

A research on Intimate partner violence and child abuse
Summary of 'Kwestie van lange adem: kan huiselijk geweld
en kindermishandeling echt stoppen'.

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Summary

The Verwey-Jonker Institute followed families with children for one and a half years in cases of intimate partner violence or child abuse. These families were reported to Veilig Thuis, an advice and support centre where cases of domestic violence and child maltreatment are reported. During the study, families (parents and children) completed questionnaires three times over the course of one and a half years. This report focuses on the 576 families who participated in all three measures (633 parents and 978 children). To gain insight into the effective components of the services provided, in-depth interviews were conducted with 74 families.

Complex multi-problem situations in families upon notification

A first important conclusion of the study is that families reported to Veilig Thuis face frequent or severe forms of child abuse or intimate partner violence, as well as complex problems within the families. The majority of children (91%) experience abuse, neglect or violence between their parents. There is a high incidence of violence between (former) partners (an average of about 74 incidents per year). Domestic violence is present in almost all families (90%): it can be physical (hitting, kicking, scratching, biting, injuring), psychological (humiliating, insulting, threatening) and sexual. Violence against women is more frequent and more severe than violence against men. Intimate partner violence is often associated with violence against children. In most families there was both intimate partner violence and direct violence against children (57%). In addition, most families struggle with various problems that may be a consequence of the violence, such as trauma symptoms in parents (16%) and

children (32%), attachment problems (36%), emotional insecurity in children (46%), and problem behaviour in adolescents (27%), such as truancy or delinquency. It is clear from the research that the different categories of problems should not be viewed in isolation from each other. In the majority of families, there is an accumulation of problems. Furthermore, there is only a very small group of families (3.4%) in which there are no serious problems or violence.

Significant reductions in both intimate partner violence and child abuse

Over a period of one and a half years, there has been a significant reduction in violence within families, leading to an improvement in related issues such as emotional insecurity and trauma symptoms in both children and parents. The percentage of families in which violence has ceased after one and a half years, is 29%. The percentage of families still experiencing frequent or severe intimate partner violence decreases from two-thirds to one-third. Child maltreatment including (potential) witnessing of partner violence also decreases from 91% to 66%. In addition, the number of incidents of child abuse and intimate partner violence decreased significantly. There is a correlation between the reduction of child abuse and intimate partner violence in families and the well-being of both children and parents. Especially in families where violence has ceased completely, the well-being of parents and children has improved to almost the level of the general Dutch population.

However, half of the families continue to experience violence

At the same time, more than half of the families continue to experience serious or frequent violence (more than 22 incidents per year, ranging from verbal abuse to hitting, pushing, and injuring). The continuation of child abuse and partner violence has both short-term and long-term consequences for children. For example, parents might be both a source of safety and a source of fear for children, leading to insecure attachment. Secure attachment, on the other hand, acts as a defense against stress. Furthermore, due to the violence, children feel emotionally insecure and adopt survival behaviours such as avoidance (flight), becoming angry (fight), or becoming calm and motionless (freeze). These response patterns are useful and effective when there is an immediate threat, but not in the long run. If the threat persists over a longer period of time, habituation does not occur; on the contrary, a stress response occurs more rapidly. Children become increasingly sensitive and react to even the slightest tension between parents. If this continues, it leads to chronic or toxic stress. Chronic stress causes a structural change in perception, in the body (metabolism) and in the formation of networks in the brain (memory and reaction patterns) of the young child. This creates a negative spiral: by being in a constant state of stress, children go into survival mode (flight, fight or freeze), leaving little room to absorb new information or learn skills to solve problems. This results in a vicious cycle where normal important moments, such as taking a test or being pushed by a child in class, are perceived as stressful, causing the child to go into a stress response that prevents them from solving the problem - this is known as the stress-trauma cycle.

Families experiencing domestic violence are all different

Violence within families varies not only in the severity and frequency of the violence, but also in whether it involves the exercise of control over the other person and in the context in which the violence occurs. Violence out of powerlessness or frustration requires a different approach than violence used to control or manipulate. There are clear gender differences in relationship violence; women experience more and more severe violence than men, and their partners exert greater control over their lives. This affects the impact of the violence: there is more fear and constant tension. In addition to violence, other underlying factors such as debt, escalated parenting situations, and psychiatric problems in one of the parents are important to differentiate when looking for the appropriate approach. These different types of violence also have different consequences for children. For example, intimate partner violence leads to greater emotional insecurity and, in the long run, trauma symptoms in children. On the other hand, neglect, for example due to a parent's psychiatric problems, leads to more attachment problems. Improved screening and analysis of the nature of the violence and the family's problems are needed to provide tailored support to the family.

What works for whom?

Parents and children are generally satisfied with the help they receive. The personal relationship with the caregiver is particularly important for satisfaction; feeling treated with respect, being taken seriously, and being listened to are important elements. From the in-depth interviews and questionnaires, several effective elements and challenges emerge in the approach and support these families receive.

