Summary of Risk Factors & Learning For Improved Practice Around Domestic Abuse;

Domestic abuse is widely recognised as one of the factors that puts children more at risk of harm. In these Serious Case Reviews, children died, or were seriously harmed, in a number of different ways:

- Physical injuries at the hands of the father or the mother’s partner
- Premeditated murder of the children following the breakdown of a relationship
- Death of the mother at the hands of her current or ex partner.

Parental Mental Health Problems; The presence of parental mental health problems can significantly increase the risk for children. In particular, information about men who express suicidal thoughts should be referred quickly to Children’s Services. Explicit threats to kill themselves, the mother or the children, should lead to an urgent risk assessment. Women who suffer from depression, low self-esteem or anxiety, are less equipped to be able to protect themselves, and their children, from domestic abuse.

Substance Misuse Can Increase Violent Behaviour; Alcohol, in particular, can increase a tendency for violent behaviour. Violent or criminal behaviour incidents fuelled by drinking should be viewed as an increased risk.

A History of Violence; Many of the men in these Serious Case Reviews had a history of violence, either against previous partners or other adults, or as young offenders. Many were subject to supervision by the Probation Service and / or Youth Offending Teams. Men with a history of offending should be viewed as high risk.

Young Parents are a Vulnerable Group; Teenage mothers are recognised as a vulnerable group. Some may have a history of abuse, offending behaviour, have been in care or be homeless. It should also be remembered that parents under 18 are themselves still children, and may need child protection assessments in their own right. Teenage mothers and pregnant teenagers who are no longer with the father of their child may sometimes form new relationships very quickly, with men they hardly know. New partners, and in particular older partners, should be assessed to see if they pose a risk.

Lack of Take-Up of Services Offered; Mothers and their children are often referred to local support service. However in many of these cases, the mother does not take up the support offered, stops attending, or stops complying with the service. The risk here is that Children’s Services believe that the family is receiving support, whereas, in fact, they are not. Professionals should regularly check that the mother and / or children are attending the service to receive the support they need in order to keep the children safe. Men who do not engage with, or fully comply with, services (e.g. substance misuse or domestic violence programmes) should also be viewed as high risk.

Different Cultural Norms; The way domestic violence is viewed and dealt with can vary hugely between cultures. This can make it difficult for both men and women to understand and comply with the system that exists in the UK. It can also pose problems for the professionals who want to work with families in a culturally-sensitive way.

“Trigger” Events Can Lead to a Violent Incident

In addition to the factors listed above that increase the risk to the child, there are also some conditions that could trigger a violent incident that seriously harms or results in the death of a child:

1. Relationship breakdown & post-separation contact: There have been a number of high profiles cases where children have been killed during contact visits. Saunders highlights the period following separation and contact disputes as particularly high risk (Saunders, 2004). Triggers include new or pending legal decisions on issues such as contact, residency or child protection proceedings, or the fear of losing their home or job.

2. Pregnancy: Pregnancy is recognised as a trigger for the onset of domestic violence in a relationship. Any domestic violence incidences during pregnancy should be viewed as posing a high risk to the mother and unborn baby.

3. Threats to kill: Threats from men to kill themselves, the mother or the children, must be taken seriously and should lead to an urgent risk assessment.
Women who live in domestic abuse situations often live in fear for their own safety or that of their children. In such situations, it can be difficult, if not impossible, for them to speak out. Some men will ensure that they are present at all appointments with professionals. Agencies must do their utmost to provide suitable opportunities for women to disclose in private. Contacting women at work is not an appropriate way of doing this, as the work environment is rarely a place where women can discuss details of their home life.

An added risk is using text messages to communicate with vulnerable service users. A controlling partner can easily pick up messages so that they know about appointments, or can cancel or rearrange appointments to suit them. It is not possible for professionals to know whether text messages are from the intended recipient or from someone else.

Any assessment should include information about all members of the household, including any biological fathers, new partners or ex-partners who are back in the picture. Information about who lives in the home and who has contact with the children should be verified and kept up-to-date. The identity of any unknown males in the home should be investigated.

Where men refuse to engage with services, there is a danger that child protection plans focus too much on the mother’s ability to protect her children. When men are not part of the child protection plan, the danger is that the risks they pose are then overlooked. One example of this is that the father was present in the mother’s home on a number of occasions when professionals visited; he was not supposed to be there, but his presence was tacitly accepted by practitioners.

