

Children's experiences of IPV: Men's retrospective accounts of IPV within the family home.

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Introduction

Up until very recently children living in homes where IPV occurred were defined as witnesses or observers as opposed to victims of abuse. The use of this terminology to describe their status was contested because of its influence on the construction and treatment of children within services (Callaghan et al., 2018). The Domestic Abuse Act (2021) now makes explicit reference to children as **victims** if *“they see, hear, or experience the effects of the abuse...”* Whilst this appears to be an issue of semantics, the change in language has the potential to powerfully influence the way children experience support in the future. There are those, the authors included, who argue that this change in legal position was long overdue (e.g., Callaghan & Alexander, 2015). Many scholars find it hard to conceive that it was ever possible to imagine that children living in homes where IPV was happening were simply passive witnesses to the abusive behaviour patterns (e.g., Cooper & Vetere, 2008; Callaghan & Alexander, 2015; Eliff & Holt, 2019). After all, it appears to run counter to everything we know about stress, distress, and trauma (e.g., Fredland et al., 2015; Garma et al., 2021). Traditional arguments made claims that if the children were asleep or could not see what was happening then there would be little impact. Reconciling this position is difficult unless we situate it within a socio-politically convenient or wilful blindness narrative (Heffernan, 2011), especially when juxtaposed against a body of psychological evidence that would consistently reject these beliefs (e.g., Moylan et al., 2010; Sousa et al., 2012). However, the law in the United Kingdom (UK) has changed and children are now afforded victim status. A milestone that is to be celebrated, if what happens next, is a radical change to the way we perceive and respond to children living in abusive homes.

The impetus for this chapter was the discovery, several years ago, when examining the support available to children and young people who had been victims of IPV, that there were inequalities in the way services treat child victims depending on their age and gender. The Women's Aid Nowhere to Turn for Children and Young People report (2020) cited data highlighting this inequality, explaining that *“only 79.8% of refuges are currently able to accommodate male children aged 14 or under, and 49.4% of refuges are available to male children aged 16 or under. Only 19.4%*

of refuges can accommodate male children aged 17 or over” (p.7). This is a disparity of treatment that is difficult to comprehend considering the legal definition of ‘child’ and the apparent push for victims of IPV to leave their abuser. It is perhaps understandable from the perspective of a female victim who has been traumatised and abused by a male perpetrator, or in cases where adolescent males have externalised their distress whilst in refuges. However, the wider implications of this are troublesome on several levels. It is a decision that places the “adult victim” in a priority position over the male child victim. It is also a decision that could imply that male child victims are ‘perpetrators in waiting’ potentially posing a threat to others in some way. This offers a stereotype of the young male that has the power to stigmatise and present as a barrier to help seeking. Moreover, it places additional stress on parents seeking to leave an abusive home which is a hard enough decision and a potentially risky one (e.g., Crosse & Millar, 2017). Asking a parent to leave one or more of their children behind or find them alternative accommodation where they will be separated from their main caregiver and siblings presents as a dilemma akin to that described in *“Sophie’s Choice”* (Bloom, 2002).

The aim of this chapter is to explore the experiences of male child victims (birth to 18 years) and consider the impact of IPV on their lived experience. The accounts drawn upon here are from a sample of adults (19 years and over) who were asked to look back on their experiences of growing up in a home where there was IPV between adult caregivers. The study attracted responses from 114 male and female participants, but the data included in this chapter, in the form of verbatim extracts comes only from male participants (n=23). In the chapter that follows we briefly summarise what is currently known about the impact of living in an abusive home on children. We then present the experiences of male victims and explore how the participants accounts can be reconciled with the policy and practice of excluding boys (typically over a certain age) from refuges.

Children and IPV

Within the children and DV literature there is significant evidence to suggest that living in a home where IPV is occurring may result in a number of mutually reinforcing negative outcomes (e.g., Callaghan et al., 2017), including: physical health issues (e.g., Bair-Merritt et al., 2006), poor mental health (e.g., Gilbert, et al., 2009), difficulty in managing emotions / emotional regulation (e.g., Peltonen et al., 2010), problems in the maintenance of social and intimate relationships (e.g., Siegel, 2013), challenges with education including engagement, truancy and attainment (e.g., Carrell & Hoekstra, 2010) and an increased probability of being convicted of an offence in adolescence or adulthood (e.g., Fox et al., 2015). Despite the plethora of evidence identifying negative outcomes, it

is also important to note that through the management of complex relationships in the home children may also develop a level of competence that has the potential to be utilised positively in the future (e.g., Katz, 2016).

