The Impact of Domestic Violence on Children

Christine Christie
19th July 2013
See no evil, hear no evil, speak no evil...

- Agencies had different amounts of information about the domestic violence and did not share any of it.
- Interventions with D’s mother took no account of research about domestic violence or the history of the family.
- E’s mother trivialised any concern about domestic violence issues from her partner despite having admitted that he assaulted her six times in seven weeks.
- The [failure of] interventions of local agencies should be seen in the context of an absence of a clear framework for inter-agency working in the area of domestic violence.

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About the families in which children are harmed or killed:

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<tbody>
<tr>
<td>domestic violence</td>
<td>31%</td>
<td>27%</td>
<td>47%</td>
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<tr>
<td>substance abuse</td>
<td>33%</td>
<td>23%</td>
<td>28%</td>
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<tr>
<td>mental ill health</td>
<td>23%</td>
<td>24%</td>
<td>60%</td>
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Domestic violence within the family places a child at increased risk for sexual and physical abuse. Estimates are that 40% of children who witness domestic violence are also physically abused.

The severity of the domestic violence appears predictive of the severity of the child abuse.

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Serious case review’s which feature domestic violence

Executive summaries of 20 DV cases examined 2005 - 10

<table>
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<tr>
<th>Children</th>
<th>DV cases</th>
<th>National 2009-10</th>
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<tbody>
<tr>
<td>under 6 months</td>
<td>55%</td>
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<tr>
<td>under 12 months</td>
<td>70%</td>
<td>36%</td>
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<tr>
<td>1-5 years</td>
<td>20%</td>
<td>24%</td>
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<tr>
<td>6 -10 years</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>11 -16 years</td>
<td>none</td>
<td>16%</td>
</tr>
<tr>
<td>16 + years</td>
<td>none</td>
<td>11%</td>
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- These figures highlight the disproportionate danger domestic violence presents for babies 6 months or less and for babies 12 months and under.
In the DV case reviews: who lived, who was severely disabled & who died?

Outcomes for the children and the mother...

- 50% of the babies & children died:
  - 57% of the babies 12 months and under died
  - half of the children 1 to 5 years old died
  - none of the children 6 to 16+ years died

- Although 50% of the babies & children survived, some were left with very severe brain damage & disabilities

- All of the mothers survived
18 July 2013 - Carl Mills guilty of fire triple murders jailed for a minimum of 30 years for murdering three generations of a family in a fire, including his six-month old baby on her first night home from hospital.

Carl Mills, 28, was said to be "incredibly controlling and jealous".

He had sent a barrage of abusive texts to Kayleigh in the hours and days leading to the blaze in which he repeatedly threatened to murder her, their baby and burn down the house.
9 July 2013 - Linzi Ashton, a mother, was found dead on 29 June. She had multiple injuries.

Greater Manchester Police (GMP) said she alleged her ex-partner, Michael Cope, 28, raped and assaulted her in April and assaulted her again in May.

Mr Cope is being sought by police over Ms Ashton's death.
• 19 June 2013 - Charles Saatchi cautioned for Nigella Lawson assault

• 4 July 2013 - Rapper 50 Cent charged with attacking his ex-girlfriend
Devendra Singh jailed for murder of wife Charlotte Smith who suffered severe head injuries and broken bones after hearing she wanted to end their two-year marriage.

Mark Golds jailed for life for the murder of Claire Parrish, 37, a mother of four in Essex after she ended their relationship because of the violent way in which he "controlled" her.
13 June 2013

Maria Stubbings, 50, was strangled with a dog lead by her ex-boyfriend Marc Chivers, who had also killed a previous girlfriend.

The IPCC said Ms Stubbings was not given adequate protection.

Christine Chambers, 38, complained about violence from David Oakes for two years before he murdered her.

The IPCC found the force's response was "inadequate".

Jeanette Goodwin, 47, was stabbed 30 times by her ex-partner Martin Bunch in front of her husband.

The IPCC said Mrs Goodwin had called police before the attack but they did not recognise "urgent action" was needed.
Camden New Journal

• 23 May 2013 - Camden woman killed by husband – Homicide Review underway
Which parent kills or harms their child?

Profiles of the abusers and the family environment:

- Father & mother abused the child: 40% (including two cases where the parents would not assist in determining who perpetrated the abuse/convict)
- Father abused the child: 50%
- Foster father/father’s brother abused the child: 10%
- Mother abused the child on her own: 0%

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Fathers: what they do and elements of who they are

Whilst both fathers and mothers physically abuse and neglect their children...

