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Children living with domestic abuse

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Children living with domestic abuse:

Social inequalities in mother and child experiences and repercussions for children's wellbeing

Final project report
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THE UNIVERSITY *of* EDINBURGH

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Publications and outputs related to this research

Skafida, V., Feder, G. & Barter, C. (2023) Asking the Right Questions? A Critical Overview of Longitudinal Survey Data on Intimate Partner Violence and Abuse Among Adults and Young People in the UK. J Fam Viol 38, 1095–1109. **https://doi.org/10.1007/s10896-023-00501-1**

Skafida, V., Devaney, J. (2023) Risk and protective factors for children's psychopathology in the context of domestic violence – a study using nationally representative longitudinal survey data. Child Abuse and Neglect, 135, [105991]. **https://doi.org/10.1016/j.chiabu.2022.105991**

Skafida, V., Morrison, F., Devaney, J. (2022) Intimate partner violence and child maltreatment in Scotland – Insights from nationally representative longitudinal survey data. Child Abuse and Neglect, 132, [105784]. **https://doi.org/10.1016/j.chiabu.2022.105784**

Skafida, V., Morrison, F., & Devaney, J. (2022). Answer Refused: Exploring How Item Non-response on Domestic Abuse Questions in a Social Survey Affects Analysis. Survey Research Methods, 16(2), 227–240. **https://doi.org/10.18148/srm/2022.v16i2.7823**

Skafida, V., Morrison, F., & Devaney, J. (2022). Prevalence and Social Inequality in Experiences of Domestic Abuse Among Mothers of Young Children: A Study Using National Survey Data from Scotland. Journal of Interpersonal Violence, 37(11–12), NP9811–NP9838. **https://doi.org/10.1177/0886260520980392**

Skafida, V., Morrison, F., Devaney, J. (2021) 'Mothers living with domestic abuse in Scotland - a tale of poverty and social inequality' Research Briefing 94, Centre for Research on Families and Relationships, University of Edinburgh. **https://era.ed.ac.uk/handle/1842/37536**

Table of Contents

Executive summary

Using a longitudinal nationally representative cohort study of 5200 pre-school children and their families in Scotland, we explore the prevalence of domestic abuse for mothers and how domestic abuse is associated with young children's outcomes.

We use the term **'domestic abuse'** to refer to behaviour taking place between intimate partners or ex-partners that is:

CONTROLLING

COERCIVE

THREATENING

DEGRADING

VIOLENT (INCLUDING SEXUAL VIOLENCE)

Given the nature of the data we use, we focus exclusively on **maternal experiences of domestic abuse**. Researching domestic abuse through such data offered many opportunities, such as the ability to explore domestic abuse through a social inequalities lens and to examine different aspects of mothers' and children's lives in the context of domestic abuse. The data also presents challenges. It is a cohort study not exclusively about domestic abuse so the survey questions are not always optimal for exploring domestic abuse. The study relies largely on the mothers' responses, thus making perpetrators invisible in the analysis. Questions about parenting are overwhelmingly about the mother, leading to greater scrutiny of mothering as opposed to fathering, which in this study context is particularly problematic.

In the summary findings which follow, we often refer to **'predicted probabilities'**. These can be interpreted as percentages or proportions, but predicted probabilities are calculated from models which also account for – i.e. control statistically for - how other important factors may be affecting the outcomes being explored. Examples of variables controlled for in these models include household income, maternal social class, maternal age and educational qualifications, ethnicity, number of children in the home, children's sex.

OUTCOMES BEING EXPLORED

OTHER IMPORTANT FACTORS

INCOME   SOCIAL CLASS   MOTHERS AGE   EDUCATION   ETC.

PREDICTED PROBABILITIES

Key findings

By the time study children were six years old, 14% of all mothers reported experiencing any form of domestic abuse since the child's birth, including 7% who experienced physical abuse. **This equates to c.45,000 children aged under 7 who are potentially affected by domestic abuse in Scotland**. Assuming trends are similar across the UK, the analogous figure for the entire UK lies at approximately 700,000 children aged under 7 who are potentially affected by domestic abuse. If we factor in siblings, then we could extrapolate that about 1.5million children are affected. This figure is higher than previous estimates.
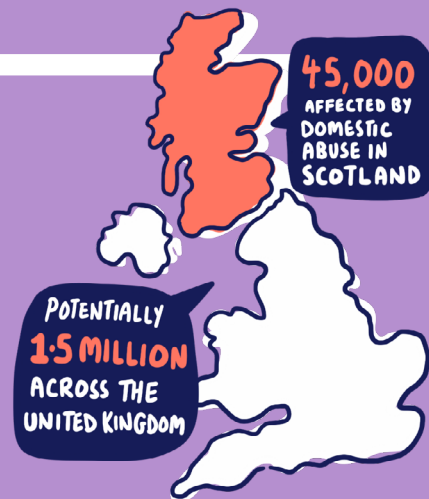
45,000 AFFECTED BY DOMESTIC ABUSE IN SCOTLAND

POTENTIALLY **1.5 MILLION** ACROSS THE UNITED KINGDOM

PROBABILITY OF REPORTING ABUSE

Compared to mothers in households with the highest incomes, **the predicted probability of mothers reporting abuse in the lowest household income group was three times greater (20% compared to 7%)** and the predicted probability of experiencing more types of abuse, more often was four times greater (13% compared to 3%). Younger mothers were more likely to report experiencing domestic abuse, with the predicted prevalence being 29% for mothers aged 20 years old or younger and 8% among mothers aged 40 years old or more.

We found evidence of **cumulative layers of disadvantage in relation to domestic abuse experiences when exploring income and age together.** Among the youngest mothers living in the lowest income households, 1 in 3 reported experiencing domestic abuse, compared to 1 in 10 mothers who were neither in the youngest age group nor in the lowest income group.

LOW INCOME

YOUNG AGE

We also explored the association between maternal reports of domestic abuse and children's social and emotional development across childhood. We focused on children's internalising behaviours (e.g. depressive disorders, anxiety disorders, and somatic complaints); externalising behaviours (e.g. disobedience, temper tantrums, hyperactivity) and prosocial behaviours (e.g. altruism and reciprocity). **Mothers who reported experiencing abuse in the six years since their study-child was born also reported that their children had higher internalising and externalising behaviours and lower levels of prosocial behaviours between the ages of 6-13.**

We examined protective factors for children's social and emotional development. The greatest protective factor for a child across all dimensions of development was a strong mother-child relationship, something that is often targeted by perpetrators within the context of domestic abuse. Compared to those with a weaker mother-child relationship, **a stronger mother-child relationship was associated with a lower predicted probability of children having high (top fifth of the distribution) internalising behaviours (12% compared to 27%) and externalising behaviours (10% compared to 33%), and a greater probability of prosocial behaviours (i.e. 90% versus 68%).**
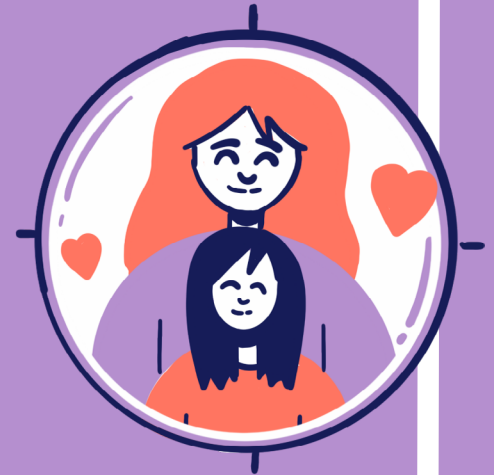
We used methods intended to explore causal pathways between prevalence of domestic abuse and children's social and emotional development. We find both a direct association between domestic abuse prevalence and children's social and emotional development, and also find an indirect association taking place through the mother-child relationship. **The direct negative 'effects' of domestic abuse on children's behaviour are stronger where mothers experienced more types of abuse, more often.**

Drawing on theories of polyvictimisation, we explored whether perpetration of abuse against the mother correlated with greater use of parental physical chastisement with children. A higher prevalence of domestic abuse was associated with a higher prevalence in parental use of physical chastisement with children. **In homes where the mother's abusive partner had been present in children's lives since birth, 1 in 4 (predicted probability of 26%) children at age 2 had been smacked by the mother's abusive partner compared to 16% of children not living with an abusive partner since birth.**

In efforts to explore the role that services play in children's lives in the context of domestic abuse, we examined the association between domestic abuse prevalence, as reported at age 6, and parental contact with the police (at ages 6 and 7) and contact with social workers (at ages 2, 4 and 7). However, survey questions do not specify if domestic abuse is the cause of police or social worker involvement. Maternal reports of domestic abuse were associated with a higher probability of police contact with parents, and with social worker contact for the study-child. **Where mothers reported experiencing abuse, 12% (predicted probabilities) had police contact and 9% had social worker contact, compared to 5% and 2% respectively where mothers did not report experiencing domestic abuse. Experiencing more types of abuse, more often, was associated with much higher predicted probabilities of both police and social worker contact.**
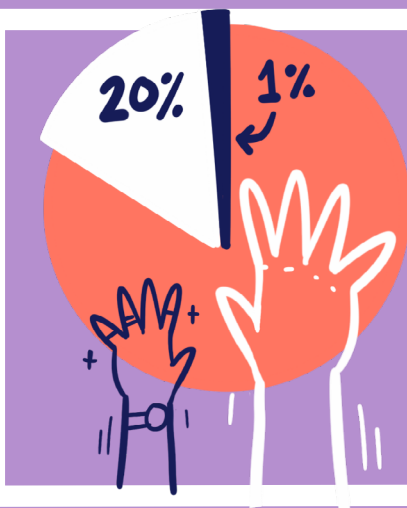
There were stark inequalities in terms of police and social worker contact by household income. For example, focusing only on mothers who experienced domestic abuse, **1% among the highest income households had contact with a social worker compared to 20% in the lowest income households.** Also, focusing only on mothers who experienced domestic abuse, **10% of parents among the highest income households had police contact compared to 24% in the lowest income households.**

Social worker contact among mothers who reported domestic abuse was twice as common where the study-child was a boy (predicted probability of 16%) compared to when the study-child was a girl (predicted probability of 8%). This could reflect in part that boys were more likely to rank higher for externalising behaviours while girls were more likely to rank higher for internalising behaviours in terms of social and emotional development difficulties, with the former being a more 'visible' form of developmental difficulties.

When exploring non-response to domestic abuse questions in the survey, we found that not answering domestic abuse questions was more likely among mothers from more disadvantaged circumstances, and also more likely among mothers who previously reported hostility in their relationships (e.g. more arguments, hostility, feelings of loneliness and thoughts of separation). We infer that the levels of social inequality likely to be present in society in terms of domestic abuse experiences are likely to be much steeper compared to what we can observe even with high quality survey data.

