

CHILDREN'S NEEDS, COPING STRATEGIES AND UNDERSTANDINGS OF WOMAN ABUSE (Award No: L129 25 1037)

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BACKGROUND

The abuse of women is widespread but is mainly hidden (Mooney, 1994). Consequently, the number of children living in households where their mothers are abused by partners, or harassed by ex-partners, is inevitably large but unknown. What *is* known is that they experience considerable distress (Jaffe *et al.*, 1990), frequently display adverse reactions (Wolfe *et al.*, 1986), and have needs in their own right which are not well met by mainstream services (Jaffe *et al.*, 1990; Mullender and Morley, 1994; Peled *et al.*, 1995; Hague and Malos, 1999). When the issues first began to be raised, children were conceptualised in professional discourse as 'suffering in silence' but the present researchers' earlier work (Hague *et al.*, 1996; Mullender *et al.*, 1998) showed that children are far from passive, having individual coping strategies and perspectives on what is happening to them. This led to the research team's conviction that research in this field must involve children directly.

Very little research to date has been designed with the intention of hearing the voices of children and young people on the subject of domestic violence (DV). The earlier project revealed the potential for this within a carefully designed and sensitive study. Most children were able to talk about their experiences, however painful. It seemed important, too, that their views should inform a more coherent interagency response. Where agencies have tried to respond without listening to children, research to date (e.g. Hester and Radford, 1996) has suggested that they not infrequently 'get it wrong', with the result that some children are placed in increased danger and/or feel that their wishes or fears are ignored.

The present study therefore sought to discover both how children and young people understand DV and how those who have lived with it cope with, and make sense of, their experiences.

Objectives

The primary themes of this research were children's general understandings and perceptions of DV - including whether they see it as affecting children, who they see as responsible for it and what they think should be done.

The specific objectives were twofold, linked to the two phases of the project. First, the study aimed to discover what a general population of children knew about DV and what attitudes they held towards it. Second, in respect of children known to have lived in situations where their mothers had been abused, the following research questions were asked:

- How do children make sense of the experience of living with domestic violence?
What help do they consider would meet their needs and build on their coping
- strategies?
What help do they currently get?
- How do children and young people consider it could be improved?

In order to meet these aims, a multi-methodological, multistage approach was designed, taking care at all times to include ethnically diverse voices and to consider the gender implications of girls and boys' responses about men's and women's behaviour.

RESEARCH METHODS

Background

The approach to the research was developed from the team's own past practice (Hague et al., 1996) and drew upon feminist research methods (see e.g. Harding, 1987, Kelly, 1988, Nielsen, 1990; Alcott and Potter, 1993; Stanley and Wise, 1993; Maynard and Purvis, 1994). A collective and non-hierarchical team approach was developed across participating institutions, with strategic use of full-day meetings, telephone conferences and electronic communication.

An anti-oppressive research praxis was attempted: taking on issues of discrimination on grounds of class, race and ethnicity, sexuality, and disability in a practical and integrated way; treating abused women, and most particularly, the children of abused women, with respect; and, in line with the aims of the Children 5-16 Research Programme, viewing them as social actors rather than 'merely' as research respondents. Close links were maintained throughout with the Women's Aid Federation of England and the refuge movement.

A wide-ranging literature review was carried out in order to develop an analysis of relevant research approaches and to document the scope of the existing substantive literature. This will be further utilised in the dissemination process.

A Multi-methodological. Multi-stage Approach

The research combined quantitative and qualitative research methods and was conducted in two phases. In Phase I of the study 1,395 children aged 8-16 in school settings in three areas of England completed a questionnaire about what they knew and thought about DV. Phase II was a more detailed study of smaller samples of children who have lived with DV, exploring their views and feelings about their experiences, the coping strategies they had adopted while living through the violent situations, and ideas on the support they thought would be most helpful to them.

A significant feature of the research method was the organisation of group discussions with children. These began before, but also ran concurrently with, Phases I and II of the study and were shared across the team and the research area. The initial group discussions were used to involve children in developing research instruments, and drawing out themes for the in-depth interviews. The questionnaires and interview schedules were piloted with these groups as well as with individuals. Subsequent groups commented on some of the themes arising out of the interviews, adding another dimension to the picture developing from Phase II.

Phase I: The School Survey

In order to access a broad general population of children, a schools-based survey was undertaken. A letter to schools was followed by telephone contact and a preliminary discussion with teachers. Since it would not have been feasible to assemble a general sample of children who could be said with certainty not to have lived with DV in their own home, staff training was offered and a training package developed in conjunction with the then WAFE National Children's Development Officer, a consultant to the project. Questions of consent, confidentiality, support for children where needed, and any overlap with child protection concerns were fully discussed with teachers.

Two questionnaires were developed, one for 8-11 year olds and one for 12-16 year olds, which could be completed in one period of class time. A researcher was present with the teacher to introduce and collect in the questionnaire, deal with questions from children, and provide support if needed.

In order to work reciprocally, each school was given a copy of the training and information pack, and offered a brief report on the responses from the school, a copy of the final report, and access to information and resources for teachers. Information on Child Line and the WAFE Helpline were attached to each questionnaire.

