



Domestic violence in work with abused children

The project examined the impact on an NSPCC team's work of introducing a systematic means of identifying domestic violence, and of incorporating the issue of domestic violence in professional practice with children who have been abused. The researchers, Marianne Hester and Chris Pearson, found that:

f The number of instances involving domestic violence became more obvious as the research progressed: there was evidence of domestic violence in one-third of the team's child abuse cases prior to the research and this rose to two-thirds during the research period.

f Staff felt that the use of a monitoring form devised for the project raised their awareness of domestic violence, acted as an 'aide memoire' to ask about domestic violence, allowed them to ask service users about domestic violence, and allowed service users to disclose domestic violence.

f Incorporating knowledge of domestic violence into practice had led to greater emphasis on work with mothers and children, which the team saw as positive for children. On reviewing old cases, team members also felt they could identify occasions where a focus on domestic violence might have enhanced practice.

f Some workers were concerned about raising the issue of domestic violence where it had not been the main reason for referral or where they felt it might be inappropriate, unsafe or intrusive. It could also be difficult to monitor domestic violence as routine practice. However, the team felt that overall this approach enhanced their practice and that many of the underlying issues around both domestic violence and child abuse were similar.

f The researchers conclude that a focus on domestic violence allowed child abuse cases to be looked at in a wider context, leading to more realistic, holistic and sophisticated practice responses. The issue of domestic violence moved from the periphery to the centre of the team's work in child abuse prevention.

Background

The project examined how professionals working with children who have been abused might incorporate the issue of domestic violence - that is, violence and abuse in the personal relationships of the adult who is the child's principal carer (in all the sample cases, the child's mother) - and the impact on their work of so doing. The researchers worked with an NSPCC team as this allowed access to a range of work with abused children, mainly recovery, and, to a lesser extent, investigative. While the nature of the team's work made it somewhat different to, for example, many social services teams, the findings still have a broad relevance.

Prior to the research project, the NSPCC team had found that focusing on domestic violence could have a directly positive effect on their on-going preventive and recovery work with children. However, neither they, nor other similar agencies, had any systematic means of identifying domestic violence, or of incorporating the issue in practice.

Monitoring

The researchers devised a simple monitoring form for use by the team. After discussion with the team and some observation of team practice, a multi-stage monitoring approach was adopted so that clients or referrers had the opportunity to disclose domestic violence at any stage. This involved workers completing a form at the referral stage of every case, and after every subsequent contact with service users. The form consisted of a set of questions relating to domestic violence, and to any resulting impact on the child.

The incidence of domestic violence in those cases taken on by the team rose from one-third to nearly two-thirds as a result of routinely asking about domestic violence in every case. This is not to say that there was an increase in referrals involving domestic violence, but that domestic violence became more acknowledged and recognised where it had previously been hidden.

There were some difficulties establishing and maintaining the monitoring system. Duty calls, perhaps involving only one contact, were particularly problematic. There were also occasions when workers felt it was inappropriate or unsafe to ask about domestic violence:

Sometimes when I have a family in and there's been no reference to domestic violence at all within the referral, I find it difficult to talk about ... I suppose it's because the man is there - that's what makes it difficult.

Several issues emerged for the team. Amongst these was the question of how to ask about domestic violence without diverting the focus from the main reason for referral, as one worker described:

I think the main feeling was that it [asking about domestic violence] would have taken things down the wrong track. It would have gone away from the main issue that was being presented at that time.

There were also concerns about the appropriateness of using the monitoring forms with children to raise domestic violence issues. This did not necessarily 'fit' very easily with the client-led emphasis of the team, and could feel overly intrusive. One 11-year-old girl was receiving therapeutic work in connection with physical abuse from her father. When asked about the context of domestic violence (gross physical, sexual and emotional abuse of the mother) within which she had lived, she wrote that she found it both upsetting and frightening to talk about:

I thought if I tell someone, then they go and tell someone and they will come and hurt me .

However, being able to talk about the domestic violence with both her mother and herself in a safe location proved positive.

Overall, workers felt that using the monitoring forms had been positive, and the benefits included:

- acting as an 'aide memoire' to ask about domestic violence
- giving permission to ask service users about domestic violence
- giving service users permission to disclose domestic violence

Re-examining old cases

The NSPCC team also re-examined some previously finished cases where domestic violence had not been disclosed or apparent, but where it might have been a possibility. This involved exploring the effect that taking domestic violence into account might have had.

For instance, the team had investigated an allegation by a 16-year-old girl in residential care that she was involved in a sexual relationship with her key worker. The team had identified the case as involving child sexual abuse, even though the young woman considered herself in some ways to be in a relationship with this man. The re-examination of the case highlighted instances where the man had put his hands around her throat in a very threatening way. On at least two occasions she reported that when he was displeased with her 'he was rough and

angry ... he pushed her, but did not hit her'. In another instance, 'he frightened her by shaking her violently'.

Re-examining the case in this way did not alter the impropriety or nature of the man's behaviour. It did, however, provide an additional way in which the team could have carried out recovery work with the young woman, allowing them to incorporate her own apparent perspective. Incorporating domestic violence into the picture would also have allowed information regarding refuges and other support for women experiencing domestic violence to be imparted with regard to safety planning with the young woman.