Policy and service reflections

We reflect on the different spaces for policy action and on the challenges our findings raise in relation to the existing policy setting and social context. These include the following key points:

The findings	Policy and Practice Implications
Unequal vulnerability Assumptions of **'equal vulnerability' which purport that abuse can happen to anyone are not supported by the evidence** which points to highly unequal probabilities of experiencing abuse for different population groups.	We stress that **service design and delivery should recognise how different dimensions of disadvantage overlap and interlock with each other**, leading to increased probabilities of experiencing domestic abuse and different opportunities to act or respond to abuse.
Poverty & gender Given the strong association between poverty and reported prevalence of domestic abuse, **measures which seek to address such structural drivers and which recognise the gendered dimension of poverty would be important preventative approaches to tackling domestic abuse**.	Relevant policy responses should focus on providing access to an adequate independent income over the life course for women and men and implementation should consider how welfare payments to families may be unequally shared between family members.
Young mothers **The youngest mothers were those most likely to experience abuse.** Acting within the school setting can be a way to create generational change in social norms.	Though schools currently offer training on respectful relationships, **young people have asked for more education on how to recognise healthy and unhealthy relationships and power imbalances in these, as well as more education on systemic violence against women and girls.** However, broader societal cultural change in social norms around gender-based violence can only be achieved if society more broadly learns to embrace equality and mutual respect and to reject all forms of violence against women and girls.

The findings	Policy and Practice Implications

Mother and child bond

Our findings show that a strong mother-child relationship can mitigate some of the negative effects of abuse on children's social and emotional development, yet many services facing domestic abuse victims and survivors are still compartmentalised and often fail to recognise this semi-symbiotic relationship. Also, most mothers who had experienced abuse were no longer in an intimate relationship with the perpetrator.

Thus, courts should consider the ways in which court ordered child contact provides opportunities for perpetrators of domestic abuse to continue to control and abuse children and ex-partners and to undermine the relationships between mothers and children.

Impact on development

We find maternal experiences of domestic abuse to be strongly and incrementally associated with poorer social and emotional development scores for children.

Access to more and better mental health support for adult victims of abuse as well as their children is a priority, though recent reviews of provision suggest that demand outstrips supply.

Differential treatment of vulnerable families

Among mothers who have experienced abuse, the striking social inequalities by household income in terms of family contact with the police and with social services raise several questions as to what may be driving these inequalities.

More work is needed to ascertain whether inequalities are rooted in **a justified and targeted response where support is most needed**, or whether this is indicative of unconscious bias and unjustified differential treatment of the most vulnerable families.

1.0 Introduction

1.1 Why this research, and why now?

In recent years, domestic abuse has risen high on the policy agenda, and has become more prominent in public debate. We use the term 'domestic abuse' to refer to controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, which is taking place between intimate partners or ex-partners. The increase in public concern with domestic abuse has not been driven by any sharp changes in prevalence but rather is the result of campaigning by groups working with and for victims and survivors (Hague, 2021). According to the UK Office for National Statistics, 26.2% of adult women experience some form of domestic abuse during their lifetime (Office for National Statistics, 2018). We know that motherhood is linked to women's increased risk of victimization, and pregnancy is a particular point of risk both for the onset and the escalation of domestic abuse (O'Reilly, 2007). There is robust evidence to highlight that children living in households with domestic abuse are significantly affected by this (Holt et al., 2008; McTavish et al., 2016).

While policy and legislation in relation to domestic abuse is a devolved matter, there is much in common between the jurisdictions of England and Wales, Northern Ireland, and Scotland. For example, all four nations have sought to broaden the definition of domestic abuse to include coercive control, and to increase the range of provisions to afford greater protections to victims. However, there are also some important differences, with legislation in England and Wales, and Northern Ireland, including children having independent status as victims of domestic violence, whereas in Scotland children's status is linked to that of the adult victims. There are further differences in criminal law between Scotland and other parts of the United Kingdom. In Scotland the official definition for domestic abuse is defined as a range of criminal behaviours between individuals who are in, or were previously in, an intimate relationship. In England, Northern Ireland and Wales domestic abuse is defined as criminal behaviours which can occur between a current or former partner or close family member.

In this report we summarise the work of a three-year research project funded by the Nuffield Foundation, which drew on longitudinal cohort study data to better understand the social inequalities in prevalence of domestic abuse in early childhood and to explore the association between domestic abuse and children's wellbeing. We outline below the research questions which we sought to address, and provide a brief overview of key theoretical underpinnings informing these.

1.2 Research questions and theoretical underpinnings

We sought to explore the prevalence and social inequalities in domestic abuse experiences among young mothers, looking at social inequalities through an intersectional lens. Existing studies looking at domestic abuse through an intersectional lens have mostly looked at the intersection of poverty and race, particularly in terms of poor black women's experiences of domestic abuse in a US context (Bograd, 1999; Nixon & Humphreys, 2010). Exploring how these frameworks apply to our research context we ask:

> **a) What is the prevalence of domestic abuse among mothers of young children and do multiple overlapping dimensions of disadvantage correlate with higher prevalence of domestic abuse?**

To examine how children may be affected by domestic abuse we investigate whether domestic abuse is correlated with children's social and emotional development throughout childhood, and discuss what aspects of children's lives act as protective factors. The frameworks of attachment theory and social learning theory have most often been used to inform similar research (Bender et al., 2022; Fong et al., 2019). Attachment theory could help explain why domestic abuse may negatively affect some children's attachment to caregivers, and social learning theory could explain how children who witness abuse between parents may mimic some of these behaviours in their own relationships with significant others (Bender et al., 2022). Exploring how these frameworks apply to our research context we ask:

(b) In what ways do maternal reports of domestic abuse correlate with children's social and emotional development?

(c) How do different risk and protective factors correlate with children's social and emotional development in the context of domestic abuse?

(d) To what extent does the mother-child relationship moderate and/or mediate the effect that exposure to domestic abuse has on children's social and emotional development?

QUESTIONS ADDRESSED IN SECTION 3.0

Prior research on children living with domestic abuse has drawn on the concept of child polyvictimization. Polyvictimisation refers to the experience of two or more types of victimisation rather than multiple occurrences of one type. Child polyvictimization in the context of domestic abuse is relevant when trying to explain the frequent co-occurance of intimate partner violence and abuse with child abuse and neglect (Chan et al., 2021). The survey we use did not have questions to allow us to explore child abuse or neglect. Instead, we explore how maternal reports of domestic abuse are correlated with children's own experiences of parental physical chastisement. In carrying out this analysis we draw on scholarship around the 'continuum of violence' (Heilmann et al., 2015) which describes how parental physical chastisement can escalate and lead to increasingly more violent actions. It is important to note that the survey data was collected before physical chastisement was criminalised in Scotland by the Children (Equal Protection from Assault) (Scotland) Act 2019. On the back of this context we ask:

(e) Is perpetration of abuse against the mother associated with a higher probability of children being physically chastised?

QUESTION ADDRESSED IN SECTION 4.0

Finally, we explore social inequalities in parental contact with social workers and the police when domestic abuse has been reported by mothers. Research has drawn attention to the profound social inequalities which characterize children's social care system in the UK (Bywaters & Child Welfare Inequalities Project Team, 2020). Prior research in England into police and social services responses for children and families experiencing domestic abuse, noted that police notification triggered an initial social work assessment in only five percent of cases examined (Stanley et al., 2010). Authors note that the presence of children under 12months of age, the reporting of severe injuries, and repeat notifications, predicted a higher probability of a social services assessment, but the research design did not allow for social inequalities to be explored. Scholars have previously drawn attention to the criminalisation of poverty in the UK and to how this relates to the disproportionate policing of vulnerable people (ICP Alliance, 2021). Based on this context we ask:

(f) How are maternal experiences of domestic abuse associated with contact with the police and with social services and is contact with services socially stratified?

QUESTION ADDRESSED IN SECTION 5.0

1.3 Dataset and methods at a glance

We provide a brief overview of the main dataset and analysis methods used for this research. We use data from the **Growing Up in Scotland** survey, a longitudinal nationally representative prospective study of pre-school children and their families in Scotland. The survey cohort used in this analysis consisted, at the first survey, of 5,217 babies born between June 2004 and May 2005. Children from this cohort were 10 months old at the first survey interview, and are referred to in our research and this report as 'study children'. There are of course often siblings in the household but they are not the focus of the survey, and therefore of this report. Interviewers returned to families every year or every other year tracking children's lives as they grew, collecting data from the mother, and on some occasions the father, where applicable, and eventually also from children themselves. At the time of analysis, children were 13 years old at the latest available sweep of survey data, limiting our ability to examine outcomes beyond this age. More detailed descriptions of the data and methods are provided in the academic publications which supplement the findings in this report, and we do not replicate these details here (Skafida et al., 2021, 2022a, 2022b; Skafida & Devaney, 2023). These publications describe the original question wording of all survey questions (also listed in Table 1 in the Appendix), how questions were recoded for analysis and why, what analytical models we adopted and why, and what measures we took to make sure our analyses were robust.

Our dataset choice was driven by the need to use a longitudinal survey focusing on children and their social and emotional development alongside detailed questions on both maternal domestic abuse experiences and contextual family information regarding the lives of children and parents. The Growing Up in Scotland survey offered the best combination of such information, along with a robust data collection design and high response rates, making it preferable to alternative UK-wide datasets with more limited survey questions such as the **Millennium Cohort Study**, or lower response rates, such as the **Avon Longitudinal Study of Parents And Children** (Skafida et al. 2023). Evidence exploring within UK differences and similarities on a range of maternal and child wellbeing outcomes indicates that in most cases the similarities between England and Scotland outnumber within-UK differences (Taulbut et al., 2014), though some exceptions exist, for example in relation to child protection (Bywaters et al., 2020). We therefore argue that with data from Scotland, we can gain valuable insights as to what the status quo is likely to be in other nations in the UK.

1.4 Key survey questions on domestic abuse

At the 6th family interview when study children were 6 years old, mothers were asked to report on experiences of domestic abuse, and these questions are our key measures. Mothers answered questions on 13 different types of abuse experienced in the 6-year period since the study-child was born. The questions sought to capture physical violence, sexual abuse, and coercive control. Mothers were also asked to specify how often the abuse took place, and who had perpetrated the abuse (Table 1 in the Appendix lists all relevant survey questions).

With these survey questions we created a measure of prevalence of 'any abuse' for mothers (for those who answered 'yes' to any of the survey questions). We also created different measures of abuse - such as one differentiating between mothers who experienced more types of abuse, more often (the survey question on frequency was not linked to a specific incident). We recognise the limitations of measures of abuse frequency which at the individual level may not capture the impact of domestic abuse experienced. However, on an aggregate level, measures such as this help to disaggregate between victims experiencing different frequencies and severities of abuse and in understanding how this correlates with other negative outcomes. A longer discussion about the limitations of quantifying abuse frequency and intensity this way can be found elsewhere (Skafida et al., 2021).

Though questions about domestic abuse were only asked once in this longitudinal survey, we used household composition and relationship questions to identify mothers and children who had been living with an abusive mother's partner since the start of the survey (as opposed to families where the domestic abuse was from an intimate partner no longer living in the household, or not continuously living in the household, or where the abuse was from different partners). In this report we use the term 'domestic abuse' to refer to violence and abuse experienced by mothers from a current or previous intimate partner or partners, who may or may not be co-habiting, or who have been co-habiting with the women in our study at any point.

