Significant harm and children's experiences of domestic violence

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ABSTRACT

This is the first of two papers concerning children and domestic violence, both of which draw on findings from a Department of Health commissioned study of children suffering or likely to suffer significant harm. This paper discusses the ways in which children appear to be harmed by witnessing violence between their parents or parental figures. A brief review is offered of the literature concerning the developmental and behavioural effects on children who have lived with domestic violence. Selected findings from the research study are then discussed. Out of a cohort of 105 maltreated or neglected children, 49 were discovered to be regularly witnessing violence between parents at home. The emotional, social and behavioural effects on 28 children who were studied in detail are presented, through three case studies. Examples are offered of the way in which professionals overlook, discount or downgrade the harm to the child from this hostility. The emotional impact on the child of living with domestic violence rarely forms part of the assessment of significant harm made at the child protection conference; nor does it feature in subsequent plans to protect the child.

INTRODUCTION

In the course of a study (Brandon et al. 1996) of the impact of the Children Act 1989 on children who are suffering or likely to suffer significant harm, it became apparent that a substantial number of children were witnesses to parental violence on a regular basis. The children's carers, and indeed some of the children themselves, gave graphic descriptions of the violence to which they were exposed. The prevalence of violence is echoed by other recent child protection studies. Farmer & Owen (1995) found violence between adults was present in 59% of their sample families. Gibbons et al. (1995) found that domestic violence was recorded in over a quarter of 1888 referrals raising child protection concerns.

In our 'significant harm' study, verbatim accounts provided startling evidence of children frequently witnessing not only verbal abuse, but actual physical fighting between adults. This took place in the same room as the child, or in a nearby room where the child could hear the conflict, or would see the consequences of the violence. For example, during one such assault a father wrecked the family flat to such an extent that the social worker described it as 'unfit for the children to remain in'.

The definition of domestic violence between parental figures used here combines that proposed by Gelles (1972) 'when one individual hits, strikes, batters or assaults another or throws an object at another', with that offered by Bourlet (1990), a British Police Officer, 'slapping, pushing, shoving, punching, kicking, butting, striking with a household implement or using weapons or any attempt to smother or strangle'.

An increased awareness is emerging of the plight of children caught in the physical and emotional crossfire of domestic violence; for example, in the recent National Children's Home Action for Children Report (1994) and the Children's Rights Development Unit response to the United Nations Convention on the Rights of the Child (1994). Yet much of the existing research in the area focuses on the needs of women as victims of male violence rather than
understanding the problem from the perspective of the child’s welfare. Mullender & Morley (1994) point out that only a quarter of the studies that have considered the effects on children of witnessing violence take into account child abuse and neglect, which have their own negative effects and which overlap substantially with domestic violence. Unlike most of the available research, our study has looked at a group of children in the community rather than in women’s refuges. These children have been identified as suffering or likely to suffer significant harm, and a substantial proportion (46%) have also been found to be witnessing domestic violence.

It is difficult to disentangle the effects on the children of this hostility from other stresses, yet we shall suggest the harm or likely harm from this source is not sufficiently recognized as damaging to children’s mental and emotional health. Recent research carried out for Young Minds (1994) reports that domestic violence is seriously affecting children’s mental well-being and that intervention needs to be effected at different levels, from individual therapy to public health advertising.

In this paper, we use case studies to describe the types of emotional, social and behavioural impairment evident in the children which may have been a consequence of witnessing violence. We also discuss the way in which the violence is largely ignored or discounted by professionals in determining the cause of the harm, and in planning help for the child or family. We conclude that the threshold for intervention to help children who are witnessing domestic violence remains too high. It is usually dependent upon actual physical injury and damage to the child rather than indications of emotional and psychological harm currently or in the future. In a second paper the patterns of violent behaviour will be analysed, and suggestions made for preventive, supportive and therapeutic strategies by social services and other agencies. (Brandon et al., in press)

**EFFECTS ON CHILDREN OF WITNESSING VIOLENCE**

Children’s development and developing relationships are known to be affected by the quality of relationships in the home, so that a good marital or partner relationship and a harmonious parent-child relationship will often co-exist. Children’s sensitivity to emotional exchanges within the family has been well documented. Using experimental studies in which children witness angry exchanges between others, Dunn claims that ‘Such experiences have clear effects, both immediate and over time, on children’s play and interaction with peers’ (Dunn 1993, p.10).

