

Domestic violence, children and young people

Learning from Serious Case Reviews

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Stats...

- Over 30,000 children spend at least one night in a refuge in England in a year
- 90% of children in households with children where domestic violence occurs are in the same or next room
- 1 in 4 women / 1 in 6 men experience domestic violence in their lifetime
- 1 in 5 children have been exposed to DV
- DV is a factor in 60% of serious case reviews
- 130,000 children live in households with high-risk domestic abuse
- 500 women who have experienced domestic violence in the last six months commit suicide every year
- A study of 200 women's experiences of domestic violence found that 60% of the women had left because they feared that they or their children would be killed by the perpetrator

**Ask me what my life is like so I can
tell you what its like to be me**



MY NAME IS DAVID
I AM NEARLY TEN

Impacts of domestic violence on CYP

Edleson – visual, audio, tool of the perp, aftermath

- How may abusers **'use'** the children as a tool of abuse?
- How are children **constrained** by abuse and coercive control?
- Domestic violence as a form of **trauma** – how does this manifest in children's behaviour?

Alarm Response

- Threat detected
- Immediate reflective response
- Critical decisions for immediate safety
- Non-verbal, illogical, unconscious
- Lower brain can take over – tells body what to do to prepare to fight or flight
- Very hard to modulate behaviour and be in the present moment

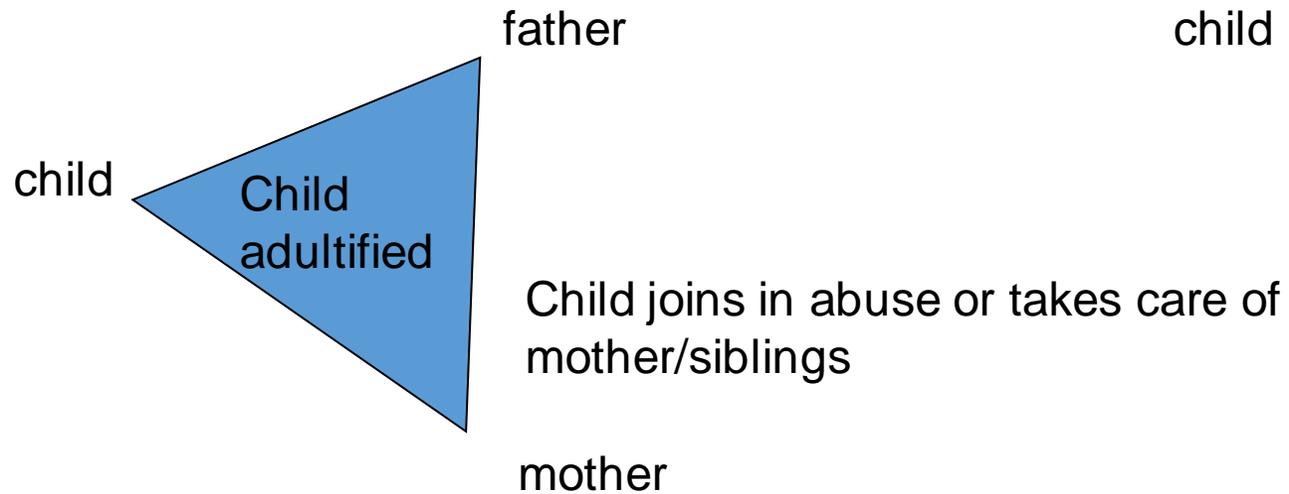
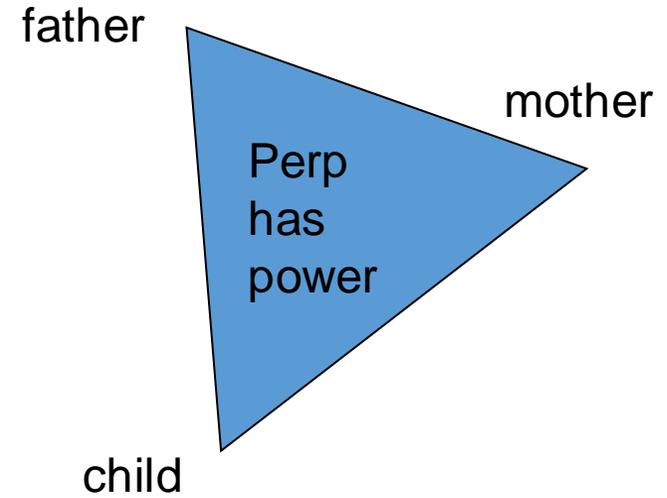
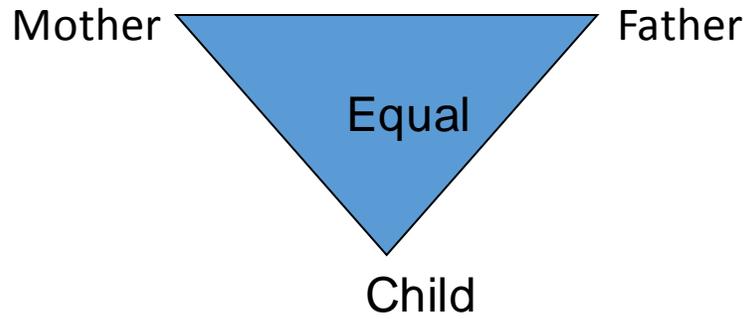
- Trauma victims can be prone to irrational, harmful, unproductive responses compared to the situation at hand

