










Understanding what children say about living with domestic violence, parental substance misuse or parental health problems

This literature review draws together research findings about children's experiences of living with domestic violence, parental substance misuse (drugs and alcohol) and parental health problems (mental and physical). Many children will have parents who experience these issues; some children will be more vulnerable as a result. It is important to try to understand their experiences in order to provide appropriate help. This review, undertaken by Sarah Gorin at the NSPCC, revealed that, although children's experiences are all very different, there are many common themes that arise when they talk about their experiences, feelings, coping strategies and what would help make things better. The review found that:

-  Children are often more aware of problems than parents realise, but they don't always understand what is happening and why.
-  Children whose parents have experienced domestic violence, substance misuse and, to a lesser extent, mental health problems report witnessing or experiencing violence themselves, sometimes very extreme.
-  Children worry about their parents more than may be recognised, particularly if they fear for their parents' safety.
-  Some children, particularly boys, will not talk to anyone about their problems and many children report coping by avoiding problems (emotionally or physically) or by distracting themselves.
-  Children mainly use informal support, and are most likely to talk to parents (more often mothers) or friends, siblings, extended family or pets.
-  Children do not know where to go to get formal help and rarely seek the help of professionals initially.
-  Experience of contact with professionals is mixed. Children's concerns include professionals not believing them, not talking directly to them and not acting to help them when asked.
-  Children say they want someone to talk to, who they trust, who will listen to them and provide reassurance and confidentiality. They want help to think through problems, without necessarily taking full responsibility for decisions.
-  Children's most persistent plea is for more age-appropriate information to help them understand what is going on in their family.

Background

The review focuses primarily on studies that have sought to hear the voice of children directly: research has shown that they often have different preoccupations to those of adults. Policy and services in the fields of domestic violence, parental substance misuse and health problems are traditionally focused on meeting the needs of the parent. They do not always recognise the possible impact on children and other family members and their need for support in their own right, alongside provision of support for parents.

Children's preoccupations

Children first and foremost want their parents to be well and happy and they want their family to be safe. Their accounts show that they are more aware of what is happening in their family than parents think. However, they do not necessarily understand problems:

"I didn't really understand what was going on, but I know my mam and dad were fighting every day. I understand more now." (Mullender A., Hague G., Umme I., Kelly L., Malos E. and Regan L. (2002), *Children's perspectives on domestic violence*)

Children who live in families where there is domestic violence, parental substance misuse and to a lesser extent, mental health problems report overhearing, witnessing or experiencing violence. They say that fear of violence is made worse by the unpredictability of parents' moods and behaviour and children can feel they are 'walking on eggshells'. Fear, unpredictability and confusion do not just exist when there is violence, but also when there is relationship conflict.

Children report worrying about their parents much more than may be recognised, particularly if they fear for their parents' safety due to violence, self-harm or difficulty in coping. One 13-year-old says:

"I usually, like, watch her [mum] a bit more when she's feeling depressed. Half the time I don't realise I'm doing it, but I do." (Aldridge, J. and Becker, S. (2003), *Children who care for parents with mental illness: the perspectives of young carers, parents and professionals*)

In families with chronic problems, children's accounts show that the lives of other family members can become centred around the adult having the

problems. In the case of parental substance misuse, children and parents report sometimes being physically or emotionally unavailable to children:

Interviewer: "Did you feel that your parents were [there] for you that time? I mean that they were interested in you?"

Respondent: "No. I knew they loved me but they just didn't care that I was there and I needed stuff as well. And I need this and things and they were just away taking drugs and stuff." (Barnard, M.A. and Barlow, J. (2003), 'Discovering parental drug dependence: silence and disclosure', *Children and society*)

Relationships and dynamics within families are often complex and this is reflected in children's feelings. Children frequently describe close relationships with parents, and love and loyalty that are strong and enduring. They also often express a desire to help their parents overcome problems. Some children, however, may feel torn between love for parents and a dislike of parents' behaviour or restrictions placed on their own lives.

Sadness and isolation that children may experience can be perpetuated by the stigma and secrecy that surrounds domestic violence, parental substance misuse and ill health. Some children report feeling depressed, having problems making or maintaining friends, having a disrupted education or experiencing bullying. However, children's accounts in the field of domestic violence show that they have a remarkable resilience and ability to heal from previous bad experiences.

Balancing children's needs and responsibilities

Children's accounts of living in a family with a parent with physical or mental health problems are mixed. Some children talk about difficult aspects of providing care and support to parents and feel as if they are missing out on social or educational opportunities. However, many children view their help as contributing to reciprocal relationships within the family. The research reviewed shows that children are active social players and they may negotiate their roles and responsibilities within families. However, situations still occur (for example, in crises or if formal support is unavailable) in which some children have little choice but to provide either physical and/or emotional support:

"There are times up at the house when you just don't want to be there. You wanna go out but you cannae because things need (to be) done." (Strathclyde Centre for Disability Research and Centre for the Child and Society (1999) *The extent, nature and needs of young carers in Easterhouse*)

Children's roles and responsibilities in the home vary greatly and providing help to parents may be intermittent, particularly in the case of mental health problems.

Children living in situations where there is domestic violence, parental substance misuse or health problems may not necessarily undertake more practical tasks in the home than other children, but they may feel more responsible.