Boy's experiences of abuse

The men who participated in our study of retrospective experiences were aged between 19 and 61 years. They were all UK based volunteers who responded to a series of social media posts on Facebook, Instagram, and Twitter. The data was collected using an ethically approved anonymous online survey which included a combination of open and closed questions. To gain insight into what the participants had experienced as children, the first question posed was: *How would you describe the nature of the domestic violence and abuse that occurred in your home when you were a child/young person?* It is clear from the extracts below that the abuse spanned the full range of behaviours written about including financial, physical, verbal, emotional, coercive, and controlling behaviour, stalking, harassment, threats, and manipulation.

"My father beat my mother, and me when I tried to stop him. He was a very cruel man, especially with animals. He enjoyed scaring me, as he thought I was "Too soft". He would vocalise this regularly and use psychological abuses to "Toughen me up". He would lock me in a dark room all night as a punishment. I believe this was to give him free reign to abuse my mother. He drank too much but held down a successful business. He left my mother for her best-friend when I was 5 but continued abusing my mother over many more years. He deprived her financially, so she was always in debt." (Participant 5, 29 years).

"My father had mental health and alcohol-abuse issues, which resulted in sustained periods of physical violence towards my mother. Looking back, I can also see other forms of abuse that were taking place at the same time. While the physical violence stands out as a stark memory, I can see that there were other forms of control -- who she could be friends with, how she could dress, how she was allowed to wear her hair, how and when she could work, etc." (Participant 8, 32 years)

Interestingly, in this relatively modest data set of 23 male respondents, the perpetrators were identified as male, female, or in some instances there was bi-directional abuse. In all cases the adult relationships described were opposite sex relationships.

“Emotional, psychological, and physical. My mother was the emotional and physical abuser. Dad tried to leave mum often, but he never actually did. I had to protect my little sister from Mum, I am the oldest. If there was a perceived transgression e.g., something was broken in a normal childhood accident, we were confronted together and told own up, or you are both punished (I owned up even if it was my sister) to protect her from the hit that would follow” (Participant 15, 50 years).

“My parents separated when we were 6-7 years old and we went to live with our father and step - mother. I didn't see him [dad] being hit but I saw him being verbally abused, chastised, ridiculed and made to drink alcohol with her. My brother and I were also victimised, in one instance, following a minor transgression, I was told to go upstairs to my bedroom and take my clothes off..... I took my clothes off and she beat me with a coat hanger. Things like this happened frequently and I am left feeling dirty for taking my clothes off and I do wonder how confusing sexual abuse must be, given how I was left feeling and I had not been sexually touched. I felt ashamed” (Participant 19, 53 years).

In addition to the abuse and control perpetrated by one, or both, of the adults in the home, participants also described how living in such complex abusive relationships had wider implications for them in terms of their safety and vulnerability in the world.

“Coercive/controlling behaviour between my father and mother. My father exploited my mother. My father had numerous affairs whilst manipulating my mother who was not strong mentally. My mother was unable to cope with my father's controlling and manipulative manner. This created an environment where I was vulnerable and went on to be sexually abused over several years” (Participant 21, 61 years)

“The abuse I witnessed as a child was a mix between physical and psychological. The earliest memory I can recall of the abuse was when I was 4 years old. I was in the living room waiting for my dinner when I heard my parents arguing from the kitchen. I can't remember exactly what it was over, but it went from shouting and swearing to threats of physical violence. The physical abuse started when I was a little older around late 6 early 7 years old, this being my mother punching and slapping and my dad mainly slapping and pushing. When I was at school I would regularly lash out at others and as a result was subject to bullying from older children” (Participant 22, 67 years).

These extracts serve to exemplify the types of abuse that male children were experiencing in the home, it also reminds us that abuse is not always perpetrated by men against women and there is not always just one perpetrator. Moreover, it illustrates how IPV in the home can make children vulnerable outside of the home as well as within it.

The emotional tone of 'Home'

Prior to the Domestic Abuse Act (2021) children who lived in violent/abusive homes were defined as witnesses or observers, Callaghan et al. (2018) used the phrase 'collateral damage' to communicate the problems associated with positioning the child at the margins. The peripheral placement of children external to the victim-perpetrator or perpetrator-perpetrator dyad implied that except when abuse was happening, the home life was "normal". This perspective is rejected by several contemporary scholars such as Stark (2009) who argued that *"For children as well as their mothers, abuse is ongoing rather than episodic and its effects cumulative"* (p. 295). In other words, the abuse does not punctuate what is otherwise a typical home environment, the dysfunction is normative, and the episodes of abuse are just one manifestation of the dysfunction (Katz, 2016).

This latter interpretation is supported by the accounts of the participants.

"Edgy, like you were walking on eggshells" (Participant 1, 19 years).

"Terrifying when he was out, as never knew what mood he'd be in when he got home. Worse when he was at home, as anything could trigger him" (Participant 5, 29 years).

"Unstable. There would be calm and happy periods, but I always felt like there was a danger of the violence starting again if we weren't careful" (Participant 7, 32 years).