1.5 Statistical models

We applied advanced analytical models to explore the relationships between socio-economic factors and domestic abuse, and the relationships between domestic abuse and children's outcomes. In brief, we used different types of regression models which aim to explain how different factors, when accounted for simultaneously, affect an outcome of interest, for example, the prevalence of abuse. Our statistical models included modelling compounded effects of multiple dimensions of inequality to explore intersectional experiences, calculating predicted probabilities from logistic regression models, and running mediation analysis. We make frequent reference to the term 'predicted probabilities' in our findings. While these can be interpreted in a similar way to regular probabilities (i.e. as percentages or proportions), predicted probabilities are calculated from models which also take into account – i.e. they control statistically for - how other important factors may be affecting the outcome of interest. Examples of variables controlled for in these models include household income, maternal social class, age and education, ethnicity, number of children in the home, children's sex and more. We provide details of such models and on the variables controlled for in the analyses in the academic papers which complement this report (Skafida et al., 2021, 2022b, 2022a, 2023; Skafida & Devaney, 2023).

1.6 Reflections on researching domestic abuse via a child cohort study

Longitudinal nationally representative surveys such as the one we have used allow us to explore how prevalence in domestic abuse and impacts for children may differ across social groups and throughout childhood, and allow us to quantify what the prevalence of domestic abuse and related outcomes are likely to be in the population. In our case, the contextual information collected around children and parents was vast both in topic breadth and duration, allowing for a very broad exploration of children's outcomes across early to middle childhood in relation to domestic abuse.

However, there were some limitations to contend with. The data provided a relatively narrow picture of domestic abuse, and did not capture the detail of women and children's lives, how they navigate experiences of abuse, the barriers they faced including the ones they overcame. The survey data we use includes information about abuse victimisation from the mother only, this means that the information is provided by victims – rather than perpetrators. Thus, the perpetrator or 'cause' of abuse is largely invisible in the data and the analysis of it.

When reporting on quantitative research on domestic abuse it can be challenging to use language that is accurate methodologically, and respectful of how language around domestic abuse has evolved over time. From an epidemiological research paradigm where similar data and methods are often used, we would expect to read about how 'exposure' to abuse relates to children's outcomes, but this term fails to reflect the experiences of victims of domestic abuse and fails to attribute abusive behaviours to perpetrators. In some contexts, scholars report on the 'incidence of abuse' but this fails to recognise the systematic patterns of controlling and coercive behaviour which constitute abuse, and places excessive emphasis on single abusive events. In our report we will mostly refer to the 'reporting' and 'experiences' of domestic abuse but we are aware that the survey questions at our disposal are not able to capture the complexity of individual experiences.

One of our key aims was to understand the magnitude and nature of social inequalities in relation to domestic abuse and children's wellbeing. However, an association between domestic abuse and different structural factors, like poverty, should not be misconstrued or misunderstood as a case of poverty causing domestic abuse. We stress being poor does not cause women to become victims of abuse. Instead, poverty should be understood as a structural driver which, in combination with regressive social norms, sets the scene around which perpetrators are able to abuse their victims and which limits women's space for action when faced with perpetrators of abuse.

In the GUS survey, much like most cohort studies, there are far more questions being asked of mothers, and about mothering, than there are about fathers and fathering. This also applies to questions of parental use of physical chastisement which we explore in our research. This imbalance in questions is problematic because it allows us to scrutinise the mothers' parenting practises, more than the fathers'. Additionally, women on average spend more time caring for children than men do, which further contributes to the imbalance in the types of analysis possible with this type of data. Lapierre (2008, p. 456) provides a good and relevant critique, noting that "the fact that this scholarship has been overwhelmingly concerned with the negative impacts for children of their exposure to domestic violence, and with women's mothering as a determining factor in how children are affected by the violence, has led to an emphasis on women's 'deficiencies' and 'failures' as mothers". We argue that the ability for quantitative research to change this narrative is greatly affected by the data that is collected and available for analysis. The complexities in reconciling quantitative research and feminist research approaches in this and related substantive fields have been clearly outlined by Leung et al. (2019).

1.7 Consulting domestic abuse survivors about our findings

We wanted to better understand whether and how the findings from our research reflected the experiences of victims and survivors of abuse, as well as the experiences of those involved in supporting them via community-based services. Thus, we ran a focus group with individuals with relevant lived experiences who we consulted with about our findings, and who reflected on how our findings compared to their own experiences. Women were recruited via the **Newcastle User and Carer Forum** which is for people who use services in relation to Drug and Alcohol treatment. Forum facilitators helped identify a focus group which consisted of five women who were survivors of domestic abuse (all mothers) and one practitioner working with women and children experiencing abuse. Women drew on their own experiences of domestic abuse and of their interactions with services. Though this was not intended to be a stand-alone qualitative piece of research, we still adhered to ethical standards of good practice. The qualitative analysis and consultation focus group was conducted with ethical approval; recruitment took place in collaboration with an established third-sector partner; the focus group was facilitated with support from a researcher experienced in qualitative research with domestic abuse survivors; information sheets and consent forms were used (available **here**). The focus group discussion was recorded, transcribed and anonymised, and analysed thematically in NVivo to identify key reflections which helped to contextualise our findings. Extracts of this discussion have been collated into this report. All participant names in the report are pseudonyms.
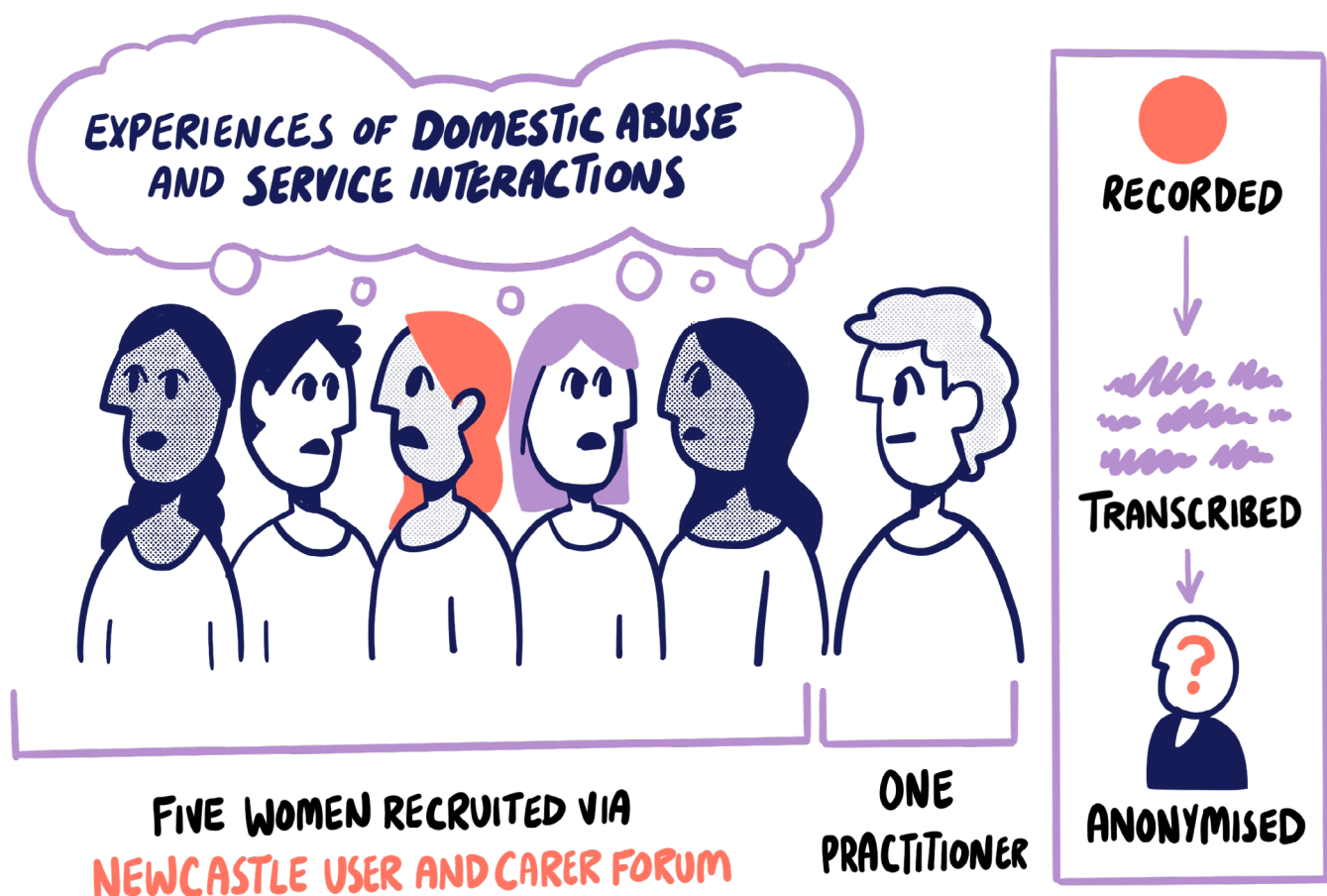
2.0 Prevalence and Social Inequalities in maternal domestic abuse experiences

There are generally very few studies which use large representative community samples to explore social inequalities in domestic abuse experiences among women in their childbearing years and in the postnatal period (O'Reilly, 2007). Most such studies with representative community samples focus on abuse experienced across a lifetime making it difficult to know how many parents and how many children are victims of abuse in any geographical context, including the UK (Alhabib et al., 2010; Capaldi et al., 2012; O'Reilly, 2007). Scottish Crime and Justice Survey data does suggest an absolute population prevalence of 0.73% of adults (aged 16+) experiencing abuse in the last year while children are in the vicinity (Scottish Government et al., 2021). However, this is likely to be vastly underestimating children's experiences of abuse due to the survey's focus on the latest 'incident' of abuse in the year preceding data collection. When it comes to research on the social inequalities in experiences of domestic abuse, international research notes that domestic abuse experiences are stratified by socioeconomic factors (Afzal et al., 2018; Alhabib et al., 2010; Capaldi et al., 2012). However, few studies collect a variety of high quality indicators of social inequality, or are able to explore how different dimensions of inequality intersect with each other (Capaldi et al., 2012).

Our research explores the population level prevalence and social inequalities in domestic abuse among mothers of young children. We ask the following questions: What proportion of mothers of young children are experiencing abuse and how many children are affected? What types of abuse are mothers experiencing, and who is the perpetrator? Is domestic abuse prevalence amongst this group socially stratified, and if so, how?

2.1 Key figures on prevalence

Initial screening of the data shows that 14% of mothers in the overall sample report experiencing some form of abuse since the birth of the study child. This is prevalence for a 6 year period only, and is different to the lifetime prevalence of 26.2% referred to earlier (Office for National Statistics, 2018). Among the 14% who experience abuse, 43% experienced one type of abuse (that is, they responded 'yes' to only one of the questions in the module, see Table 1 in the Appendix). Just under 60% experienced two or more types of abuse. When answering how many times since the study child's birth had 'any of these things happened' to respondents, 43% of mothers reported experiencing abuse one to three times, and 15% reported it occurring too many times to count. However, 'don't know' or 'don't remember' responses made up 25% of the answers given for this question.