Family safety is everyone's responsibility. Attention to and focus on family safety are critical to a successful approach. Parents, especially mothers, and children emphasize that recognizing the violence is a crucial condition for actually stopping it. In addition to assistance, protection is needed, not only for children, but also for women who are victims of severe, prolonged and controlling violence. Care should be gender-sensitive, recognizing the differences between women and men, mothers and fathers, in the process of ending violence within families. Professionals do not accurately assess the safety of women who are victims of severe violence, resulting in them not receiving the protection they need. It requires professionals to take a very proactive stance in addressing violence and its effects. The observed decline in violence is a positive development, but it is not enough. Systematic identification and monitoring of violence problems in these families is necessary to ensure that the violence really stops.

The research also shows that violence decreases or stops more significantly in families that have received help or support from organizations that specialize in domestic violence, such as Veilig Thuis, women's shelters and the MDA++ approach¹. However, many families receive help at the local level. If there is no immediate danger and it is a first report to Veilig Thuis, these families are automatically referred to the local level. The intention is to create safety plans with the families and their social context at the local level. In practice, there is a lot of hesitation at the local level. Professionals do not know how to address the issue of domestic violence and child abuse or how to make concrete safety arrangements. The research shows that when there is a safety problem, the regular organizations report it to Veilig Thuis and expect Veilig Thuis to take care of the safety problem. This is far from a shared responsibility for safety. Training and support for professionals at the local level to be able and willing to discuss this issue is necessary to ensure safety.

¹ Collaboration between healthcare, support, police and justice organizations.

An integrated, systemic approach, with case management assigned to a single party, is needed to address the complex issues facing these families

Families referred to Veilig Thuis often have a history of severe and frequent child abuse and intimate partner violence. In addition, there are a number of other problems such as poverty, unemployment, alcohol consumption, parental stress and trauma symptoms in the parents and trauma symptoms, attachment problems or emotional insecurity in the children. This calls for an integrated approach that takes into account the interplay between different forms of child maltreatment and domestic violence, existing risk factors, and issues affecting different family members. It means that coordination between the various professionals involved must be well organized. Municipalities can promote this cohesion through their regional vision and policy implementation. This involves professionals coordinating processes, approaches and expertise to develop a collective plan for (and with) the family to address the issues affecting the family members involved (perpetrators and victims; parents and children) in different areas of life. In practice, it is not always clear to professionals who takes the lead, and this is certainly true for parents. They often interact with multiple caregivers and it's not clear who is responsible for what. A case manager for each family is needed to provide clarity for family members.

Careful screening of problems to provide the right help

The findings make it clear that child maltreatment and intimate partner violence in families are not uniform. A thorough examination of the severity and nature of the violence, as well as the context in which it occurs, is necessary. Attention also needs to be paid to differences in the problems and underlying risk factors within the family. The results of the research on services provided raise questions about the targeting of services. For example, many families have problematic parental alcohol use, and the group of parents with intellectual disabilities is often mentioned. However, addiction services or organizations that specifically target parents with intellectual disabilities are rarely used in these families. A thorough analysis and screening of the problems within the family and the necessary and desirable support is

essential. Another example is the increasing focus on screening for possible trauma symptoms in children. Rightly so, as this study also shows that many children continue to experience trauma symptoms a year and a half after the report. In addition to focusing on the children, there is also a need to focus on the trauma symptoms of the parents. Half of the parents themselves have experienced childhood trauma, and one in six parents in our research population have trauma symptoms themselves. One of the findings is that there is a significant relationship between the trauma symptoms of parents and children (see also Lünemann et al., 2019). This means that both the children's and the parents' trauma symptoms should be addressed in the treatment process. Experience with EMDR or short-term trauma treatment shows that this can have significant effects in the short term.

Child-centered: Help focused on children

It is clear that the consequences of child abuse, including witnessing intimate partner violence, are significant. The list of consequences for children is incredibly long. The effects of violence in the family are diverse and therefore difficult to track. Despite significant reductions in violence, more than half of children still experience frequent or severe forms of child maltreatment. At the same time, we see that almost half of the children do not receive any help. This seems very limited in view of the consequences that the children have to deal with. These results show that children are often a forgotten group as victims of domestic violence. Despite guidelines and protocols that state that children should be talked to, this is not yet commonplace in practice. The most vocal advocates for the importance of including children are the children themselves. Their experiential stories from research and practice consistently show that they want to be involved earlier, more often, and in a more structured way throughout the entire process, from problem identification to (evaluation of) assistance (Van Gemert, 2019).

Guidance requires a long-term approach

The results of the research, however positive, reveal the persistent nature of child maltreatment and intimate partner violence. This previous cohort study shows that intimate partner violence and child maltreatment are not isolated, one-time events, but often persist over time. Addressing violence within families is challenging and does not go away on its own. Therefore, when addressing partner violence and child abuse, it is crucial to recognize the persistent nature of the problem and the high risk of revictimization. Recently, Veilig Thuis has introduced a monitoring function where the safety of the family is continuously monitored. A prerequisite for this is that families do not disappear from the caregivers' view after being referred to the local field. The research shows that one in five families does not receive help after being reported to Veilig Thuis, even though violence and various other problems continue to occur. Obviously, a group of families falls out of sight too quickly.

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