

### What did we do & why?

The effect of Domestic Abuse on children is complex because the harm accumulates over time, and the effects may last into adulthood (*Stanley, 2011*). Responses of children affected by Domestic Abuse can manifest through behavioural, physical and psychological difficulties (*Hester et al, 2007; Holt, et al, 2008*). Children who have lived with Domestic Abuse are likely to experience significant emotional harm, which may result in internalised and externalised responses (*Mullender et al, 2002*) leading to emotional and behavioural difficulties (*Holt, et al, 2008*). Children who have been exposed to Domestic Abuse are likely to have low self-esteem, fear and depression, have a limited capacity to be assertive (*Baldry, 2003*), and be anxious, silent and withdrawn (*Hester et al, 2007*). They may also express aggression and anger towards others, particularly the mother (*ibid*). Children who have experienced Domestic Abuse are more likely to engage in higher rates of absenteeism, have difficulty engaging with peers, display generalised aggressive and rule-breaking behaviour (*Holt, et al, 2008*), and have compromised learning potential due to poorly developed verbal skills than children who have not been exposed to DA.

Living in a home where there is Domestic Abuse can have a serious impact on a child's behaviour and wellbeing and, a child witnessing Domestic Abuse is recognised as 'significant harm' in law. Domestic Abuse can also be a sign that children are suffering another type of abuse or neglect (*Stanley, 2011*).

The effects of witnessing Domestic Abuse can be significant and can last into adulthood. For example:

- becoming aggressive
- displaying anti-social behaviour
- suffering from depression or anxiety
- not doing as well at school - due to difficulties at home or disruption of moving between different locations
- feeling frightened
- becoming quiet or shy or showing signs of emotional upset
- running way
- losing self-confidence

Although believed to be significantly under-reported, the number of Police domestic incidents reports in Buckinghamshire continues to increase year on year, including those incidents where children are involved.

Responding to, and supporting, families where this is Domestic Abuse is a core aspect of daily business, not just for the Police, but also for a number of other services. Professionals involved in this audit estimated that approx. 80% of children that reach a Child Protection Conference have Domestic Abuse involved in their history at some point. The proportion was felt to be very similar for those families being supported through the Family Resilience Service (FRS)

### Methodology

The audit explored the journey of 6 families where Domestic Abuse has been identified as a significant factor of need or risk. In order to maximise diversity, the families were chosen against a range of criteria including:

- ⇒ Location
- ⇒ Gender of children in the household
- ⇒ Special Educational Needs and / or disability in the household
- ⇒ Engagement with Children Social Care
- ⇒ Point at which Domestic Abuse was disclosed
- ⇒ Families where the perpetrator is living in the family home and families where the perpetrator is living away from the family home
- ⇒ Families where both victims and perpetrator are the biological parents of the children in the household and families where either victim or perpetrator is not a biological parent.
- ⇒ Age of children in the household
- ⇒ Ethnicity

In all 6 families, the victim was female, and a mother.

In all 6 families, the key perpetrator of the abuse was an adult male, although there was also evidence of adolescent to parent abuse from both female and male children towards the mother.

## Summary of Findings & Recommendations

In all 6 journeys, outcomes for the children and the victims are generally poor. Wider research demonstrates that outcomes for children experiencing Domestic Abuse are known to be poor, and living with Domestic Abuse over a long period of time will be detrimental to a child's emotional, physical and educational wellbeing.

There are multiple challenges to an effective partnership response. The key challenges highlighted by this audit process are listed below, alongside suggested next steps.

### Interventions & Services

1. The audit emphasised the need for a holistic approach which understands and address all of the problems within the family, and which takes account of the impact of Domestic Abuse on children over time. Whilst there was evidence that the introduction of the Family Resilience Service (FRS) and Early Help Panel was having a positive impact in terms of coordinating the response and ensuing support is offered where the level 4 threshold is not met, there are further opportunities to explore how agencies work together to provide a coordinated and effective 'whole system' response. This includes ensuring that families are not overwhelmed by the number of services engaged with them, and that there is a shared understanding of what outcomes agencies are seeking to help the family achieve.
2. This audit revealed a tendency for services to repeatedly engage and withdraw short-term interventions in line with family crisis points. Whilst individually these interventions were in many instances successful in relation to the outcomes they set out to achieve, collectively there was little evidence that patterns of behaviour and levels of risk or need were reduced when looking at the impact across a wider family history. Indeed across all families the needs of the children continued to escalate despite the number of services involved with the family. This suggest the need to explore how we collectively understand and measure what success looks like for these families over a much longer period of time.
3. There was little evidence of effective early intervention and support being provided, with all families having significant histories with Children's Social Care before referral to the Early Help Panel. There is a need to ensure clarity around the Early Help approach in relation to Domestic Abuse. This includes looking at barriers to effective engagement at an Early Help level and the action taken where support is declined given the likelihood that the child's needs will continue to escalate.
4. The audit identified some apparent 'gaps' in timely and appropriate interventions for children experiencing Domestic Abuse. Given the prevalence of Domestic Abuse as an issue for families, there is a need to look at the sufficiency of interventions and opportunities for more firmly embedding support and expertise around Domestic Abuse across existing services.
5. In all 6 families, the children experienced escalating emotional and behavioural issues over a period of years. Given the strong link between Domestic Abuse and emotional and behavioural challenges, there is a need to consider how interventions could be used differently to achieve earlier and improved outcomes for children and to try and prevent them from being in the position where they are being 'treated' for their 'problems'.
6. The audit identified a need to look at the way parenting support is used in families where there is Domestic Abuse. Whilst it is recognised that parenting support may be required in these households for a number of reasons, it needs to take account of the impact of a coercive and controlling relationship on effective parenting rather than simply focusing on more practical parenting issues. There are also opportunities to consider whether in some instances additional mental health support may be more effective.
7. Across the journeys audited, the focus of services was predominantly on the mother as victim, with the perpetrator largely absent from the multi-agency working around the family. Whilst engaging with perpetrators is fraught with challenge and not always possible, there is an opportunity to explore evidenced based approaches for engaging the perpetrator as part of a whole family approach, and also for being clear about the most appropriate strategies where this is not an option.
8. The audit highlighted that non-statutory agencies are not always involved in the multi-agency response. There is a need to ensure that statutory and non-statutory agencies are working effectively together to support positive outcomes for children and families.