The figure of 14% equates to approximately 45,000 children aged under 7 who are potentially affected by domestic abuse in Scotland. Assuming trends are the same across the UK, and using Office of National Statistics data on births[1], the analogous figure for the entire UK lies at approximately 700,000 children aged under 7 who are potentially affected by domestic abuse. If we factor in the siblings of study-children (aged 0-17) in the Growing Up in Scotland Survey, then we can estimate that about 1.5 million children in the UK are affected[2]. These figures are higher than previously estimated by an NSPCC commissioned survey which found that 12% of children under 11 years old (approximately 1 million children based on 2021 population data) had been exposed to domestic violence between adults in their homes during childhood (Radford et al., 2011).

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[1]   https://wrww.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesf orukenglandandwalesscotlandandnorthernireland

[2]   This too is likely to be an underestimate in terms of total prevalence for all children aged 0-17 since it is based on 700,000 children aged under 7 years old, and 800,000 of their siblings aged 0-17. Proportion of siblings extrapolated from the survey sibling data.

The most commonly experienced form of abuse was coercive control, which was captured with three survey questions about economic control, having been made to feel worthless, and the perpetrator being jealous or controlling (See Table 1 in the Appendix). Overall, 11% of mothers had experienced this form of abuse, though it is worth noting this measure of coercive control is narrow and uses only three survey questions. For physical violence and for threats of physical violence the figure was in both cases 7%[3]. Only 3.5% of mothers experienced abuse from a 'current partner' and the remaining 10% will have experienced such abuse from a prior partner during a previous relationship since the study-child was born, or from an ex-partner post-separation. Literature on post-separation abuse has stressed that women often experience abuse even if they have separated from an abuser, and even if the abuser no longer lives in the household (Holt, 2015; Spearman et al., 2023). This was reflected in the stories emerging from our focus group, where all women mentioned how coercive control endured and even escalated post separation. As one of our participants said: "The abuse that I see is about punishment. *'You left me; how can I get you back?'*" (Debbie).

2.2 How are experiences of abuse socially stratified?

Of the different socio-economic subgroups explored, mothers aged 20 or younger were those most likely to experience abuse when the study child was born (29%) in contrast to those who were 40 years or older (9%). There were similar discrepancies by income, and for example 24% of those in the households with the lowest income reported experiencing abuse versus 6% of mothers in the households with the highest income (where income was divided into 5 equally sized ascending groups). From statistical models which simultaneously accounted for other important factors (such as maternal education, social class, age and number of children in the home, see section 1.5 for more details) we found that compared to mothers in households with the highest incomes, the predicted probability of mothers reporting abuse in the lowest household income group was three times greater (20% compared to 7%). Also, the predicted probability of experiencing more types of abuse, more often was four times greater (13% compared to 3%).

It would be incorrect to infer that being poor or being young are individual characteristics which cause domestic abuse. Those who perpetrate abuse are the cause of domestic abuse. Poverty and youth should be understood as structural factors that are strongly associated in this cohort with greater prevalence and greater frequency of abuse. It is important to acknowledge that our analysis is one of associations. We know from qualitative literature that perpetrators of abuse often limit the opportunities that their victims have to earn their own income, meaning that the association we report could be a complex combination of poverty being both a structural driver of domestic abuse prevalence and a byproduct of domestic abuse itself. An evidence review by the Joseph Rowntree Foundation also finds a consistent association between domestic abuse and poverty in the UK and acknowledges that the mechanisms which link poverty to abuse are not well understood. The report provides a good range of hypotheses as to how this association could be explained, and summarises the structural role of poverty as:

> *In the context of classed and gendered societies, the cumulative and additive nature of social disadvantage is such that we might expect the interaction of socioeconomic inequalities with patriarchal norms to result in heightened vulnerability to DVA [Domestic Violence and Abuse] for women experiencing poverty. Within this structurally oriented perspective, we might characterise the association between poverty and DVA as an interaction effect such that poverty heightens women's existing vulnerability to DVA arising from patriarchal social relations (Fahmy et al., 2016).*

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3   Survey questions on threats could have been subsumed within the coercive control measure, but we chose to analyse these separately to respect the separation of these questions in how the survey was conceptualised and how the different questions were compartmentalised in the survey. Combining the questions on coercive control with the questions on threats gives a prevalence of 12% (as opposed to 11%).

We also explored intersectional dimensions of disadvantage by looking at how different dimensions of disadvantage interact and overlap with each other. When we focus on women who were both in the youngest age group, and on the lowest incomes, the probability of mothers having experienced domestic abuse was disproportionately greater. Among this group, 1 in 3 experienced abuse compared to 1 in 10 of mothers who were neither in the youngest age group nor in the lowest income group. The findings related to the vulnerability of young mothers were reflected in our focus group, where several respondents mentioned not realising that their first intimate relationships, at ages 15-17, had been abusive until decades later, as this account from Fran below suggests:

"I was in my first ever domestic violence relationship when I was about 17. That was probably my worst as well. I know all of them are bad, but that was my worst. My first one. And it was all forms of abuse, like, it started being sexual […]. He made us believe it was normal, so I genuinely started to believe like, I was in a relationship with him, so he was allowed to do that."

In statistical models which took into account (see section 1.5 for explanation of statistical control) how maternal social class, household income, mother's age, ethnicity and number of children in the household are associated with domestic abuse prevalence, the reported prevalence of abuse was higher among mothers in the poorest income households who also had the highest educational qualifications (predicted probability of 30%) compared to other groups. One interpretation is that, since the model is already controlling for other factors associated with maternal education (i.e., age, maternal social class and household income), what we are seeing is a possible reporting bias: in other words, mothers with higher educational qualifications are more likely to report it in the survey.

2.3 Who is missing in survey data?

We examined item non-response on survey questions about domestic abuse in the survey (Skafida et al., 2022a). While survey non-response can happen when participants opt out of a survey entirely, 'item non-response' occurs when participants who are taking part in a survey do not answer specific survey questions. Item non-response was socially stratified. For example, 1% of mothers with degrees had full or partial item non-response, compared to 9% of mothers with no educational qualifications. Controlling for other important characteristics of mothers and families in the analysis, mothers who previously reported hostility in their relationships (see Table 1 for survey questions used) subsequently had a four-fold greater risk of both experiencing abuse and of not answering some or all abuse questions. Because of the ways in which the more vulnerable and disadvantaged groups in society are routinely missed from social surveys at the various stages of the survey design and given that we show that item non-response is likely to mask experiences of abuse in the population, we infer that the actual social gradient of domestic abuse prevalence for this group of women may be steeper than what we can observe even with high quality survey data.
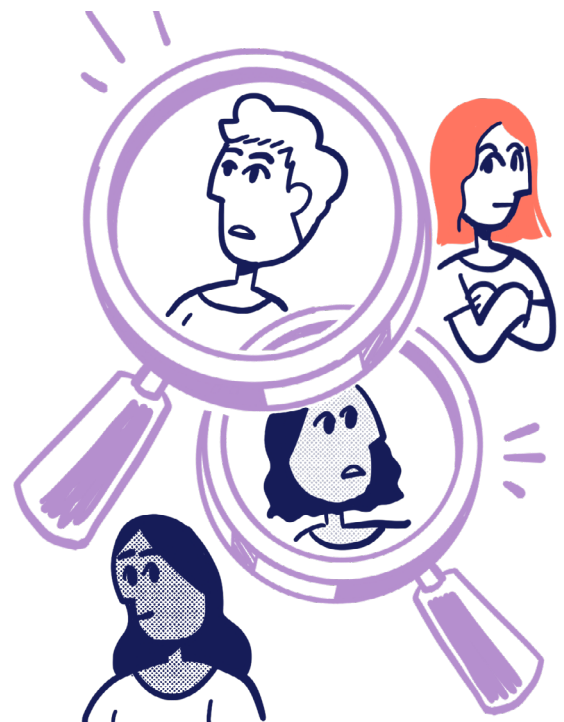
3.0 Domestic abuse and children's social and emotional development

We wanted to explore the association between maternal experiences of domestic abuse and children's social and emotional development. Prior research on this topic mostly consists of studies which use clinical samples and non-representative populations, and studies using US samples dominate the literature (Fong et al., 2019). In order to capture the concept of 'social and emotional development' we used survey questions from the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997). This is a very widely used and validated questionnaire which asks about children's internalising, externalising and prosocial behaviours. We briefly summarise what these terms mean:

> **Internalising behaviours refers to a range of depressive disorders, anxiety disorders, and bodily complaints (Liu et al., 2011).**

> **Externalising behaviours refers to disobedience, temper tantrums, hyperactivity, stealing or fighting (Liu, 2004).**

> **Prosocial behaviours, sometimes also called 'adaptive functioning' are positive behaviours intended to benefit others, including altruism and reciprocity (Dovidio et al., 2017).**

The SDQ internalising behaviour scale draws on the mother's responses to ten statements on whether the child: Generally plays alone; Has one or more good friends; Is generally liked by other people; Is bullied or picked on by other children; Gets on better with adults; Gets a lot of headaches, stomach aches or sickness; Worries a lot; Is often unhappy, down-hearted or tearful; Is nervous in new situations, easily loses confidence; Has many fears, is easily scared. The externalising scale asks if the child: Often has temper tantrums or hot tempers; Is generally obedient, usually does what adults request; Often fights with other children or bullies them; Often lies or cheats; Steals from home, school or elsewhere; Is restless, cannot stay still for long; Is constantly fidgeting or squirming; Is easily distracted, finds it difficult to concentrate; Thinks before doing things; Finishes the work child is doing, and attention is good. The prosocial scale asks if the child: Is considerate to other people's feelings; Shares readily with other children, for example toys, treats, pencils; Is helpful if someone is hurt, upset, or feeling ill; Is kind to younger children; Often volunteers to help others.

We have discussed elsewhere how the SDQ questions are coded to create three scales capturing internalising, externalising, and prosocial behaviours respectively (Skafida & Devaney, 2023). In our analysis, children with high externalising and internalising behaviours were in the top 20% of the distribution for each of these two scales. For prosocial behaviours we focus on those in the top 80% of the distribution.

It is important to note that our insights into children's behaviour comes from the mother's point of view and that the validity of parent-reported answers on the SDQ among mothers who are victims of domestic abuse has not been researched. There is also evidence that mothers who are victims of abuse may be hypervigilant of their children and their own parenting. Women may blame themselves for children's actions and overanalyse their children's behaviour in such a way that it distorts the validity of the SDQ measure when used in this context (Herbell & Bloom, 2020). This was evident in our focus group, where some mothers reflected on the emotional challenge of mothering while enduring domestic abuse, and continued to blame themselves for the impact that the perpetrator's behaviour had on their children:

> *He saw too much. You know, like, me and him fighting all the time. And he saw it and it went on into his adulthood and he had like, real anger problems. And it was because of what he saw. And I used to blame myself and I used to think: if I'd never exposed him to that – not that it was my fault – but that's the way I used to think, inside myself, and I used to think: if he'd never been through that, maybe he wouldn't be like that to this day. (Abbie)*

Qualitative research on the lived experiences of mothering while enduring domestic abuse has highlighted that women often feel that they are responsible for the way the actions of the perpetrator affect their children and blame themselves for any perceived negative outcomes (Wendt et al., 2015). However, the focus on maternal responsibility to protect children obscures the fact that it is perpetrators of abuse who are responsible for the negative consequences of abuse for children.

