **necessary component** of prevention of later physical and mental health problems.



Early identification is often **hampered** because screening for family violence is not routinely part of services provided by child focused systems.

Early identification would also be helped through training of all personnel who work in child-serving systems about both the harmful effects of exposure to violence and trauma and the benefits of providing trauma-informed intervention and treatment.

The child-serving systems could help identify children exposed to domestic violence and provide appropriate referral for intervention and treatment.

Collaboration among the legal, medical, child protection, education, and mental health systems could also increase safety and stability for children.

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- There are **many different types** of parenting and treatment programs for adults who are abusive to their partners or children
 - In order for service and treatment programs to be effective, it is crucial that they consider the **culture of the family**. It is important that they recognize the **strengths within families and potential for resilience** rather than focus solely on their vulnerabilities.

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- In families where domestic violence is a concern, while parents may have negative interactions, they may also demonstrate resilience and may be protective of their children.
 - When there is increased stress as a result of **individual events or changes in families** (such as loss or change in occupation and/or economic hardship, death, a move, exposure to a natural disaster), domestic violence and other negative outcomes may be more prevalent. It is especially at those times **that recognizing and reinforcing strengths and resilience** may be very important in the provision of services.

- Respect the **cultural** values and beliefs which affect behavior.
- Know these beliefs may have been a source of security in the past for the survivor and their importance to them should not be minimized.



PREVENTION

- School preventive programmes have had success in developing awareness of the **nature of domestic violence**, **signposting help** and **changing attitudes**.
- Programmes vary significantly, however, and more needs to be known about optimum **content**, **timing** and **duration**.
- Programmes should take account of gender and focus on lower awareness among **boys** of the harm caused by abuse and violence.
- Public education **campaigns** could now more usefully target specific groups — in particular perpetrators, many of whom struggle to acknowledge the impact of their behaviour on children.

Prevention programme **leaders** must investigate the community and **country's readiness** to implement such programmes.



DISCLOSURE AND SCREENING

- Domestic violence may be disclosed to a practitioner in **any one of a range of services**, but for many children disclosure is unlikely unless **direct questions** are asked.
- **Screening** has proved effective in promoting disclosure **in different settings**, including GPs, health visitors and social care.
- Routine enquiry should be supported by training in screening and by established interagency pathways for referral to services.
- There is evidence that disclosure can itself contribute to **breaking down the secrecy** that helps perpetuate domestic violence.

TACKLING LOW AWARENESS

- Understanding and awareness about the impact of domestic violence on children and families and the need for routine screening is less well developed among some adult mental health and substance misuse services, yet both work with parents affected by domestic violence.
- Children's services may need to make a particular effort to engage those services in interagency training and help establish routine screening and referral protocols.



- Training and technical assistance provided to medical professionals, and other community agencies, to aid in the identification of domestic violence and implementation of best practices for responding to victims.



RISK ASSESSMENT AND FILTERING

- **Police notifications** are the **principal** means by which children's services are informed about children's exposure to domestic violence and managing their **high volume** effectively is a challenge.
- **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**.



INTERAGENCY COLLABORATION

- The current **fragmented service** response to domestic violence makes it harder for families to access support and limits information transfer between agencies, so reducing the information available to inform assessment.
- Increasing **regular and sustained communication** between **children's social care** and **specialist domestic violence** services and the **police**, rather than confining it to formal settings (eg case conferences) could be particularly helpful.
- Interagency collaboration is more likely when shared **protocols** for screening and assessment are developed and when senior staff attend interagency forums.

DEVELOPING INTERAGENCY COLLABORATION

- Children's social care should collaborate with adult mental health services and CAMHS to increase their sensitivity to domestic violence and its impact on children and to develop therapeutic interventions for mothers and children.
- Systems for collaboration need to be developed with practitioners in an 'intermediate' position – such as school mentors – who offer a means of intervening with young people experiencing violence in their relationships.
- Closer collaboration between children's social care and refuges should aim to incorporate the work undertaken with children in refuges into wider assessments of their needs – a child's stay in a refuge is a window of opportunity.

ENGAGING FAMILIES



- The **stigma** and **secrecy** associated with domestic violence means many families are **resistant** to engaging with social care services.
- This is compounded by **fears of children being removed** and taken into care and is likely to be made worse by **threats of statutory intervention**.
- **Social care** practitioners should focus on building partnerships based on **trust** and a shared **understanding of the impact of domestic violence on children** – this can be a **strong** motivation for change for both mothers and fathers.