She cautions, however, that in families not already under social or psychological stress, the links between marital and parent-child relationships are less consistent. The situation is complex and Dunn warns that for families under stress, poor marital and difficult parent-child relationships may be the consequence of other stresses, and not necessarily connected.

When the component of violence is added to a stressful environment the specific effects on the child are difficult to discern. There is growing support for the view that children react more to the stress their mothers are under than to the violence itself (Wolfe et al. 1985; Thoburn et al. 1995). Recent Department of Health funded studies (Cleaver & Freeman 1995; Farmer & Owen 1995; Thoburn et al. 1995) have revealed that long-term problems occur when children are brought up in a hostile atmosphere, especially when associated with even low level maltreatment. The Dartington Social Research Group postulate poor outcomes for children irrespective of the severity of the abuse, if the families are low on warmth and high on criticism’ (Department of Health 1995).

Summarizing the literature on the effects on children of witnessing domestic violence, Mullender and Morley conclude that there is more to learn: ‘Too few sources of data are used and too few aspects of the child’s life and functioning are considered. There are no follow ups so we do not know whether negative effects fade, under what circumstances or how quickly. Few studies distinguish between the effects of the violence itself and the impact of other family stresses, and those which do suggest that the impact of all these may be confused in the results’ (Mullender & Morley 1994, p.26).

They concur with Jaffe et al. (1990), however, that in spite of these problems there are clear grounds for concern.

Carroll (1994), in a brief review of the literature on children exposed to marital violence, suggests that these children have emotional and behavioural difficulties that mirror those of abused children. They show symptoms similar to those experienced by victims of trauma. The range of maladaptive behaviours described by Carroll, from sleep disturbance, bullying and temper tantrums to an inability to concentrate, cannot be differentiated from the emotional and behavioural disturbance shown by some
children as a result of an adverse experience, be it sexual abuse or the sudden separation from a parent who leaves the family home.

Witnessing violence may be a traumatic experience in itself. Silvern and Kaersvang describe how child victims "...do not perceive a traumatic event as a coherent whole but as a series of fragmented incidents" (in Carroll 1994, p. 9). In order to recover from the trauma of such incidents the child needs to understand and tolerate the memory of the event and his or her emotional reaction to it. Children who repeatedly witness violence within the family perceive each incident as a traumatic episode. Each episode will need resolution, it is argued, before the children can resume normal functioning. Since these incidents may occur as often as twice a week, the children cannot fully recover from one episode before they witness another.

Thus, some children who regularly witness domestic violence are possible candidates for Post Traumatic Stress Disorder (PTSD). This syndrome can occur through exposure to a wide variety of relatively severe stressors; it is not necessary for the individuals themselves to be victims; witnessing a distressing event, once or repeatedly, may be enough to trigger subsequent PTSD (Wilson & Raphael 1993). Examples of such stressors are: an event posing a serious threat to one's life or physical integrity; an event which presents the possibility of serious threat or harm to one's loved ones; sudden destruction of one's environment; and seeing another person injured or killed as the result of accident or physical violence.

Hughes' study, in which physical abuse is introduced as a separate variable in children witnessing violence, showed that children who were both abused and had witnessed violence displayed the most distress. (Hughes in Mullender & Morley 1994) This was particularly the case for pre-school children. For children who had not been abused but had witnessed violence (the second most distressed group), anxiety and self-esteem, rather than behavioural problems were the most significant difficulties.

Dunn's study of children's relationships with their peers found problems in the children's behaviour in families where there were frequent expressions of anger or distress: '...the children were especially likely not to reason or negotiate in conflict with both sibling and friend; they simply protested without providing any reason... The results raise the possibility that different patterns of links across relationships may exist for children who are growing up in families that are toward the extremes of emotional behaviour or under particular stress' (Dunn 1993, p.102).

Similarly, Straus et al. (1980) point out that the prognoses for children exposed to violence were poor in terms of learning about conflict resolution for the future. A family culture of violence, where aggression is the normal consequence of disputes, is likely to produce situations where deliberately avoiding the source of the conflict is a typical method of coping with it. One manifestation of this avoidance is 'distancing' between family members. Holden & Ritchie's (1991) study of shelter residents sheds light on the effects on parenting of domestic violence. Violent fathers tend to be distant from their children, and less involved in their upbringing, less physically affectionate or prone to resort to physical punishment to control their children's behaviour. Mothers in these circumstances find caring for their children extremely stressful; they tend to be more inconsistent and more punitive towards their children when their partners are at home.