"There was a malevolent atmosphere" (Participant 18, 53 years).

"It was extremely frightening most of the time. Occasional bouts of normal kind behaviours, but very short lived" (Participant 16, 52 years).

“The sense of anticipation would wear me down ... saps your energy” (Participant 3, 22 years).

These extracts suggest that the emotional tone of the home was one of dysregulation. This is consistent with research that suggests that one of the issues children and subsequently adults may experience as a result of growing up in abusive environments is an inability to recognise and regulate their own emotions (e.g., Knefel et al., 2019; Gruhn, & Compas, 2020). There is a surfeit of evidence to suggest that emotional regulation is closely associated with resilience (e.g., Kira et al., 2020; Hong et al., 2018) and that resilience is a protective factor for mental health (e.g., Rodman et al., 2020; Moreno-López et al., 2020). In essence, child victims of domestic abuse maybe at greater risk of mental health issues in adulthood, if their potential vulnerability is not acknowledged and addressed through treatment / intervention. This raises the question, why, if the evidence is so compelling do we allow male child victims to be excluded from so many of the places where there is an opportunity to begin the journey of healing and support?

Adult sequelae

One of the persistent challenges for many victims of domestic abuse in childhood is the impact it has on their ongoing psychological health and wellbeing (Taylor, 2019). The literature review referred to previously suggests a range of poor outcomes in adulthood (e.g., Sousa et al., 2012). Unfortunately, these findings were endorsed by our participants, who when asked *“Have your childhood experiences impacted on your intimate relationships as an adult? If so, in what ways?”* shared a range of mental health and behavioural consequences of the abuse experienced as children.

“Yes. I have ongoing mental health input. My relationships are unstable” (Participant 2, 19 years)

“Yes. Concerned as was drawn to abuse and controlling partners with unrealistic expectations which was normal for me and I did retaliate at times verbally” (Participant 8, 32 years)

"In every way. The main cause was the sexual abuse that followed from my childhood family life. I worry that I am not teaching my children how to live a happy and fulfilling life as I don't know what this is" (Participant 20, 54 years).

"Yes, absolutely, in ways that this box would never be big enough to tell all. I ended up with an anxious attachment and not because of an early attachment issue but due to my experiences from aged seven onwards. Like as a child I would try to please, appease and placate and it isn't an emotionally healthy place to be as an adult in an adult relationship. Conversely, I started out as an angry adult and was not the nicest of people when I look back 20-30 years and refer to that time to myself as an 'emotional retard'" (Participant 19, 53 years).

"When I was at school I would regularly lash out at others and then isolate myself due to the bullying from those much older after each outburst" (Participant 22, 67 years).

These brief exemplars characterise the body of data provided in response to this question, these are sadly normative responses. As children, the now adult men reported living in fear and dread, and as adults their own capacity to sustain 'healthy' relationships has been negatively affected, as has their mental health. It is important to note that many adults fail to sustain long term relationships, however, what the data extracts suggest is that in this sample these struggles relate directly to their own experiences as children. Again, the presence of adult sequelae is unsurprising, most children will be able to point to experiences that shaped them as adults, however, in the case of children who have been maltreated these sequelae are typically negative and persistent. Indeed, contemporary neurobiological research suggests that the persistence of these patterns of thoughts and behaviours is the result of differences in brain circuitry and gray matter density in some regions (Moreno-López, et al., 2020). The argument being that our brain development is shaped by our experiences in the world (Mueller & Tronick, 2020). However, very recent research promotes treatment strategies that have been designed to effectively re-wire brain circuitry (Rodman et al., 2019). None of the research discussed so far indicates that male children are significantly different to female children in terms of their experience of domestic abuse or the adult consequences it may have. There is some evidence that adolescent boys may be at more risk of using externalising coping mechanisms than girls, which may be construed as making them riskier when it comes to refuge support. According to Zilanawala et al. (2019) *"Internalising behaviour is characterised by anxiety, withdrawal, and dysphoria whereas externalising problems include impulsivity, aggressiveness, and*

disruptiveness” (p. 207). On closer examination, however, the evidence is inconclusive, with some studies showing no differences between adolescent girls and boys (e.g., Kitzmann et al., 2003; Wolfe et al., 2003) and others showing boys are more likely to externalise than girls, and girls more likely to internalise than boys (e.g., Graham-Bermann, & Hughes, 2003; Evans et al., 2008; Moylan, et al., 2010). In sum, the evidence that adolescent boys are more likely than girls to be aggressive and disruptive as a consequence of IPV victimisation is unclear and certainly not robust enough to warrant boys exclusion from refuges.

Refuge exclusion policy: are we positioning boys as perpetrators in waiting?