EARLY INTERVENTION

- A number of early intervention services have been successful in reducing risks for victims and have also been used to deliver services to children. For example, two pilot projects – Safer Families in Gateshead and Letgo in Cumbria – were able to reduce repeat referrals and reported incidents, reduce risk and increase survivors' confidence.



**EARLY
INTERVENTION
IS KEY**

- Advocacy is increasingly seen as a way to help children and mothers access social and community resources and to re-build independent lives.
- There is strong evidence from the US for its role in reducing depression and victimisation, and increasing mothers' social support and quality of life.



PARALLEL INTERVENTIONS

- There is evidence from the US and the UK for the effectiveness of programmes delivered in **parallel** to *children and mothers*.
- These usually involve **group work** for children and groups for mothers that aim to develop responsiveness to the child's needs.
- A **key feature** of all successful interventions is the **parent's engagement** with the child's perspective on domestic violence.
- There is evidence from the US that **child-parent psychotherapy** strengthens mothers' responsiveness and helps **reduce traumatic stress symptoms** and **behavioural problems in children**.

LISTENING TO CHILDREN



- Children experiencing domestic violence want **opportunities to talk**.
- They want to be **listened to and to be taken seriously** – fears they will not be and concerns about confidentiality inhibit disclosure and help-seeking.
- 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.

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- Children valued having family and professionals to talk to about the domestic violence in their lives.
 - Children living with domestic violence need to have access to **safe and confidential** advice and support.
 - Professionals working with children and their families should ensure that children have the opportunity to be seen and heard **separately from their parents**.
 - The **police** should have clearer responsibilities and guidance on talking **directly** and **separately** with children when attending domestic violence incidents.

REFUGE WORK

- Most refuges provide support for children. Although this covers a wide range of **interventions**, including **counselling**, **advocacy**, **structured play** and **storytelling**.
- **Shortness** of stay can be a **barrier** to effective intervention, but the evidence is that children in refuges have high levels of need and their stay is an important window of opportunity for providing **assessment** and **linking families** to support services.

WHOLE-FAMILY INTERVENTIONS



- There is evidence for the effectiveness of interventions that focus on the whole family, although some critics doubt whether such approaches can always contain men's 'power and control' behaviour.
- 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 help secure a family's trust and motivation to tackle complex problems.

WORKING WITH PERPETRATORS

- Assessment processes tend to target mothers rather than fathers, yet there is evidence for the effectiveness of perpetrator programmes.
- Professionals do need to **engage with violent fathers directly**, however.
- Efforts should be made to build workers' skills and confidence through training, perhaps led by staff with experience of delivering perpetrator programmes.
- Relaxing the **timeframe** for **initial assessments** may also make it easier for **social workers** to engage with fathers.
- **Help the perpetrator address his violence.**

MEDIA

- Media have an **important role** to play in preventing violence.
- The media have an important role to play in preventing violence, for instance by raising **public awareness** about violence as a critical mental health and suicide determinant and to challenge norms and beliefs that justify or encourage violence and abuse.



DEVELOPING A RESPONSIVE SERVICE

- 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**.

- The evidence on the use of **community health workers** and **nonprofessional local staff** in the delivery of family/community-based interventions in LMICs is promising.



SCHOOL-BASED INTERVENTIONS

- The **involvement** of **children and young people** in the design and implementation of these interventions has the potential to increase their authenticity and this emerged as important to young people themselves.
- This involvement can be achieved by a variety of means including incorporating **material co-produced with young people** into programmes; through **engaging them in participative learning activities** such as **drama** and by training and involving them as peer **mentors** or facilitators.
- If schools are to take on responsibility for implementing preventive interventions in domestic abuse, they require **more preparation** and **fuller engagement** in the task.
- Incorporating domestic abuse prevention into national **curricula**, **teacher training** and school inspection would locate it more centrally in **the education agenda**.

Domestic
abuse
hurts
them
too...



Preventing Abuse

Supporting Victims

Raising Awareness

A top-down view of a wooden desk with various office items. In the center is a spiral-bound notebook with the text 'Thank you for your attention' written in a bold, black, sans-serif font. To the left of the notebook are a pair of black-rimmed glasses and a white ceramic cup containing a green succulent. To the right is a black alarm clock with a white face showing the time as approximately 10:10. In the bottom left corner, a portion of a black calculator with a green display is visible.

**Thank you
for your
attention**