A father is more likely to: shake, drown, neglect, sexually abuse or physical abuse his child

In the 20 domestic violence cases:
- Father abusing substances: 24%
- Father with mental ill health: 12%
- Father history of violence/criminal record: 35%
Mothers: what they do and elements of who they are

A mother is more likely to: drown, poison or scald her child; mothers also fabricate illness in their children

In the 20 domestic violence cases:
- Mothers abusing substances: 35%
- Mother with mental ill health or learning disability: 35% (half of these learning disability)
- Mother was violent: 29%
Mothers can also be violent

- **London reviews 2009:** in 55% of the cases which featured domestic violence the mother appeared to be the primary victim, in the other 45% of cases there is evidence that the mother was (also) very violent.

- **Baby P Serious Case review:** ‘Mrs A intimidated the staff with her volatile emotional states so much that they were reluctant to approach her with concerns about the children or her own anti-social behaviour’

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Mothers can also be violent  continued

Lord Laming proposed that the concepts of ‘healthy scepticism’ and ‘respectful uncertainty’ should form the basis of relationships between professionals and families.

- This approach could well have saved Peter Connelly and his sister...

‘The appropriate mode of relationship with the mother should have been an observing/assessing; [...] a questioning and even sceptical one’
Which mother will it be?

Child focused
- Understands & tells truth to protect her child & herself

Misunderstands & lies to protect herself from ‘losing her child’

Not child focused
- Lies because she is scared of her partner

Abuse focused
- Is assisting in abuse of her child

Partner focused
- Is aware the child is being harmed/abused but lies to protect partner

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Children living in a violent household

A child living in a violent household can be affected in five ways.

The child could:

- Be neglected as a result of the violence
- Witness the violence
- Be inadvertently involved in the violence
- Intervene in the violence between the adults
- Be a direct target for violence/abuse
Degrees of harm

The degree of harm to a child as a result of living with domestic violence depends on:

- The age of the child at the time(s) of exposure
- The severity and chronicity of the violence, and
- The availability of adults who can emotionally protect the child
- What the child actually saw or heard
- The child's temperament or personality
The limbic & autonomic nervous systems

- **Limbic system** regulates survival behaviours and emotional expression. It tells the ANS whether to prepare for rest or effort.

  - **Amygdala** processes highly charged experiences such as terror & horror (mature at birth).
  - **Hypothalamus** connects the limbic system to the autonomic nervous system (ANS).
  - **Hippocampus** is involved in memory formation.

  - **Autonomic nervous system (ANS)** prepares for fight, flight or freeze.

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Post traumatic stress disorder (PTSD)

- Key feature of PTSD is perception that the traumatic event has not yet ended - it continues to invade the present. The feeling that ‘its over and I’ve survived’ is missing.
- After 3 years old, when the terror or horror is too intense, the hippocampus is suppressed & PTSD results.
- Typical effect is overwhelmingly intense feelings - remembering everything in precise detail,
- ... or numbness (sense of ‘deadness’) - wondering where the feelings originate from.

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Attachment & attunement

- Attachment is where a mother & baby/child develop patterns of interaction in which the mother is ‘attuned’ (sensitive & appropriate) in her responses to her baby’s needs (appropriate holding, rocking, singing, feeding, gazing, kissing etc)

- Babies are unable to regulate their own emotions and develop their own internal emotional self-regulatory template shaped by this relationship model with mother

- The infant brain literally grows with attunement from the mother or can be distorted through the relationship...
Timing is everything

...without sufficient attunement the brain cannot develop optimally

An Independent Report to Her Majesty’s Government
Graham Allen MP

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What you might see & be told...

- A mother being critical, rejecting, physically rough, or unresponsive (depression, substance abuse, overwhelming personal problems, or other factors e.g. fear of partner)

- A mother talking about her four-year-old as ‘my best friend’ or ‘my little man’

- Most (if not all) abusive parents say: "I love my baby; I love my child." Often within hours of them putting a cigarette out on the child, or leaving the child for 48 hours with no food, or severely injuring the child physically (test what you are told against what you ‘pick-up’ & see)
Children might present with...