The literature, then, suggests that children's emotional and behavioural development may be impaired as a result of witnessing marital violence. Yet some children will not show adverse effects from these experiences. Mullender & Morley (1994) quote Wolfe et al.'s 1985 study in which 26% of children were well adjusted despite living with abuse, and a majority survived within non-clinical or 'normal' limits of functioning. This provides a salutary warning not to pathologize all children in these circumstances. For those who are adversely affected, and this would appear to be the group of children who are also living with other elements of stress, help should be available. The England and Wales Children Act 1989, Section 17(b), provides a means for identifying these children as 'children in need', thus making them eligible for services.

THE CONTEXT OF THE RESEARCH SAMPLE

The significant harm study includes 105 children, 54 in a background sample and 51 in an intensive interview sample. There were 49 children who witnessed violence, within the whole sample; 21 in the background sample and 28 in the intensive interview sample. The boys were represented slightly more than the girls. Well over half of the children (55%) were under 5 years, over a quarter (29%) aged 6–12 years and only a minority were teenaged children (16%). This age profile underlines the particular vulnerability of the youngest children. In terms of
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ethnicity, two-thirds of the children were white British. Less than a fifth were a varied combination of mixed racial parentage, a tenth were UK black and the remaining four cases (8%) were Asian. We concentrate here on the 51 children in the intensive sample who were interviewed within a play structure. All but one of the 51 children were the subjects of initial child protection conferences during 1993 and 1994.

DETERMINING THE 'CASENESS' OF POTENTIAL HARM FROM WITNESSING VIOLENCE

Although the children in the study came from four distinctly different geographical areas in the United Kingdom, it is important to note that the majority of them also came from disadvantaged families, many of them multiply disadvantaged (for example, poor or temporary housing, and a very low income). That many were also witnessing violence on a regular basis was one of many stressful factors in their lives.

In order to determine whether a child within the intensive research sample of 51 was considered to be suffering or likely to suffer harm as a consequence of witnessing this type of violence, three criteria had to be met: (i) there was violent conflict between partners at the time of the abuse; (ii) violence had also occurred during the year before or the year after the Initial Child Protection Conference; and (iii) there was some indication from information gathered about the child, that the violence was having a negative impact, or likely to have a negative impact, on him or her.

Evidence was gathered from a number of sources. Research interviews with parents and carers were carried out a few weeks after the conference and a year later. Similarly, two interviews took place with the child, using play materials and activities specifically developed for this purpose and appropriate to the child's age and developmental stage. Semi-structured interviews were carried out with social workers and with other professionals who had a significant role in the case. Information was also obtained from the child's social services file.

Standardized scales were completed by parents giving more specific details of the parents' health (a 'Malaise' inventory, Rutter et al. 1970); their well-being, which included an item specifically about domestic violence (Family Problem Questionnaire, Gibbons 1990); and their perception of the child's health and behaviour (Rutter et al. 1970; and material adapted from the Department of Health Looking

After Children, Parker et al. 1991). Children aged 8 years and above completed a child depression inventory, with three additional questions linking to PTSD (Kovacs 1981 in Fundudis et al. 1991; E. Sharland, personal communication). Teachers also completed behaviour scales (Rutter et al. 1970) about the children.

The information provided rich background detail about the children and their family life. The standardized scales sometimes prompted responses which described the effect domestic violence had on the child's behaviour and well-being.

Judged by these criteria, 28 out of the 51 children warranted inclusion as cases of harm or potential harm from domestic violence. Twenty-one of these children had witnessed both birth parents fighting, and seven their parent and a partner fighting. This finding needs to be set against the remainder of the larger sample of 54 children, about whom we have more limited information from the social services file, and from an interview with the social worker. Within this group of 54 children, there was evidence that 21 of them were currently, or had in the last year witnessed violent conflict between parental figures. (A further six children were living in families where there was conflict between parents, but no known violence). Thus, in the total sample of 105 children, 49 (46%) were known to be living in households where there was violent conflict between parental figures.