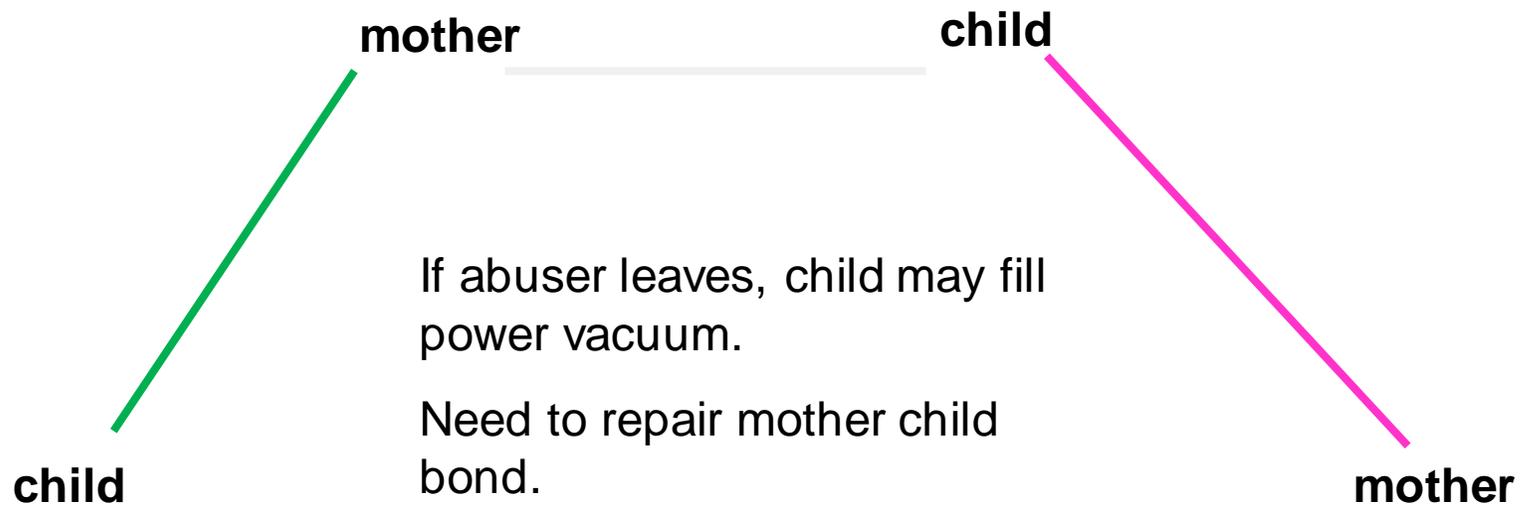
Coping strategies

It is crucial for children's recovery that their difficulties are understood as current coping strategies rather than being medicalised, pathologised or as indicative of their future behaviour.

- What are some common coping strategies?
- What happens if we only deal with the surface behaviours?

Family dynamics





Mother-child relationship

- How might power and control tactics affect a woman as she parents her children?
- How may a mother's parenting be affected by the abuser and how each one may impact on the child

- Believes she is an inadequate parent
- Loses respect of children
- Believes and reinforces the abusers excuses
- Changes parenting style
- 'Over-zealous' punishment
- 'Neglect'
- Capacity to manage is overwhelmed
- Negative survival strategies
- Bond with children is compromised
- Competes for children's loyalties

How abusive men parent

- Can you be a perpetrator and a good father?
- Is there such a thing as 'good enough' parenting?
- How may an abusive man parent his children?

