

Welcome and Introductions



Opening Remarks

Patricia Lewsley – Mooney
Northern Ireland Commissioner
for Children and Young People



The Impact of Domestic Violence on Babies and Young Children

Julie Taylor: Head of Strategy and Development (Physical Abuse in High Risk Families). NSPCC

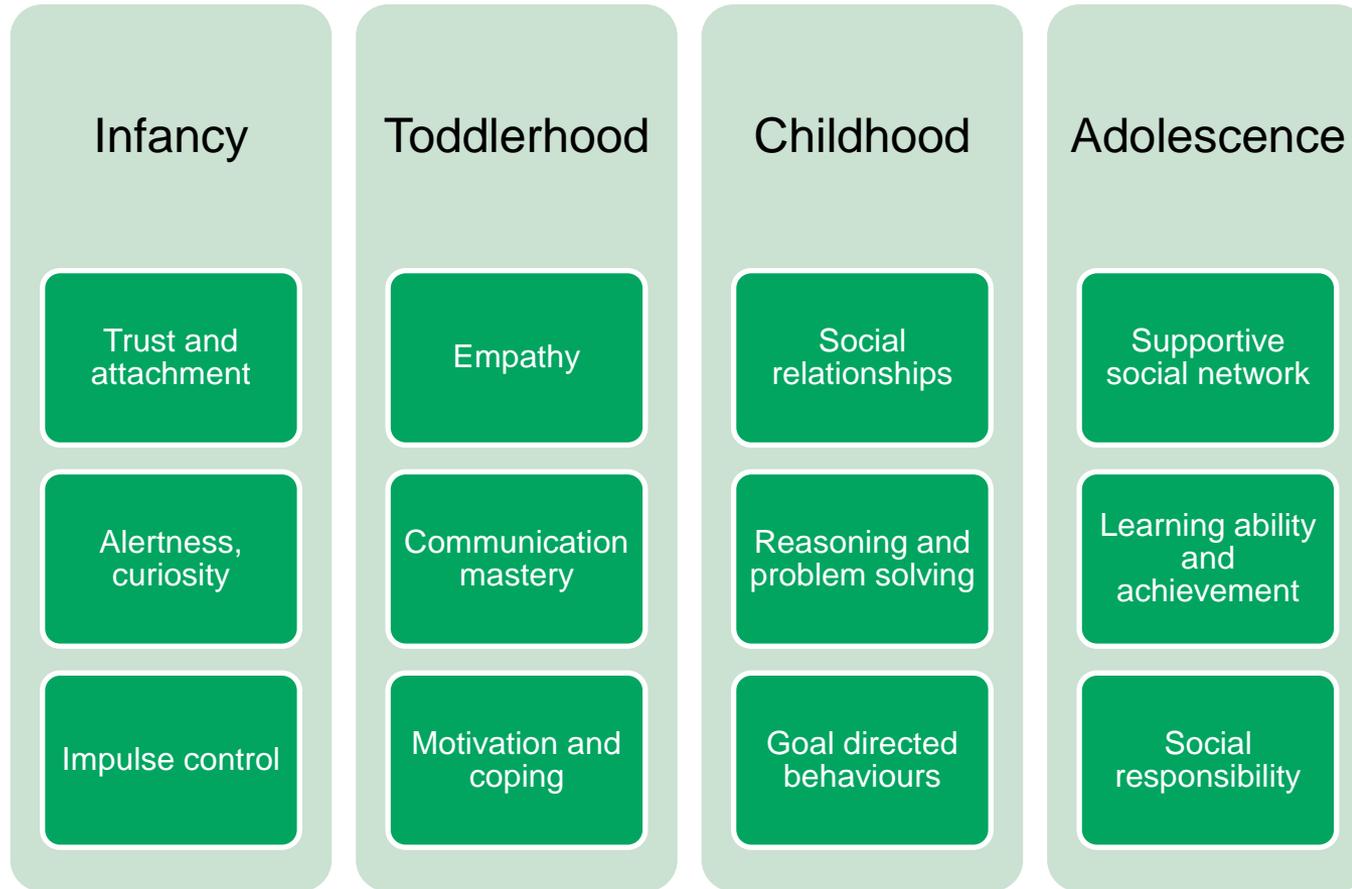
[seconded from the University of Dundee]