FEATURES OF NEGLECT AND MALTREATMENT

Returning to the intensive sample, 16 of the 28 children had been recipients of violence from a parent or parent figure. A further five children had been subjected to punitive or hostile handling and eight had experienced 'emotional distancing' from at least one of their parents. Taking the last two groups together, almost half of the 28 children could be said to be suffering emotional harm. This is without taking account of the effects of witnessing violence.

THE CASE STUDIES

Three case studies are presented that illustrate the experiences of children living with domestic violence. All the families are white British. The first study, 'Robert', demonstrates the ready acceptance of professionals and parents to overlook or minimize the effects of such violence on the child.
Robert

Three-year-old Robert was a wanted child with a normal birth and, on the whole, he enjoyed good subsequent development. His relationship with his father, Keith, was very close and his face brightened whenever Keith came into the room. His relationship with his mother, Elaine, was less trusting, perhaps exacerbated by her resentment of Robert's preference for his father. During the many periods when Elaine and Keith were separated, because of their conflictual relationship, Robert lived with Elaine but was in regular contact with his father.

Robert had experienced violence at home throughout his short life. His father had frequent rages during which he would assault Elaine and smash the furniture. The police had records of these assaults. Elaine was also described (by a social worker) as: 'becoming frenzied and lashing out at Robert, both verbally and physically'. The pattern seemed to be that Keith directed his violence at Elaine who in turn was hostile to Robert.

Both parents were unemployed and claimed Income Support. They lived in a damp, poorly furnished upstairs flat with no access to a garden. Elaine was unhappy in the accommodation and wanted to move nearer to her parents, who lived a few miles away. Her parents were helpful and supportive, but disapproved of her marriage to Keith.

An initial child protection conference was called when Robert was just two because of alleged physical injury to him by his mother. Elaine admitted that she was 'heavy handed' with her son, but denied causing him injury. Elaine said that Robert was a difficult and naughty child, who had 'a foul temper just like his father'. The couple had separated once more and Elaine had an injunction against her husband because of his violence towards her. At the child protection conference Elaine and Keith were together again and the domestic violence resumed. For the next year they were intermittently together and apart. Another social worker for the family recorded the following comment on the file. 'When Elaine and Keith are together the atmosphere in the flat becomes extremely tense and violence is never far away. Elaine insists that the arguments are never directed at Robert, but also agrees that when matters are really at their worst (Keith hitting Elaine, breaking doors, and throwing things), this is a distressing experience for a young child to see or hear, and the risk to the child by accident is high'.

The same social worker and the health visitor felt that because Robert was so accustomed to the violence inflicted by his father at home, he was largely 'immune' to its ill-effects. Yet when asked about the detail of Robert's behaviour the social worker described some worrying features. When Robert was with other children he was aggressive and violent towards them.

At home he was extremely lively and active. This was a problem since he was confined for most of the day in the small flat and Elaine quickly became exasperated with him.

The health visitor described a visit to the family the day after a huge row had taken place where Keith had kicked the door in and smashed the stereo. She described Robert as 'a little subdued, but not too bad. I think the balance of Granny's influence helps – for Robert to know there's a normality outside of his home'. When she was asked in detail about harm to
Robert, her view was that any significant harm was likely to be in the future, where she anticipated impairment of his mental health. Currently however, she saw him as a resilient child. ‘He bounces back; he’s a bright little button’.

When interviewed for the research a year after the conference, Elaine herself was aware that the violence at home had affected Robert: ‘We used to argue a lot and that’s disturbed him a bit – he used to get really worried. But now we don’t argue at all’. When asked if she thought he had suffered significant harm she said: ‘perhaps mentally, but not in any other way. I didn’t harm him physically. He was only harmed through the situation with me and Keith. But he seems to have pulled through that the way he’s doing now’.

Keith contributed to the research in the first year but refused to be interviewed in the second year. Professionals did not agree that the violence had stopped, but in spite of this, the case was closed to social services and Robert’s name removed from the child protection register. The health visitor felt that she was working alone and unsupported with this worrying family.

Comment

Little recognition was given in this case to the conflict as an influential factor in the assessment of Robert’s emotional or psychological health. The violence was referred to more in terms of the physical harm likely to be caused to the child by being caught up, accidentally, between the warring parents. The chain of violence from Keith, to Elaine, to Robert was not acknowledged by professionals for several months. Keith’s responsibility for harming Robert emotionally was always minimized and the physical threat he posed to Robert as a violent person was overlooked. The responsibility for protecting and harming Robert fell, in a stereotyped way, on Elaine as his mother.