3.1 Risk and protective factors for children's social and emotional development

Though there is evidence that domestic abuse negatively affects children's outcomes, there is also some evidence that a proportion of children do not appear to be negatively affected (Kitzmann et al., 2003). Thus, it is important to understand if there are other contextual factors in children's lives that are associated with children's outcomes. We wanted to explore the causal pathways through which domestic abuse negatively affects some children but not others, and understand what factors may play a protective role, and how the impact of domestic abuse on children may be ameliorated. The relevant literature in this field often speaks of 'protective' and 'risk' factors for children's development. This is terminology which originates in epidemiology and which we explain briefly below in terms of their usage in relevant research.

Protective factors describe environmental and individual characteristics that are associated with resilience and positive adaptation among children exposed to domestic abuse. These typically include positive parenting and maternal warmth and sensitivity (Martinez-Torteya et al., 2009). **Risk factors** on the other hand are associated with an increased probability of children having adapted poorly and can include unchangeable individual or environmental characteristics, as well as factors such as maternal depression, maladaptive parenting or stressful life events (Martinez-Torteya et al., 2009).

3.2 Children's development in the context of domestic abuse

Through complex models[4] which also took into account (i.e. statistically controlled for) the socio-demographic characteristics of mothers and children, we found that among mothers who experienced domestic abuse, their children were more likely to rank higher for internalising and externalising behaviours and were less likely to have average to high levels of prosocial skills. Maternal reports of domestic abuse were most strongly associated with also reporting externalising symptoms for children. For example, where mothers had experienced domestic abuse, the predicted probability of children ranking high for externalising behaviours was 21% compared to 14% when no abuse was reported.

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4   See Skafida & Devaney (2023) for a detailed description of the analysis, which included logistic regression models with interaction effects, and mediation analysis – both used to explore the mediating and moderating role of the mother child relationship in relation to children's social and emotional development in the context of domestic abuse.

3.3 The mother-child relationship as a key protective factor

We know that domestic abuse can affect children indirectly by impacting on parenting capacity (Cleaver et al., 2012; Holt et al., 2008). A close relationship between mother and child is a key protective factor explored in the literature (Carter et al., 2020; Fong et al., 2019). Also, one of the many strategies perpetrators of abuse use against their victims is to actively undermine the mother-child relationship (Fogarty et al., 2021). We wanted to understand the role the mother-child relationship had in how children were affected by domestic abuse.

Of all the protective characteristics we explored, a close relationship between mother and child (as assessed by the mother) was the factor most strongly associated with positive outcomes across all three dimensions of social and emotional development. When looking across all children, compared to those with a weaker mother-child relationship, a stronger mother-child relationship was associated with a lower predicted probability of children ranking high (top fifth of the distribution) for internalising behaviours (12% compared to 27%) and for externalising behaviours (10% compared to 33%), and a greater probability of children ranking higher for prosocial behaviours (i.e. 90% versus 68%).

Among children whose mothers did experience domestic abuse, having a close relationship with their mother partly mediated the negative relationships between domestic abuse and children's social and emotional development. For example, focusing only on homes where domestic abuse was reported by the mother, the predicted probability of ranking high for externalising symptoms was 17% among children with a strong mother-child relationships compared to 49% among children with a weaker mother-child relationship. Trends were similar for internalising symptoms, and the pattern was inversed for prosocial behaviours.

In the effort to disentangle causality in our analysis, we explored the extent to which domestic abuse 'affects' (if we assume associations are causal) children's social and emotional development directly, as opposed to indirectly, due to affecting the mother-child relationship first. The direct 'effect' (in a statistical sense) of domestic abuse prevalence and children's indicators of social and emotional development is greater in magnitude where mothers endured more types of abuse, more often. Conversely, where mothers experienced fewer types of abuse and less often, the 'effect' of domestic abuse on children's social and emotional development scores was to a greater extent taking place indirectly and operating via the mother-child relationship.

Some studies suggest that those enduring domestic abuse can adopt compensatory parenting strategies to protect their children (Fusco, 2017). This is something the emerged in our focus group, e.g. Fran said: "That's what they were trying to say, that because of what he was putting on to me, I was going to put on to my son. It was the opposite. I looked after them [children] extra careful because of what I was going through". Aside from compensatory approaches, other protective strategies that mothers who endure abuse can adopt may include intentionally distancing children physically and emotionally if an abusive partner is triggered by the mother's affections towards her children (Buchanan & Moulding, 2020). The complexities related to mothering in very difficult circumstances make research into maternal and child attachment in the context of domestic abuse particularly challenging.

3.4 Other Risk and Protective Factors

In exploring known risk factors for children's social and emotional development, we found that for all children, more frequent use of parental physical chastisement was associated with higher reported externalising symptoms for children. We also analysed the extent to which maternal mental health predicted children's social and emotional development. While accounting for key socio-demographic and contextual factors, we find that poor maternal mental health was associated with a higher internalising score for children. These findings point to the close interconnection between maternal and child mental health, though caveats about SDQ measure validity in these contexts which we have raised earlier should be taken into account.

In exploring other protective factors, we also examined the role that supportive friendships played for children, irrespective of domestic abuse experiences, though controlling for these in the analysis. Peer support can make important positive contributions to children's lives – especially for children experiencing trauma (Yearwood et al., 2019). In our data, we found that the predicted probability of ranking high for internalising behaviours varied from 12% among children with more supportive friendships to 27% among those with less supportive friendships. The difference was similar for externalising behaviours, with a 10 point difference in predicted probability. Possible reverse causality should be acknowledged, and it could be that children with externalising behaviours found it more difficult to form supportive friendships.

We also explored maternal closeness to her own family as a separate protective factor, since we know from the literature that domestic abuse often includes the social isolation of victims from their families and greater support network. We find that, for all children irrespective of domestic abuse, mothers who were closer to their own families had children with lower internalising and externalising scores. There are several interpretations of this finding. One interpretation could be that a close relationship with maternal parents is beneficial because the mother benefits from this support and this indirectly affects children, or it could be that direct contact with grandparents is in itself making a positive contribution to children's lives. An alternative interpretation could be that maternal closeness to her parents is indirectly measuring a less pervasive nature of the abuse endured for this group compared to others. Isolation from family and friends is a defining characteristic of coercive control, and focus group participants described experiences which reflected this. Two participants noted that their families had sided with their abuser, or failed to see how they had been victimised. For example, Cathy noted:

> *He's managed to get in through the children to my dad and to my brother to the point where they're agreeing with everything that [perpetrator]'s doing and every time I try to say, "well, this is what's happened, this is what's been happening", they just dismiss it. Completely dismiss it. So I feel like, well if they're not going to listen to me, who the hell…? And they witnessed it but now all of a sudden they can't see it anymore, how, where do I go from here?*

Cathy described that over a long period of time the perpetrator "had diminished every single relationship you've got" and made other people lose trust in her. Cathy added that "my dad didn't trust me and he supported the kids being taken away, but he doesn't know what's really gone on".

4.0 Physical chastisement of children in the context of domestic abuse

Prior research on children living with domestic abuse has drawn on the concept of child polyvictimization to explain the frequent co-occurance of intimate partner violence and abuse with child abuse and neglect (Chan et al., 2021). Given the data available, we do not directly explore child abuse and neglect. Since relevant scholarship around the 'continuum of violence' (Heilmann et al., 2015) has described how parental physical chastisement can escalate and lead to increasingly more violent actions and is often a precursor of child abuse, we explore the relationship between prevalence of domestic abuse among mothers and parental use of physical chastisement with children. We use survey questions on parental smacking and slapping of children to measure physical chastisement. It is important to note that the survey data was collected before physical chastisement was criminalised in Scotland by the Children (Equal Protection from Assault) (Scotland) Act 2019 and that physical chastisement is not criminalised in other parts of the UK. Therefore, these findings must be understood in the context where women are parenting in incredibly challenging circumstances (i.e. where they are being abused) and in a context where societal norms about children and parenting are changing.

4.1 Key prevalence figures for physical chastisement in the sample

We use a range of questions about the use of smacking and slapping by mothers and fathers (where fathers were present in the children's lives and in the survey) as well as self-reports from children when they were seven years old (Table 1 lists the survey questions used). Detailed descriptions of how the survey questions were used in the analysis have been reported elsewhere (Skafida et al., 2022b). Fathers were asked one question about smacking when children were 2 years old and were not asked such questions again, while mothers were asked five questions about smacking and slapping between children's ages 2 and 7. Children were asked directly at age 7 if their parents (without specifying which parent) smack them. The imbalance in questions asked to mothers and fathers is problematic as it allows greater scrutiny of mothers' parenting than fathers'. Because there were more questions on maternal use of physical chastisement across different ages, we were able to run more extensive models on maternal, rather than paternal, physical chastisement of children. Scholars have argued that if comparisons of the use of physical chastisement by both parents were corrected to take account of the amount of time each parent spent with children, research on child maltreatment would address the persistent bias in the literature towards highlighting deficits of mothering at the exclusion of fathers (Appel & Holden, 1998). The reading of the following sections should take this serious limitation into account.

In terms of trends across all children, when children were two years old, 16% of them had ever been smacked by their father and 16% had been smacked by the mother. When children were 4 years old 45% of mothers mentioned having ever used smacking with their child, and at age 7, 47% of mothers mentioned smacking and 24% mentioned using slapping. Maternal reports of smacking and slapping across the years were combined to differentiate between the top 25% who used smacking more often, and those who used it less often. In terms of children's own reports, at age seven 55% of children reported that either parent smacked them sometimes, often or always. Because the questions were conceptualized differently, it was not possible to directly compare reports of parents and children.

4.2 Physical chastisement in relation to domestic abuse experiences

From statistical models which simultaneously take into account multiple factors[5] which we know are associated with domestic abuse prevalence and with the use of physical chastisement, we find that the predicted probability for children being smacked by the father at age two varies from 16% among children of mothers who did not report abuse, to 26% among children in homes where the abusive partner had been living with the mother continuously since birth. The trend was similar when looking at maternal use of physical chastisement.

What we see in our findings using different ways to measure physical chastisement is that the perpetration of domestic abuse towards mothers is associated with a greater probability of children being physically chastised. This is particularly true in homes where the abusive partner has been living continuously in the family home (as opposed to families where a prior partner was abusive, or where there has been a relationship breakdown). These findings resonate with other work on child polyvictimisation which suggests that children living with domestic abuse experienced multiple different forms of victimisation, which include, and are not limited to, being exposed to violence and abuse occurring between parents, as well as directly experiencing harsher forms of parenting (Chan et al., 2021).

4.3 Social Inequalities in physical chastisement

In our analyses where we explored the association between domestic abuse and children's experiences of physical chastisement, we controlled for socio-economic and demographic factors in our models. We found some evidence of socially stratification by maternal education, and household income in terms of physical chastisement, especially when using children's own reports at age seven. For example, accounting for other factors in the model, the predicted probability of children reporting that parents used physical chastisement with them ranged from 48% where mothers had degree level education, to 67% where mothers had standard grade qualifications (19 percentage point difference in predicted probability). The chance of children reporting that they had been smacked by parents increased incrementally as the number of siblings in the household increased.

