



Understanding domestic violence

A guide for practitioners on understanding the effect of domestic violence on parenting and children and advice on how to support families. Written by Sean Bell, Researcher for WAVE Trust and Jane Evans, Trauma Parenting Expert.

Introduction

This paper is intended to provide family practitioners with a short guide to the issue of domestic violence. It is hoped that they will subsequently be equipped with the necessary information to both recognise the problem and offer a full range of services to those families affected by the issue. The paper will include a brief introduction which will indicate the prevalence of domestic violence within the UK. It will then proceed to examine the ways in which a variety of organisations are dealing with the issue; evaluate the impact that domestic violence has on parenting and within families; followed by a practitioner's experience and finally provide a comprehensive list of references and resources.

The 2010/11 British Crime Survey estimated that 30% of women and 17% of men had experienced domestic abuse since the age of 16.¹ This is equivalent to an estimated 4.8 million female and 2.8 million male victims between the ages of 16 and 59.² 7% of women and 5% of men were estimated to have experienced domestic abuse in the last year alone.³ This is equivalent to an estimated 1.2 million female and 800,000 male victims.⁴ More than a quarter of victims sustained a physical injury as a consequence of domestic abuse, while 39% reported that they had since experienced mental or emotional problems.⁵ 28% of domestic abuse victims were subsequently forced to receive some form of medical attention.⁶

The NHS estimates that 30% of domestic abuse cases commence during pregnancy⁷ and can even result in the deaths of both mother and child. Other non-fatal consequences include an increased incidence of antepartum haemorrhages

and intrauterine growth retardation.⁸ Pregnant adolescents are most at risk from violence by their partners, with 10% of women between the ages of 13 and 17 victims of domestic abuse.⁹

Children are disproportionately affected by the impact of domestic violence as between 68% and 80% of spousal assaults are witnessed by children.¹⁰ Research has shown that children who experience violence in their families are at risk from adjustment difficulties in the cognitive, emotional, and psychological domains. Effects include anxiety, depression, difficulty in concentrating, feelings of hopelessness, insecurity, lack of self-confidence, low self-esteem, passivity, poor academic performance, poor impulse control, and sleep disturbance. Some effects may even persist throughout adolescence and adulthood.¹¹ There is also a close correlation between the incidence of domestic violence within families and other forms of abuse, such as child abuse.¹²

Political background

The UK coalition government has recently published its latest definition of domestic violence and abuse which is set to be implemented within government departments and associated agencies across England and Wales in March 2013. This defines domestic abuse and violence as being "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality." This may encompass a variety of forms, including abuse of an emotional, financial, physical, psychological, and/or sexual nature. Controlling behaviour is considered to be a range of acts that

are intended to make the victim subordinate through a loss of their independence, while coercive behaviour includes a range of intimidatory and threatening actions.¹³

Government policy has evolved in the last couple of decades, firstly in order to accommodate the strategic aims of the United Nations' Fourth World Conference on Women's Platform for Action (1995) in enshrining the basic human rights of women.¹⁴ The New Labour administration which assumed office in 1997 then worked to fulfil its manifesto commitment to eradicate domestic violence through the implementation of policies advocating prevention, protection, justice, and support.¹⁵ This included the passing into law of the Domestic Violence, Crime and Victims Act in 2004. The election of the coalition in 2010 marked a significant shift in emphasis to a more gender-specific remit with the concomitant launch of its strategy to end violence against women and girls. The origins of this gendered response can be traced back to the United Nations' Declaration on the Elimination of Violence against Women (1993) which identified the long-established hegemony of patriarchal power systems as being fundamental to the causation of domestic violence.¹⁶

It has become clear from both official policy and national practice that domestic violence is a complicated issue which subsequently requires a collaborative multi-agency response. It has therefore been deemed necessary to establish cooperation across a network of advocacy and support groups, within both the criminal and civil justice systems, and throughout the nexus of voluntary and statutory sector agencies. The treatment programmes that have proved to be most successful in reducing the incidence of repeat victimisation (i.e. recurring patterns of abuse by individual perpetrators) were those which managed to combine their specific expertise with collaborative methodology.¹⁷ It is also evident that the adoption of primary prevention strategies, such as educational campaigns which seek to break the cycle of violence, and proactive early intervention programmes are essential for the successful implementation of this cooperative approach.