There is a dilemma about whether Robert would fare better with his attachment figure (Keith) present or absent. When Keith is present, Robert is happy in his company, but hostility increases and Robert’s relationship with Elaine worsens. Yet with his father present, the pattern Robert is learning for resolving conflict through violence will be harmful. This was already manifesting itself in the aggressive behaviour Robert was showing towards his peers (see also Dunn 1993). Robert’s only reliable source of calm and consistency was his grandmother.

Stephanie

The second case study demonstrates the way in which domestic violence can contribute to the downturn in the child’s developing relationships at home, her behaviour, and her general well-being. Stephanie was 2 years old at the time of the research study. She was a small, pale child. Her family was well known to Social Services and other agencies, and had received a good deal of long-term social work intervention because of concerns about neglect to Stephanie and her 5-year-old brother Louis. An older child had been removed by Social Services and placed for adoption, and work with these children was always on the brink of court action.

As in Robert’s case, there was hostility from the mother, Maxine, towards the children, as well as violence between the adults. The social worker described a typical scene between Maxine and the children.

‘She swears at them over anything you know - “Pass the fucking cup over” and you see it (the hostility) when you go in there. They sit ever so quietly on the couch – children don’t normally behave like that’.

Stephanie’s most positive relationships and attachments were with her paternal grandmother and grandfather, with whom she stayed at weekends, and when her mother couldn’t cope. Although her father lived with his parents, it was the grandfather who took on the paternal role. He was described by the social worker as ‘Stephanie’s best bet’.

Maxine’s partner for the previous year, Tom, was a violent man. Violent outbursts against Maxine, often in front of the children, were common and Tom had tried to strangle Maxine. Tom’s attitude was that arguments happen in all families; his own parents argued and fought. The social worker commented: ‘I don’t know whether children get used to it, but with Maxine it’s not just that. She doesn’t have time for the kids when that happens – that’s the way it affects her’.

Maxine appeared to distance herself emotionally from Stephanie at times of violence, thus further impairing her ability to respond to Stephanie’s needs. This in turn seemed to affect the way Stephanie was responding to her mother. Researchers observed that Stephanie was wary of her mother and did not respond readily to any of her many requests, needing always to check her face first for an indication of what to expect. When Maxine hugged Stephanie on her return from nursery, Stephanie was unable to return her warmth and affection and remained rigid and uncertain in her arms.
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Stephanie's grandmother reported the child's description of home as: 'No-one don't love me there'. She attributed Stephanie's behavioural problems to her sense of being unloved at home. The grandmother recounted that Stephanie bit herself when she was admonished, and often needed to rock herself to sleep at night. 'She does this on all fours in her bed for up to 2 hours at a time'. In another respect, Stephanie seemed to have found a way of dealing with the stress of her home life when she was staying with her grandparents. A description was given of Stephanie's habit of sitting on the lavatory and rehearsing all the violent language she heard at home, whilst she defecated. She seemed to have found her own way of 'getting rid' of traumatic experiences so that she could participate in her grandparents' home life at weekends.

The extent of Stephanie's problems were also described by a nursery worker. 'She is difficult to control. She has behavioural problems and finds it hard to get on with her peers. She can become very difficult and disruptive. Her mother is trying but it's hard for her, Stephanie has a very defiant nature. She can't concentrate for very long. She destroys things at the nursery - its very hard to work with her. She's hostile to other children and not a good mixer. She doesn't want affection and she's hard to get close to. If she could warm to you I'm sure some of her problems would resolve - although she's always pleased to see her grandmother. But she's not a bad kid; you don't feel, thank God she's not coming into the nursery today. We can cope with her. I try to tell her mum to help her but it doesn't seem to work'.

The second research interview with Maxine coincided with a 6-week period when Tom was away. Maxine reported that the children had behaved much better recently, and that she was less impatient with them. 'I don't shout at them so much now, I use other ways'. Maxine had not linked this change in her behaviour toward the children to the absence of conflict between herself and Tom, but the social worker and health visitor both remarked on it to the researcher.

