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Exposure to Family Violence

Conflict in the family is inevitable to some extent, however in some instances the conflict escalates into violence, with children as direct victims of physical assault or indirect victims who witness violence between their parents. Cases of family violence have been made worse by the current COVID-19 pandemic, due to victims feeling trapped at home with individuals prone to violence. The violence is more likely due to the frustrating circumstances of 'lockdown' and the stress of loss of income. Indeed, compared to 2019, the UK has seen a 27% increase in the suspected number of children who are abused at home, and the number of serious incidents ending in child death rose from 89 to 119 (BBC News, 2021). Research suggests that children exposed to family violence and/or child abuse are prone to face a broad array of negative behavioural, psychological and social consequences (Gilbert et al, 2009).

Family Violence has been defined by the Council of Europe (1986) as

"Any act or omission committed within the framework of the family by one of its members that undermines the life, the bodily or psychological integrity or the liberty of another member of the same family or that seriously harms the development of his or her personality."

This definition incorporates all forms of violence involving physical, psychological and/or sexual threats or use of aggression toward another, otherwise to treat or use persons or property in a way that causes injury and/or forcibly interferes with personal freedom. This may be of an emotional nature, for instance; verbal or non-verbal threats of violence, suicide, destroying pets, punching walls, throwing objects, locking a person in a room and other aversive treatment; such as withholding money, food and social interaction, or corrupting and exploiting the individual.

Browne and Herbert (1997) state that violence in the family falls into one of two main categories, active or passive. Active violence can be physical (non-accidental injury, forced coercion and restraint), psychological (intimidation, emotional abuse, material abuse) or sexual (incest, sexual assault and rape). Similarly, passive violence can also be physical (poor health care, physical neglect) psychological (lack of affection, emotional neglect, material neglect) or sexual (failure to protect, prostitution).

According to the England and Wales National Crime Survey (CSEW), incidence of domestic violence between parents was 24,677 cases in the year ending March 2020. In a fifth of the cases, children saw or heard the incident (ONS, 2020). This is likely to be an underestimate, due to children pretending they did not see or hear anything out of fear, or parents not reporting it for fear of consequences. By contrast, Browne et al (2017) claim that most children in violent families witness their parents fighting or their mothers being violently attacked. Furthermore, there is a significant overlap between a child witnessing violence in the family and being a victim of it. Browne and Hamilton (1999) reported that 46% of English spouse abuse cases reported to the police, the child(ren) in the family were also found to be physically harmed. Witnessing or being subject to violence can adversely affect children and young people's mental health and well-being and is associated with emotional and behaviour problems in children and young people (Gilbert et al, 2009).

Physical Health, Mental Health and Behavioural Consequences

Children who witness violence in the home or who are victims of abuse in the home both display psychological effects (Jaffe et al. 1990; Edleson, 1999). Children who witness violence between their parents have increased risk of internalizing the troubled family and becoming socially withdrawn, depressed, and anxious and often blaming themselves for their parents arguing (Moynan et al, 2010). Children who are direct victims of violence are more likely to externalize the troubled family

showing hyperactivity, aggression, violence and delinquency, sometimes mistaken for ADHD. Indeed, a meta-analysis of 60 studies concluded significant associations between exposure to family violence and children internalizing and externalizing behaviours (Evans, Davies & DiLillo 2008).

Although mothers describe fear and panic in children exposed to violence in the home, police and social services often overlook the trauma of children witnessing of violence and the potential impact it may have. Gilbert et al (2009) describe the consequences of child maltreatment in high income countries. They report being a victim of violence in the home substantially contributed to child morbidity and mortality, together with long lasting effects on mental health, post-traumatic stress disorder (PTSD), risky sexual behaviour, obesity, drug and alcohol misuse.

Exposure to domestic violence can lead to trauma symptoms such as intrusive re-experiencing of violent events in the form of flashbacks, dreams and hyperarousal. Indeed, PTSD is common in children and young people who have been victim of family violence. Widom (1999) found in a sample of children who experienced abuse and neglect within the family, 21% males and 42% females suffered from subsequent PTSD.

Generally, maltreated children show less self-confidence, joie de vivre and hope for the future. These consequences may continue into adulthood and reduce the person's quality of life. Risk-taking behaviour also leads to far-reaching physical and psychological ill effects, sometimes resulting in early death or suicide (Gilbert et al, 2009). Evidence from the Adverse Childhood Experiences (ACE) study in the United States demonstrated a strong relationship between maltreatment in childhood and self-reporting by adults of smoking, obesity, alcohol and drug abuse, sexually transmitted diseases, depression and suicide (Felitti, et al. 1998). In addition, childhood victims who reported a high number of adverse experiences were more likely to have heart disease, cancer, stroke, diabetes, liver disease and generally poor health as an adult (Felitti, et al. 1998).

Fantuzzo et al (1991) revealed several associated behavioural problems in children of pre-school age who were exposed to violence in the home. Exposure to verbal conflict alone was associated with moderate level conduct problems, and exposure to verbal and physical conflict was associated high levels of conduct problems and moderate emotional problems.

This may be related to the findings of English, Marshall and Stewart (2003) who found family violence had considerable indirect effects of on family functioning, the caregiver's health and reduced quality of parents' interactions with their children.

Exposure to violence in the family can result in children and young people developing aggressive styles of coping and distorted views on conflict resolution, leading to a willingness to inflict violence on others and a struggling to form relationships with siblings, peers, intimate partners and their own children in the future (Browne & Herbert, 1997; Levy & Orlans, 2001). Several studies have revealed that being a victim of violence was strongly associated with the likelihood that the victim engaging in violence and crime as a teenager (Gilbert et al, 2009).

Conclusion

A multi-sector, inter-disciplinary approach is the most effective way of working together to ensure children grow and develop in a safe family environment free from violence. This, in turn, will protect children from childhood and adulthood physical and mental health problems and break the cycle of intergenerational continuity. This requires interventions at all levels of the child's environment, the parents, the family, schools and the community.

Children at risk of harm need to be visible (eg: in Schools) to be recognized and referred to appropriate services, appropriate reporting and referral systems need to be in place. Investment in child and adolescent mental health needs to take priority over other mental health services. The paucity of therapeutic services and poor referral networks (eg; Allnock et al., 2009) have led to a concern as to whether 'the process from recognition to reporting and subsequent interventions by child protection agencies improve the mental health and well-being of children overall'. There is scarce evidence for effective interventions to prove that overall the harms of reporting are outweighed by the benefits of recognition in terms of physical and mental health care and protection.

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