Fathering by men who perpetrate DV

- Developmentally inappropriate expectations of child
- Authoritarian, rigid, likely to use physical discipline
- Put own wants and needs first
- Want to be centre of attention & jealous if not
- Physically & verbally undermine mother
- Manipulate perception of situation to shift blame
- Inconsistent: under-involved, low physical affection + episodes of strong presence in child's life
- Disconnect between professed emotions & actual behaviour
- Ability to perform under observation (the 'charming' man)

Parenting by Coercive Control Abusers

Battered women's justice project

Parenting Continuum	
Physical safety	Physical/Sexual Abuse/Neglect
Emotional support	Emotional abuse
Economic support	Economic abuse
Protecting child from conflict/abuse	Using child as tool of abuse
Accepting responsibility	Denying responsibility
Responding to child's needs	Ignoring child's needs
Supporting other parents parenting and relationships	Undermining other parent
Respecting other parents autonomy	Relentless harassment

Focussing child protection responsibilities on women:

- Ignores the perpetrator
- Ignores increased risk of separation
- Ignores continued abuse during contact
- Ignores effects of domestic violence and coping strategies used
- All emphasis on woman for 'failing to protect' the children
- Colludes with perps 'excuses' or 'explanations' for abuse (she was drinking, she is a bad mother)

The best form of child protection is women protection

Serious case reviews

A serious case review (SCR) takes place after a child dies or is seriously injured and abuse or neglect is thought to be involved. It looks at lessons that can help prevent similar incidents from happening in the future.

A SCR should take place if abuse or neglect is known, or suspected, to have been involved and

- a child has died
- or a child has been seriously harmed and there is cause for concern about how organisations or professionals worked together to safeguard the child

or

- the child dies in custody
- or a child died by suspected suicide.
-

What is seriously harmed and how is it determined

Seriously harmed includes, but is not limited to, cases where the child has sustained, as a result of abuse or neglect, any or all of the following:

- a potentially life-threatening injury;
- serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development.

This definition is not exhaustive.

Carrying out a serious case review

- The Local Safeguarding Children Boards (LSCB) follows [statutory guidance](#) for conducting a serious case review.
- The decisions to conduct an SCR should be made within one month of the notification of the incident. The LSCB must notify the national panel of independent experts and Ofsted of this decision.
- The LSCB should appoint one or more reviewers to lead the SCR. The lead reviewer must be independent of the LSCB and any organisations who are involved with the case
- The LSCB should make sure there is appropriate representation of the different professionals and organisations who were involved with the child and the family. The LSCB may decide to ask them to give written information about their involvement with the child.
- The LSCB should aim to complete an SCR within 6 months.
- SCR reports should be written in such a way that publication will not be likely to harm the welfare of any children or vulnerable adults involved in the case.

June 2016 - Gloucestershire - Lucy

- **Death of a 16-year-old girl and her unborn child in 2014. Lucy died as a result of an assault by her partner Daniel, who was found guilty of her murder and given a life sentence.**

Background: Lucy was made subject to a Child in Need plan but social care decided to close her case when her unborn child was made subject to a child protection plan under the category of physical and emotional abuse. Lucy became homeless at 15 after relationships with her family deteriorated. After a brief period staying with her partner Daniel, the couple separated and Lucy returned to live with her mother. Lucy presented with multiple risks including: emotional difficulties; self-harming; challenging and risky behaviour; school refusal; estrangement from family members; homelessness; pregnancy and being in an abusive and violent relationship. Services supporting Lucy and her family included: child and adolescent mental health services (CAMHs), family support services and a voluntary sector organisation specialising in young people's mental health.

Learning: when safeguarding teenagers, there was a tension between respecting their autonomy and keeping them safe; the Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) form did not capture all critical information for under-18s; there was a lack of understanding of how to recognise key features of domestic abuse between young people, leaving child victims and child perpetrators without the necessary support and protection.

March 2016 – Cheshire West and Chester – Child A

- **Serious head injury of a primary-school-aged child in October 2014.**
Background: family had significant contact with a wide range of agencies and were receiving support from a Team Around the Family (TAF) due to concerns about home conditions and the children's failure to thrive. Mother had a history of childhood sexual abuse, a lack of emotional warmth towards her children and suspicion of services and professional involvement with her family. Father had a history of alcohol misuse, domestic violence and controlling behaviour.
Key issues: include: parents were able to dominate and manipulate TAF meetings by disputing points, creating diversions and feigned compliance with recommendations; no formal parenting assessment was made of parenting capability or motivation to change; professionals struggled to distinguish between parental neglect and emotional abuse; assessment tools were not always used effectively; and the escalation policy was not used by professionals to challenge decision making following referrals.