There were differences in the predicted probability of maternal frequent use of physical chastisement when looking at different combinations of children's sex and ethnicity, as measured by whether a language other than English was spoken at home[6]. Across ages 2-7, maternal use of physical chastisement was more frequent with boys compared to girls, regardless of ethnicity. The gender discrepancy was smaller in English-only speaking households. The predicted probability of more frequent physical chastisement by the mother was highest among boys in homes where a language other than English was spoken (predicted probability of 42%). By comparison, girls in homes where a language other than English was spoken were the least likely (19%) to have been smacked or slapped. In homes where English was the only language spoken, the gender divide in maternal use of physical chastisement was significant but less pronounced between boys (27%) and girls (22%).

4.4 Survey data drives the narrative

We were able to run more complex models with the data on the maternal use of physical chastisement since there were considerably more survey questions on this compared to the single question on the use of smacking at age 2 by fathers. This is an important limitation. If surveys of parenting focus mostly on mothering, researchers will inevitably only be able to explore strengths and deficits of mothering. To address this, current and future surveys and cohort studies should consider how to address the lack of good population data on fathering and on the interplay between mothering and fathering. We note that the proportion of same-sex couples was too small to be explored quantitatively in any meaningful way.

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5   Predicted prevalence obtained from logit models controlling for domestic abuse; maternal education; household income; maternal social class; mother's age at birth of study-child; child's sex; number of children in home; ethnicity

6   The available ethnicity variables in the survey were of poor quality, and ethnicity measured using a question about languages other than English being spoken at home performed better in models and was better suited to the Scottish socio-demographic context, as explained in Skafida et al. (2022b).

5.0 Family contact with the police and with social services

Social inequalities in family contact with the police and with social services within the context of domestic abuse are not well understood at a population level. Qualitative work has drawn attention to how domestic abuse survivors perceive social workers as unable to relate to the difficulties of living in poverty and the ways in which poverty affects their lives (Robbins & Cook, 2018). Meanwhile, researchers and activists studying the criminalisation of poverty have documented the disproportionate policing of vulnerable people in the UK (ICP Alliance, 2021). Yet, there is a paucity of evidence on whether and how family interactions with the police and social services may be socially stratified, and if so, why.

When domestic abuse incidents are brought to the police's attention and children are involved, a report is sent to social services who may or may not decide to act. Research into police and social services' responses in England for children and families experiencing domestic violence, noted that police notifications triggered an intervention at the level of an initial assessment from children's social services in only five per cent of sample cases examined in the research (Stanley et al., 2010). The authors report that cases were more likely to receive a service following police notification if children were under 12months old, if there were severe injuries, and if there were repeat notifications. This research did not assess if social inequalities played a role in this process.

In our research we explored the association between maternal reporting of domestic abuse and family contact with the police and with social services.

Please note that the question wording in the survey did not allow us to determine whether or not police and social work contact was directly related with incidents of domestic abuse. This has important implications around the confidence with which we can make inferences from this analysis in relation to service contact in the context of domestic abuse.

When children were 6 and 7 years old, mothers were asked whether a parent - any parent - had ever "been in trouble with the police", or had ever been arrested and taken to a police station. The survey did not ask which parent had contact with the police and why, so we are not able to determine whether domestic abuse played a role in the police's involvement. We find that across the cohort – irrespective of reports of domestic abuse - by the time study children were 7 years old, 8% of parents had been involved with the police.

The survey also asked mothers to report when children were 2, 4 and 7 years old, whether parents had spoken to social workers regarding the study child for any reason. Again, there were no details as to why social workers had been involved, and so we cannot determine if domestic abuse was a factor. From birth to 7 years of age, c. 5% of children had had social worker contact. The wording of relevant survey questions can be found in Table 1 in the Appendix.

5.1 Contact with police and social workers in the context of domestic abuse

Accounting for socio-demographic factors[7], the predicted probability of having police and social worker contact was far greater in homes where mothers had reported experiencing domestic abuse. Where mothers reported experiencing abuse, 12% (predicted probabilities) had police contact and 9% had social worker contact, compared to 5% and 2% respectively where mothers did not report experiencing domestic abuse. Experiencing more types of abuse, more often, was associated with much higher predicted probabilities of both police and social worker contact. For example, 22% of mothers who reported that the abuse took place 'too many times to count' had been touch with a social worker about their study child compared to 8% among mothers who reported lower frequencies of abuse, and 2% among those who did not report experiencing domestic abuse (predicted probabilities).

Social worker contact among mothers who reported domestic abuse was twice as common where the study-child was a boy (predicted probability of 16%) compared to when the study-child was a girl (8%). This could be because boys were more likely to rank higher for externalising behaviours than girls (Skafida & Devaney, 2023), potentially affecting whether parents and/or social workers felt that social worker involvement was necessary. The effect could also be a result of differing social norms around gender affecting how service providers respond to families.

5.2 Social inequalities in domestic abuse experiences and police involvement

Where mothers reported experiencing domestic abuse, there are notable inequalities in the probability of parental contact with the police by household income. Among mothers who experienced domestic abuse and who were on the lowest income fifth, the predicted probability of parental contact with the police was 24%, compared to 6-10% among the other income groups.

There could be a number of explanations for this result. It could be that frequency and severity of abuse experienced by mothers in the lowest income group leads to differences in police involvement and responses. Alternatively, the finding could be indicative of over-policing of poorer families, where more affluent households are treated differently.

5.3 Social inequalities in domestic abuse experiences and social worker contact

We also found social inequalities by household income when exploring social worker contact among mothers who experienced domestic abuse. Among mothers who did not report experiencing domestic abuse, there is a small income gradient in social worker contact ranging from 2% (predicted probability) in the highest income groups, to 6% in the lowest income group. The income gradient is noticeably steeper when focusing only on homes where the mother did report experiencing domestic abuse. Here, the predicted probability of social worker contact ranged from 1% among the highest income households, to 20% in the lowest income households. We infer that when mothers experience domestic abuse, social workers are far more likely to get involved if families are economically disadvantaged.

Looking across the analyses presented in this report we have stressed how poverty is highly correlated with mothers experiencing abuse, and experiencing more types of abuse, more often. However, the magnitude in the difference in probability of experiencing abuse is far smaller than the difference in probability of social worker contact. Compared to mothers in the highest income groups, mothers in the lowest household income group have 3.5 times greater odds of experiencing any abuse, 2.5 times greater odds of parental contact with the police and 20 times greater odds of having social worker contact.

This discrepancy could indicate a differentiation in social work response rooted in different experiences of domestic abuse and children's other circumstances. Another explanation might be that family socio-economic circumstances are influencing the decision-making process as to which cases require further attention and which do not. This would be broadly in line with research on the profound social inequalities that characterizes children's social care system in the UK (Bywaters & Child Welfare Inequalities Project Team, 2020).

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7   Maternal education and age at birth of the study child; household income; ethnicity proxy, number of children in the home, child's sex

6.0 Summary

In this report we outline a series of research findings drawing on representative population level data to explore the lives of mothers and young children affected by domestic abuse. Our focus is on the prevalence of abuse among mothers of children within the six year period since study-children were born. There is a considerable proportion of children who are affected by domestic abuse, which we estimate to be approximately 700,000 children aged under 7 in the UK – and approximately 1.5 million if counting siblings. These figures are higher than previous research has shown.

The stark social inequalities in outcomes for mothers and children are the red thread across the various strands of our research. We find considerably higher prevalence and frequency of domestic abuse among younger mothers and those living on lower incomes, and a compounded effect when looking at multiple overlapping dimensions of disadvantage. We find that perpetration of abuse against mothers is associated with more social and emotional developmental problems among children, but a close relationship between children and their mothers partly shielded children from the negative effect of domestic abuse. Other important protective factors, such as supportive friendships and contact with grandparents were also discussed. We find that perpetration of abuse against mothers is associated with more frequent use of parental physical chastisement with children, and that differences in the use of parental physical chastisement between girls and boys were significant

Social inequalities were also a key theme when looking at family interactions with the police and social workers. Though we cannot ascertain whether domestic abuse was the cause for contact with services, in homes where mothers had reported abuse, parents on the lowest household incomes were more likely to have had police contact and disproportionately more likely to have had social worker contact about the study child. Social worker contact was also twice as common where the study-child was a boy as opposed to a girl. If police and social work is related to domestic abuse incidents being brought to the attention of these services, one hypothesis is that inequalities in contact with services is indicative of a justified response to qualitatively different experiences of abuse and different family contexts – e.g. higher prevalence and frequency of abuse reported by mothers living in poverty, which our data supports. An alternative hypothesis is that unconscious bias is contributing to differential treatment of different social groups.

Finally, this report shows the benefits of longitudinal cohort studies to explore important aspects of family life and children's wellbeing at a societal level. It also draws attention to some important limitations of using such datasets, especially to research domestic abuse and children's wellbeing, and highlights the need to ensure that child and adult victims of abuse are not further stigmatised by analysing such data. We believe that the data can be used to support efforts to better address domestic abuse at an individual and societal level, and that further work to improve the data which is being collected is warranted.

7.0 Implications for policy and service developments

In this section, we reflect on the different realms of action where policy and services can ameliorate the lives of families and children in relation to domestic abuse. In Section 6.1 we focus on services targeted directly at victims of domestic abuse and children where these are present, and in Section 6.2 we take a step back and consider broader structural drivers. There are some dimensions where policy and practice could develop but which our data does not directly speak to and which we therefore do not discuss at depth in this report. These include:

- More community services targeted at perpetrators (Patchwork of Provision, 2022)
- Continued improvements in the police response to domestic abuse across jurisdictions [8,9]
- Better implementation of existing legislation on domestic abuse[10]
- Reviewing domestic homicide sentencing[11]
- Improving housing availability for the most economically deprived in society (Mulheirn, 2019; Women's Aid, 2020).

7.1 Services targeted at domestic abuse survivors and children

Across the UK, the go-to policy response when it comes to addressing domestic abuse is to invest in services intended to directly support domestic abuse victims and survivors and their children. Such services include community and 'by and for' services which specialise in supporting those experiencing domestic abuse or intimate partner violence and which are run by and for the individuals and communities they aim to support. This type of policy response has some defining characteristics: (a) services are predominantly targeted at domestic abuse victims/survivors (and mostly women); (b) initiatives and services are mostly curative or reactive rather than preventative; (c) they usually do not address the actions of perpetrators of violence.

