

Domestic Abuse, Children and Trauma

Key findings from research and practice

Kingston and Richmond SCP Learning Event
June 2021

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Some statistics from Women's Aid

- One in seven (14.2%) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood.
- 61.7% of women in refuges on the Day to Count 2017 had children (aged under 18) with them (Women's Aid, 2018 – data from Women's Aid Annual Survey 2017).
- Between January 2005 and August 2015 (inclusive) 19 children and two women were killed by perpetrators of domestic abuse in circumstances relating to child contact (formally or informally arranged) (Women's Aid, 2016). A Women's Aid review of SCRs published since August 2015 highlighted at least one more case falling into this category (Women's Aid, 2017).
- Research published by Cafcass in 2017, in partnership with Women's Aid, analysed a sample of 216 child contact cases that closed to Cafcass. Between April 2015 and March 2016. It found that more than two thirds of the cases in the sample involved allegations of domestic abuse, yet in 23% of these cases, unsupervised contact was ordered at the first hearing.

Children are individuals and may respond to witnessing abuse in different ways

(From [Women's Aid](#))

These are some of the effects described in a briefing by the Royal College of Psychiatrists

- They may become anxious or depressed
- They may have difficulty sleeping
- They have nightmares or flashbacks
- They can be easily startled
- They may complain of physical symptoms such as tummy aches and may start to wet their bed
- They may have temper tantrums and problems with school
- They may behave as though they are much younger than they are
- They may become aggressive or they may internalise their distress and withdraw from other people
- They may have a lowered sense of self-worth
- Older children may begin to play truant, start to use alcohol or drugs, begin to self-harm by taking overdoses or cutting themselves or have an eating disorder

Traumatised
children ...
(based on
the work of
Kate Cairns)

- Can't always tell you why they did something
- Can't always respond to being asked how they 'feel' (you might tentatively suggest how they may feel – but without becoming bossy and certainly not riding roughshod over their right to a voice)
- Don't respond well to sanctions and punishments – they need relationships
- May find it hard to think
 - For example, stress heightens peripheral vision

Trauma and memory (based on the work of Kate Cairns)

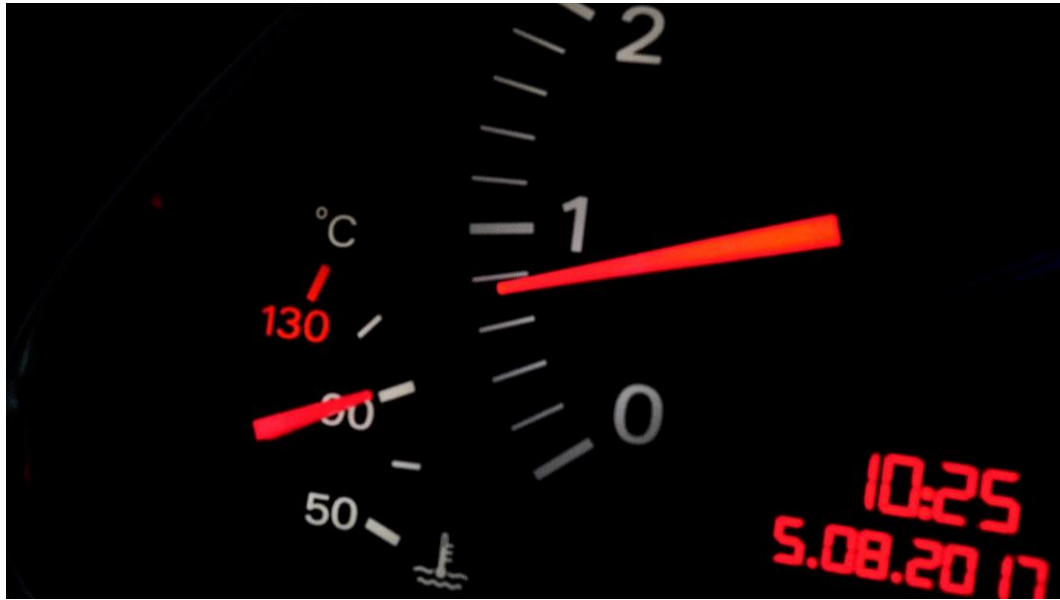
- Children who have undergone traumatic experiences may be unlikely to want to recall them, and indeed may well have used 'techniques' to help forget events.
- There is some evidence that supports the possibility of the repression of traumatic memories.