*'If we were going to change this family, we would [have wanted referrals] to Early Help and to MARAC right at the start.'*

*'Are disclosures being made through behaviours?'*

## Summary of Findings & Recommendations - continued

### Risk

1. The audit highlighted that understanding and perception of risk varied across different agencies. This can impact on the ongoing support that is subsequently put in place for a family and on timely referrals being made.  
To provide an effective partnership response we need to consider how to embed a more collective understanding of risk.
  2. Varying perceptions of risk between the family and criminal court may lead to mothers receiving mixed messages, for example where they are told they need to leave their abusing partner or their children are taken away, but then ongoing contact with the perpetrating father is granted through the courts.  
We need to consider how to engage the court system in a more consistent understanding of risk.
- It is suggested these issues are addressed as part of the multi-agency 'summit' proposed above.

*Surprised at standard grading at incident when mother "was holding the baby"*

### Practitioners & Agencies

The audit highlighted:

1. The importance of understanding family histories and relationships, and acknowledging patterns of behaviour over time when working with families where there are long histories of Domestic Abuse. This requires individual practitioners to focus more widely than the immediate presenting issuers, but agencies also need to recognise potential barriers if older case notes are not available.
2. The importance of professional curiosity and continually validating information provided by service users.
3. The importance of professionals having a sound understanding of the nature of coercive control and the impact this can have on behaviour, including a potential for this to increase the level of disguised compliance.

*'This punitive response is unfortunately common in terms of how we respond to DA cases'.*

There was some positive evidence across the journeys of professionals having a good understanding of coercive control.

*'It appears he regularly manipulates [stepdaughter] by contacting her via text and phone calls and telling her what to say to the police. This has been witnessed by officers' and [stepdaughter's] mobile phone was constantly going with text messages from [step father] who officers say was trying to manipulate her answers to police to make her mother appear to have mental health and alcohol issues'.*

### Notifications to Schools

The audit highlighted the positive impact of an effective Domestic Abuse notification system to schools. Following the recent re-introduction of a notification system, the BSCB should continue to monitor whether this is effective, including through feedback from schools

### MARAC

Questions were raised about whether MARAC is routinely and consistently considered as an option, whether referrals are being made early enough, and also whether the DASH form is being used by all agencies to understand levels of risk and make appropriate referrals. These questions should be explored in more detail through the Domestic Violence Strategy Group / MARAC Working Group.

*'If there had been a MARAC there would have been better knowledge across all of the children involved. ....if this had gone to MARAC, the multi-agency working would have been better'*

## Next Steps & Further Information

The actions will now be monitored via the BSCB Performance & Quality Assurance Sub Group and reported to the Board. Professionals are asked to share and disseminate learning within colleagues in their agency.

**Further information:** For further information on this, or other BSCB audits contact [bscb@buckscc.gov.uk](mailto:bscb@buckscc.gov.uk)

## Methodology - Themes

### Disclosure

At what point was Domestic Abuse disclosed / identified and how did this happen? (e.g. who did the family disclose to, was this someone who already had an established relationships with the family, was it before or after engagement with the Early Help Panel?)

How long at the Domestic Abuse been going on?

What else was going on with the family? What were the other / presenting issues?

### Interventions

At the point of engagement with the Early Help Panel, had there been any previous contacts or referrals to Children's Social Care? If so, when and how many?

What interventions were offered and / or provided in response to Domestic Abuse within the household?

What other interventions were offered and / or provided (e.g. in response to other issues)

At what point are interventions provided? Is there any evidence that more could have been done earlier?

Who is delivering the interventions and how long for?

Were practitioners involved who had specific expertise or training around Domestic Abuse?

Who were interventions offered to / provided for? (e.g. the parents / victim / perpetrator / child / siblings)

What age are the children? Are age appropriate interventions available and provided for any children?

What did these interventions seek to address? (e.g. was it the root cause of the symptoms?)

What evidence is there of the effectiveness of interventions and the outcomes they achieved for the family?

### MARAC

Did this case go to MARAC?

If yes, what evidence is there around the impact this had?

### Voice of the Child

How effectively is the voice of the child taken into account?

### Thresholds

Are threshold decisions along the family's journey appropriate?

### Partnership Working

How effective is partnership working including information sharing?

Where relevant, did partners effectively challenge where they had concerns about what was in the best interest of the child?

Is there any evidence of escalation across agencies? What was the outcome of this?

Information for the audit was provided from the following agencies:

Family Resilience Service

Oxford Health NHS Foundation Trust

Aylesbury Women's Aid

Clinical Commissioning Group

Barnardos Support for Parents

Buckinghamshire County Council Community Safety

Children's Social Care

Wycombe Women's Aid

Buckinghamshire Healthcare NHS Trust

Early Years Setting

Thames Valley Police

Buckinghamshire Safeguarding Children Board