The achieved sample of 1395 children came close to the original target maximum of 1500. This was despite considerable difficulties gaining access to individually autonomous schools, through complex layers of permission from governors, heads, teachers, parents and children, which meant that this phase of the research had to be carried over into the next school year, thus delaying the commencement of the second phase of the study. The survey results were analysed using the SPSS data package and discussed at length by the whole research team.

Phase II: The In-depth Interviews

Phase II of the research was an in-depth study of 45 children known to have lived with domestic violence (as well as a further nine interviewed in groups), their non-abusing parents (22 mothers), and professionals they considered significant in their lives. In the event, relatively few names of such people were recalled by families after a period of upheaval, and some of those were on long-term stress leave or were no longer funded. Consequently, only 14 workers interviewed were conducted.

Inter-agency DV forums, Women's Aid groups, women's support groups and other organisations providing services for women were asked for help in accessing the sample of children. This proved enormously time-consuming, again because of the complex layers of co-operation needed from agency management structures, individual workers, mothers and individual children. The sample achieved was about half what had been hoped for, but the time expended overall on this stage of the fieldwork was more rather than less than originally planned.

In order not to compromise their safety, as far as possible the children were in families no longer living with the abuser. Care was taken to include children of both sexes and from diverse backgrounds, ages and abilities. Different children in the same family were targeted, the earlier study having shown that siblings often have markedly different experiences of and reactions to the same set of events and their aftermath. Three sub-samples of children (two of diverse ethnicity in contrasting parts of the country, and one black - see next section) were tracked from recruitment to the sample to the end of the study period (up to 18 months) to obtain information on their changing situations and views.

Wherever possible, respondents were interviewed twice. For some of the younger children there was communication through drawing and play, and children were given a notebook in order to record their impressions in any way they wished.

All sessions were transcribed in detail before being analysed with the help of the NUDIST package.

The Issue of Ethnic Diversity

Both phases of the research included children from a range of ethnic and cultural backgrounds because there is almost no literature on their needs (Inman, 1994).

The work of obtaining the sub-sample of black children proved to be much more complex than anticipated. Intensive contact with 35 agencies over a period of several months was needed to secure a sample of 14 children (instead of the target of 30). Difficulties arose because of the sensitivities of the issues involved and the fact that specialist agencies were even more likely to be overstretched than those contacted for the general sample.

This group of children was tracked as for the general sample but with a view to the possibility of identifying any additional relevant factors of their lives such as issues relating to culture, community and family, as well as experiences of racial abuse and harassment. This specific focus by black researchers with appropriate language skills and community involvement made it possible to gain access to experiences which are not typically given sufficient attention.

THE FINDINGS

Phase One

A total of 1395 questionnaires were completed in primary and secondary schools. Respondents (see Tables 1-3) were 51% (715) female, 48% (671) male and less than 1% (9) unknown. Where known, 76% were white, 24% from ethnic minority communities. The age range was 8 to 16 (40% 8-11, 60% 12-16). A total of 89 children (6%) reported having a disability. Analysis of the data included basic frequency counts with additional analysis using age, gender and ethnicity. Only 'headline' findings are reported here. (Results on ethnicity are not reported here, as there were no significant differences).

The Meaning of DV

Children were asked what they understood by the words 'domestic violence'. As would be expected, secondary school children reported a higher level of knowledge (11%) than primary (37%) with few gender differences. However, analysis of what precisely children understood revealed much confusion. Only 9% of primary and 28% of secondary school children restricted those involved to parents and/or adults at home. A much higher number defined DV as involving 'violence/hitting' (59% of the sample) with 'fighting' being cited by 28% of primary and 19% of secondary children and 'arguing' by 8% and 6% respectively. Only 5% of the sample combined these two elements into the definition now commonly used by service providers and in legislation. A small proportion of children included child abuse within their definition.

Knowing Someone who has Experienced DV

When provided with a common definition, just under 30% of children reported that they knew someone who had experienced DV. For some, this will have included themselves. This related to little difference in understanding of domestic violence in younger children, but to a slight difference among older children, with more understanding amongst those reporting that they knew someone to whom it had happened.

Knowledge of Prevalence

There were only minor variations and only at secondary age in relation to how common children thought DV was. Seventy-nine per cent thought that it was 'very common' or 'common' (85% female, 73% male). Interesting, older children who knew someone involved reported it as 'very common' at a higher rate (44%) than those who did not (32%).

Parental Violence and Gender Roles

Older children were more tolerant of arguing between parents than younger children, but there was agreement at all ages that fighting and hitting between parents was 'not alright'. Girls were slightly more likely than boys to think that men were more violent in families than women (see Table 4). Older children who knew someone with experience of DV were more likely than others to think men were more violent in families. The majority of children thought

there was a difference between a man hitting a woman and a woman hitting a man, typically because men are stronger (71 % primary and 47% secondary).

What is Violence?