Children: The Invisible Victims of Domestic Violence

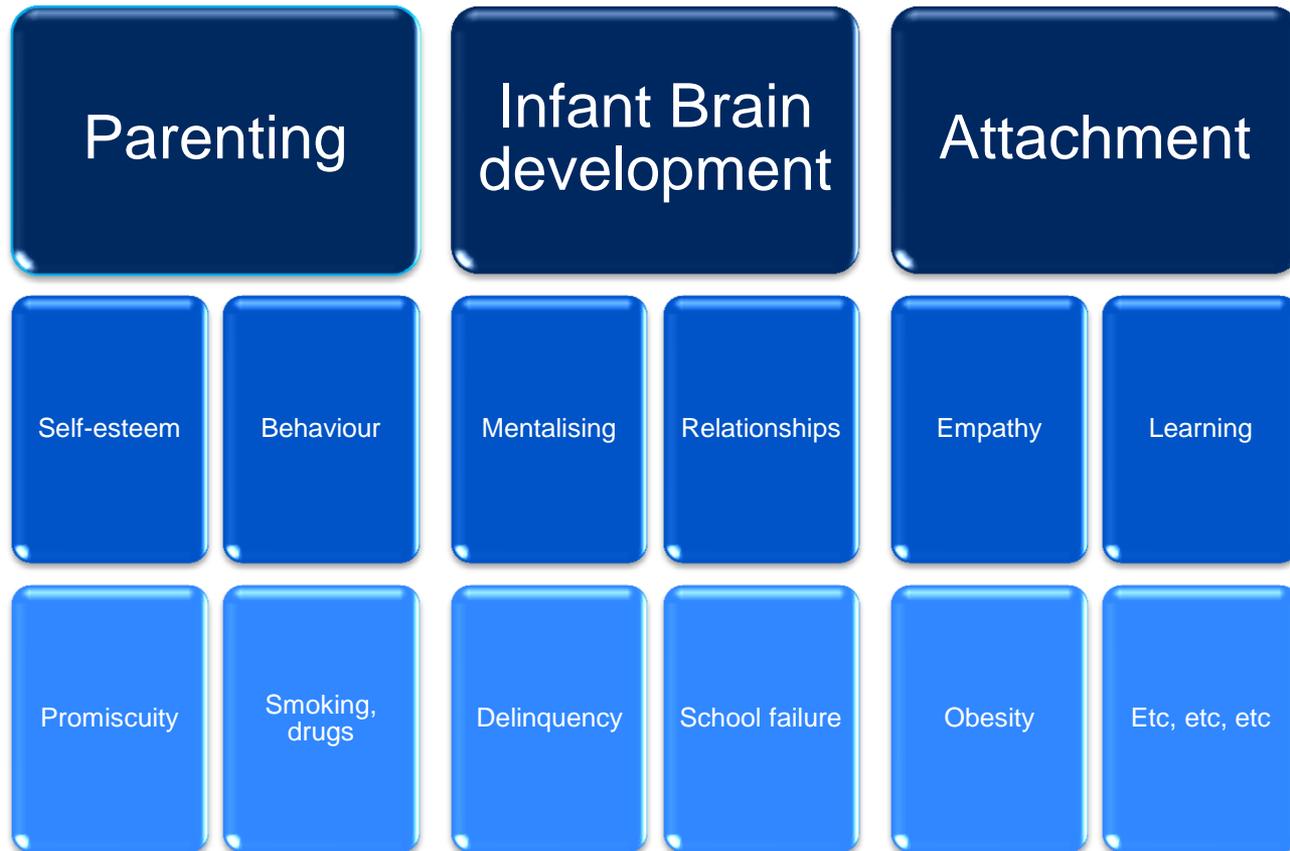
Nov 23rd 2012

NSPCC 

Parenting: Its Influence on Early Development



Early Development and Later Well-Being



Key Points: The Early Years are Crucial

Babies are born with immature brains that are shaped by their early interactions with primary caregivers

Early interaction influences the child's attachment organisation, which mediates the impact of the environment on the child's developing central nervous system

The ACE Study

(Adverse Childhood Experiences)

Adverse Childhood Experiences and their relationship to Adult Health and Well-Being

Child abuse and neglect

Growing up with domestic violence, substance abuse, mental illness, crime

18,000 participants

10 years

Some findings so far...

