Rapid Evidence Overview
Life Course Impacts of Domestic Violence on Children and Young People

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Title: Rapid Overview of Life Course Impacts of Domestic Violence on Children and Young People

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Purpose: For information. Primarily to support Merseyside PCC bids to the Competed Fund for victim service commissioning in May 2014.

Description: This document provides a brief review of the life course impacts of domestic violence on children and young people, including effects on emotional, social, behavioural, cognitive and physical health. Its primary purpose is to support Merseyside PCC bids to the Competed Fund for victim service commissioning in May 2014.

Superseded documents: N/A

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Related information: N/A
1 Introduction

This document provides a brief overview of the life course impacts of domestic violence on children and young people. Specifically, it looks at the likelihood of intergenerational domestic violence i.e. whether victim and perpetrator behaviours are transmitted from parents to children.

1.1 Background

Children and young people have often been referred to as the hidden or forgotten victims of domestic violence. In recent years however, recognition that children and young people are impacted upon by domestic violence has spread, and policy and practice has begun to develop accordingly.

Domestic violence can impact upon all areas of children and young people’s lives, including, health, education, the development of relationships, recreation and social activities. The effects of domestic violence on children are wide ranging and will differ for each child or young person. Effects can include:

- feelings of fear, shame, anger,
- underachieving (or overachieving) in school,
- difficulties sleeping and nightmares,
- distracted behaviour,
- outbursts of temper and aggression,
- regressive behaviour such as thumb sucking, bet wetting etc,
- reluctance to eat,
- complaints of tummy pain or pain in other parts of their body,
- low self-esteem and confidence,
- reluctance to engage in social activities,
- self-harm.

(Women’s Aid NI, 2014)

Children may also feel angry, guilty, insecure, alone, frightened, powerless or confused. They may also have ambivalent feelings towards both the abuser and the non-abusing parent (Royal College of Psychiatrists (2014)).
1.2 Scope

The following databases were subject to a rapid search;

- Cochrane Library (including Cochrane Reviews and Cochrane Central Register of Controlled Trials (CENTRAL))
- MEDLINE (PubMed)
- PsycInfo, CINAHL, AMED, Health Business Elite, Embase, HMIC, BNI

Search terms included; domestic abuse, domestic violence, victim, repeat victimisation, children, young people, intergenerational transmission, perpetrator, offender, witness, violence, life course, adult, behaviour. All variations of search terms were included along with all combinations of terms.

Evidence with a primary publication date between 2008 and 2014 was sought. All age ranges were included (to include evidence across the life course). The search was restricted to English language studies.
2 Impacts of Domestic Violence on Children and Young People

2.1 Life Course Impacts

There is a wealth of information detailing the life course impacts of witnessing or experiencing domestic violence on children and young people.

Many children who witness abuse demonstrate significant behavioural and/or emotional problems. The effects depend on the individual child, their age and gender, how much they witness and whether or not they are personally involved in the abuse, their personality and support available to them (Hidden Hurt, 2014).

Children may experience:

- **Emotional Problems**: crying, anxiety and sadness, confusion, anger (which can be directed toward either parent or other children, etc.), depression, suicidal behaviour, nightmares, fears and phobias. In younger children and babies eating and sleeping disorders are common. Children can also suffer from PTSD (Post-Traumatic Stress Disorder).

- **Behavioural Problems**: aggression, becoming troublesome at home or at school, withdrawing into or isolating themselves, regressive behaviour (such as baby-talk, wanting bottles or dummies, etc.), lower academic achievements.

- **Physical Problems**: bed-wetting, nervous ticks, headaches or stomach aches, nausea or vomiting, eating disorders, insomnia.

Older children will often hold themselves responsible for the abuse, especially where extreme violence has been an issue. Children living in an abusive environment may also condone violence or the threat of violence to resolve conflict in relationships.