Links to
events
(based on
the work of
Kate Cairns)

- (Equally, however,) what is known about young children's memories suggests that they may be able to remember a great deal and that it is possible to trigger these memories by the use of visual clues, for example, pictures and objects.
- Indeed, depending on the type of event, a very young child may have a visual and sensual memory of places and events before they have the capacity of speech

Links to
events
(based on
the work of
Kate Cairns)

- (For example,) it is common for separated children to be able to recall the visual details of their removal from home, especially if this was sudden and accompanied by strong reactions from the important figures in their life.
- For example, Sally, now aged 6 recalled ... 'I was very little and you came in a red car and it was very cold outside and you wrapped me in a blue blanket ...
- Mummy was crying and daddy was very angry and shouting'. Sally was three when taken from home late at night.



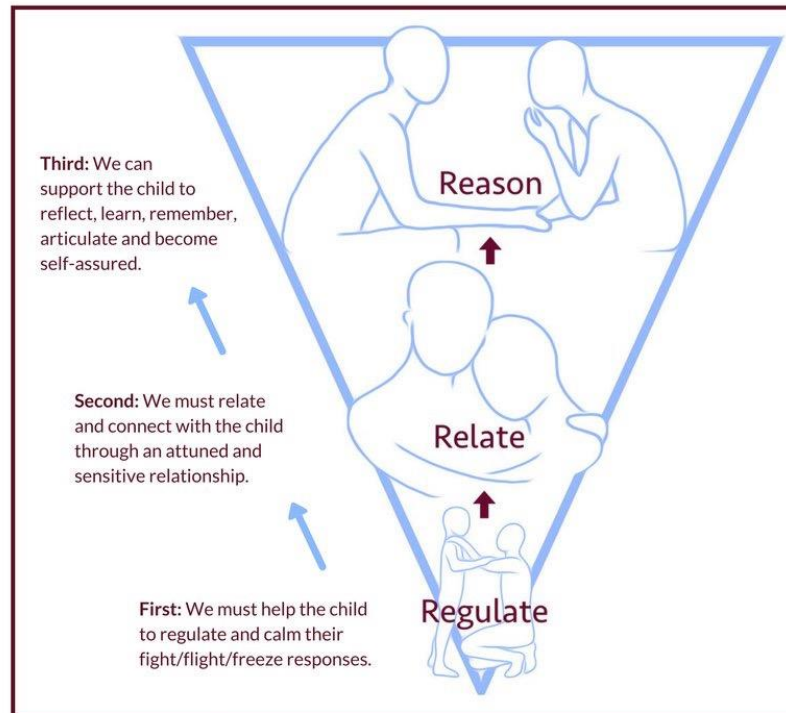
Bio-behavioural switch

Neural Impact of Chronic Stress

- Expressed functionally/behaviorally as:
 - Increased anxiety
 - Decreased mental flexibility
 - Poor emotional control
 - Poor decision making/increased impulsivity
 - Impaired memory

The Three R's: Reaching The Learning Brain

Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.



Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.