Domestic violence and safeguarding children

- Are children living with domestic violence always at risk?
- Should we assume they are in need of child protection?
- How do we ensure that any actions or decisions concerning a child must be in the best interests of the child

'Culpable women, invisible men'

- How can we move away from labelling mothers as 'failing to protect' when they are victims of abuse?
- Holding the mother responsible for harm that she has not caused risks replicating the process whereby the perpetrator exercises control and power
- There is little evidence that removing a child from the care of a non-abusive parent

Ewen, B.M. (2007) 'Failure to protect laws: protecting children or punishing mothers?', *Journal of forensic nursing* 3 (2), pp 84–86. benefits the child.

Humphreys, C. (2006) *Domestic violence and child protection: challenging directions for practice*, Australian domestic and family violence issues papers report No. 13, Sydney: University of New South Wales

Disclosure

- Who may children tell?
- What stops them telling each person?
- Are there any barriers to them telling YOU? (may depend on what your role is)

Learning from case reviews where domestic abuse was a key factor

High risk factors which can increase the risk to children who live in families where domestic abuse is present.

- Mental health problems
- Substance misuse
- History of violence
- Young parents
- Lack of take-up of services offered
- Different cultural norms
- Trigger events leading to a violent incident

Learning for improved practice

- Understanding the roles of men in the family
- Seeing the mother alone
- Avoiding an over-reliance on the mother's ability to protect their children
- Seeing the bigger picture
- Maintaining a healthy scepticism – Understanding 'disguised compliance'
- Talking about domestic abuse between agencies
- Understanding the complex nature of domestic violence relationships
- Understanding the impact on children of living with domestic violence
- Helping the mother to understand the impact of living with domestic violence

Barriers to disclosure: children

- Wanting to protect the victim from further abuse
- Wanting to protect the perpetrator from exposure
- Not understanding that abusive behaviour is wrong
- Love the abuser and feel the victim is to blame
- Not wanting to share family secrets with outsiders
- Being threatened directly or indirectly by the abuser
- Being denied contact with people who could intervene
- Fear of consequences for self and family
- Fear that they or parent may be deported
- Fear of exposing the family to shame or dishonour

Teenagers - Learning from Serious Case Reviews

The teenagers in these case reviews faced a complex and wide range of risk factors. They became the subject of reviews following:

- suicide or attempted suicide, often following years of abuse or neglect.
This was by far the most common type of incident prompting reviews amongst this age group
- physical injuries or death at the hands of other young people/partners
- sexual exploitation
- accidental overdose.

Protecting Older Children

- Ofsted - of 471 serious case reviews conducted between April 2007 and March 2011, 111 (24%) were of children aged 14 or older.
- “There is less commonality of experience for older children within the child protection system [...] the complexity and range of risk factors facing teenagers, as highlighted in the evaluations, included: alienation from families; school difficulties; accommodation problems; abuse by adults; unemployment; drug and alcohol misuse; emotional and mental health difficulties; domestic abuse in the home; reactions to bereavement; and risks linked to adults’ misuse of the internet”.
- There is also widespread evidence that young people in abusive situation can often accept their situation as normal

- Young people are not being identified as at risk by professionals and are often **perceived as more resilient** or able to cope with situations compared to younger children;
- Young people are less likely to receive a children protection response from Children's Social Care, they are more likely to receive an assessment through a 'child in need' referral or through the Common Assessment Framework (CAF).
- There is a lack of specialist early intervention services for vulnerable teenagers.
- Universal services have a vital role in identifying young people in need of additional support, however there is a lack of training and awareness amongst professionals of the specific needs of older young people.
- **There are differences in response between and within different Children's Social Care services to young people aged 11–17 years old who have been maltreated.**

Think about...

- What current support do you have locally for under 18's that have experienced abuse in their relationships?
- How will you identify if a young person is high risk?
- If so, will they be accepted at MARAC? Most areas do now accept 16 – 18 year olds but it would be important to check with your MARAC co-ordinator;
- If there are multiple issues in the young person's life i.e.: relationship abuse, gang involvement, child protection concerns, how will you prioritise support. What issue will take priority and how can you encourage joined up working and appropriate information sharing?
- What benefits and financial support are they eligible for, if any?
- Will they be accepted by the local refuge?