Even in situations where the child is either not targeted directly with abuse or is 'only' witnessing abuse, it can lead to very serious psychological trauma with possible long-term effects, affecting not only the child's well-being during or shortly after the abuse, but affecting the child's ability to build and maintain healthy relationships in his/her adult life. (Hidden Hurt, 2014)
Infants and Young Children (0-11)
Domestic violence can affect social, emotional, mental and physical development in younger children. They may become anxious; complain of tummy-aches or start to wet their bed. They may also find it difficult to sleep, have temper tantrums and start to behave as if they are much younger than they are (Royal College of Psychiatrists, 2014).

Children whose mothers’ experience domestic abuse in the child’s first year have more difficult temperaments at the age of one (Jasinki, 2011). In addition, the mental development of children exposed to domestic abuse during the first two years of life is particularly affected; Enlow et al., (2012) found they had IQ scores that were on average 7.25 points lower than those who were not exposed to domestic violence.

Teenagers and Older Children
Teenagers and older children react differently to domestic abuse than infants and younger children. All children affected by domestic abuse are likely to struggle at school. However boys express their distress much more outwardly and may become aggressive, disobedient and start to use violence to try and solve problems, as if they have learnt to do this from the way that adults behave in their family. Older boys may play truant and may also start to use alcohol or drugs.

Girls are more likely to keep their distress inside. They may become withdrawn from other people and become anxious, depressed, have poor self-esteem and complain of vague physical symptoms. They are more likely to have an eating disorder or to self-harm.

Children of any age can develop symptoms of Post-traumatic Stress Disorder (PTSD). They may get nightmares, flashbacks, become very jumpy, and have headaches and physical pains. (Royal College of Psychiatrists, 2014)

Carrell and Hoekstra (2010) found that children from domestic violence families had significantly decreased reading and maths test scores than their peers and increased misbehaviour in the classroom. Hamby et al., 2014 also found that children who
witness domestic violence are at increased risk for nightmares, teen dating violence and school problems.

Holt, Buckley and Whelen (2008) found that impacts can endure even after measures have been taken to secure the child's safety.

However, not all children exposed to domestic violence will experience such negative effects. Children's risk levels and reactions to domestic violence exist on a continuum; some children demonstrate enormous resiliency, while others show signs of significant maladaptive adjustment.

Protective factors can help protect children from the adverse effects of exposure to domestic violence, including:

- social competence,
- intelligence,
- high self-esteem,
- outgoing temperament,
- strong sibling and peer relationships,
- and a supportive relationship with an adult (particularly a non-abusive parent)

2.2 Transmission of Victim / Perpetrator Behaviours

"One of every three abused children becomes an adult abuser or victim" (Office of the Clark County Prosecuting Attorney (2012).

The "cycle of violence" otherwise known as the "intergenerational theory" is often referred to when considering the effects of domestic abuse on children. This is the theory that describes how children who witness or experience domestic abuse in childhood often go on to have abusive relationships as adults.

In 2011, in an attempt to understand the impact of the "cycle of violence" the Cheshire East Domestic Abuse Family Safety Unit (DAFSU) analysed information discussed at MARAC and found:
• Almost 70% of perpetrators were known to have experienced domestic abuse in their childhood.
• Almost 75% of victims were known to have experienced domestic abuse in their childhood.

There is also significant national evidence that males exposed to domestic violence as children are more likely to engage in domestic violence as adults and that females are more likely to be victims (Brown and Bzostek, 2003).

The Royal College of Psychiatrists (2014) states that "children who have witnessed violence and abuse are more likely to become involved in a violent and abusive relationship themselves. Boys learn from their fathers to be violent to women. Girls learn from their mothers that violence is to be expected, and something you just have to put up with".

A report by UNICEF (2006) supports this by stating that the single best predictor of children becoming either perpetrators or victims of domestic violence later in life is whether or not they grow up in a home where there is domestic violence and that rates of abuse are higher amongst women whose husbands were abused as children or who saw their mothers being abused.

A further study by Damant et al., (2010) also found that women's abuse of their children was a consequence of their own experiences of domestic violence and that women were more inclined to reach out for support for their mothering rather than for their experiences of domestic violence. Baldry (2003) also states that "children who grow up with violence in the home learn early and powerful lessons about the use of violence in interpersonal relationships to dominate others".