7.1.1 Acknowledging social inequality in domestic abuse experiences

The Home Office recently commissioned a mapping exercise for England and Wales which sought to evaluate the provision of community-based services, accommodation-based services, and 'by and for' services working with victims and survivors of domestic abuse (Patchwork of Provision, 2022). Though the report explores several structural factors in relation to domestic abuse, such as ethnicity, disability and gender, the report is oddly silent on poverty as a potential structural factor affecting domestic abuse experiences and access to services. The report starts with the assertion that 'domestic abuse can happen to anyone, anywhere' suggesting everyone is equally vulnerable. Yet we know simply from a gender dimension that at the population level this is an incorrect assumption. Domestic abuse can happen to anyone, anywhere, but at a population level, the probability of being a victim of abuse differs for different population groups. Our research shows that mothers living on the lowest incomes were disproportionately more likely to report experiencing abuse, and to experience more types of abuse, more often. Viewing domestic abuse through an 'equal vulnerability' lens is not in line with the evolving evidence (Fahmy et al., 2016; Ferguson et al., 2020) which, much like our own research, shows that experiences of domestic abuse are best understood by taking into account how dimensions of disadvantage overlap and interlock with each other, leading to highly unequal probabilities of experiencing domestic abuse and different opportunities to act or respond when faced with such circumstances.

8   https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/the-police-response-to-domestic-abuse-an-update-report.pdf

9   https://www.hmics.scot/sites/default/files/news_attachments/HMICS20230112NEWS.pdf

10   https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/meeting-of-parliament-08-03-2023?meeting=15193&iob=129578

11   https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1150459/domestic-homicide-sentenc-ing-review-case-review.pdf

7.1.2 Initiatives centred around victims leaving an abuser

In March 2022, the Home Office announced the Tackling Domestic Abuse Plan for England and Wales[12]. One year later, a new pilot scheme was launched which provides a one-off lump sum payment to victims of domestic abuse[13]. The scheme will offer £250 to individuals seeking to leave an abuser, and £500 to those with children, and will be implemented via Women's Aid. Eligibility will be based on several criteria, such as whether someone is financially dependent on an abusive partner or is unable to access their own money or benefits. This scheme recognises that leaving an abusive partner has important financial repercussions for victims/survivors. However, the financial support being offered is unlikely to be sufficient to cover the true costs of leaving an abuser.

Estimates of the costs to leave an abuser calculated by charity organisations outside the UK are significantly higher. For example, according to Canadian charity Resilience, the estimated cost of leaving can be anywhere between £17,600 and £26,500[14] once childcare, legal fees and support and housing are accounted for. The Australian Council for Trade Unions cites a figure of £10,000, as well as non-monetary resources such as time, arguing that leaving an abuser requires investing 141 hours of time mostly during business hours[15]. This is a time commitment that many women, with childcare commitments or working inflexible low-paying jobs, will not be able to afford. Though women can and do leave abusive relationships without access to such resources and without recourse to the legal system, these resources help women to among other things, avoid sheltered accommodation and homelessness, avoid returning to the abuser, and better protect women from post-separation abuse through child contact.

There are many reasons why domestic abuse victims who wish to leave a relationship may be unable to do so. Victims have to balance the known risks of living with abuse, versus the multiple and unknown risks of separating. Leaving an abuser, especially when living in poverty, often results in women (and children where there are any) becoming homeless. Despite decades of evolving public debate in relation to domestic abuse, the main policy response to domestic abuse focuses on removing victims from their own home. This is something that has been discussed in relation to parallel developments in the Australian context in relation to an apparent cultural and institutional reluctance to remove men from their homes (Murray, 2008). As one of the women we spoke to said "I think they should remove the perpetrator; I don't think they should remove the woman at all" (Abbie). Another woman said "But where's the consequences for the abuser anyway? D'you know what I mean? It's us that's punished again and again and again" (Cathy).

In Scotland, legal responses which seek to address this issue include exclusion orders[16], as well as Domestic Abuse Protection Orders and Domestic Abuse Protection Notices[17] – these are all measures which can be used to suspend (temporarily or permanently) an abusive partner's right to live in the home (where evidence of domestic abuse and threat of harm to the victim of abuse or to children in the home can be provided).. Similar provisions exist and are continuously evolving in England and Wales[18]. Legislative possibilities available to victims are improving, though there is still a need for better implementation of these, such as increasing conviction rates for breaching domestic abuse related protection orders[19]. Finally, the removal of perpetrators does not in itself guarantee safety for victims of abuse, which also contributes to why women and children may flee the home.

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12   https://www.gov.uk/government/publications/tackling-domestic-abuse-plan

13   https://www.gov.uk/government/news/victims-fleeing-domestic-abuse-given-lifeline-payments

14   https://resiliencemi.org/wp-content/uploads/2020/08/Cost-of-Leaving-7.png

15   https://www.actu.org.au/media/1033563/actu-release-171128-fdv-leave-greens.pdf

16   Introduced with the Matrimonial Homes (Family Protection) (Scotland) Act 1981

17   Introduced with the Domestic Abuse (Protection) (Scotland) Act 2021

18   Introduced in the 'Call to End Violence against Women and Girls Action Plan (2014) and in the Domestic Abuse Act 2021

19   https://www.bbc.co.uk/news/uk-scotland-65468876, https://www.bbc.co.uk/news/uk-england-62726384

7.1.3 Semi-symbiosis of mother and child

Our findings show that domestic abuse can negatively affect children by affecting the relationship between mother and child, and also that a strong mother-child relationship can mitigate some of the negative effects of abuse on children's social and emotional development. Maternal depression was also associated with a greater probability of depressive behavioural disorders among children, though we acknowledge that relying on maternal reports of children's wellbeing in such cases may introduce bias in these findings. For children to thrive, their mothers must thrive, and we know that for mothers to thrive, their children must thrive (Bourke-Taylor et al., 2012).

The patchwork of services facing domestic abuse victims and survivors still fails to recognise this semi-symbiotic relationship between most mothers and their children, though there are some differences in approaches between Scotland and England. In Scotland, Scottish Women's Aid has been instrumental in expanding service provision to children of mothers who are victims of domestic abuse and in promoting the mother-child relationship. Scholars commenting on the English context note that services are still compartmentalised and draw on two contrasting approaches: the voluntary sector often draws on expertise related to women's welfare and rights, while statutory services in relation to child safeguarding mostly focus on child protection using 'risk' and investigation as tools for action (Robbins & Cook, 2018). Research has previously shown that interventions which are triggered following the notification of domestic abuse tend to focus more on safeguarding children rather than providing family support (Robbins & Cook, 2018; Stanley et al., 2011). This aligned with the accounts women shared with us, and one participant remarked "You have to treat the family as a whole, not just individuals, because that's what tend to happen these days; they'll only treat one person and it needs to be the whole family" (Abbie).

Scholars have also called for courts to consider the ways in which court ordered child contact provides opportunities for perpetrators of domestic abuse to continue to control and abuse children and ex-partners (Katz et al., 2020; Morrison, 2015; Smith et al., 2015). Many mothers in the survey reported experiencing abuse from partners they were not co-living with, and this was mirrored in the accounts of the participants we spoke to in our focus group. Our study, along with other literature in this field, has shown that the relationship between mother and child is a key protective factor when it comes to children's own social and emotional development. Courts need to account for how child contact arrangements can undermine this relationship and children's wellbeing.

7.1.4 The importance of extended family and peer networks

When looking at all children, we find evidence that supportive peer relationships are a key protective factor when it comes to children's social and emotional development. While this is a finding supported by the literature especially in relation to children experiencing trauma (Yearwood et al., 2019), we cannot rule out possible reverse causality, i.e. a scenario where children with social and emotional difficulties are struggling to form supportive friendships. We also find evidence that maternal closeness to her own parents is associated with better outcomes for children. These insights are important because they highlight the wider sources of support, including friends and grandparents, which can contribute positively to children's mental health and wellbeing. When it comes to children facing adversity, support from peers and significant others has been recognised in the literature as playing a protective role (Herrman et al., 2011). Thus, initiatives which focus on domestic abuse victims and their children leaving an abuser have the potential to displace already vulnerable individuals from supportive networks in their community. This is most pertinent where leaving an abuser entails relocation to a different neighbourhood. For victims of domestic abuse, social support and family relationships are often crucial in finding resolutions for violence in an intimate relationship and should be protected where this is appropriate (Rose & Campbell, 2000).

7.1.5 Not equal in the eyes of services

Social services are usually involved in a case where a domestic abuse incident is reported to the police and children are involved. In our research we find evidence of considerable inequalities both in terms of parents of study-children being involved with the police, and in terms of social worker contact regarding the study-child. Income inequality was particularly pronounced for social worker contact. Whether or not such inequality is problematic is hard to determine with our data, since it would require knowing what is driving this divide. It is possible that the abuse experienced by those on lower incomes was different so as to merit a different response – which is something that our data in part supports. Other research has drawn attention to the profound social inequalities which characterizes children's social care system in the UK (Bywaters & Child Welfare Inequalities Project Team, 2020).

An alternative explanation to the inequality observed might be that the differential treatment of domestic abuse victims is driven by unconscious bias on behalf of the police and the social workers involved in a case. Qualitative accounts of domestic abuse survivors reveal that victims/survivors often perceive social workers as 'alien' in terms of their lived experiences, and their ability to relate to the difficulties of living in poverty (Robbins & Cook, 2018). Researchers and activists studying the criminalisation of poverty have drawn attention to the disproportionate policing of vulnerable people in the UK (ICP Alliance, 2021), so it is possible that multiple causes are driving the effect we observe.

We also found that social worker contact was twice as likely when the study child was a boy, as opposed to a girl. We consider several reasons for this, including the higher probability for boys to externalise and for girls to internalise (Skafida & Devaney, 2023), possibly resulting in the former type of child psychopathology being more 'visible', and thus more likely to lead to social worker involvement. There is a need for professionals involved with families, such as teachers, health visitors, police officers and social workers to have a greater understanding about how children process trauma, and the impact on their socio-emotional well-being.

7.1.6 Provision of mental health support services

We find that poor maternal mental health is strongly associated with depressive behaviours among children. The Home Office review of 'by and for' services (i.e. services which specialise in supporting those experiencing domestic abuse or intimate partner violence and which are run by and for the individuals and communities they aim to support) in England and Wales noted that victims and survivors were often seeking for services to help to cope with or recover from abuse. Counselling and therapeutic support was sought by 83% of respondents in the Home Office's survey and 77% sought for mental healthcare (Patchwork of Provision, 2022). Only 45% of those who sought counselling received it, and only 37% of those who sought mental healthcare received it.

This points to a large failure for such services to cope with the very high demand for mental health support among domestic abuse survivors. It is of paramount importance that access to mental health services is improved, and reliance on 'by and for' services is unlikely to cope with the demand, which will likely have been further impacted by increased prevalence of domestic abuse during the covid pandemic (Office for National Statistics, 2020) and increased working from home post-pandemic. Meeting some of the demand via more centralised provision routes, e.g. on the NHS via GP referrals may be more cost-effective. Children's and young people's access to mental health services also requires attention across nations in the UK and there are high rates of children requiring treatment who do not receive this[20], and many children placed on long waiting lists[21].

