Helping children who have experienced family violence

A discussion of the issues raised by the PARKAS program

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This paper looks at some of the difficulties that practitioners face when developing intervention programs for children who have experienced abuse or family violence. It argues that different intervention strategies have developed in Australia, the USA and Britain for children who have been physically abused and for children who have been sexually abused or who have experienced family violence, and that these strategies reflect the different ways in which these problems were identified rather than being based on rigorous evaluative methodologies that identify what is actually effective in intervening in children's lives.

Developing effective intervention programs for children who have been abused or who have experienced family violence that ensure that children's therapeutic needs are met is difficult. In Australia there are numerous programs that have been developed to work with children who have been physically abused, sexually abused, emotionally abused and neglected or who have experienced family violence. The National Child Protection Clearinghouse conducted an audit in 1999 of 1814 such programs designed to prevent child abuse (Tomison & Poole, 2000). The paper written by Wendy Bunston describes one program – the PARKAS program. This program has been operating since 1996 and has been recognised with a 1998 Australian Violence Prevention Award and a 1999 'good practice award' by the State/Federal Governments' Partnerships Against Domestic Violence initiative. The program is an important attempt to respond to the needs of children who have witnessed family violence (Bunston, 1998). It utilises groupwork, a widely accepted form of intervention in such situations (Humphreys, 2002), as its primary intervention method and is innovative in using the same workers to facilitate both the mothers' and the children's components of the program. The PARKAS program has also developed sessions for fathers who have used violence and their children.

This paper is not a critique of that specific program but focuses on the dilemmas that are raised for current practice wisdom when the literature relating to the effectiveness of specific therapeutic interventions and approaches for children are reviewed. It is argued that there have been so few studies undertaken that have utilised adequate methodologies to examine the effectiveness of various intervention strategies, that practitioners who are faced with the very real need to respond to the distress of children in this situation end up relying on strategies that at best are untested and at worst may be misconceived.

This paper explores the issues that arise in developing services for children who have experienced violence and abuse – whether that violence is directed at them in the form of physical or sexual abuse or whether it occurs to the adult members of their families in the form of domestic violence. Practitioners are faced with the very real issue of deciding how to respond when, because of limited research and evaluation, we cannot be sure of what actually works and under what circumstances.

A review of the literature on all aspects of child abuse and family violence, including theories of causation, effects of abuse on children, intervention strategies and treatment programs, immediately reveals that it is an area in which it is difficult to draw definitive conclusions about any of the above issues. Problems arise for a number of methodological reasons including the use in different studies of various definitions of abuse and of non-random population samples. Hence it is difficult to conclude with any certainty what the short and long-term impact of particular types of abuse might be, and what factors might mediate the differential

outcomes seen in the various studies. In addition the child abuse literature describes a range of intervention strategies and programs which, in the majority of cases, have not been rigorously evaluated. Despite this, there are a number of assumptions made about what is 'best practice', and it has been suggested in a review of child abuse prevention programs that 'the vast majority of interventions had not been evaluated prior to introduction, and to all intents and purposes had the status of uncontrolled experiments' (MacDonald & Roberts, 1995 in Tomison, 2000a: 4).

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A comprehensive discussion of the issues surrounding the current state of evaluation in relation to child abuse prevention programs concludes that, despite the general acceptance that program evaluation is a core element of service provision and that such evaluations need to be rigorously conducted, the difficulties in doing so mean that very few such 'gold standard' evaluations have been conducted in Australia or internationally (Tomison, 2000a). Hence anything that we can say about what works needs to be considered very cautiously. Despite limited evaluations of what actually works, it is clear that different intervention strategies have developed (both in Australia and internationally) to deal with child physical and emotional abuse and neglect on the one hand and child sexual abuse and children who have witnessed or experienced domestic violence on the other (Flanagan et.al, 2001)

Historically services for children who have been abused and services for women who have experienced family violence have developed separately from each other (Hewitt & Cavanagh, 1998). Services for women who have experienced family violence and also services for women and children who have been sexually assaulted have largely been developed utilising feminist frameworks, whilst services for abused and neglected children have developed using child welfare philosophies. What this has meant in practice is that there are different intervention strategies that have developed for abused or neglected children and for sexually abused children. These strategies appear to have evolved as a consequence of historical differences in the way the different types of abuse have come to public attention. These intervention strategies appear to be similar in Britain, the USA and Australia. Intervention strategies for children who have experienced family violence are similar for those who have experienced sexual abuse (Flanagan et al, 2001). Given that it is well established that domestic violence is likely to co-exist with other forms of child abuse (Humphreys, 2002; Tomison, 2000b; Lang, 2000), then it appears that children will experience different service responses depending on whether or not they are initially identified as being a 'child abuse' case or a 'domestic violence' case (Brown et al, 1998).