Incidents of domestic violence or physical injury may not meet the threshold for child protection procedures. However, these incidents need to be seen within the context of what else is known about the family. This usually means ensuring that relevant and up-to-date information has been gathered from all agencies in contact with the family.

Disguised Compliance is a common factor in families living with domestic abuse. In some cases, the mother tells agencies that she is no longer in touch with her ex-partner. Only too late does it become apparent that he is still seeing her and / or the children.

Terminology used to talk about domestic abuse can be quite subjective. The danger of recording incidences as “family problems” or “arguing with partner” by some agencies minimises the seriousness of domestic violence and may lead to it not being identified as high risk by other agencies. A decision not to charge the perpetrator following an assault (maybe because the mother had minimised the incident) may lead other agencies to conclude that the risk is lower, than if the perpetrator had been charged. Whilst information and assessments from other agencies should always be gathered, it should also be challenged, particularly in the light of new information.

Some domestic abuse relationships are characterised by separations and reconciliations. Professionals must be alert to the possibility that a separated couple may be back together and should not rely on a previous claim that the relationship has permanently ended. Even when alternative accommodation has been provided to enable escape from an abusive partner, in some cases the mother will still let her partner know where she and the children are. In some cases where the police are called out, the mother will later retract the allegation, minimising or justifying the attack.

Victims of domestic abuse are afraid of the consequences of speaking out and seeking help. One example is where a mother was told that any further domestic violence incidents would lead to a child protection conference. Another woman said she had not told anyone because “he had threatened to burn her and the child if she told anyone or left him”. Some women feel a responsibility for keeping the family together. This risk increases in some minority ethnic communities where women who speak out, risk losing the support of their community. Some other members of the mother’s family may be aware of and concerned about the domestic abuse. However it can be difficult for them to speak to either her or her partner about it. One mother of a teenage mum (who was still living with her) said she felt she could not ask her daughter’s partner to move out.
Any professional who sees a mother who is a victim of domestic violence should make a child protection referral to Children’s Services. Often violence against the mother is not recognised as a child protection issue, so assessments focus on the needs of the mother, rather than the safety of the children.

“...The child protection plans often did not take sufficient account of the continuing impact of what living in this family must have been like for them, with the volatility of the parent’s relationship, threats of and actual violence, frequent moves and regular money shortages.”

(Ashley, 2011)

During disputes about contact, it is particularly important that agencies maintain a focus on the needs and safety of the children.

In some cases, the mother did not feel that her partner was at any time a risk to the children. Information should be provided to mothers regarding the possible impact of domestic abuse, both emotionally and physically, on the children.

When a domestic abuse risk assessment is carried out (DASH), the assessment should include a full account and history of all household members. The level of risk should be increased when the victim is not engaging and a new assessment should be carried out for every incident.

Where parents have experienced domestic abuse as a child themselves, this should be discussed and related to the effect the current abusive situation will have on their own child/ren.

When there is a notification of a domestic abuse incident, the information needs to be shared appropriately with relevant agencies, and a proactive follow up should be carried out.

For both Baby M & Baby Q, health staff asked the routine question regarding domestic abuse at the booking appointment, however this was not revisited around 28 weeks gestation, in line with procedures.

Serious Case Reviews can be downloaded in their entirety at:
http://www.bucks-lscb.org.uk/serious-case-review/
A recent audit on Domestic Abuse found that there is a tendency for services to repeatedly engage and withdraw short term interventions at family crisis points. Whilst the interventions are successful for the outcomes they intend, the needs of the children continue to escalate.

**Highlights of learning from the audit**

1. **The importance of understanding family histories & relationships, and acknowledging patterns of behaviour over time, particularly when working with families where there is a long history of domestic abuse.**
   
   While this requires individual practitioners to focus more widely than the immediately presenting issues, agencies also need to recognise potential barriers if older case notes are not readily 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.**

**Buckinghamshire Policies & Procedures**

- Domestic Violence & Abuse Guidance and Procedure
- Honour Based Violence & Abuse Guidance
- Forced Marriage Guidance

**Domestic Abuse Training**

- BSCB: Domestic Abuse and Child Protection
- Bucks County Council: Domestic Abuse