Further studies that highlight the intergenerational effects of domestic violence are highlighted in the table overleaf.
<table>
<thead>
<tr>
<th>Study</th>
<th>Brief Description</th>
<th>Summary of results</th>
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<tbody>
<tr>
<td>Cort et al., (2011)</td>
<td>Investigated the maternal intergenerational transmission of childhood multiple maltreatment.</td>
<td>Findings revealed that mothers' childhood multiple maltreatment type directly predicted their children's maltreatment, rather than having indirect effects through maternal romantic attachment dimension, intimate partner violence, and psychological distress. Mothers' childhood maltreatment type was also related to intimate partner violence.</td>
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<td>Smith et al., (2011)</td>
<td>Investigated whether exposure to intimate partner violence (IPV) during adolescence leads to increased IPV during early adulthood (21-23) and adulthood (29-31).</td>
<td>Findings revealed that adolescent exposure to caregiver severe IPV resulted in significantly increased risk of relationship violence in early adulthood. Furthermore, there was an indirect effect of adolescent exposure to severe IPV on later adulthood, mediated by involvement in a violent relationship in early adulthood.</td>
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<td>Black et al., (2010)</td>
<td>Examined the impact of witnessing interparental violence on the physical and psychological IPV experienced in their own relationships</td>
<td>Found that the majority of respondents (58.3%) witnessed interparental psychological violence and experienced it within their own relationships (69.5%). For physical violence these figures were 17.5% and 27% respectively.</td>
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<td>Cannon et al., (2009)</td>
<td>Explored the association between women's self-reports of having witnessed intimate partner violence (IPV) as a child and their children witnessing IPV</td>
<td>Found that children of women who had witnessed IPV during childhood had 1.29 times higher odds of witnessing IPV than children of women who did not witness IPV during childhood.</td>
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<td>Black et al., (2009)</td>
<td>Mixed methods study to document experiences, perceptions, and attitudes toward domestic violence.</td>
<td>Concluded that women with a history of personal experiences with domestic violence victimisation were more likely to report childhood exposure to domestic violence.</td>
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<td>Renner (2006)</td>
<td>The purpose of this study is to assess the extent to which intimate partner violence and different forms of child maltreatment occur within and across childhood and adulthood for a high-risk group of women.</td>
<td>Support was found for the transmission of violence hypothesis that maltreated children are more likely to grow up to maltreat their own children. Strong support was also found for the theory of learned helplessness, whereby children maltreated or witness to violence during childhood are more likely to be victimised as an adult.</td>
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3 Effective Interventions

NICE (2014) guidance recommends that children and young people at risk of being affected by domestic abuse are identified and referred to appropriate services. They recommend that services should:

- Ensure staff can recognise the indicators of domestic violence and abuse and understand how it affects children and young people.
- Ensure staff are trained and confident to discuss domestic violence and abuse with children and young people who are affected by or experiencing it directly. The violence and abuse may be happening in their own intimate relationships or among adults they know or live with.
- Put clear information-sharing protocols in place to ensure staff gather and share information and have a clear picture of the child or young person’s circumstances, risks and needs.
- Develop or adapt and implement clear referral pathways to local services that can support children and young people affected by domestic violence and abuse.
- Ensure staff know how to refer children and young people to child protection services. They should also know how to contact safeguarding leads, senior clinicians or managers to discuss whether or not a referral would be appropriate.
- Ensure staff know about the services, policies and procedures of all relevant local agencies for children and young people in relation to domestic violence and abuse.
- Involve children and young people in developing and evaluating local policies and services dealing with domestic violence and abuse.
- Monitor these policies and services with regard to children’s and young people’s needs.

NICE (2014) also recommends that specialist domestic violence services for children and young people are provided.

