

Appendix 2

Impact of Abuse on Children and Young People¹

Abuse can affect every aspect of a child's life²

- Physical needs
- Emotional well-being
- Relationships with peers
- Relationships with others
- Leisure activities

The most common impact is fear.

*Generally, preschool children are more likely to have **physical symptoms** of their anxiety, primary school children present their fears **behaviourally and emotionally**, and adolescents may try to gain relief through **drugs, early marriage or pregnancy, running away or involvement in criminal activity**.³*

Children and young people can be extremely affected by their experiences of living with domestic violence. The impacts can be physical, behavioural, psychological or educational and they can also be long-term or short-term impacts. The way that children can be affected depends on a wide range of factors including: age and developmental stage, gender, ethnicity, position within the family, sexuality, disability, their relationship with their mother, whether the abuse was direct or indirect, their access to safety and existence of support networks.

“Children exposed to sudden, unexpected man-made violence appear to be more vulnerable – making the millions of children growing up with domestic violence... at great risk for profound emotional, behavioral, physiological, cognitive, and social problems.”⁴

Physical

Children and young people can be hurt, either by trying to intervene and stop the violence or by being injured themselves by the abuser. They may develop self-harming behaviour, or eating disorders. Their health could also be affected as they may not be being cared for appropriately (perhaps due to the mother not being allowed to parent well by the abuser).

¹ This section has been adapted from Dwyer, F. (undated) *Safe and Sound: A Manual for Professionals Working with Children affected by Domestic Violence*, Bristol: WAFE

² For a detailed discussion of the impact of domestic violence on children see Hester et al (2007) op cit., Wolfe, D., Crooks, C., Lee, V., McIntyre-Smith, A., and Jaffe, P., (2003), 'The effects of children's exposure to domestic violence: a meta-analysis and critique', *Clinical Child and Family Psychology Review*, 6(3), Kitzmann, K., Gaylord, N., Holt, A. and Kenny, E., (2003), 'Child Witnesses to Domestic Violence: A Meta-Analytic Review', *Journal of Consulting and Clinical Psychology*, 71(2) and Evans, S., Davies, C. and DiLillo, D. (2008), 'Exposure to Domestic Violence: A meta-analysis of child and adolescent outcomes', *Aggression and Violence Behavior*, 13(2).

³ Hester et al, (2007), p. 89.

⁴ Perry, B., Pollard, R., Blakley, T., Baker, W. and Vigilante, D. (1995) 'Childhood Trauma, the Neurobiology of Adaptation, and "Use-Dependent" Development of the Brain: How "States" Become "Traits"', *Infant Medical Journal*, 16:4, p. 273

They may have suicidal thoughts or try to escape the violence through misuse of alcohol or drugs, truanting or by running away.

Sexual

There is a high-risk that children and young people will be abused themselves where there is domestic abuse. In homes where living in fear is the norm, an atmosphere of secrecy can develop and this creates a climate in which sexual abuse could occur. In addition to this, children may sometimes be forced to watch the sexual abuse of their mother. This can have a long-lasting impact on the sexual and emotional development of the child.

Economic

The mother of the child may have limited control over the family finances. Therefore, there might be little or no money available for extra-curricular activities, clothing or even food, which can have a detrimental impact on their health and development. It may also mean that children who go into refuge provision have to leave behind personal possessions, including toys, books, computers and so on which cannot easily be replaced due to lack of money. Separation can also lead to poverty for many mothers and children, especially if mothers deem that fighting their ex-partner for their house or possessions may adversely affect their safety.⁵

Emotional

Children will often be very confused about their feelings. They may, for example, love both parents but want the abuse to stop. They may be given negative messages about their own worth, which may lead to low self-esteem or depression. Many children feel guilty and believe the abuse is their fault. Some children may internalise feelings and appear passive and withdrawn whilst others externalise their feeling in disruptive behaviour. Any of these reactions could result in problems at school, for example becoming a victim of bullying, or engaging in bullying behaviours themselves as well as the negative impact that living with abuse can have on educational attainment.

Isolation

Children may become withdrawn and isolated. They may not be allowed out to play by the perpetrator and if there is abuse in the home, they are less likely to invite their friends around. Schooling may be disrupted by a variety of factors including: being too scared to leave their mother alone or they may have had to move schools when they are moved into refuge provision or other safe or temporary accommodation; disruption which can also make children vulnerable to bullying.

Threats

Children are likely to have heard threats to harm their mother. They may also have been directly threatened with harm or heard threats to harm their pet. They also live under the

⁵ Abraham, (1994), *op. cit.*

constant and unpredictable threat of violence, resulting in feelings of intimidation, fear and vulnerability, which can lead to high anxiety, tension, confusion and stress.