Making children's lives better

Enabling children to understand problems at home

Lack of communication is a major barrier to children and young people getting the help they need. There are problems of communication between parents and children and professionals. Within families this is often because of a shared desire to protect one another, secrecy and shame surrounding problems, parents finding it hard to know how to talk to children and feeling too upset themselves to talk about problems. Children in the studies on domestic violence, in particular, stressed wanting parents to talk to them more:

"Grown-ups think they should hide it and shouldn't tell us, but we want to know. We want to be involved and we want our mums to talk with us about what they are going to do – we could help make decisions."
(Mullender et al., op. cit.)

Not talking to children may perpetuate their confusion and isolation and lead to misunderstandings.

Enabling children to talk about problems and access help

First and foremost, children use informal sources of support. They are most likely to turn to parents (usually mothers) and friends, then siblings, grandparents or pets. Support may come in the form of talking or spending time with someone and feeling safe. Children say that they want to talk to someone who they trust, who will listen to them and provide reassurance and confidentiality.

Some children will not talk to anyone about the problems at home. This may be because of fear of violence, fear of the consequences of talking about

problems (for example, being separated from parents, hurting other people), fear of not being believed or because of distrust, not feeling anyone can help, and possible stigma surrounding problems. Boys in particular may find it hard to talk about problems and they are more likely to leave talking to someone until nearer crisis point than girls. Many children report using avoidance or distraction as a coping strategy when there are problems at home:

"Yeah, sometimes when I'm feeling a bit down and I think about it, it does make me cry, but otherwise it just doesn't because I just kind of try to blank it out really." (McGee, C. (2000), *Childhood experiences of domestic violence*)

Using this strategy is likely to make children even harder to identify and support. We do not really understand what would make boys more likely to talk about problems and seek support. Ensuring that children have a choice of a male or female helper and a helper of the same ethnicity may be advantageous.

We know that children rarely approach professionals initially and do not know where to go to get formal help. Unwanted intervention and stigma are the main reasons children and parents give for not approaching professionals. They may be more encouraged to do so, either through helplines or by having spaces provided in which they can feel safe. Having time to build up relationships of trust is likely to help children discuss problems at home:

"It's important that they [children] feel that they are there of their own will ... that if they want a break or somebody makes them upset they don't have to stay. Because if they're there and a subject really hurts them and they feel trapped ... the next time they won't go back ... in case they feel like trapped in that situation."
(Templeton, L., Velleman, R., Taylor, A. and Toner, P. (2003), *Evaluation of The Pilot Family Alcohol Service: Final report*)

Respecting children, recognising and valuing their experiences and acting on concerns

Children's accounts of receiving professional help vary, but many report negative experiences. Children say that professionals do not always talk to them in a language they can understand, they are often afraid that professionals will not believe them and they are not confident that any professional action will make things any better. In many circumstances children are worried that involvement with professionals will make

things worse. Children's accounts of coming into contact with professionals about domestic violence suggest that, in some cases, professionals involved did not speak directly to children.

Children want to be respected and taken seriously by professionals. Where action is taken in their family, they want to be involved in decision-making, although this does not mean they want to take full responsibility for decisions. In the case of parental ill health, children feel frustrated at not being involved in decision-making about the care and support of parents:

"It felt like a constant battle. Right up until recently, the past two years is really when they'll actually start taking you seriously, you know, and listening to actually what I say and think that perhaps 'well, maybe she does know what she's talking about'. But for years, I mean I was told by consultants and people, you know, 'you're only a little girl, what do you know?' Sort of at the age of 15 I was told this. You know it is so frustrating when you're trying to say 'I live with my mother, I see it'." (Aldridge and Becker, op. cit.)

Children also say that being involved in finding solutions to problems helps them to cope.

Providing an appropriate range of support

Children mention a need for confidential support such as helplines, universal and specialist support. Although there are overlaps in the types of feelings and coping strategies children may use, there are many differences in individual experiences and there is a need for some specialist services that can work with children alongside those for parents. Children's most urgent request, however, is for age-appropriate information about the problems their parents are experiencing. The following personal account reflects this experience:

"People tend to protect children and young people. For me, this translated into ignoring my need to be informed and involved. My life was affected anyway and if I had guidance it might have made the experience more positive. I needed good, age-specific information about my mother's condition and its consequences. And I needed someone to talk to who would listen in confidence and help me to express and explore the complex feelings and situations I was dealing with." (Marlowe, J. (1996) 'Helpers, helplessness and self-help', in Gopfert, M. et al., *Parental psychiatric disorder, distressed parents and their families*)

Children also talk about welcoming an opportunity to have a break away from home, have some fun and to get to know other children experiencing the same problems.

About the project

The review examines completed and ongoing research. The main emphasis is on UK research and covers relevant research from 1990 until 2003. It focuses primarily on research that has been undertaken directly with children about their experiences. This is supplemented with retrospective accounts by young adults and from parents who have been asked about their children's experiences. 40 studies that included children's accounts or young adults retrospective accounts were reviewed, six ongoing studies were identified and approximately a further 50 related books and journal articles were reviewed.

How to get further information

The full report, **Understanding what children say: Children's experiences of domestic violence, parental substance misuse and parental health problems** by Sarah Gorin, is published for the Foundation by the National Children's Bureau (ISBN 1 904787 12 6, price £12.95).