There are two major types of programme for the treatment of domestic violence within the UK. The most prevalent are programmes that

work specifically with perpetrators in order to identify the ways in which they can adapt their conduct, using methods such as cognitive behavioural therapy. Blame is always assigned to the perpetrator and repeated patterns of abuse are ascribed to their continued exercise of power and control over the victim. The main alternative approach offers couples counselling to both parties within an abusive relationship. This is employed by organisations such as Temper! which often explicitly contrast their own non-gendered response with that of the field's general ethos and are suspicious of the imposition of its ideological impress. There are also a number of programmes that work with children affected by domestic violence, helping to resolve any negative post-traumatic effects.

The government's new definition of domestic violence has directly addressed the question of youth-related abuse by reducing the age of those considered to be affected from 18 to 16. The 2009/10 British Crime Survey reported that young people were more likely to be the victims of domestic violence than their elder peers, with 12.7% of women and 6.2% of men between the ages of 16 and 19 experiencing some form of abuse within the last year.¹⁸ It has also been postulated that as many as 40% of teenage relationships are abusive ones.¹⁹ Apart from the obvious ameliorative benefits of combating any form of abuse, it is understandable why the government is keen to address this particular issue as behaviours which are inculcated in a perpetrator at a young age become hard-wired within their system and increase the probability of them becoming a habitual offender. The intergenerational theory of domestic violence also suggests that children who experience abuse are themselves more at risk of becoming perpetrators in the future. Primary prevention programmes which target both primary and secondary schools are incredibly important in effecting a change in the perception of what constitute healthy domestic relationships. There does however remain a difficulty in ensuring that they are delivered on a consistent basis as part of the national curriculum.

Whilst domestic violence is rightly considered an issue which can affect anybody regardless of age, class, gender, race or sexuality, there remain a number of ways in which its prevention and

treatment can be targeted at specific interest groups. The Broken Rainbow organisation offers support for lesbian, gay, bisexual, and transgender victims of abuse. The incidence of domestic violence within same-sex relationships challenges the assumptions of treatments that are modelled upon a gendered response. There are also a number of organisations that are concerned with culturally sensitive issues such as female genital mutilation, forced marriage, and 'honour'-based violence. The prevention and treatment of domestic violence is constantly evolving in order to ensure that it meets best practice principles. An example of this would be with relation to stalking, a form of abuse which affects a significant number of domestic violence victims. As technology develops at an exponential rate, the ways in which perpetrators can utilise its tools to stalk their victims becomes similarly greater too. Any preventative response must therefore adapt to these technological advances in order to be effective.

The need to address the issue of domestic violence and abuse is not only a health and social issue, but very much an economic one too. It is estimated that the annual cost of domestic violence in England and Wales amounted to £25.3 billion in 2005/06.²⁰ This included the cost of criminal justice, health, housing, legal, and social services, and is likely to be a conservative estimate as the incidence of domestic violence remains underreported. It has however been demonstrated that the cost of domestic violence fell from £23bn in 2001 to £16bn in 2008²¹, partly through a concomitant decline in its prevalence effected by the provision of better services. It is therefore incumbent upon the state to continue to invest in both prevention and treatment programmes as the resulting fiscal benefits make it a cost effective use of the public finances.

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A practitioner's experience

Written by Jane Evans, Trauma Parenting Expert

Having worked with parents and carers for many years I have observed that those presenting with the most complex needs are those who have experienced the most traumas. Sadly, for too many this has been because of repetitive exposure to domestic violence whilst they were growing up. Working alongside of these parents and carers I realised that their childhood experiences of violence and abuse normalised it for them and often led to an acceptance, or even an expectation, of it in their adolescent and adult relationships.

When, in 2009, I became a domestic violence parenting worker, I initially approached my parenting work using calm down time and a range of strategies to manage overwhelming feelings, combined with some incentives and consequences so that there could be learning. This all seemed quite reasonable as it was not designed to make a child feel bad but to help them to learn to manage their feelings safely and to have a consequence for their actions.

However, whilst I was also working as a respite foster carer I had begun to read books such as, *Attachment, Trauma and Healing* by Levy & Orlans, to enable me to better understand the needs of the traumatised children I was caring for in my home. Living with them, combined with my research, taught me that a child who has experienced repeated stress and trauma will struggle to respond to incentives and sanctions as exercising self-control, working towards targets or sticking to agreements can prove to be a real challenge for them. My final turning point came when I read, *Unconditional Parenting* by Alfie Kohn, as it felt like someone had taken what was in my heart and some of what was loitering at the back of my brain and had put it into a book! Then I was clear that the parenting work I was doing had to change to better meet the needs of the children and their parents and carers.