Age-Specific Impacts on Children

“Violence affects children’s view of the world and of themselves, their ideas about the meaning and purpose of life, their expectations for future happiness and their moral development. This disrupts children’s progression through age-appropriate developmental tasks.”⁶

Children will exhibit different impacts as a result of domestic violence depending on their age. A brief overview of some of the impacts on each age group is given below.

Unborn Children

Pregnancy is often a time when domestic violence either starts or escalates. Domestic abuse during pregnancy has been referred to by one commentator as, ‘double-intentioned violence’, as physical attacks directly affect both the mother and the unborn child.⁷ The Confidential Maternal and Child Health Enquiry in England and Wales indicated that 39 percent of women experienced domestic abuse during pregnancy (n=70) and that 19 of the women died as a direct result of the abuse.⁸ The Enquiry also found that 81 percent of women found it difficult to access ante-natal services; 77 percent were in contact with their local social services ; 64 percent of mothers and children were in contact with child protection services and that 62 percent of pregnant women under the age of 18 had experienced domestic violence in the home. An Australian population survey showed that 41 percent of women who experienced domestic abuse reported violence during pregnancy, and that 20 percent of these women who experienced domestic abuse reported that their first experience of violence was during pregnancy.⁹

There is also a very strong link between miscarriage and domestic violence with one study showing that women who were subjected to domestic violence in pregnancy were four times more likely to miscarry than women who had not been abused during pregnancy.¹⁰

Studies have also found that pregnancy is a time of increased risk with a significant association between pregnancy, miscarriage, low-birth rate and poor mother-child attachment and physical or sexual violence; abused women have said that they are more likely to be kicked in the abdomen or breasts during pregnancy.

⁶ Margolin, G. and Gordis E. (2000), ‘The effects of family and community violence on children’, *Annual Review of Psychology*, 51, pp445-479

⁷ Kelly, L (1994) ‘The Interconnectedness of Domestic Violence and Child Abuse: Challenges for Research, Policy and Practice’, in Mullender, A and Morley, R (eds.) *Children Living With Domestic Violence*, London: Whiting and Birch

⁸ Lewis, G (ed.) (2007) *The Confidential Enquiry into Maternal and Child Health (CEMACH): Saving Mothers’ Lives: reviewing maternal deaths to make motherhood safer 2003-2005*, London: CEMACH.

⁹ ABS (2006) *Personal Safety Survey*, Australia, Australian Bureau of Statistics, Catalogue No 4906.055.003, Canberra

¹⁰ Schornstein, S (1997) *Domestic Violence and Health Care: What every professional needs to know* , Thousand Oaks, California, USA: Sage and Campbell, J (2002) ‘Health Consequences of Intimate Partner Violence’, *Lancet*, Vol. 359

The health risks to unborn children resulting from domestic violence are extremely high. As discussed above, domestic violence often begins or escalates in pregnancy. Direct effects on the unborn child include: risk of miscarriage; placental abruption and premature birth. Studies have also shown that there is a link between the mother's fear, emotional trauma and stress and 'neuro-developmental' trauma.¹¹ Women may also be prohibited from attending antenatal appointments and many are ambivalent about their pregnancy which has implications for their own self-care and also for attachment with their child. Indirect effects include other risk factors which may have implications for both mother and child including: sexually transmitted infections, urinary tract infections, HIV, substance and alcohol misuse, depression, smoking and low-weight gain.¹²

Infants

Infancy is a time when babies are completely dependent on others to look after them. As with unborn children there are direct and indirect impacts of domestic violence. Direct impacts include mothers holding the baby whilst being abused – having things thrown at her or being hit, resulting in injury to the child in arms; or mothers not being allowed to look after the baby, resulting in neglect. Indirect impacts on infants include hypersensitivity to noises around them – loud noises can be extremely distressing to infants. There may also be a disruption of attachment between mother and child due to the abuse. Research, by Perry especially, has shown that exposure to violence, stress and trauma associated with domestic violence can change the brain's development in infancy resulting in difficulties dealing with stresses later on in life. Changes in infants' behaviour include: sleep disturbances, irritability, minor illnesses, excessive crying and extreme startle responses.¹³

Pre-school

This can be the age at which children start to blame themselves for domestic violence in the home and is also the time at which children do not know how to express themselves fully. Children of pre-school age may learn unhealthy ways to express their anger and emotions from learned behaviour from their parents. They may also be confused about the paradox between what they are told and what they witness happening in their homes. They may display higher level of behavioural problems including self-destructive or aggressive behaviour.