Children who have been physically abused or neglected are usually not seen as having individual treatment needs. Rather treatment (in a variety of forms) is directed at their parents with a view to enhancing parental effectiveness. Children are rarely separated from the offender (unless in worse case scenarios) and the goal of intervention is usually to work towards family reunification. There is rarely consideration given to laying criminal charges against abusers (again unless in worse case scenarios) (Collins, Jordan & Coleman, 1999; Corby, 2000).

Sexually abused children are usually seen as having individual treatment needs and are often referred to counselling. However there is evidence that for many that counselling does not actually happen (Corby, 2000). Children are routinely separated from the offender as best practice. Criminal charges against the offender are seen as appropriate (compared with perpetrators of physical abuse) and offenders are rarely offered any sort of treatment (again compared with physically abusing parents) although this is seen as ideal (Corby, 2000; Collins et al, 1999).

As with sexual abuse, intervention strategies for women and children who have experienced domestic violence appear to see the solution as separation from the offender, and then to provide counselling. Services for women who have experienced domestic violence are increasingly recognizing the needs of children in these situations and it appears to be an underlying (and unexamined) assumption of these services that women's needs and children's needs in this situation are congruent (for example, see Blanchard, 1999).

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The different intervention strategies used for children who have been sexually abused or who have experienced domestic violence compared with those that are preferred for children who have experienced physical abuse or neglect probably reflect the influence of feminism in the identification of sexual abuse and domestic violence as social problems. However this difference in strategies does lead to the question of why so called 'best practice' is to support women to separate from men who are violent, but separation of children from men or women who physically abuse them is not (unless of course the man is abusing the woman as well). It also raises the question of why it is assumed that children should not routinely live with

someone who sexually abuses them (regardless of the extent of the abuse) but that they are able to live with someone who physically abuses them (unless in worst case scenarios). Evaluations of the effectiveness of the different treatment programs (what there is) do not suggest that this has come about because it is easier to rehabilitate people who physically abuse children rather than those who sexually abuse children. Rather it appears to have occurred as a result of different philosophical and value positions that underpin theories of causation of the different types of abuse.

Perhaps it is time to develop theory to inform practice about the role of children in our society and their relative powerlessness – not in relation to women (as occurs in the domestic violence and sexual abuse literature) but in their own right.

Theorising about the causation of domestic violence and child sexual abuse attributes a primary role to gender relationships. Theorising about other forms of abuse, whilst acknowledging gender, does not give it a primary focus. Perhaps it is time to develop theory to inform practice about the role of children in our society and their relative powerlessness – not in relation to women (as occurs in the domestic violence and sexual abuse literature) but in their own right. A current issue that highlights children's relative powerlessness is the debate about paid maternity leave. As Arndt has pointed out, the debate is currently framed in terms of the needs of mothers, employers and community, but not children (Arndt, 2002).

The therapeutic needs of children who have been abused or who have experienced family violence include abuse identification, protection and assistance with recovery. Evaluations of intervention strategies to abused children have usually used cessation of abuse as the criterion of effectiveness. Critics have argued that it is inadequate to measure the effectiveness of intervention by whether or not abuse ceases without also examining the ongoing quality of the child's life and looking at whether or not his/her development is within normal limits. Given that the impact of the abuse appears to be influenced by post-abuse experiences, this would seem to be a valid criticism of measures which rely on cessation of abuse alone.

A review of the literature on children, young people and domestic violence reveals that, as with child abuse, there are difficulties in determining prevalence rates. Difficulties arise because of inconsistent definitions about what constitutes domestic violence, issues around the extent to which violence is reported and reliance on what may be unrepresentative samples. Consideration of the impact on children of domestic violence consists of an identification of possible symptoms. Lang, in a review of the literature, concludes, 'the majority of children exposed to domestic violence do not demonstrate adverse impacts' (Lang, 2000:5). The domestic violence literature, like the child maltreatment literature, provides only limited insight into which children, under which circumstances, develop adverse effects (Lang, 2000) or how violent relationships develop or how couples at risk might best be assisted (Tomison, 2000b).

There is support for a developmental approach in understanding the impact of domestic violence on children (Lang, 2000) and to reducing risk factors and increasing protective factors that are assumed to have a significant effect on adjustment throughout the lifespan (Tomison, 2000b:17). Usually reports of the impact of family violence produce a 'list of symptoms'. There is little information about which children, at what age and under which type of circumstances are likely to develop which effects.

Reviewing the effects of child maltreatment and domestic violence indicates that child abuse (in its various forms) does not lead to unique long-term effects. The short and long-term consequences of abuse will be determined by an interaction of factors, including individual characteristics of the child, past experiences, the actual abuse, and the type of post-abuse experiences the child has. A developmental model that incorporates an understanding of the interaction between the child's experience of abuse and other developmental processes provides an understanding of how abuse can lead to vulnerability to risk factors associated with negative adult outcomes. A service delivery model needs to incorporate the opportunity for individual and holistic assessments leading to individualized service delivery plans for each child or young person.