Psychological abuse not involving threats to hurt was seen as violence by 39% of secondary children; slightly more in primary children. Threats to hurt were seen as equally violent as physical acts by the majority at secondary (73%) and by just over half at primary age (57%).

How Children Would Feel

Younger children cited sadness and fear as likely reactions to living with DV at higher levels than older children (see Table 5 and also triangulated by responses to a vignette). Primary pupils who knew someone with personal experience mentioned fear twice as often as unhappiness; for older age groups unhappiness topped the list and anger also came more to the fore. Secondary students in general anticipated age-related impacts, mentioning of younger children that they 'don't know it's wrong' (23%); are 'more frightened' (20%); and may be influenced in terms of future behaviour (19%). Teenagers they thought would be more able to take action (11 %) and 'less affected' (13%) than younger children.

The possibility of a 'cycle of abuse' was seen as slightly more likely by males than females (22% as opposed to 16%) and more by older secondary children than young (25% as opposed to 15%).

When asked how a particular child, 'Jaz, might feel during an incident of DV (in a vignette used within the questionnaire), girls envisaged fear at a slightly higher rate than boys across the age range. Over three-quarters of respondents thought Jaz should take some form of action, with 'calling the police' (also suggested by a majority for Jaz's mother) or 'telling someone' (see Table 6). Leaving the home was seen as the most effective action by Jaz's mother by secondary students (48%). Primary pupils (32%) advocated telling both parents to stop but secondary students had less faith in this (10%).

Who is Responsible

Overall, primary-aged children were less clear than secondary about who, if anyone, was to blame and were more likely to excuse the actions of the perpetrator (see Table 7a). Breaking this down by gender, boys showed these tendencies at all ages and particularly at secondary level. The gender divergence became marked at 13-14, and increased amongst 15-16 year

olds (see Table 7b). Analysis of a series of attitude questions confirmed it, with overall gender differences appearing sharply in the age range 11-14 and increasing for older boys. Two statements blamed the victim (see Table 8). Levels of agreement with the statement, 'Some women deserve to be hit', showed an especially clear gender difference, increasing through the age range from 10 percentage points at 11-12 to 26 points at 15-16. Unlike boys, girls showed increasing awareness by age. The statement, 'Men don't hit women when they are pregnant', showed an increasing gender differential from 11 percentage points at 11-12 to 27 at 15-16 because girls decreasingly agreed with it (46% at 11-12, 27% at 15-16). Similarly, taking the statement, 'Women could easily leave if their partner is violent to them', while 11-12 year girls and boys overwhelmingly agreed (73% and 79% respectively), there was a large disparity between the genders by age 15-16 (50% of girls; 86% of boys).

Who Might Help

When asked who could help a child living with DV, primary-aged pupils suggested: friends (18%) police (17%) and neighbours (11%) while secondary students mentioned: family (33%), friends (30%) and helplines (26%). Asked about themselves, primary children would talk to siblings (40%), but not usually their mother (only 10%) and secondary students to a friend (49%) or their mother (34%) (see Table 9). There was a gender difference here, with 60% of secondary school girls but only 38% of boys citing a friend. The opportunity to talk, and the need for reassurance and support, were seen by both age groups as the most appropriate form of help, along with stopping the violence - involving the police if necessary (see Tables 10a & 10b). There were some gender differences, with girls citing 'talk' at a higher rate than boys and boys 'stopping the violence' at a higher rate at both primary and secondary level. Twenty per cent of secondary school children also regarded taking the children into 'care' as an appropriate response, with a further 15% wanting children to live with relatives; this echoed primary school children who wanted 'Jaz' taken somewhere else.

Should Schools Teach Children About DV?

The vast majority of secondary students (84%) and a majority of primary (52%) wanted lessons on DV in school (Table 11). Amongst a multiplicity of reasons, both age groups wanted to understand why it happened and what to do, with the older group also keen to know how to stop it (see Table 12).

Phase Two

The second phase of the study specifically focused on the experiences of children who had lived with DV. Mixed samples were drawn from two geographical areas, London and Bristol. The additional sample of black children eventually emerged as being all South Asian Muslims drawn predominantly from North-East England - despite negotiations with several black agencies nationally but perhaps owing something to identification with the ethnicity of the two relevant researchers. An interesting aspect of the regional samples however, was the predominance of children from African, African/Caribbean and 'mixed race' families in the London sample despite the fact that referrals came from mainstream not specialist agencies. Though the Bristol sample was predominantly white, taking the Phase II sample as a whole, the majority, nearly two-thirds, were black. This should not be taken to imply that DV is more common in black families. It did, however, furnish a sample in which patterns amongst particular minority ethnic groups had more scope to emerge.

A total of 45 children were interviewed on two occasions, with a gap ranging from 6-18 months between the two interviews. There were 24 girls and 21 boys. Twenty-one had recently been through a refuge. Twenty-nine children were black and 16 white. Twenty-two children were in the younger age group (8-11 years) and 23 were older (12-16 years). A further nine children were interviewed in groups. Carers and workers' perspectives were also sought through interviews with 22 mothers and 14 workers.