The table below provides brief information on the effective interventions for mitigating the impact of domestic abuse on children and young people.
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<tr>
<th>Study</th>
<th>Brief Description</th>
<th>Research Findings</th>
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| **CAADA (2014)** | Review of effective help for reducing the impact of domestic abuse.                | Found that access to specialist children’s services have an immediate positive impact across all indicators of safety, health and wellbeing of children exposed to domestic abuse and direct harm.  
|               |                                                                                   | Found a relationship between the cessation of domestic abuse and cessation of direct harm to children following support from an Independent Domestic Violence Advisor (IDVA). Also found in 45% of DV cases across the UK there is a cessation in police call outs in the 12 months following a Multi-Agency Risk Assessment Conference (MARAC). |
| **NICE, 2013**   | Reviewed approaches and interventions used in health and social care settings for identifying and responding to children exposed to domestic violence. | Found moderate to strong evidence that single component therapeutic interventions aimed at both mother and child are effective in improving child behaviour, mother-child attachment and stress and trauma-related symptoms in mothers and children. Intervention approaches varied including: mother-child therapy, shelter-based parenting interventions, and play/activity based therapies; all studies reported improvements in the measured outcomes for both children and their mothers.  
|               |                                                                                   | Found moderate evidence that single-component psycho-educational interventions aimed at children (addressing skills such as: stress and conflict management, coping and relationship skills, understandings of violence, etc.) are effective in improving children’s coping skills, behaviour, emotional regulation, conflict resolution skills and knowledge about violence.  
|               |                                                                                   | Found moderate evidence that multi component interventions with a focus on advocacy are effective in reducing the trauma symptoms and stress in both children and families, and in improving child behaviours such as aggression. Interventions included: |
community-based service planning, nurse case management, and non-parental child care for disadvantaged families. Overall, these studies reported improvements in psychological and behavioural outcomes for children, with some indicating greater improvement with increased intensity.

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<tr>
<td>McDonald and Rosenfield (2011)</td>
<td>RCT that explores whether a parenting intervention shown to reduce child conduct problems, also exerts positive effects on features of psychopathy in children.</td>
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<td></td>
<td>Children in families in the Project Support condition, compared with those in the comparison condition, exhibited greater reductions in features of psychopathy. Moreover, the changes in features of psychopathy remained after accounting for changes in conduct problems.</td>
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Found moderate evidence of effectiveness of multi component interventions including both therapy and advocacy among diverse populations of women and children, some with co-occurring issues of substance use and mental health issues. All studies were conducted with ethnically diverse samples. These interventions increased knowledge and awareness about violence and safety planning, improved self-esteem and self-competence and improved interpersonal relationships.

Found moderate evidence of effectiveness of multi component interventions focused on therapy and parenting aimed at diverse populations of mothers and children. These interventions showed moderate improvement in children’s behaviour and emotions, knowledge about violence and reductions in mothers’ stress and ability to manage children.
Radford et al., (2011) also recommends:

- A review of support for children who fall below the ‘high risk’ threshold for IDVA, MARAC or child protection intervention
- A focus on the importance of joint and parallel work for women and children and the provision of a range of services to sensitively address and overcome the harm domestic violence has caused to the mother-child relationship
- Support for children to cope and develop strategies for resilience
- A focus on developing social work training and practice on working with perpetrators, particularly perpetrators as parents, while ensuring children are protected.

Alderson and Kelly (2013) found that very little attention has been given to the services offered to, and possible outcomes for, the children of men on domestic violence perpetrator programmes. As community-based perpetrator programmes take an increased proportion of referrals from children’s services, outcomes for children require more specific attention.

Children who have to leave home because of domestic violence are often further disadvantaged by not being able to attend school. Disruptions to education can impact on learning and a child’s capacity to manage the curriculum at a level commensurate with peers. Children who have to move because of domestic violence should have priority and a fast track process into a new school.

(Radford et al., 2011)
4 Conclusion

There is significant evidence documenting the harmful life course impacts of witnessing/experiencing domestic violence on children and young people. There is also significant evidence evidencing the intergenerational transmission of behaviours, i.e. an increased likelihood of child witnesses becoming perpetrators and victims.

However not all victims of domestic violence become perpetrators or adult victims. The protective factors outlines above should be reviewed and supported, alongside the implementation of preventative and resilience strategies to better equip young people with the knowledge and skills to cope with domestic violence.

NICE (2013) have detailed effective interventions to support children and young people witnessing and experiencing domestic violence. These recommendations should be reviewed alongside local provision to ensure optimum service standards for children and young people locally.