*Diaphragmatic
Breathing ...*
and other ways
to help with
Regulation

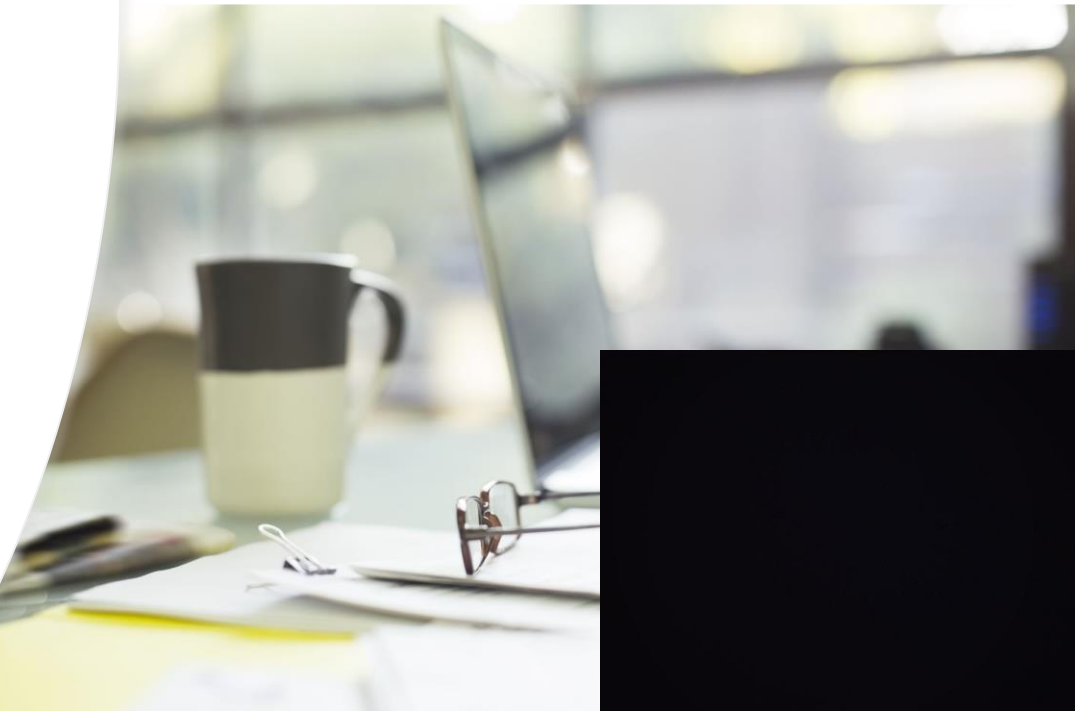


Regulation

- Sensory toys
- Butterfly hugs
- Warm drink
- Favourite smells
- Spaghetti arms
- Star jumps
- Seashell listening
- Cosy corner and blankets
- Slime/Playdough
- Kicking a ball
- Blowing bubbles
- Drumming

Also look at the work of Dr Taiwo Afuape

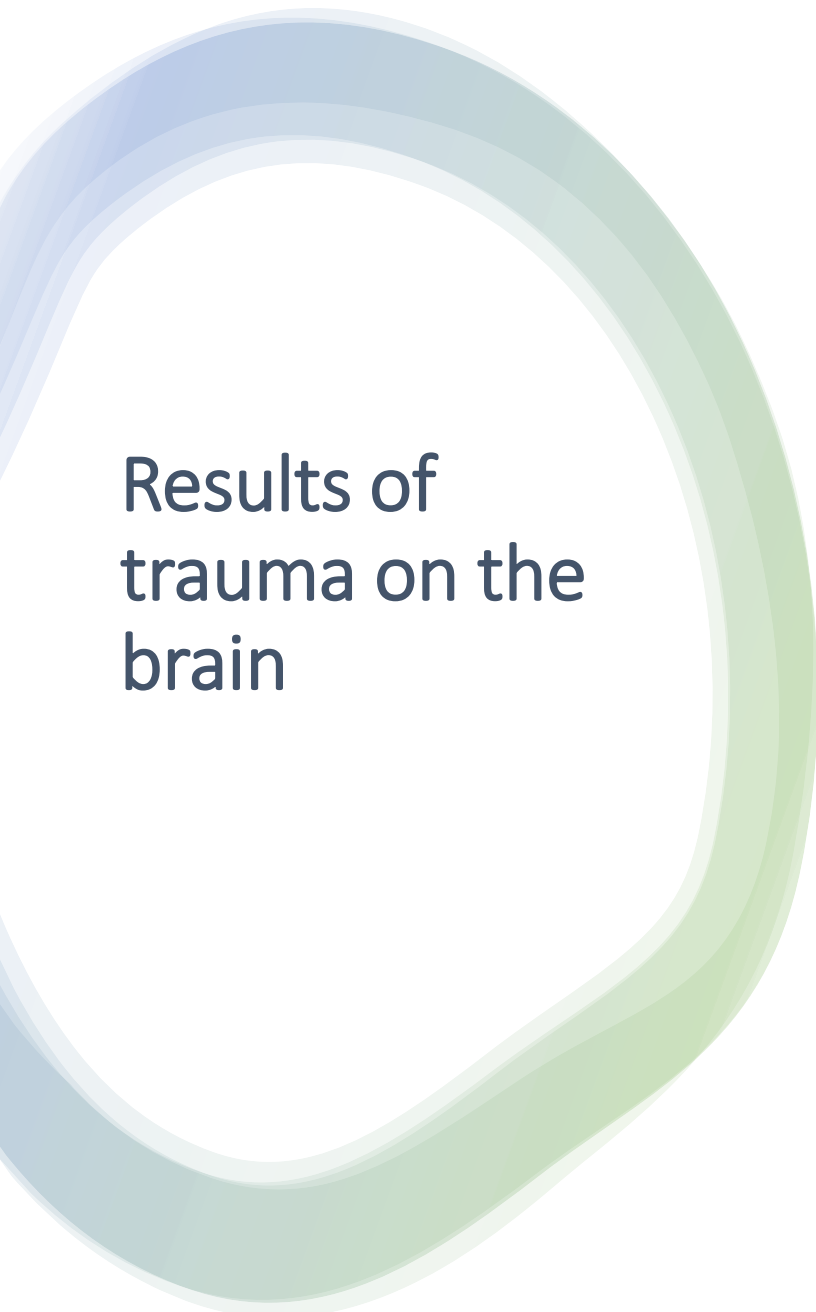
- For the full text of the interview visit <http://airforafrica.org/2015/11/17/air-interview-dr-taiwo-afuape/>
- *“Mental health services are still largely about managing and/or reducing psychiatric symptoms, rather than challenging the root causes of emotional, mental and spiritual distress. You could even call it medicating away protest. It is normal and adaptive to respond to adversity, harm and oppression by being sad, angry, disoriented, hyper-vigilant, disconnected, anxious and/or suspicious.”*