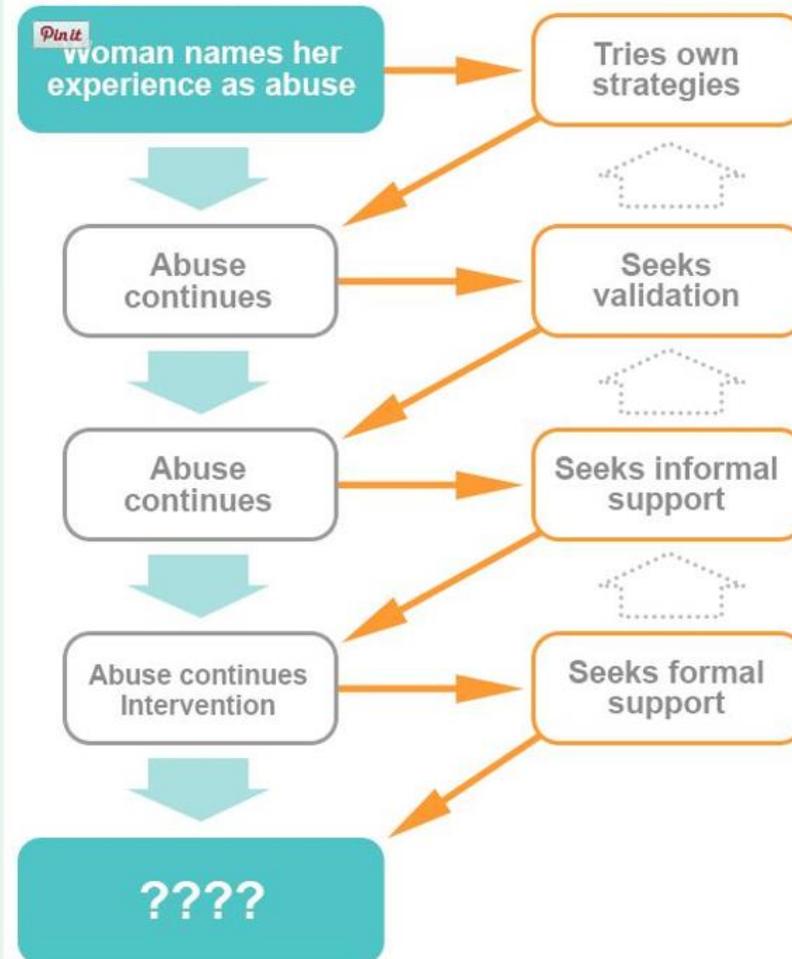
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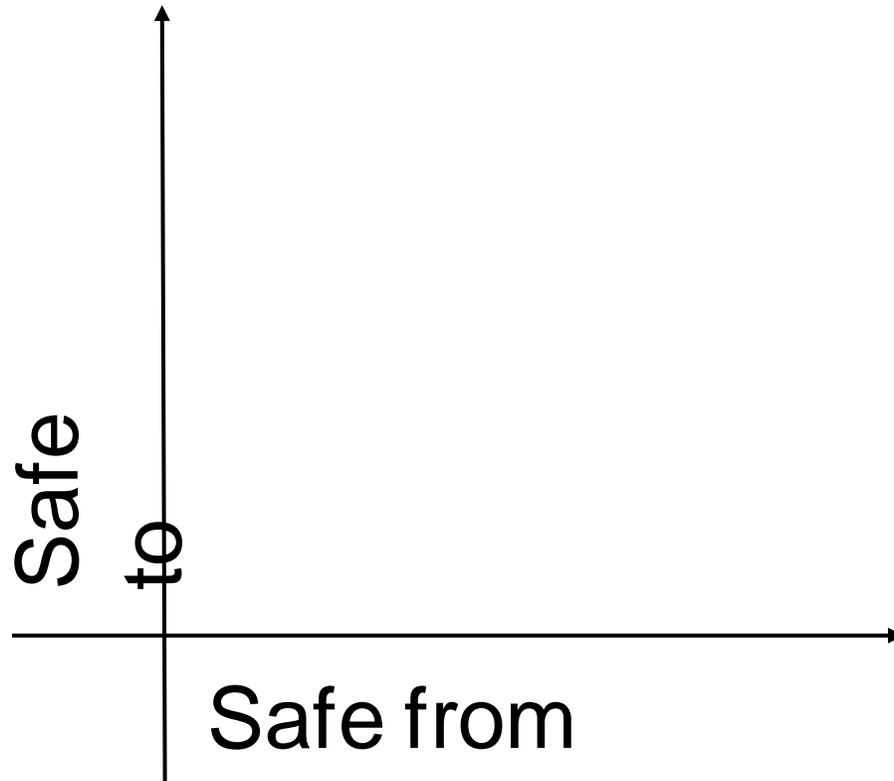


THE HELP SEEKING PROCESS

As already suggested, seeking help and support for domestic violence is not necessarily a simple task. In fact, research with survivors has found that they tend to go through a staged process of help-seeking:



Safe from/safe to



- ▶ What actions will make them **safer from** the perpetrator/s' violence?
- ▶ What actions will make them **safer to** lead the life they want to lead? (i.e. enhancing protective factors)
- ▶ Open up **Space for Action**

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