Comment

The parallels in this case with Elaine's improved treatment of Robert when Keith was away were striking, reinforcing Holden & Ritchie's (1991) findings about mothers' more punitive treatment of their children when the violent partner is at home. The harm to Stephanie was manifested in a number of ways. The extremes and severity of her behaviour and her distress might indicate that she was suffering Post Traumatic Stress Disorder, and the causal link could have been the violence witnessed at home. A significant source of harm appeared to be her relationship with her mother and the disordered attachment that had developed. Maxine's inability to meet her daughter's emotional needs was clearly intensified by the violence inflicted on her. It is highly likely that the stress Stephanie was already suffering before Tom moved in, was compounded by his violence towards her mother. Neither Tom nor Maxine acknowledged the potential for children to be harmed by living with violence. This was a case where public information about the damage to children of warring partners might have made some difference.

Sam

The final case study demonstrates a greater professional awareness of the likelihood of harm to a child through living with domestic violence. It also shows the way in which many of the children in the sample are prematurely responsible (parental children) as a result of the violence.

Sam was 9 years old at the time the research began, and was living with his mother, his step-father Tony, and his sister Tracey, who was 6. The family came into the child protection system and were part of the research sample because professionals were concerned that the children were being deeply affected by their step-father's violence towards their mother. This occurred when he was under the influence of alcohol. Both children, but particularly Sam, took responsibility for protecting their mother from assaults by telephoning the police from a public call box, or by shouting until the neighbours came to help. Sam was also often out alone for several hours at a time, sometimes after dark, with no one knowing where he was.

The children were in regular contact with their father, who wanted the children to live with him. A battle to determine where the children should reside was taking place in the courts. The child protection conference occurred as part of this court-ordered assessment. The conference concluded that the risk of significant harm to these children came from a combination of living with a violent, unstable man, the excessive alcohol consumption of both parents at home, and financial problems. Protective factors were felt to be the children's good relationship with their father, and their regular attendance at school. The
teacher said that the children were not a problem at school, but were suffering emotional stress as a result of difficulties at home. Their school work had deteriorated recently and their attendance record was worsening. The children never talked about their home life at school and were said to be 'surprisingly happy in themselves'.

When Sam was interviewed for the research study a few weeks after this conference, he participated willingly and with enthusiasm. In an exercise designed to enable children to discuss worries, he denied having any worries and said that everything at home and school was 'fine'. When Sam was seen a year later, when he and Tracey were living with their father, he greeted the researchers warmly, and answered the research questions very thoughtfully. His responses were more serious than the year before, and Sam often sighed or finished sentences very quietly. When asked about the worst thing that had happened to him he said, 'Living with my mum, then living with my dad, and then with my mum and that', ending with a big sigh. Like most children of divorced parents, what Sam wanted most was for his mother and father to be together again (Cockett & Tripp 1994). For much of the interview, however, Sam was cheery and exuded an air of stoical resignation about his position.

He was joined by Tracey part way through the discussions and both of them were much more inclined, on this occasion to talk about worries, which included the fear of Tony getting drunk and fighting with their mother. The researcher asked what it had been like living through these fights and reminded Sam that he had not wanted to talk about it the year before. Sam said, 'Oh yeah, I'd forgotten about that. It was quite bad'. He went on to describe a vicious fight in which his mother had thrown a set of keys at Tony, cutting his nose, after which Tony had bruised her eye badly. After this Sam added that he had been locked in his bedroom by Tony, 'so I kicked the door down'.

Sam had three changes of school during the period of the research. At the second school, when he was still living with his mother and Tony, the Headteacher said of him, 'Sam was mainly a happy boy in school during his term with us. He settled in and made friends quickly. Sam was often worried about his younger sister. On these occasions he preferred his own company and said very little to anyone. He did try to leave school to go and look for her, or check that she was in school, but was dissuaded from this course of action. Sam frequently had aches and pains in his stomach and legs. Mostly these occurred when he was worried and wanted to go home. When Sam was talkative, he frequently talked about his previous teacher, whom he obviously liked a great deal. He never mentioned other family or his home other than his sister'.

The social worker also noted Sam’s pronounced concern for his mother. ‘He was very protective of her. Sam felt very responsible for his Mum. He would go and make tea or drinks for her. I think he tried to be grown-up, bless him, but every now and then it would explode and he’d revert back to desperately wanting to be a child'.