And remember ...

- ‘Trauma is an ordered reaction to a disordered environment’ (Rosenthal, Reinhardt and Birrel, 2016)
- And Alexander Den Heijer says
 - “If a flower doesn’t bloom, you fix the environment in which it grows, not the flower”.





Results of
trauma on the
brain

- Low distress tolerance
 - Impulsiveness
 - Low consequence appraisal
- 

Latent
vulnerability
(McCrary *et al*
2017)

<https://onlinelibrary.wiley.com/doi/full/10.1111/jc.12713>

- We review extant functional neuroimaging studies of children and adolescents exposed to early neglect and/or maltreatment ... across four neurocognitive domains:
 - **threat processing**
 - **reward processing**
 - **emotion regulation**
 - **executive control**

Latent vulnerability (McCrory *et al* 2017)

<https://onlinelibrary.wiley.com/doi/full/10.1111/jcpp.12713>

And here's an
animated [film](#)

- Studies on **threat processing** indicate heightened as well as depressed neural responsiveness in maltreated samples ... thought to reflect threat hypervigilance and avoidance respectively.
- Studies on **reward processing** generally report blunted neural response to anticipation and receipt of rewards ...
- Studies on **emotion regulation** report increased activation (of the amygdala) during active emotion regulation, possibly reflecting greater effortful processing
- Finally, studies of **executive control** – error processing, updating, inhibiting task shifting - report increased activity (in specific area) during error monitoring and inhibition (i.e. greater effort and/or decreased neural efficiency)

Do children grow up to be abusers and/or victims?

(From
[Women's Aid](#))

- The “cycle of violence” otherwise known as the “intergenerational theory” is often referred to when considering the effects of domestic abuse on children; however, research findings are inconsistent, and there is no automatic cause and effect relationship.
- We believe that this theory is disempowering and ineffective when working with children. A boy who has witnessed domestic abuse does not have to grow up to be an abuser and a girl does not have to become a victim of domestic abuse later in life.
- Educational programmes focusing on healthy relationships, and challenging gender inequality, sexual stereotyping, and domestic abuse, should be integrated with work on anti-bullying and conflict resolution as a mandatory part of the PHSE curriculum in all schools. These would act as important preventive measures.