This use of 're-framing' to incorporate domestic violence proved a very useful mechanism for the integration of work around both child abuse and domestic violence. One team member explained how these re-examinations of cases had clarified for her how the 'domestic violence lens' could enhance her own practice in relation to children:

The thing that brought it home to me was ... when we looked at some cases, we traced the domestic violence, we traced the problems back ... and it sort of really brought it home to me that there we all were, all the different agencies, running round in circles basically trying to help families, not actually considering the issue of domestic violence and how problems that had either arisen from that or been exacerbated by that, and that in fact we probably had to go back and deal with that domestic violence issue to make any headway at all and to get people in a stable sort of settled environment, to be able to benefit from some therapy and get their lives back on course.

Impact on practice

The team felt that asking about and incorporating domestic violence as part of the picture had enhanced their overall practice. For instance, thinking about both child abuse and domestic violence enabled them to reflect more thoroughly on their use of particular approaches, largely because many of the underlying issues were the same or overlapped.

Analysis of case files by the researchers also brought to the fore the extent and nature of domestic violence in the team's work with children. In the cases where domestic violence was identified, the perpetrator of the domestic violence and the abuser of the child(ren) was likely to be the same individual. The generally abusive impact on children, both 'indirect' and 'direct', of living in circumstances of domestic violence was also apparent.

The team felt that being made aware of such patterns helped them work more realistically with children and their carers. For instance, realising that for some children their abuser was also violent to the mothers, and vice versa, led to greater understanding of the children's experiences. It also meant that in the few instances where mothers contacted the NSPCC regarding support for their children who had lived in circumstances of domestic violence, team members became more open to the possibility that the children had been directly abused, in addition to witnessing violence to their mothers. Case files indicated that, as a consequence, there was work with children on this wider range of abusive experiences.

It was also apparent that some children remembered violence even though their mothers did not realise that they had been aware of it. One 5-year-old daughter recounted:

'unprompted memories from the past of abuse ... that she observed and which ... (mother) remembers but never thought (daughter) had seen'.

Team members also felt that an understanding of domestic violence enhanced practice and partnership work with parents because it allowed a better understanding of what was going on in many of the cases:

this framework of domestic violence explains a lot to us - it explains a lot of people's actions, or could help to explain them ... I think it can only help us work in partnership much better.

The team had decided to move towards work to support both mothers and their children in domestic violence cases. This placed the support and protection - and therefore recovery - of the child within a context where the key carer (the mother) was also supported. As one team member explained:

... if a child has been abused, it's what happens next in terms of the help, of an acceptance from particular key carers ... that will determine the outcome in terms of the child's recovery ... So, therefore, if we can work with women as well as children, carers as well as children, taking account of domestic violence then I think that we can start to create with those carers safer environments for them and their children.

In cases involving children with behavioural difficulties, workers' awareness of domestic violence could also provide a more complete understanding and thereby achieve effective change. In one example a child whose behavioural difficulties were

initially assumed to be symptomatic of sexual abuse, began to be understood more fully in the therapeutic sessions when the child enacted scenes of domestic violence. In another example a child's angry behaviour was resolved positively in therapy by incorporating the domestic violence both the child and the mother had experienced. The child was able to understand the effect on the mother of the domestic violence, and that the effect continued despite them having left the violent man:

[Mother] was having difficulties with her little girl's behaviour ... she's very angry because her father wouldn't let her have any of her belongings ever. He's still got all her toys - everything. And I said, well maybe she sees you as the strong person now and forgets what it was like - so she doesn't see why you can't go and get them, so just talk to her about what [the experience of the domestic violence] was like ... So that's what she did the next time she got angry and, yes, it worked, and the little girl kind of had a long conversation with her mother about [it].

Thus, having a framework that included an understanding of domestic violence enhanced practice by providing insights into children's behaviour.

About the study

The research was carried out by Dr Marianne Hester and Ms Chris Pearson from the Domestic Violence Research Group at the University of Bristol.

The research included: interviews with individual members of the team; analysis of case files; analysis of monitoring forms; and meetings with the team. In addition, some observation of practice was carried out to help the researchers understand the practice of the team in greater depth. During the main period of the research, the overall number of referrals to the team was 267. Of these, 111 cases were accepted for service by the team.

How to get further information

The full report, *From periphery to centre: Domestic violence in work with abused children* by Marianne Hester and Chris Pearson, is published by The Policy Press (ISBN 1 86134 115 6, £11.95 plus £2 p&p). It is distributed through Biblios Publishers' Distribution Services Ltd, Star Road, Partridge Green, West Sussex, RH13 8LD, Tel: 01403 710851, Fax: 01403 711143.

The following *Findings* look at related issues:

- Local authority responses to women and children escaping domestic violence, Apr 96 (*SP85*)
- Domestic violence and child contact arrangements, Jun 96 (*SP100*)
- Inter-agency initiatives as a response to domestic violence, Jun 96 (*SP101*)
- Family court welfare and voluntary sector mediation in relation to domestic violence, Jun 97 (*SP117*)
- Social support and marital well-being in an Asian community, Sep 97 (*SP128*)
- Lessons from the Domestic Violence Intervention Project, Mar 98 (*F338*)

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