His concern for his mother had not abated since he had moved to live with his father. He needed regular contact with his mother, partly to check on her welfare.

Comment

For most of the time, Sam’s defences helped him cope very well and his cheery exterior made him a very likeable lad. Yet his grip on his temper was only partial, as the social worker had noted. Like Robert, Sam’s resilience seemed only superficial. Sam’s reluctance to talk about the violence (and then not until he was safe from it) was typical of other children’s response to domestic violence (e.g. ‘Childline’ study in Saunders et al. 1995). The same study also reports the existence of many children like Sam who carry the burden of responsibility for their mother or siblings, or indeed for the violence itself. This sense of premature responsibility was also apparent in over a quarter of the children in our intensive sample of 28. The ‘aches and pains’ Sam experienced that were mentioned by the Headteacher were also noted by both Sam’s parents. These appeared to be physical symptoms of his more general anxiety.

BEHAVIOUR PROBLEMS AND EMOTIONAL DISTRESS IN THE CHILDREN

The children in the sample, as demonstrated by the case studies, showed a range and intensity of problem behaviour consistent with that found in the literature about children who are witnesses of domestic violence. Most children displayed more than one emotional or behavioural problem. It is important, however, to bear in mind that the relationship between the behaviour and the violence is probable rather than proven, particularly in the present sample where children were already acknowledged to be being maltreated or neglected. Nevertheless, it is
worth noting the distinctive features of these children's distress.

Disturbance in relation to sleep (including bed-wetting and rocking), was noted for eight children. Temper tantrums, aggression or extreme passivity with sudden outbursts were frequently recorded behaviours in the case of 11 of the children. A paediatric nurse commented about a 6-year old, 'I've seen her very upset on the ward literally running up the curtains when her father got violent on the ward—and had to be asked to leave'.

For three children, repeated refusal to attend school appeared to be linked to violence at home. Unusual control over, or care for the parent, as described in Sam's case study, was evident in at least eight children. Staff in a residential unit for families described how a 6-year-old who was living in the unit with his mother, came to fetch workers at midnight when his mother and partner were having a row, 'His mother was grabbing onto her partner refusing to let go and Liam rushed between them to try and push them apart. After such arguments Liam has been seen to go to them (mother and partner) for attention and to be shouted at or told to go away, or asked in an exasperated tone why he can't do as he's told. He always takes a long time to settle down at night'.

Six of the 28 children who were over 8 years of age completed a child depression inventory (Kovacs in Fundudis 1993). Three of these children scored above the threshold for depression. Three additional questions at the end of the Inventory were included to measure whether any of the children might be suffering from Post-Traumatic Stress Disorder (E. Sharland, personal communication). Three children gave responses that indicated there was a possibility they were also suffering from PTSD. One of these was a different child from those scoring highly on the Kovacs Inventory.

Thus, the scores on these inventories suggested that some of the older children were hovering on the verge of mental ill health. For the younger children, a follow-up study would be needed to see whether the adverse effects on their mental health, predicted by some professionals, had occurred. The indications suggested by this research points to a significant minority of children suffering depression and distress, albeit within a sample of children already identified as in need of protection.

CONCLUSION

It is evident from the direct information given by parents, professionals and children, how varied and serious was the violence to which the children were exposed. It affected their current situation and was likely to have consequences for their future. Even when the violence had ended it still seemed to preoccupy many of the children. Children had little support to help them understand the violence and few could escape it. Their subsequent behaviour earned them labels of disapproval. Several of the children were described by their parents as 'disobedient', 'complaining', 'difficult' or 'playing up', and by their teachers as 'anxious', and 'aggressive' displaying 'emotional outbursts', and with 'low self-esteem'. The backdrop of violence was ignored by most of the adults when explaining the children's behaviour. The children were labelled inaccurately as 'perverse' rather than perceived as children struggling to deal with frightening and even terrorizing experiences. Their need for respite from the violence, and for some acknowledgement of the confusion it caused them, rarely featured in the detailed protection plans.

The evidence points to the possibility that the cumulative harm from witnessing violence will affect the children's emotional and mental health and future relationships. Children can be helped to recover from the impact of parental conflict if proper support is provided. Until professionals recognize that when a child sees violence at home there is a likelihood of significant harm, it will not be possible to act to prevent long-term damage.

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REFERENCES

Significant harm and domestic violence M Brandon and A Lewis


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