- Developmental delays, bed-wetting, eating disorders, soothing behaviours (rocking, headbanging, biting themselves), frozen watchfulness, aggression & cruelty - a major problem with these children (related to two primary problems in neglected children:
  - lack of empathy: they show regret (intellectual response) but not remorse (emotional response) when confronted about their aggressive or cruel behaviours
  - poor impulse control: they are not even able to stop themselves when in the grip of ‘unregulated emotion’ even when consequences for themselves is severe
Children’s behaviour rooted in how they form relationships...

A child (or adult) whose attachment relationship with their original caregiver was impaired is vulnerable to psychological problems when stressed & struggles to resolve conflict in a socially competent manner.

**Attachment types:**

- Insecure-avoidant - mother rejected the child’s attachment needs. These children avoid asking for help until the situation is extreme.

- Secure emotional - mother responded appropriately to the child’s needs.
How children form relationships... continued

- Insecure-ambivalent - mother responded appropriately sometimes & rejected the child at other times. These children anxiously try to keep the caregiver’s attention with appeasing or disruptive behaviours.

- Disorganised - the mother responded appropriately sometimes & abusively at other times. These children see the helper as equally a source of help and a threat of harm. They are confused, help-seeking and aggressive.

- At the more extreme end these ‘types’ become ‘disorders’ e.g. no overt attachment, promiscuous attachment, risky behaviours etc.
Attachment disorders

- **The cycle:** a parent with unresolved trauma is stressed by their child’s needs/cries, so they try to avoid being reminded of their own pain by ignoring or lashing out at their child. This creates attachment issue for the child, and so on...

- This also applies to us professionals!

  See no evil, hear no evil, speak [about] no evil...
Group attachment

- Teenagers use peer groups in the same way they used their early attachment figure - as a fear reducing/emotionally safe launchpad to explore the world

- The relationship with the group can similarly be secure, insecure-avoidant, insecure-ambivalent or disorganised. Disorders with disruptive/aggressive attachment behaviour are widespread. The protection of the group (gang) is used to project their fear outwards provoking fights etc

- In 2007-8 in London 54 teenagers were killed (stabbed or shot) by other teenagers. A Met Police review into the perpetrators backgrounds concluded that ‘the disrupting violence of [these] teens started in early childhood
So what can you or I do?

- Know what the harm to a child is - immediate and longer term - share the information & make a child protection referral
- Remember that the mother may be anywhere on the child-focused, child-abusing spectrum
- Assuming that the mother is child-focused, ensure that she knows the harm to the child/ren - so that she can make an informed decision about how best to keep them safe
- Try to identify a secure attachment figure for the child
- Understand where the avoidant, unco-operative or aggressive teenager is coming from
- Use your knowledge of children’s rights and your responsibilities to act confidently to safeguard the child

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A Child’s Rights

United Nations Convention on the Rights of the Child (UNCRC)

Key articles:

- **Article 6:** every child has a right to life and his/her development being promoted
- **Article 19:** each child must be protected from physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, incl. sexual abuse
- **Article 39:** each child victim is entitled to physical and psychological recovery (health, self-respect and dignity) and social re-integration
The Child’s Perspective

**Article 12**: as appropriate, every child’s views must be taken into account in all matters affecting the child:

Although this response was under the Children Act 1989, the reality was that the needs of the child, Victoria, were never considered [...] In reality, [...] the conversations with Victoria were limited to little more than:

“hello, how are you?”

In Peter Connelly’s father’s words:

“I don’t believe the interests of [my] child were heard...”

‘The social worker’s information about Baby A’s experience in the home was second-hand from Mrs A’
The Child’s Perspective

Ofsted’s evaluation of 50 Serious Case Reviews (2007-8) highlighted the failure of all professionals to:

‘see the situation from the child’s perspective and experience’, that is:

- see and speak to the children
- listen to what they said
- observe how they are, and
- take serious account of their views in supporting their needs...

as probably the single most consistent failure in safeguarding work with children
Your responsibilities

Working Together to Safeguard Children:

- 5.8 Everybody who works with, or has contact with, children [including unborn children], parents and other adults in contact with children should be able to recognise, and know how to act upon, evidence that a child’s health or development is or may be being impaired - especially when they are suffering, or likely to suffer, significant harm.

- 5.10 Practitioners should keep the interests of children uppermost in their minds when working with parents ... [and] consider the impact that [domestic violence] has on children, in particular their emotional development, and the adult victim’s capacity to protect a child from harm and meet their identified needs.
Contact

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References

McNally, R.J. *Remembering Trauma* (2005)
Goldberg, S. *Attachment & Development* (2000)