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In relation to sexual abuse, Mullen and Fleming (1998) argue that the research literature indicates that there is not a clear link between child sexual abuse and adverse adult outcomes and, consistent with other reviews on effects (Corby, 2000), concluded that child sexual abuse does not lead to unique long-term effects or a discernible post-abuse syndrome. Instead they conclude, 'child sexual abuse is best viewed as a risk factor for a wide range of developmental problems' (Mullen & Fleming, 1998: 7). They argue that the long term effects will be modified by the individual's subsequent experiences and cite Romans et al (1995;1997) who found the long term problems were significantly lower for those who had supportive and confiding relationships

with their mothers and who, as adolescents, had experienced success at school or with peers (Mullen & Fleming, 1998:8).

Mullen and Fleming (1998) propose a developmental model to explain the impact of child sexual abuse. In this model, it is argued that the developmental aspects impacted on by sexual abuse are self-esteem, mastery, capacity for intimacy and sexuality. Early family experiences impact on the child's development up to the time of the abuse, then there is the impact of the abuse experience (and abuse factors such as whether or not penetration occurred and who the perpetrator was). Post-abuse experiences (such as school success, ongoing relationship with mother, adult intimacy, etc) all mediate the experience and can lead to problems in self-esteem, mastery, intimacy and sexuality, which in turn lead to risk factors for affective disorders. They conclude that:

> child sexual abuse may be a necessary, but rarely (if ever) a sufficient cause of adult problems. Child sexual abuse acts in concert with other developmental experiences to leave the growing child with areas of vulnerability. This is a dynamic process at every level, and one in which there are few irremediable absolutes. Abuse is not destiny. It is damaging, and that damage, if not always reparable is open to amelioration and limitation (Mullen & Fleming, 1998:9).

What is surprising is the extent to which current intervention strategies are based on ideology rather than an understanding of whether or not they are effective.

This developmental model has implications for models of service delivery to meet the therapeutic needs of children and young people who have been abused. The strategies that Mullen and Fleming (1998) propose in order to ameliorate the impact of child sexual abuse are equally relevant to dealing with a wide range of adolescent and adult problems unrelated to abuse. In addition, their developmental model which looks at the interaction between early family and social experiences, the actual experience of abuse and the impact of post-abuse experiences also has relevance for other forms of child maltreatment and for those children who have experienced domestic violence.

There is some evidence that capacity to utilize treatment effectively is dependent on factors such as socio-economic class (ie, more socially disadvantaged benefit less from treatment) and other environmental factors such as accommodation and education. This holds true for physically abused children, sexually abused children and children who have experienced family violence. There is also some evidence that for both sexually abused and physically abused children, family orientated treatment is more effective if combined with services that assist with financial needs, accommodation, and developing of community/social networks (Corby, 2000; James, 2000b).

Favoured treatment for sexually abused children and those who have experienced domestic violence appears to be a mixture of group work for children and non-offending caregivers with various forms of individual and dyadic counselling. As stated there is rarely involvement in treatment of the offending parent. Whilst this may be a valid way of intervening, this has not been effectively evaluated.

What is surprising is the extent to which current intervention strategies are based on ideology rather than an understanding of whether or not they are effective. This includes strategies that remove sexually abused children from perpetrators (regardless of the severity of the abuse) but leave physically abused children in the care of the perpetrator (unless in worse case scenarios).

Our current understanding of the impact of abuse on children suggests that a model of service delivery, if it is to be effective, needs to incorporate a range of services that recognize that:

- children's experience of interpersonal relationships is crucial to their psychological adjustment;
- children require consistency of care;
- family discord is one of the most disruptive influences on children;
- it is the experience of enduring adversity rather than specific stress that leads to ongoing problems. Specific stresses however often become the first link in a chain of negative events and may produce distress at the time;
- effects of adverse experiences are not irreversible;
- multiple rather than single cause explanations are usually more appropriate to understand a particular event;
- children can satisfactorily develop under a wide range of differing conditions
  (adapted from Schaffer, 1998).

The PARKAS program is an innovative attempt to meet the therapeutic needs of children who have experienced family violence and reflects consideration of many of the themes identified by Schaffer (1998). The program utilises considerable practice wisdom and incorporates knowledge of current research developments in the field. However, in common with most child abuse prevention programs, it remains untested and until adequate attention is given to researching the effects of intervention on children, practitioners will be in the unsatisfactory position of having to respond to the distress of abused children, without being confident that their approaches are effective. Without adequate research and evaluation there always remains the concerning possibility that some of our decision-making and interventions post-abuse are actually damaging. ♦

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