

1. Domestic Abuse is the most commonly cited factor when children are assessed by Children's Services to determine whether they need support

Children are victims of domestic abuse and can experience emotional harm from an abusive parent/carer, including:

- Directly or indirectly towards the non-abusing parent.
- Being used in an attempt to undermine self-esteem and their parental role or caught up in the violence.
- Direct emotional abuse and neglect through harmful parenting.
- Coping with consequences – leaving home, loss of community, friendships, possessions and educational disruption.

A child's means of coping with trauma can be perceived as rebellious, oppositional, unmotivated or antisocial, leading to being labelled and stigmatised. They may actually have PTSD as a result of the trauma experienced.

4. Impact on the parent-child relationship

Many parents do everything to protect their child from abuse and seeing violence. Non-abusive parents often stay 'for the sake of the children', not understanding or realising that the children may want to leave.

'Silence' about the abuse is common, making it difficult for children to express their feelings. Often children are fully aware of the abuse.

Professionals often remain focused on the perpetrator and their behaviour being the cause of the issues. Instead, the focus should be on protection of the non-abusive parent AND the child/children (seeing all victims of the abuse).

Professionals should understand how the parenting may have been undermined and controlled by the perpetrator – look holistically to understand the context in which they were trying to parent their child/children.

Perpetrators often manipulate professionals; therefore victims/survivors/children should be seen alone.

Ask about DA routinely – whether it's a known factor or not – it's the most effective way of assisting disclosure and enabling early intervention.

2. Physical, emotional and cognitive impacts

For unborn children and babies: low birth weight, brain damage, failure to thrive.

For pre-school aged children: bedwetting and soiling, withdrawn behaviour, attention-seeking behaviour.

For school-age children: poor performance or over-achievement at school, self-harm, eating disorders, bullies or is bullied.

For teenagers: unhealthy relationships, substance use, missing from care or home

A child can suddenly become triggered and lead to a fight or flight mode response. Even if a child is safe, the primitive brain cannot differentiate between a real threat, or a memory of a threat. Children may experience hyperventilating, sickness, posture changes, sweating and increased heart rates.

5. Safety planning

Professionals working with children as victims of domestic abuse must adhere to the Victims Code Enhanced Rights for those under 18.

Child protection requires adults to take responsibility but remember some children can and do develop effective safety and coping strategies in difficult and dangerous situations. Children's responses to questions about keeping themselves safe in dangerous situations should also be considered in safety planning. For example, if the child said they would try to intervene, the Professional should discuss alternatives such as hiding or calling for help.

- Role play contacting the police
- Ask the child to identify a safe place in their house
- Identify people they can call on to help
- Use trauma-informed and strengths-based approach to build resilience and self-worth
- Create a child-friendly environment to help them identify feelings of safety
- Validate their experiences, help them understand this is not their fault, and they are not responsible for that behaviour

3. Coercive Control

Coercive and controlling aspects of DA are often not given sufficient weight in child protection work, putting children and young people at risk.

Children are victims of domestic abuse can be affected for example:

- Control of time and movement within the home (such as not allowing them to access certain areas, enforcing strict rules, not allowing the non-abusive parent and child to spend time together, being made to be silent, forced to complete certain tasks within an unmanageable time period).
- Not being able to play freely.
- Non-abusive parent not allowed to attend to their child/ren's needs.
- Deprivation of resources: food, heating, water, clothes, medicine
- Imprisonment.
- Isolation from the outside world – limited opportunities for disclosure and support.
- The use of technology to monitor and harass (such as constant phone messaging, forcing the child to record any visitors to the house or conversations the non-abusive parent has, constant checking and asking for proof of location etc).

6. Appreciative Inquiry Approach

Through considered questions to a child/family, you can establish what is working well for them. This supports change for children and families by building trust and connection; focusing on outcomes that matter to them most.

Focused questions, mindful conversations and empathy all place the person at the centre. It encourages trust and reduces defensiveness.

> [More info can be found here](#)

7. Further Information

> [Protecting Children from Domestic Abuse](#)

> [Norfolk Signs of Safety, Family Network Approach & Family Group Conference](#)

> [Safe not sorry: Supporting the campaign for safer child contact](#)

> [Coercive control](#)

> [Domestic abuse and mental health](#)

> [Trauma-informed approaches to supporting people experiencing multiple disadvantage](#)

> [Trauma-informed practice and approach](#)

> [The best start for life: a vision for the 1,001 critical days](#)