Children's Understanding

Children's awareness that DV is happening

The study revealed that, although only one-third of the mothers thought their children were aware of the violence, all the children demonstrated awareness of what had been happening. Nearly all had been exposed to DV for several years, often dating back to quite hazy memories.

Children's understanding of DV

Most children who had been in contact with agencies, including refuges, were familiar with the term 'domestic violence'. Older children demonstrated a better understanding of what it meant than their young counterparts/siblings with, in contrast to children in Phase I, the majority able to describe DV as fighting between adults in the home. Younger children used the terms 'fighting', 'hitting' and 'arguing'. Older children were clearer about their experiences

and often about the dynamics- of the situation: 'He used to beat her terribly. He's just a power-mad bastard'.

There were no significant gender differences. In the South Asian sample there was an additional understanding of the contribution of other members of the extended family to their mother's abuse. For example, a South Asian girl, aged 12, described collusion by her paternal grandmothers and aunt.

Attributing responsibility

'My dad's', 'the bloke's', '[name]'s not my mum', was the overwhelmingly type of response to the question about whose fault they thought the violence was. Nearly all the children attributed the violence to the man, with only two children saying they did not know, and two that both partners were at fault. There was no difference here in the responses of girls and boys.

Explanations of why DV was happening varied. The younger children looked more to situational factors: 'he was drunk', 'it was the drugs', 'because he was gambling and wasting money'. Older children demonstrated more sophisticated understanding of underlying reasons:

'He controlled her. He thought it was OK to treat her like shit and hit her and beat her all the time. He didn't think it was wrong'.

(white young woman aged 15 years)

Children's Responses

The research revealed that children were not passive 'victims' of violence. On the contrary, children of all ages were quite active in how they responded to and coped with the violence, sometimes with understanding and initiative well beyond their age.

Keeping out of danger

Most kept themselves away from the violence when it was happening. Some locked themselves in their bedrooms or hid under bedclothes, others rounded up their siblings and went somewhere safe. Older children said they left the house and went to a neighbour's or to friends. If they happened to be in the same room, they coped by trying to ignore the violence - to shut out what was happening - or by pretending not to be there, keeping very still so as not to draw attention to themselves.

Intervening directly

Few of the children intervened directly when the violence was happening. In this study it was girls who did so. Two tried to stop it by placing themselves between their mother and her assailant. Some stayed in the room hoping that their presence would stop the violence. One tried to stay awake deliberately, and another talked about 'guarding' her mother at all times.

Getting Help

Many children intervened in other, less dangerous ways, in order to get help and stop the violence. Several children called out the police, or got neighbours and friends to do so. Others talked about how they had urged their mothers to 'phone. Some, black children in particular, sought help from other family members. Also significant for black children was awareness that outside help might lead to isolation from their community. Fear of bad advice and unsympathetic treatment from white people/organisations further restricted the help-seeking process for some.

Taking responsibility

An important finding is of way in which older children attempted to support their mothers: helping them be strong, to think things through; advising mothers to seek help and advice in dealing with the violence; sometimes taking on the responsibility of the adult by doing so themselves; helping with younger siblings. They also demonstrated understanding that their mothers stayed with or returned to abusers due to concerns for children's well being.

The Impact of Domestic Violence on Children's Lives

This study confirmed the wide diversity in individual experiences, and in impacts on children of living with DV. There were common themes, however.

Displacement and loss

The most commonly shared experience was that of displacement through fleeing the violence and loss of the familiar - surroundings, neighbourhood, community, shops, schools, friends, personal belongings, toys and pets. For some, this instability was compounded by recurrent moves.

Emotional responses

Predictably, the most frequent reported emotion was one of fear. There was some variation in the ways in which children expressed their emotions. The younger children did so by

screaming, shouting at the abuser, or crying loudly. Older children were more restrained and often tried to repress and block off the incidents.

Physical effects

Some children reported difficulties in sleeping and nightmares. Even when they had moved away or the abuser had left, there were continued anxieties about him returning or catching up with them and the violence beginning all over again.

Mothers and workers shared the concerns about the impact on children's health. For example:

'I think it has affected them very much I never knew that they knew so much. [My older son] has these funny illnesses that are part of it - like he goes to hospital with broken legs, but they are not broken at all. He's gone to hospital several times with a phantom illness. It's his way of getting attention' .

(white mother)

Developmental delays and learning difficulties

These were especially significant in bilingual children. In four of the five South Asian families interviewed there was at least one child, usually a boy, who had speech problems or learning disabilities:

'Yes, it has affected Salma [girl, aged 12 years). She won't talk to anyone; she won't say a word. She is still at the same school, teachers talk to her, doctors tried, psychiatrists have tried talking to her, even social workers have tried speaking to her but she won't say a word. I am surprised that she has talked a little with you, she won't talk to anyone... What professionals are saying is that she has a learning disability'.

(South Asian mother)

Overlaps with child abuse

Some children were themselves also victims of abuse and threats or saw siblings abused.

He argued with my mum all the time, he used to shout, he kicked the table while my sister was eating. He threw hot coffee on my sister; he used to bang her head... He used to say I am going to kill you at night-time while you are asleep.

He used to come with an axe and say I am going to kill you. I used to get very frightened. . .

(South Asian girl aged 8)

Moving away from the abuser

Generally, all the children felt relatively safer and more settled by the time of the interviews. Freedom from fear and the opportunity to form a better relationship with their mothers were notable gains for many. Most reported positive changes in their lives.

'I feel I am getting secure and confident. I want to stay on at school. I'm very mature for my age. Lots of kids my age smoke and drink all the time and take drugs I am too mature for that... I have a lot of help, on the spiritual level and from my mum'.

(white boy aged 15 years)

In the South Asian sample, where children had remained within the community and had the support of the extended family they were far better settled than those whose mothers were no longer accepted by the family/community.

Continuing dangers

The gains were, however, only reflective of those who had left abusive situations. For others, the recovery process was slower. They reported continuing feelings of insecurity and of not being safe from the abuser.

Future relationships

Most of the girls asserted that they would not get married, with some saying they would prefer relationships they assumed would be easier to terminate. Although a few of the boys expressed fears that they would be violent in their own relationships, an equal number said they would respect women and seek alternative ways to resolve conflict.

Fear of racial harassment

An important issue which emerged from the experiences of the South Asian children was the fear of racial harassment and abuse which continued outside the home, even when the violence at home had stopped.

Help Received

Most children felt they had received very little help *from* anyone except their mothers. Some mentioned siblings and two mentioned their father (non-abuser) as having helped the most. Several stated they didn't know if anyone had helped their mother; others named family members, friends, refuge workers, social workers, teachers or the police.

Amongst those who have been in a refuge, specific workers were mentioned as being most helpful; however, in this study, this did not extend to black children's experiences of either mainstream or specialist refuges. Overall, children felt ignored by most professionals and agencies and often not believed by them.

Help and Support Required

Children wanted the following forms of support to help enhance their abilities to cope with their situations.

Talking about it

Almost all the children said that it would be useful to talk to someone other than their mother; someone they could trust and talk to on their own terms. Suggestions included: siblings, friends, neighbours, a non-violent older man, teacher, counsellor, social worker. Others however, went to great lengths to seek comfort; one child climbed out of a first floor window to gain access to a sibling's bedroom.

Children wanted to be told what was going on wherever possible, and to be involved in making decisions. They wanted to be listened to by family, friends and professionals and to have their own views and opinions taken seriously. Mothers also felt it was important that the children should be told what was happening.

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.

(Group interview)

Children who were given counselling found it very useful and recommended it to others.

Support

Children also talked about the need for someone other than their mother to offer support and/or help their mother take them away. Some mentioned friends, although not all were comfortable talking about what was happening at home. Mothers felt that greater attention should be paid to children's needs by the agencies that help women and that children's counselling services were essential.

Being safe

Children, mothers and professionals all felt that the families needed to be safe and to have their own space, remaining in their own familiar surroundings, if possible. Belongings, clothes, toys and pets were important especially to help ease the transition. If they were still living with the abuser they needed to have a plan for keeping safe.

Provision for young people

As in the earlier study, a gap emerged in the support available for older children. Youth services for children living with DV, a drop-in centre for teenagers, a specialist youth worker in refuges to talk to teenagers and hold group sessions were all mentioned.

Support was also needed for young people to get away from the situation and have their own lives:

'Because your life can just be tangled up with your parents and you are worrying about them all the time so its good if you can get away and just be you'.

(white girl, aged 15)

Support was also needed for young people who took on responsibility in their families: someone to take over from them and give them space.

Schools

Little awareness was apparent in schools. In particular, mothers and workers reported a lack of sympathy for learning difficulties and behavioural problems. Space for children to complete their homework, and more affordable or free after-school programmes were concrete suggestions.

Other agencies/professionals

Other agencies and professionals, too, such as police and professionals in court settings lacked sensitivity to the needs of children. Children felt that they needed to be noticed, believed and supported.

DISCUSSION

There are a number of findings from this study which will be highly relevant to policy and practice.

With work in schools on DV beginning to take hold, there are a number of relevant messages. Though many children may say they know what 'domestic violence' means, there is actually considerable confusion amongst all age groups when it comes to offering an accepted definition. Primary-aged children have not yet developed a clear understanding of who is at fault; they might benefit from some age-specific work in class. More worryingly, at all ages, boys demonstrate less awareness than girls. This is specially true for secondary-aged boys who become less rather than more clear as they get older that men should take responsibility for their own violence. Boys also appear to be less likely to be able to confide in someone, including a friend, if they were to experience violence in their own lives. Girls tend to think they can avoid being trapped in violence just by staying unmarried.

Taken together, this amounts to a strong justification for schools-based awareness-raising, for starting it early, and for ensuring that it aims to help boys understand the issues before their attitudes begin to harden, which is certainly happening by the age of 11. Crucially, *all* children and young people need this learning; the study does not lend support to targeting based on 'cycle of violence' theories. Children themselves say they would welcome these lessons and there are many strengths on which to build. Children do know that DV is common and that both violence and threats of violence are wrong and harmful. They think that violence should be stopped and that children should not have to live with it. Most also believe that young people can help, for example by calling the police or telling someone what is happening at home.

Children who have actually lived with DV demonstrate a level of understanding on a different plane, which continues to grow as they get older. Yet their mothers are often unnecessarily hesitant to talk openly to them. Both public education and dissemination to women's organisations could be used to convey the message that children do not like it when adults try to hide things from them and avoid explanations. They want to be taken seriously and to be involved in decisions. In contrast to the schools sample, most of these children are quite clear who is responsible for the violence, blaming it solely on the abuser. Children and

young people who have lived with violence could potentially be an important resource for others in, for example, helping to develop learning materials. They can also offer specific advice for refuges, schools and other agencies, as well as to other children undergoing similar experiences.

The negative impacts of living with DV and of the disruption it causes emerge clearly from this study. Emotional and psychological effects, as well as physical symptoms are graphically described in children's own words. But children employ a wide range of coping strategies and play an active role, both while living with DV and throughout the leaving process. Worryingly, professionals typically emerge as either ignoring or disbelieving children rather than building on their strengths. Children want support, understanding and action to stop the violence. Teenagers want special youth provision.

Not everything is negative in the lives of these children and young people. There are notable gains for many after leaving the violence. It should be noted by professionals, however, that a worrying number continue to live in fear of the abuser.

CONCLUSION

Overall, the study revealed that children are not passive victims of violence against their mothers. Children of all ages demonstrate initiative and creativity in dealing with their own situation of envisaging that of others. While younger children appear more adversely affected by living in a violent household, older ones who had survived the experience often feel it made them stronger.

Children's tenacity and resilience are key resources for agencies to work with. This does not absolve professionals from developing more effective support structures but it does suggest that the perspectives and understandings of young people themselves should inform the development of appropriate policy and practice in health, welfare, education and the criminal justice system, as well as in specialist services for women and children.

REFERENCES

- Alcott, A and Potter, E. (eds) (1993) *Feminist Epistemologies*, London: Routledge.
- Hague, G. and Malos, E. (1999) 'Homeless children and domestic violence', in Vaslamic, P. and Cumella, S., *Homeless Children*, London: Jessica Kingsley.
- Hague, G., Kelly, L., Malos, E. and Mullender, A. with Debbonaire, T. (1996) *Children, Domestic Violence and Refuges: a Study of Needs and Responses*, Bristol: Women's Aid Federation of England.

- Harding, S. (ed) (1987) *Feminism and Methodology*, Milton Keynes: Open University Press.
- Hester, M. and Radford, L. (1996) *Domestic Violence and Child Contact in England and Denmark*, Bristol: Policy Press.
- Iman, U. F. (1994) 'Asian children and domestic violence' in Mullender, A. and Morely, R. (eds) *Children Uving with Domestic Violence: Putting Men's Abuse of Women on the Child Care Agenda*, London: Whiting and Birch.
- Jaffe, P. G., Wolfe, D. A. and Wilson, S. K. (1990) *Children of Battered Women*, Newbury Park, California: Sage.
- Kelly, L. (1988) *Surviving Sexual Violence*, London: Polity Press.
- Maynard, M. and Purvis, J. (eds) (1994) *Researching women's Uves from a Feminist Perspective*, London: Taylor and Francis.
- Mooney, J. (1994) *The Hidden Figure: Domestic Violence in North London*, London: London Borough of Islington, Police and Crime Prevention Unit (or from Middlesex University, Centre for Criminology).
- Mullender, A. and Morley, R. (eds) (1994) *Children Uving with Domestic Violence: Putting Men's Abuse of Women on the Child Care Agenda*, London: Whiting and Birch.
- Mullender, A., Debbonaire, T., Hague, G., Kelly, L. and Malos, E. (1998) Working with children in women's refuges', *Child and Family Social Work*, 3, pp. 87-98.
- Nielsen, J. (ed) (1990) *Feminist Research Methods: Exemplary Readings in the Social Sciences*, Boulder: Westview Press.
- Peled, E., Jaffe, P. G. and Edleson, J. L. (1995) *Ending the Cycle of Violence: Community Responses to Children of Battered Women*, Thousand Oaks, California: Sage.
- Stanley, L. and Wise, S. (1993) *Breaking Out Again: Feminist Ontology and Epistemology*, London: Routledge.
- Wolfe, D. A., Zak., L.t Wilson, S. and Jaffe, P. (1986) 'Child witnesses to violence between parents: critical issues in behavioural and social adjustment', *Journal of Abnormal Child Psychology*, 14(1), pp.95-104.

Table 1 Ethnicity

Ethnicity	Female	Male	Total
Asian	08.6% (57)	08.4% (58)	08.4% (115)
Afro-Caribbean	03.9% (26)	03.9% (27)	03.9% (53)
Black British	02.2% (15)	04.1% (29)	03.2% (44)
Mixed Race	04.9% (33)	04.0% (28)	04.5% (61)
White	76.4% (506)	75.9% (525)	76.2% (1031)
African	02.8% (19)	01.1% (8)	01.2% (27)
Turkish/Cypriot	00.7% (5)	02.3% (16)	01.5% (21)
Malaysian	00.1% (1)		00.1% (1)
TOTAL	48.9% (662)	51.1% (691)	1353

* 42 children did not provide information on their ethnicity.

Table 2 Age

Gender	8	9	10	11	12	13	14	15	16	Total
Female	41 6%	51 8%	93 14%	88 13%	92 14%	106 16%	132 20%	47 7%	4 6%	654 48%
Male	50 7%	68 9%	76 11%	78 11%	119 17%	113 16%	146 21%	49 7%	5 7%	704 52%
TOTAL	91 7%	119 9%	169 12%	166 12%	211 16%	219 16%	278 20%	96 7%	9 .6%	1358

* 37 children did not provide information on their age.

Table 3 Disability

Type of Disability	Sight	Hearing	Mobility	Asthma	Dyslexia	Eczema	Other	Total
Female	6 19%	3 9%	4 13%	8 25%	5 16%	1 3%	5 16%	32 43%
Male	11 26%	4 9%	1 2%	14 32%	4 9%	3 7%	6 14%	43 57%
Total	17 23%	7 9%	5 7%	22 29%	9 12%	4 5%	11 15%	75

* 14 children did not provide Information on the type of disability

Table 4a Violence in Families - Girls

Age	8-10		11-13		14-16	
	True	False	True	False	True	False
Some arguing between parents ok	37 17%	70 32%	174 63%	66 24%	146 80%	22 12%
Some fighting between parents ok	10 6%	121 71%	14 5%	226 81%	18 10%	147 81%
Some hitting between parents ok	8 5%	131 75%	7 2%	251 89%	2 1%	168 92%
Men are more violent in families			97 41%	61 26%	20 49%	48 27%
Women are more violent in families			13 6%	125 54%	7 4%	104 58%
Women and men are equally violent			94 41%	63 28%	66 37%	47 26%

* Percentages are based on those answering the question, excluding those who responded 'not sure'.

Table 4b Violence in Families - Boys

Age	8-10		11-13		14-16	
	True	False	True	False	True	False
Some arguing between parents ok	39 23%	70 40%	177 60%	79 27%	151 79%	25 13%
Some fighting between parents ok	13 7%	127 75%	14 5%	264 89%	27 14%	148 76%
Some hitting between parents ok	7 4%	139 79%	7 2%	278 94%	6 3%	180 95%
Men are more violent in families			92 36%	85 33%	77 40%	54 28%
Women are more violent in families			16 6%	157 61%	8 4%	114 59%
Women and men are equally violent			101 40%	82 32%	64 33%	56 29%

* Percentages are based on those answering the question, excluding those who responded 'not sure'

Table 5 How Children Feel If Living with Domestic Violence

Age	8-10		11-13		14-16	
Gender	Female	Male	Female	Male	Female	Male
Upset/unhappy/sad	91 66%	90 68%	137 53%	121 48%	72 43%	87 58%
Afraid/scared/frightened	70 51%	44 33%	111 43%	72 29%	64 38%	41 27%
Unwell/horrible/hurt	6 4%	5 4%	38 15%	14 6%	31 18%	14 9%
Unloved/alone	6 4%	2 2%	28 11%	17 7%	18 11%	12 8%
Anger	7 5%	6 5%	8 3%	3 1%	16 10%	4 3%
Worried	5 4%	10 8%	11 7%	6 2%	5 3%	3 2%
Other	16 12%	7 5%	63 24%	85 34%	84 50%	62 41%

* Percentages are based on those answering the question, multiple response.

Table 6 What form of action 'Jaz' should take/What form of action 'Jaz's' mother should take

Form of Action	Primary School	Secondary School	Total
Jaz should call the police	59 40%	273 41%	332* 40%
Jaz should tell someone	17 12%	246 37%	263* 32%
Jaz should tell both parents to stop	47 32%	65 10%	112* 14%
Jaz's mother should call the police	139 36%	189 25%	328** 29%
Jaz's mother should leave	54 14%	365 48%	419** 37%

* Percentages based on those children who said that Jaz should take some form of action

* Percentages based on the whole sample

Table 7a Responsibility for Violence by Gender

Sample	Primary		Total	Secondary		Total
Gender	Female	Male		Female	Male	
Father	102 49%	74 39%	176 44%	295 72%	252 60%	547 66%
Mother	14 7%	16 9%	30 8%	15 4%	34 8%	49 6%
Both Parents	55 26%	51 27%	106 27%	39 10%	58 14%	97 12%
Unsure	37 18%	45 24%	82 21%	57 14%	72 17%	129 16%

Table 7b Responsibility for Violence by Age

Age/Gender	Father	Mother	Both Parents/ Unsure
8-10	79	8	72
Female	50%	5%	45%
Male	59 41%	15 10%	70 49%
11-12	104	10	57
Female	61%	6%	33%
Male	92 56%	6 4%	66 40%
13-14	172	10	47
Female	75%	4%	21%
Male	145 61%	23 10%	70 29%
15-16	36	0	10
Female	78%		22%
Male	28 56%	5 10%	17 34%

Table 8 Attitudes to Violence

Statement	Female 11-12		Male 11-12	
	Agree	Disagree	Agree	Disagree
Women get hit if they have done something to make men angry	57 56%	44 44%	81 76%	25 24%
Some women deserve to be hit	18 21%	67 79%	26 31%	59 69%
Men don't hit women when they are pregnant	43 46%	50 54%	54 57%	40 43%
Men who hit women are 'crazy'/mentally ill	79 73%	30 27%	66 62%	41 38%
Women could easily leave if their partner is violent to them	69 73%	25 27%	82 79%	22 21%
Statement	Female 13-14		Male 13-14	
	Agree	Disagree	Agree	Disagree
Women get hit if they have done something to make men angry	126 59%	68 41%	152 67%	74 33%
Some women deserve to be hit	39 20%	161 80%	70 33%	143 67%
Men don't hit women when they are pregnant	64 31%	145 69%	89 41%	130 59%
Men who hit women are 'crazy'/mentally ill	156 72%	62 28%	127 56%	102 44%
Women could easily leave if their partner is violent to them	141 67%	70 33%	159 71%	65 29%
Statement	Female 15-16		Male 15-16	
	Agree	Disagree	Agree	Disagree
Women get hit if they have done something to make men angry	27 66%	14 34%	28 62%	17 38%
Some women deserve to be hit	6 15%	33 85%	16 41%	23 59%
Men don't hit women when they are pregnant	10 27%	27 73%	22 54%	19 46%
Men who hit women are crazy'/mentally ill	29 66%	15 34%	31 69%	14 31%
Women could easily leave If their partner IS violent to them	20 50%	20 50%	37 86%	6 14%

Table 9 Who Children Would Talk To If Domestic Violence At Home

Who Would Talk To	Primary		Secondary	
	Female	Male	Female	Male
Siblings	87 40%	80 40%	118 31%	114 29%*
Friend	38 18%	36 18%	233 60%	148 38%
Police	72 33%	59 30%	53 14%	67 17%
Teacher	58 27%	36 18%	55 14%	44 11%
Grandparents	68 32%	72 36%	98 25%	110 28%
Another Relative	2 1%	1 0.5%	123 32%	103 27%
Mother	16 7%	19 10%	141 36%	125 32%
Father	6 3%	16 8%	17 4%	15 4%
Helplines	1 0.5%	0	5 1%	5 1%
Other	2 1%	2 1%	4 1%	
Total	216	199	387	388

* Percentages based on multiple response

Table 10a What Would Help 'Jaz'

Type of Help	Primary		Secondary	
	Female	Male	Female	Male
Opportunity to talk/reassurance/support	49 28%	23 17%	67 34%	45 31%*
Stop the violence	56 32%	45 33%	10 5%	16 11%
Take child somewhere else	26 15%	20 15%		
Involve the police/arrest perpetrator	12 7%	15 11%	8 4%	3 2%
Talk to the parents	13 7%	5 4%	30 15%	23 16%
Give 'Jaz' advice			79 40%	50 34%
Other**	32 18%	30 22%	25 13%	21 14%
Total	175	135	200	146

* Percentages based on multiple response

** 'Other' here includes checking whether mother is hurt, talking to father, removing mother and practical help.

Table 10b What Would Help Children Living With Domestic Violence

Type of Help	Secondary			
	Female		Male	
Opportunity to talk/reassurance/support	106	48%	39	37%*
Take child into 'care'	50	22%	21	16%
Child to live with other relative	33	15%	19	14%
Stop the violence	24	11%	42	31%
Split parents	20	9%	11	8%
Protect child	34	15%	17	13%
Help parents	16	7%	11	8%
Other**	68	30%	34	25%
Total	223		134	

* Percentages based on multiple response

** 'Other' here includes unspecified general help, telling someone and punishing the perpetrator

Table 11 Lessons on Domestic Violence in School

	Primary				Secondary			
	Female		Male		Female		Male	
Yes	120	55%	100	49%	299	87%	205	81%
No	33	15%	50	25%	43	13%	46	18%
Unsure	65	30%	54	26%	1	-1%	3	1%
Total	218		204		343		254	

Table 12 What Lessons About Domestic Violence In School Should Address

	Primary				Secondary			
	Female		Male		Female		Male	
To understand what it is and why it happens	58	43%	41	35%	105	45%	42	32%*
To know what to do it if happens	34	25%	23	20%	97	42%	34	26%
To stop it happening	10	7%	5	4%	32	14%	24	18%
So don't do it in the future	7	5%	10	9%				
Effects of domestic violence					20	9%	8	6%
Other**	29	21 %	41	35%	29	13%	25	19%
Total	136		116		231		132	

* Percentages based on multiple response

** 'Other' here includes : 'domestic violence is wrong'; 'stop violence in school'; 'sad/hard to talk about'; 'someone can get hurt'; 'fighting back'; 'sex education/relationships' and 'child abuse'.

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