Based on the evidence and discussion thus far the differential allocation of refuge spaces to male and female children is difficult to reconcile. It is concerning to think that such momentous decisions for mothers or fathers fleeing abuse lack a strong foundation. Whilst claims of gender bias may be premature there are observable biases in the narrative around children’s experiences of IPV in both policy and practice. In the UK, there was a strategy from 2016-2020 called Ending Violence Against Women and Girls (VAWG; which the authors are absolutely committed to), a strategy superseded in July 2021 by the Tackling Violence against Women and Girls. The nomenclature of this strategy is undoubtedly gender biased excluding male children from the title, it does however make brief reference to men and boys in the foreword *“While this strategy focuses on women and girls, there is much more we all can do to support men and boys across a number of areas, including their safety”* (p.4). Any reference, however brief, is welcome, but the lack of specificity here does little to reassure the authors that boys will not simply be seen to need re-education in terms of their attitudes towards girls. There is no denying that women and girls are more likely to be victims of violence and that this is intolerable, as is any form of domestic abuse and violence. Our concern is that by saying women and girls instead of children we are in danger of reinforcing stereotypes and expectations that further stigmatise male child victims and thereby enable a narrative that may inhibit help seeking (for a further discussion on barriers to help-seeking, see chapter 7).

This use of language is also evident in some important social movements. For example, organisations, schools, colleges, and universities can apply for White Ribbon Accreditation. This status is plainly about ending violence against women by working with men and boys explicitly but not exclusively to re-educate them. This charity was set up in the UK in 2005 and it personifies so many of the socio-cultural values needed to end violence, but it attributes the power to do this to men and boys. In abusive family settings both boys and girls are vulnerable, and many boys refer to

their feelings of vulnerability, fear, and a desire to protect younger siblings. How can it be right to construct these boys as part of the problem by excluding them from victim status in our policies and social efforts to influence change?

Initiatives to end violence are of course welcome, however, how might a boy who is the victim of IPV experience this messaging? How might he position himself in this powerful and pervasive narrative? Is it possible that the stigmatised identity created for child victims who are male is a contributing factor to the perpetuation of the problem? These are substantive questions and we do not claim to have the answers but what we do seek to do is stimulate ongoing debate. Regardless of gender, IPV victimisation has been ascribed a “stigmatized identity” status (Overstreet & Quinn, 2013; p3) because of the hidden and visible components it entails. A stigmatised identity may inhibit help-seeking. Goffman (1963) explained that a stigma may be visible or hidden. The hidden stigma is powerful because it has the potential to be revealed and through this revelation comes the possibility of discreditation (e.g., Taylor, 2019). Overstreet and Quinn (2013) generated a model of IPV stigmatization, that includes three components, *cultural stigma*, for example, the deserving and undeserving victim narrative (Russell & Light, 2006) or the gender stereotype that men are perpetrators and not victims. *Stigma internalisation*, in reference to the way victims come to believe the negative cultural stereotypes associated with IPV victimisation, and *anticipated stigma*. Anticipated stigma refers to the individual’s awareness of their stigmatised status and their expectation to be treated accordingly if it is revealed. Overstreet and Quinn’s model has been applied to help understand female victim experiences and more recently in terms of male victims (Taylor et al., 2021). In the context of male child victims are we in danger of bolstering their stigmatised identity and marginal status because of the cultural narratives they are born into? If so, what are the unintended consequences of this? The evidence briefly summarised above suggests they may be profound and lifelong. Consequently, for a male victim (adult or child) the cultural messages of exclusion and perpetration have the power to de-legitimize their experience. If male children and adolescents are persistently receiving these messages, then how do we encourage them to seek help and support?

Conclusion

IPV affects both male and female children and whilst they may or may not manage their responses differently, there is no reason to assume that boys are less fearful, distressed, or traumatised than girls; indeed, extrapolated from wider gender difference research in IPV, it is highly

likely that there are more within, than between group differences (e.g., Langhinrichsen-Rohling, 2010).

Policy and practice appear to afford victim status differently to male and female children. It appears that male and female children are treated similarly until they reach puberty. From puberty onwards the cultural messaging and the associated practices in many support agencies changes, with girls still welcome but boys potentially excluded. The rationale for the exclusion remains unclear but in the absence of compelling evidence to confirm that boys are unsafe in refuges one suggestion is that by virtue of their gender alone they become labelled, by association, as threats or future perpetrators (Whitfield, Anda, Dube, & Felitti, 2003; Taylor, 2019). This is a form of discrimination and one that is difficult to defend on the basis of the available evidence.

It is clear from the recent Domestic Abuse Act (2021) that there is a political commitment to start addressing some of the inequalities child victims have faced over the years. However, there remains an urgent need to revisit the way male child victims are constructed, further research is essential if the current treatment disparities are to be justified.

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