Conversely, children at this age may also be extremely well behaved to compensate for what is happening at home. Physical symptoms at this age can be very wide ranging and include: regressive development including toilet training and bed wetting; sleep problems; failure to thrive and low weights and cognitive abilities; fear of touch or of a particular gender or person

¹¹ See for example the work of Bruce Perry, http://www.traumacentral.net/TC_bruceperry.htm (last accessed 11.02.11)

¹² Cunningham, A. and Baker, L. (2004) *What about me! Seeking to Understand the child's view of violence in the family*, Centre for Children and Families in the Justice System, London, Ontario, p. 56

¹³ Perry, B., (2009) 'Examining Child Maltreatment Through a Neurodevelopmental Lens: Clinical Applications of the Neurosequential Model of Therapeutics', *Journal of Loss and Trauma*, 14: 240-55

and language delay. Emotional impacts include: anxiety (especially about separation); withdrawal and clinginess.¹⁴

“Important at this age is the learning of appropriate ways to express emotions to others, especially peers, and emotional self-regulation. They will also develop an understanding of gender roles from messages relayed by family and other sources such as the media.” (Cunningham and Baker, 2004:75)

School-age

“There may be serious effects on children who witness domestic violence, which can result in behavioural issues, absenteeism, ill health, anti-social behaviour, drug and alcohol mis-use, self-harm and psycho-social impacts” (HM Government, 2006:202)

School age children may also display extreme behavioural problems – both internal and external behaviours. Children at this age may start to rationalise what has happened much more and have a heightened sense of worry about their mother’s safety and health. Some children may also try to escape the violence through fantasy and make-believe or by withdrawing. At this age education may suffer as a result of a range of factors including: learning difficulties (perhaps as a result of staying home to protect their mother or siblings), tiredness and inability to concentrate, lack of completion of homework. Relationships with other children may also suffer at this age as they will often not socialise or be able to invite friends home.¹⁵

Adolescents

“Adolescents exposed to domestic violence may live in constant fear of violence, arguments, being threatened, or actual physical violence being directed at a parent (usually the mother) or themselves.”¹⁶

Adolescence can be a time of dual impact of domestic violence – both witnessing domestic violence at home and also experiencing it in their own intimate relationships. Adolescents may experience a wide range of impacts including:

- Prematurely adopt care-taking roles (for mother and siblings)
- Premature independence/emancipation from family
- Intervening in physical fights
- Diversions and interruption of normal trajectory to young adulthood
- Peer relationship problems: isolation, avoidance, risk taking

¹⁴ Jaffe, P. *et al* (1990) *op. cit.* and Community Services, (2002), ‘Domestic violence and its impact on children’s development’, New South Wales Government, Australia

¹⁵ Baker, L., Jaffe P. and Asbourne, L., (2002), *Children Exposed to Domestic Violence: An Early Childhood Educator’s handbook to increase understanding and improve community responses*, available at : <http://www.lfcc.on.ca/ece-us.PDF> (last accessed 22.08.14) and Child Welfare Information Gateway, (2003), *Children and Domestic Violence: Bulletin for Professionals*, US Department of Health and Human Sciences, <http://www.childwelfare.gov/pubs/factsheets/domesticviolence.cfm>, (last accessed 22.08.14)

¹⁶ HM Government (2010) *Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children*, London: Department for Children, Schools and Families (DCSF) p.265

- Use of costly coping strategies such as drugs and alcohol abuse or self-harm
- Difficulty establishing healthy relationships (including potentially engaging in abusive peer relationships)
- Cognitive distortions
- All-or-nothing interpretations
- Pro-violence attitudes
- Negative gender-role stereotypes

Teenage relationship abuse consists of the same range of abuse and patterns of coercive and controlling behaviour as domestic abuse in older relationships. However, there is sometimes a lack of recognition as to the seriousness of teenage relationships because they are more likely to be short-lived. This does not mean that they cannot be as abusive as adult relationships – in fact research has shown that teenagers experience as much abuse in their intimate relationships as adults, with several studies showing that up to 40 percent experience abuse.¹⁷

A 2009 study by the NSPCC and Bristol University which questioned 1,353 young people (aged between 13 and 17 years old) on violence in their intimate relationships found that 33 percent of girls and 16 percent of boys reported some form of sexual abuse; 25 percent of girls (the same proportion as adult women) and 18 percent of boys reported some form of physical abuse and around 75 percent of girls and 50 percent of boys reported some form of emotional abuse in their intimate relationships.¹⁸ (Barter *et al*, 2009)

