CLAHRC East of England and
CLAHRC North Thames

CLAHRCBITE
Brokering Innovation Through Evidence

NHS
National Institute for
Health Research

May 2018

How should health and social care professionals identify and respond to children experiencing domestic violence?

CLAHRC researchers joined international colleagues to investigate and for the first time summarise the evidence on child, parent and professional views on acceptable approaches

Background

Around 1 in 5 children in the UK have been exposed to domestic violence between their parents or caregivers. Like child abuse and neglect, domestic violence can have long-term adverse effect on child's health and well-being. Even when not directly involved, children witness and are aware of violence between parents/caregivers and experience its health, social and financial consequences

Health and social care practitioners have a vital role and are often the first professionals to have contact with a child experiencing domestic violence - when the abused parent or caregiver seeks help; when children undergo healthcare checks and assessment for emotional or behavioural problems; or when children's social services, schools or the police become involved.

Current guidelines

Current World Health Organization guidance recommends that health care practitioners ask women who present with signs of domestic violence about safety in their relationship and at home, and advises that responses to identification should follow the LIVES principles (Fig 1 right).

However, there are no equivalent recommendations on how to identify and respond to children exposed to domestic violence and limited evidence on which to base future guidance.

LISTEN	Listen to the woman closely, with empathy, and without judging.
INQUIRE ABOUT NEEDS AND CONCERNS	Assess and respond to her various needs and concerns—emotional, physical, social and practical (e.g. childcare)
VALIDATE	Show her that you understand and believe her. Assure her that she is not to blame.
ENHANCE SAFETY	Discuss a plan to protect herself from further harm if violence occurs again.
SUPPORT	Support her by helping her connect to information, services and social support.

Fig 1: LIVES principles guide practitioners caring for women presenting with signs of domestic violence but there is no similar guidance for when children present

What we did

Researchers from University of Bristol, Queen Mary University London and CLAHRC East of England collaborated with colleagues at the McMaster and Western Universities in Canada. They have for the first time summarised existing evidence on child, parent and professional views on acceptable approaches to identifying and responding to children exposed to domestic violence.

What we found

Participants' views on preferable approaches were strikingly consistent and matched the LIVES principles. However, there was a conflict between children's, mothers' and professionals' preferences for engaging directly with children and managing the child's safety when responding to disclosures.

Methods

We integrated findings from 11 studies with 42 children, 220 parents, and 251 providers of health care and social services.

Evidence for an ideal response

Children, non-abusing parents (mostly mothers) and professionals agreed that identification should happen in the context of good patient/client-professional relationships and in a safe and supportive environment.

Health care professionals should ask about a child's safety when they see signs of domestic violence in children. The ideal initial response should include emotional support, discussion about domestic violence and signposting to local specialist services.

Professionals, it was found, needed more training, resources and ongoing support to be able to respond to these children and their families in a way acceptable to them.

Diverging views on how professionals should engage with children

Children and mothers wanted professionals to talk to children directly and engage them in safety planning. Professionals preferred to engage with children via the parent and they often did not perceive children exposed to domestic violence as patients or clients in their own right. At the same time, professionals were not happy with the existing safety guidelines for children and mothers exposed to domestic violence and wanted changes.

Conclusions and recommendations

Our analysis highlighted the conflicting views of children and mothers on the one hand and professionals on the other - this should be targeted in future research and training.

Given the scale of the problem, and the long-term emotional, behavioural and physical impacts on children we hope that the results of this study can form the basis of new, internationally agreed guidelines.

Ideal identification and responses should use a phased approach to enquiry and WHO LIVES principles integrated into a trauma- and violence-informed model of care.

We also hope that our synthesis can be the spark for the development of professional training interventions and resources so that front-line practitioners feel better supported to appropriately and safely respond directly to the needs of children.

Collaborators and funders

The research was funded by the Public Health Agency of Canada through funding to the VEGA (Violence, Evidence, Guidance and Action) project. The VEGA Project is part of the Canadian Government's Public Health Response to Family Violence. This research will inform the development of public health guidance, protocols, curricula and tools for health and social service providers.

This research was supported by the NIHR CLAHRC North Thames and NIHR CLAHRC East of England.

Read the full paper

Natalia V. Lewis, Gene S. Feder, Emma Howarth, Eszter Szilassy, Jill R. McTavish, Harriet L. MacMillan, Nadine Wathen.
Identification and initial response to children's exposure to intimate partner violence: a qualitative synthesis of the perspectives of children, mothers and professionals.

Public health
Research

Identification and initial response to children's exposure to intimate partner violence: a qualitative synthesis of the perspectives of children, mothers and professionals

Natalia V Lewis[1,2], Gene S Feder[1], Emma Howarth[3], Eszter Szilassy[1], Jill R McTavish[4], Harriet L MacMillan[4,5], Nadine Wathen[6]

Author affiliations +

Abstract

Objectives To synthesise evidence on the acceptable identification and initial response to children's exposure to intimate partner violence (IPV) from the perspectives of providers and recipients of healthcare and social services.

Design We conducted a thematic synthesis of qualitative research, appraised the included studies with the modified Critical Appraisal Skills Programme checklist and undertook a sensitivity analysis of the studies scored above 15.

Data sources We searched eight electronic databases, checked references and citations and contacted authors of the included studies.

Eligibility criteria We included qualitative studies with children, parents and providers of healthcare or social services about their experiences of identification or initial responses to children's exposure to IPV. Papers that have not been peer-reviewed were excluded as well as non-English papers.

BMJ Open 2018. Published in BMJ Open. April 2018. Doi:. http://bmjopen.bmj.com/content/8/4/e019761

Further reading

Finding a better way to identify children experiencing domestic violence;
https://theconversation.com/finding-a-better-way-to-identify-children-experiencing-domestic-violence-95010
Natalia Lewis, Research Fellow in Primary Care, University of Bristol, The Conversation, May 8 2018
Violence Evidence Guidance and Action (VEGA); https://projectvega.ca/resources/
More on our VEGA collaborators: https://projectvega.ca/people/
Identification and Referral to Improve Safety (IRIS): Improving the response to domestic violence and abuse:
https://clahrc-norththames.nihr.ac.uk/systems_and_models_theme/improving-the-healthcare-response-to-domestic-violence/
IMPRoving Outcomes for children exposed to domestic ViolencE (IMPROVE):
http://www.clahrc-eoe.nihr.ac.uk/2018/01/improving-outcomes-children-exposed-domestic-violence-improve/

The research was funded by the Public Health Agency of Canada through funding to the VEGA (Violence, Evidence, Guidance and Action) project with support from the NIHR CLAHRC North Thames and NIHR CLAHRC East of England.