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20   https://assets.childrenscommissioner.gov.uk/wpuploads/2023/03/Childrens-Mental-Health-Services-2021-2022-2.pdf

21   https://sp-bpr-en-prod-cdnep.azureedge.net/published/2022/5/24/aa290f5c-f12a-4077-81ea-4cc5c6151e34/SB%2022-29.pdf

However, qualitative accounts of domestic abuse survivor's interactions with mental health services do raise concerns about the ability of some mental health teams and professionals to adequately support victims and survivors of abuse and to recognise that mental health problems arise from domestic abuse, and that abuse can be non-physical in nature (Patchwork of Provision, 2022). This was reflected in our focus group, and participants reflected on how services often failed to recognise that their mental health problems were a product of the domestic abuse endured, rather than a coincidence. Abbie said: "They'll say it's a mental health crisis; it's a domestic abuse crisis, so like, they separate things and it should be like, dual diagnosis, basically". Cathy noted "they made us feel like I was batshit crazy; she's a batshit crazy mother who's drinking and taking drugs, can't look after her children. Nothing to do with why…".

7.2 Policy aimed at structural drivers

We have an increasing understanding of how financial insecurity is closely linked with experiences of abuse. Policy makers should take into account how current social and economic policies, and the relationship with income-related and welfare benefits may "trap" women in relationships with abusive partners, and reduce their space for action (Sharp-Jeffs et al., 2018). In this section we focus on the types of policy spaces which have potential to change structural drivers such as poverty, and specifically structural factors which disproportionately affect women and children. Policies discussed in this section have the following characteristics: (a) they are not specifically targeted at domestic abuse victims or those who perpetrate abuse; (b) they have the potential to change the socio-economic landscape which greatly affects the lives of those experiencing abuse; (c) they have a predominantly 'preventative' role in terms of children's outcomes.

7.2.1 Poverty reduction measures addressing the gendered nature of poverty in the UK

Recent data from the Joseph Rowntree Foundation estimates that 23% of families with children - and 27% of children – are living in poverty[22]. Recent work by the Changing Realities[23] project has highlighted the lived experiences of those living on low incomes. Poverty can often trap women and children in harmful relationships. It can exacerbate the impacts of domestic abuse because it interferes with women's ability to leave abusive relationships, and increases their vulnerability while in them. Of particular relevance to this report is recognising that poverty is a particularly gendered experience inside and beyond the UK, and that the routes into and out of poverty across the life course disproportionately affect women (Bennett & Daly, 2014). Women are more likely to experience persistent poverty and recurrent spells of poverty.
Though many scholars have previously stressed how poverty plays a key role in determining the outcomes of families and children, policy responses still fail to address the fundamental causes of causes (Marmot, 2018). Policy responses also fail to explicitly address the gendered nature of poverty (Bennett & Daly, 2014). A comprehensive policy response to domestic abuse – and other adversities which families and children face - ought to include anti-poverty policies, especially measures focused on poverty reduction for women and children.

Social policy scholars have provided detailed analyses of relevant policies responses (Bennett & Daly, 2014) as well as analyses of how changes in social support since the change of government in 2010 have contributed to a rise in poverty, especially among larger families (Stewart et al., 2023). Relevant policy responses should focus on providing access to an adequate independent income over the life course for women and men. A fairer split in caring responsibilities between women and men is generally also advocated for, though this could have adverse impacts in the context of domestic abuse. Some specific examples include:

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22   https://www.jrf.org.uk/data/overall-uk-poverty-rates

23   https://changingrealities.org/

- Non-means-tested earnings replacement benefits
- Generous and individual payments for child benefits paid directly to women, and not limited to a set number of children
- More generous maternity leave duration and higher income replacement with a right to return
- Better and more accessible wrap-around care around school hours and school terms
- Free early years education and childcare to follow on from parental leave

Implementation of such measures also requires careful consideration of how payments to families may be unequally shared between family members. For example, the child benefit claim system currently allows parents to decide and negotiate who will make the claim and be the recipient. Universal credit claimants who live together are expected to make one joint claim which is paid out to one claimant on behalf of the couple. Since economic abuse is often one of the many dimensions of coercive control and domestic abuse, and since 1 in 6 women in the UK has experienced economic abuse by a current or former partner[24], this method of implementing welfare payments puts women experiencing domestic abuse at more risk since it potentially makes it easier for a perpetrator to control all couple finances.

7.2.2 Changing social norms

We find possible evidence of a reporting bias in domestic abuse questions, where women living on the lowest incomes but with the highest educational qualifications were more likely to report experiencing abuse. We hypothesise that this sub-group may be more likely to recognise abuse as such, and more likely to report it in the survey, possibly highlighting social inequalities in perceptions of abuse. In our study, domestic abuse prevalence was highest among the youngest mothers and there is an increasing recognition that for many young people, their first intimate relationships in adolescence are marked by high levels of abuse and violence (Barter et al., 2017). Early educational interventions embedded within school curricula, should deliver preventative education to young women and men about respectful relationships (Stanley et al., 2015) which should address negative gendered attitudes and the acceptance of aggressive behaviour which is the foundation of gendered violence (Lombard, 2018).

Schools currently offer training on respectful relationships, and in England Relationships, Sex and Health Education provision in primary schools has been mandatory since 2020 (and is also mandatory in secondary schools). Critical appraisals of how such education is delivered note that teaching often adopts a legalistic approach to rights, responsibilities and informed choice (Setty & Dobson, 2023) and there is scope for a more 'rights-based' approach focusing less on harm avoidance. A recent survey of young people's perceptions of such education (Sex Education Forum, 2023) reported that most students rated their lessons poorly, and lessons did not cover what students felt were pressing issues, like 'power imbalances in relationships'; 'how to tell if a relationship is healthy'; and 'attitudes and behaviour of boys and men towards girls and women'. Though the appetite to learn is there, it is not currently being met to a satisfactory standard based on the judgements of school pupils themselves. This resonated with the discussion in our focus group, where participants reflected that "they should teach like, red flags and bad relationships when they do sex education"(Fran) or teaching could cover "what's a good relationship"(Abbie). Fran added that she grew up thinking violence was 'normal' and noted that "if we knew when we were kids, we'd know what to look for". A review of Sex Education in England and Wales is due by 2024[25].

Finally, though acting within the school setting can be a way to create generational change in social norms around gender and violence, school pupils need to see these educational messages also reflected in the world outside school. Cultural change in social norms around gender-based violence can only be achieved if society more broadly learns to embrace equality and mutual respect and to reject all forms of violence against women and girls – and this is the prevailing principle of the Scottish Government's Equally Safe Strategy[26].

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24   https://survivingeconomicabuse.org/what-is-economic-abuse/

25   https://educationhub.blog.gov.uk/2023/03/31/rshe-relationships-health-sex-education-review-curriculum-to-protect-children/

26   https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/04/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/documents/00534791-pdf/00534791-pdf/govscot%3Adocument/00534791.pdf

8.0 Conclusion

Recent research focusing on the outcomes of children living in poverty in the UK has highlighted that living in disadvantaged circumstances is associated with poor outcomes for children across the board, affecting educational achievements, health behaviours, poor health outcomes, and psychological distress (Villadsen et al., 2023). Thus, focusing on maternal and child wellbeing solely in the context of domestic abuse does not do justice to the fact that mothers and children who are most likely to endure domestic abuse, and who have the least amount of resources to respond to or mitigate the negative effects of abuse, are simultaneously more likely to be firefighting multiple forms of adversity.

We reflect on the different spaces for policy action focusing both on services targeted directly at child and adult victims and survivors, as well as on more preventative spaces for policy action in relation to structural drivers of family and childhood adversity which disproportionately affect women and young children. Our research tells a story where structural drivers are playing a leading role. While reactive community-based services are crucial in addressing the here-and-now needs of victims of abuse, an appropriate and comprehensive policy response should also seek to engage with policies which have the potential to change the playing field in terms of regressive social norms around men's violence against women and in terms of maternal and child experiences of poverty and inequality.

Mothers and children would stand to benefit not only in terms of those enduring domestic abuse, but more generally across a range of health and wellbeing outcomes which, especially for children, have historically been and continue to be predominantly coloured by poverty and social inequality. The evidence is unequivocal on this front. What is now needed is the political appetite to translate this into ambitious and evidence-based policy making.

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10.0 Appendix

Table 1 – Key survey questions used for analysis and selected recoded variables shown

DOMESTIC ABUSE	*Recoded variables*
[Mother] In the time since child was born, has any partner or ex-partner ever done any of the following things to you? [yes/no] [Child age 6]	Any abuse [if answered yes to any question below].
Stopped you having a fair share of the household money or taken money from you	Experience of coercive control [if answered yes to any]
Repeatedly put you down so that you felt worthless	
Behaved in a jealous or controlling way, e.g. restricting what you can do, who you can see, what you can wear	
Pushed you or held you down	Experience of physical violence [if answered yes to any]
Kicked, bitten or hit you	
Choked or tried to strangle/smother you	
Used a weapon against you, for example and ashtray or a bottle	
Forced you/tried to force you to take part in any sexual activity when you did not want to	
Threatened to hurt you	Experience of threats [if answered yes to any]
Threatened to hurt someone close to you, such as children, family members, friends or pets	
Threatened to, attempted to, or actually hurt themselves as a way of making you do something or stopping you from doing something	
Threatened to kill you	
How many times since child was born have any of these things happened to you?	Abuse severity
How many times did [this] happen?	
Who was it that did this to you? [Responses were: Current partner / Ex-partner / Both current partner and ex-partner / Don't wish to answer]	
RELATIONSHIP HOSTILITY [5-point Likert Scale responses]	
[Mother] I sometimes feel lonely even when I am with my husband/partner [Child age 2, 4]	Top 20% with most negative statements on their relationship.
[Mother] I suspect we may be on the brink of separation [Child age 2, 4]	
[Mother] How often do you and your partner argue? [Child age 2, 4]	
[Mother] How often is there anger/hostility between you and your partner? [Child age 2, 4]	
[Mother] How often do you have arguments with your partner that end up with people, pushing, hitting, kicking or shoving? [Child age 2, 4]	
PARENTAL PHYSICAL CHASTISEMENT	
[Father] Which of the following parenting approaches have you ever used with the child: smacking? [responses: yes; no] [Child age 2]	
[Mother] Which of the following parenting approaches have you ever used with the child: smacking? [responses: yes; no] [Child age 2]	Top 25% who used smacking more often.
[Mother] Which of the following parenting approaches have you ever used with the child - smacking? [responses: yes; no] [Child age 4]	
[Mother] Which of the following parenting approaches have you used with the child in the last year – smacking? [responses: yes; no] [Child age 4]	
[Mother] You slap _child's name_ when he/she has done something wrong [responses: never; almost never; sometimes; often; always] [Child age 7]	
[Mother] You smack _child's name_ with your hand when he/she has done something wrong [responses: never; almost never; sometimes; often; always] [Child age 7]	
[Child] My parents smack me when I have done something wrong [responses: never; sometimes; often; always] [Child age 7]	
SOCIAL WORKER AND POLICE CONTACT	
[Mother] Which of the people on this card have seen child in the last year for any reason? [Relevant response: Social Worker] [Child age 2, 4]	Spoken to social worker
[Mother] Who have you spoken to in the last year about the child? [Relevant response: Social Worker] [Child age 7]	
[Mother] Can I check, has the child experienced any of the things listed on this card since the last interview? [Relevant response: Parent in trouble with the police] [Child age 6]	Police contact
[Mother] Have you/partner ever been arrested and taken to a police station? [Yes/No] [Child age 7]	