Some lessons children might learn from living with domestic abuse¹⁹:

- The victim of violence is the one to blame
- Violence and threats get you what you want
- You can solve problems with violence
- Boys/men should be in control and girls/women should obey
- When people hurt others they do not get in trouble
- Hurting others (or yourself) is OK
- Women are weak, helpless, incompetent, stupid or violent
- Anger is the same as violence
- Drink, drugs make people violent
- A person can love you and hurt you at the same time. Love is dangerous
- Violence is not to be talked about
- Feelings are not talked about
- They (the children) are not important or lovable
- People don't have boundaries (boundaries don't matter)
- Life is unpredictable
- Anxiety / fear are part of everyday life
- People are either victims or aggressors

¹⁷ Schutt, N. (2006), *Domestic violence in adolescent relationships: Young people in Southwark and their experiences with unhealthy relationships*, London: Safer Southwark Partnership; Sugar Magazine Poll (2005); End Violence Against Women (EVAW) (2006) UK Poll of 16-20 Year Olds. November 2006. ICM

¹⁸ Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009) *Partner exploitation and violence in teenage intimate relationships*, London: NSPCC

¹⁹ Adapted from Baker and Cunningham, *op. cit.*

How can we understand the experiences of children in homes where they are witnessing abuse?

Lundy Bancroft argues that as professionals we need to consider the whole family context and the behaviours of the abusive parent, the non-abusive parent and the child.²⁰

By understanding the abusive strategies that are directed at mothers by perpetrators

- Retaliating against her for her efforts to protect the children
- Sowing divisions with the family
- the favored child is particularly likely to be a boy
- Using the children as weapons
- Disabling the mother physically through violence so she is unavailable to her children
- Undermining the mother's authority
- Disabling the mother mentally through trauma and depression so she is emotionally unavailable
- Criticising and insulting the mother in front of the children which undermines their respect for her.

By understanding perpetrators of domestic violence as partners²¹

- Coercive, controlling, intimidating
- Self-centered
- Manipulative / Good public image
- Disrespectful, Superior, De-personalising
- Punishes, retaliates
- Sense of entitlement
- Justifies the use of violence and abuse, denies, blames

By understanding perpetrators as fathers²²

- Usually authoritarian
- Under-involved (esp. with babies and toddlers)
- Neglectful, reckless
- Good under observation
- Psychologically and physically abusive
- Uses children to meet his own needs
- Sees children as personal possessions

By understanding the consequences of the abuse on the mother child relationship

- Lack of communication due to the 'veil of secrecy'
- Children 'out of control' – poor discipline patterns in the family – too much or too little or inconsistent

²⁰ Bancroft, L. (2002) 'The Batterer as Parent,' *Court Review*, 36, pp. 44-49.

- Lack of appropriate boundaries with some children taking on 'parenting' or 'carer' roles
- A mismatch between children's needs and their mother's needs

By understanding the effects of abusive strategies on mothers as parents:

- woman believes she is an inadequate parent
- woman loses the respect of some or all children
- woman believes twisted excuses abuser provides for his behaviour
- woman changes her parenting style in response to abuser's parenting style
- woman's capacity to manage is thwarted or overwhelmed
- woman may use survival strategies with negative effects
- woman's bond to children is compromised
- woman gets trapped in competition for children's loyalties

Bancroft argues we can only direct effective support to families if we understand the impacts of abuse and direct support at the non-abusive parent and child.

Impacts / Indicators

VAWG has a range of impacts on young people including physical, psychological, social, emotional and behavioural effects.

Behaviour

- Aggression
- Criminal activities
- Secretive
- Change in physical appearance
- Spending less time with friends
- Constantly checking a mobile, and getting upset when asked to turn it off
- Withdrawn or quieter than usual
- Irritable when asked how things are
- Making excuses for a partner
- Relationships with peers/family
- Increase possibility for risky behaviour
- Substance use
- Recruiting others into exploitative situations
- Running away / missing
- Transference

World View

- Desensitisation to violence
- Labelling others

Health and wellbeing

- Sexual activity / Displays of sexual awareness beyond actual age
- Recurring urinary/vaginal infections
- Repeat sexually-transmitted infections
- Itching/soreness.
- Self-harm
- Bruises/scratches/bite mark
- Suicide attempts/depression
- Anorexia/Eating disorders
- Difficulty in walking/sitting
- Pregnancy / repeat pregnancy, termination
- Loss self esteem

Education

- A fall in standard of work or inability to concentrate
- Truancy
- Changes to attainment

Indicators

- Estranged from family
- Receipt of gifts from unknown sources
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking