

Children & Family Violence

This year WAVES Trust's projects will continue to make a priority of initiatives supporting children from homes affected by family violence (FV). In 2009, approximately 3,500 children were identified as usually living with adult FV victims by Waitakere Police attending callouts. We believe that this figure is only the tip of the iceberg in relation to children who live in homes where there is violence between adult household members. Longitudinal studies suggest that one to two in every five New Zealand children witnessed violent incidents between adults in their home during childhood, and up to half of these children lived with violence at home for long periods (Martin; Fergusson). Based on figures from the 2006 census, we estimate that during their childhood between 6,000 and 11,000 Waitakere children will witness violent incidents between adults at home, with as many again likely to live with ongoing violence between adults at home for long periods of their childhood.

Children who live in homes where there is FV are not generally isolated from the violence. Children will be affected by the experience regardless of their relationship to the aggressor, the aggressor's gender, or whether the violence is uni-directional or bi-directional. These children will live with the ongoing consequences of violence in a variety of ways. Their households are often characterised by high levels of stress and chaotic or inadequate parenting (Martinez-Torteya). During their lifetimes, these children are 3 to 9 times more likely to be victimised either within or outside the family than those from non-IPV-affected homes (Hamby). And between 30% and 70% of the children living in FV-households are also likely to experience some form of maltreatment from adults in the home including physical, sexual, or emotional abuse, or neglect (Holt).

As a consequence of their home life, these children face more difficulties than their peers. Living with violence at home has been associated with a range of adverse outcomes for children across all age groups. These outcomes include attachment problems in infants; behavioural problems, mental health problems such as anxiety and depression, difficulties in their relationships with peers, and low educational attainment in preschoolers and school aged children (Holt; Gewirtz). These children are also likely to be impacted into adolescence and adulthood. They are more likely than their non-FV peers to engage in crimes against property, to abuse alcohol or other substances, to experience or perpetrate violence within intimate relationships, and live with chronic

mental or physical health problems including depression, obesity, cardiovascular or lung disease, diabetes, and other inflammation-related conditions (Holt; Fergusson & Horwood; Russell; Danese).

Despite the adversities these children face, few will be eligible to have child protection services intervene on their behalf. In 2009, around one quarter of children identified at police FV callouts were notified to CYF and only one third of these notifications were picked up by CYF for further action (around 10% of all the Waitakere children identified). This means that the vast majority of children living in FV households will continue to be live in their violence-affected home even after interventions by the police and FV sector services.

Not all children will be affected in the same way by these experiences: overseas research suggests that up to half of FV-household children will be resilient in the face of such adversities (Martinez-Torteya et al). Resilience is 'a dynamic developmental process ... or progression in which new strengths and vulnerabilities emerge over time and under changing circumstances' (Gewirtz, p. 158). Recent studies suggest that protective factors which enhance resilience include the absence of child abuse and neglect, having supportive family relationships, particular child and/or parent personality traits, and environmental factors such as supportive neighbourhoods and schools. These protective factors can contribute to children's ability to develop normally in spite of their stressful home lives (Martinez-Torteya; Jaffee; Du Mont; Gewirtz).

However, this means that significant numbers of children are likely to be or become maladjusted as a result of their home lives. Some children are more vulnerable to maladjustment than others particularly those who do not have a high IQ or a positive temperament. But the stresses FV places on children are cumulative meaning that the advantages gained from IQ and temperament can be eroded as the number of stressors in children's lives increase (Jaffee). The children most at risk of maladjustment are those living with ongoing violence and other stressors such as maltreatment, parent(s) with mental illness or addictions, lack of household stability and the experience of living in high-crime/low socially cohesive neighbourhoods (Jaffee; DuMont). The quality of children's relationships with their parents are also a factor: children are at higher risk of maladjustment if their parents are not competent in their parenting, or are unwilling/unable to register the relationship between the violence and their children's

behaviour or to understand their children as adversely affected by their home life (Hungerford).

Gewirtz & Edleson have argued that ‘minimizing the number of risk factors to which children are exposed, while simultaneously encouraging protective processes can be highly effective in reducing negative outcomes’ for children (p. 158). Currently in Waitakere, the FV sector works well at the first part of this statement by providing services to minimise risk factors — working with victims to enhance family safety, encouraging abusers to stop violence at home, and offering counselling and programmes to those affected by violence including children. These activities also promote at least one protective factor by reducing some children’s exposure to violence.

But victims and abusers do not always engage with helping services and even when they do this does not always reduce their children’s experience of violence at home. So what can services and communities do to support these children? WAVES’ current focus is on expanding the range of protective factors for children encouraged by the FV sector and our wider communities.

Recent overseas research has begun to focus on investigating the characteristics of resilient children and examining the influence of environmental factors on resilience. These studies suggest there are a number of protective factors for children that can be fostered through the actions of agencies and wider communities, even if children continue to be exposed to violence at home. Interventions should be tailored to meet individual children’s needs (Graham-Bermann) but might include:

1. identifying child maltreatment and addressing the trauma it causes
2. encouraging open, honest engagement between parent(s) and children that acknowledges the children’s experience of violence (Graham-Bermann)
3. promoting parental warmth and functioning including addressing relationship difficulties between parent(s) and children and supporting parent(s) to seek help for impediments to good parenting such mental health issues or poor parenting skills (Graham-Bermann)
4. empowering children with safety plans and the knowledge that violence is not their fault (Ernst)
5. encouraging the development of relationships with other adults who are aware of

- the child's exposure to violence and are able to respond appropriately and supportively (Holt)
6. encouraging the development of socially cohesive neighbourhoods with high levels of informal social control where FV is not okay (Jaffee)
 7. encouraging children's development of self esteem, e.g. at school (Holt)
 8. schools recognising the signs of children living with violence at home and providing safe places for children to express their grief, learn how to deal with anger, and to engage with appropriate role models for adult behaviour (Willis)

Some of the activities listed above focus on changing parent(s) behaviour or addressing their needs. Although it is sometimes tempting, using children as a stick to beat their parents with is not helpful for parents or children. Children have needs that can be addressed by their wider community. Children are agents in their own lives and their quality of life can be improved by supportive and caring interactions with adults outside the family.

Over the coming year WAVES will continue to disseminate information about recent research and look at practical ways that the FV sector and child-focused services can contribute to the wellbeing of children living with FV at home.

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For more information contact:

WAVES Trust
PO Box 12-1450
Henderson
Auckland 0650
Ph: 09 838 4834
Email: coordinator@waves.org.nz