Parenting whilst living with violence and abuse is best imagined as trying to care for a child whilst also holding a racquet with a ball which must be kept bouncing in the air as, if it is allowed to fall, it will explode, this demands total concentration. Parenting whilst living with the constant threat of violence and abuse can leave few opportunities to attend to the emotional and physical needs of a child. Therefore, a survival strategy which is about focusing on anticipating and meeting the needs of

the abuser becomes all important as a failure to do this could at best be painful, or at worst be fatal.

Once out of an abusive relationship the suppressed trauma in the children and the non-abusive parent often comes to the surface and is seen in complex behaviour and physical and mental health needs which can be 'messy' and long lasting. Many parents find little good to say about at least one of their children, usually the one who is being verbally and sometimes physically aggressive to them, their siblings or to children at school. They may believe that this child as being like the abuser, "he's just like his Dad" and, in the heat of the moment, the child may well have been told this.

An emotionally and physically traumatised parent will often have children who sleep in bed with them every night, sometimes for years, who fight fiercely with siblings, who won't eat or eat endlessly, who swear, repeatedly have 'melt downs', try to control every aspect of home life, show little respect, won't talk, cling to them, reject them, are regularly ill, hurt themselves, the list is extensive and varied. There will be sights, sounds, smells, touches, even tastes which trigger in-built trauma and cause involuntary reactions which may overwhelm both parent and children. As often no baseline of attachment was forged in the very early years, the children may have developed complex sometimes bizarre ways to get attention from adults to get some of their needs met, these may often be hard to fathom and are prone to mis-interpretation as 'bad behaviour'.

So, what can be done by those who support such parents and children? Understanding the effects of trauma and attachment on the developing brain is essential and one of my favourite books for this is, *Nurturing Natures* by Graham Music. Appreciating the need to build awareness of their own feelings and the feelings of other people is important and, *Born for Love: Why Empathy Is Essential—and Endangered* by Bruce D. Perry and Maia Szalavitz's is the book I find most useful for this.

When starting to work with a parent it helps if their practical and emotional needs are met first, perhaps by them accessing counselling, then it will seem more reasonable to expect them to be able to fully engage with the needs of their children. It is also important to enable the parent to understand and appreciate their own reactive behaviours and those of their children in the context of the trauma they have all lived through. This can often be done by giving a basic, yet sensitive, explanation of how the brain and early

attachment can be affected by exposure to the stress of domestic violence.

Encouraging a parent to learn how to self-calm before attempting to tackle behaviour is vital, so if they walk into a room and Emily is hitting Ayesha, it's about making everyone safe and taking time to calm down before discussing how everyone is feeling and what to do next time! This can take time to learn as having a reactive brain, or one that does not react at all, it can be a real challenge so I suggest the parent models some deep breathing saying to the children, "I really need to get calm so I can help you out". Encouraging the children to do the same works best but they may be a bit wary at first and it's fine if everyone ends up laughing.

Then it's all about teaching, looking at the feelings Ayesha may have, and gently suggesting what they might be if no one knows, wondering how Emily might have been feeling and exploring ideas of what to do if there should be a 'next time'. Consequences are not necessary as it's not about good or bad actions but about learning how to do things differently. Sounds simple but it can require a great deal of work to convince a traumatised parent with an over-reactive brain that there is an alternative to punishments and rewards.

In the early days, revisiting the reasons why they would want and need to change is key. Practitioners will have to feel comfortable and convinced about what they are saying or it will not ring true. To get to this point I had to read about trauma and complex attachment, reflect on what I had seen over the years and test my new approach. The training I now deliver draws on an insight into how the brain is affected by trauma, Bowlby and Ainsworth's *Attachment Theory* and my Tuning In approach to caring for traumatised children. After developing and using this approach for the past 7 years, I remain convinced that this needs to be the basis for supporting parenting and children affected by trauma, such as domestic violence. Only by calmly teaching with kindness, acceptance and by building empathy and emotional understanding, can there be real hope.

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Training

Co-ordinated Action Against Domestic Abuse runs several courses for professionals and provide many resources and toolkits for professionals.
www.caada.org.uk

Women's Aid

Women's Aid runs training for professionals and the website lists services across the UK and has some free resources.
www.womensaid.org.uk