Increased risk of lung cancer

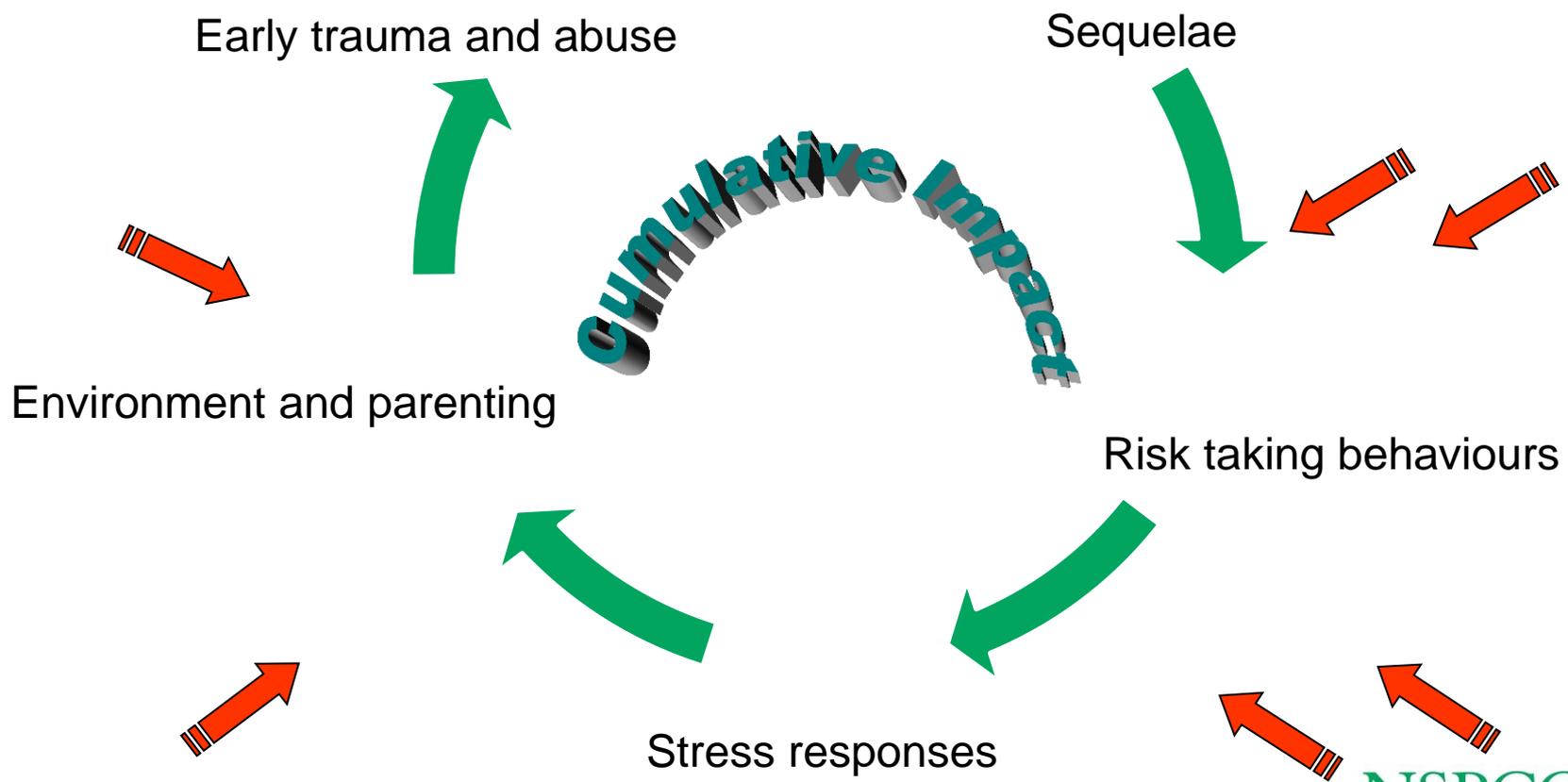
More auto immune disease

Increased prescription drug use

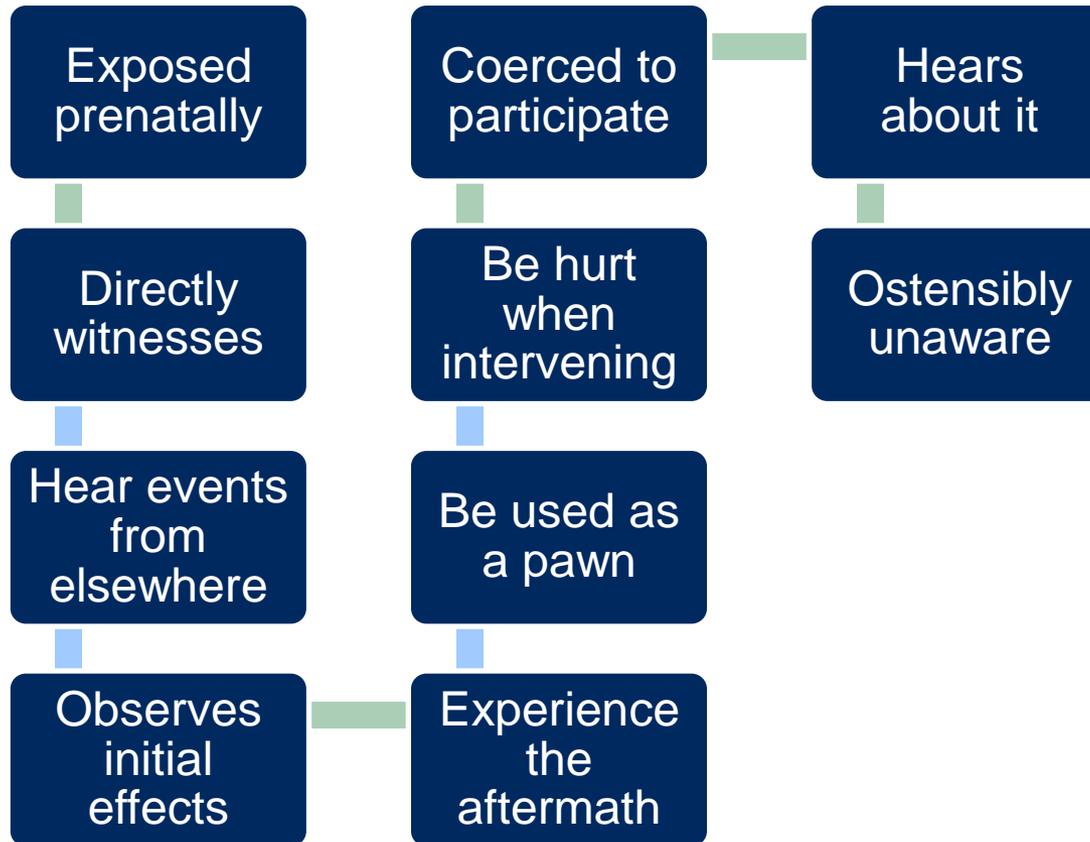
Increased COAD

Poorer health related QoL

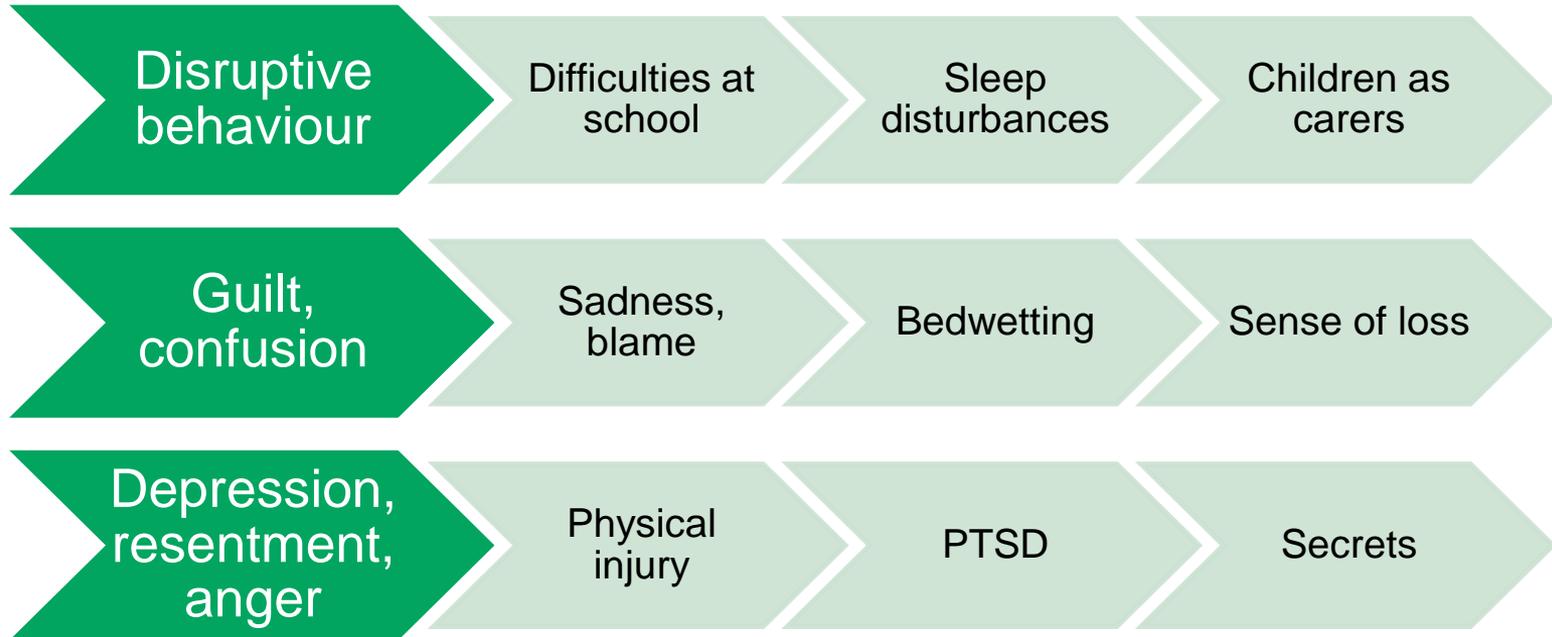
Intergenerational Cycles of Violence and Abuse



Children living with domestic abuse:



The effects on children of living with domestic abuse



Lancet Editorial

“Maltreatment is one of the biggest paediatric public-health challenges, yet any research activity is dwarfed by work on more established childhood ills” (Horton 2003, 443)



What is a public health approach to child protection?

What isn't it?

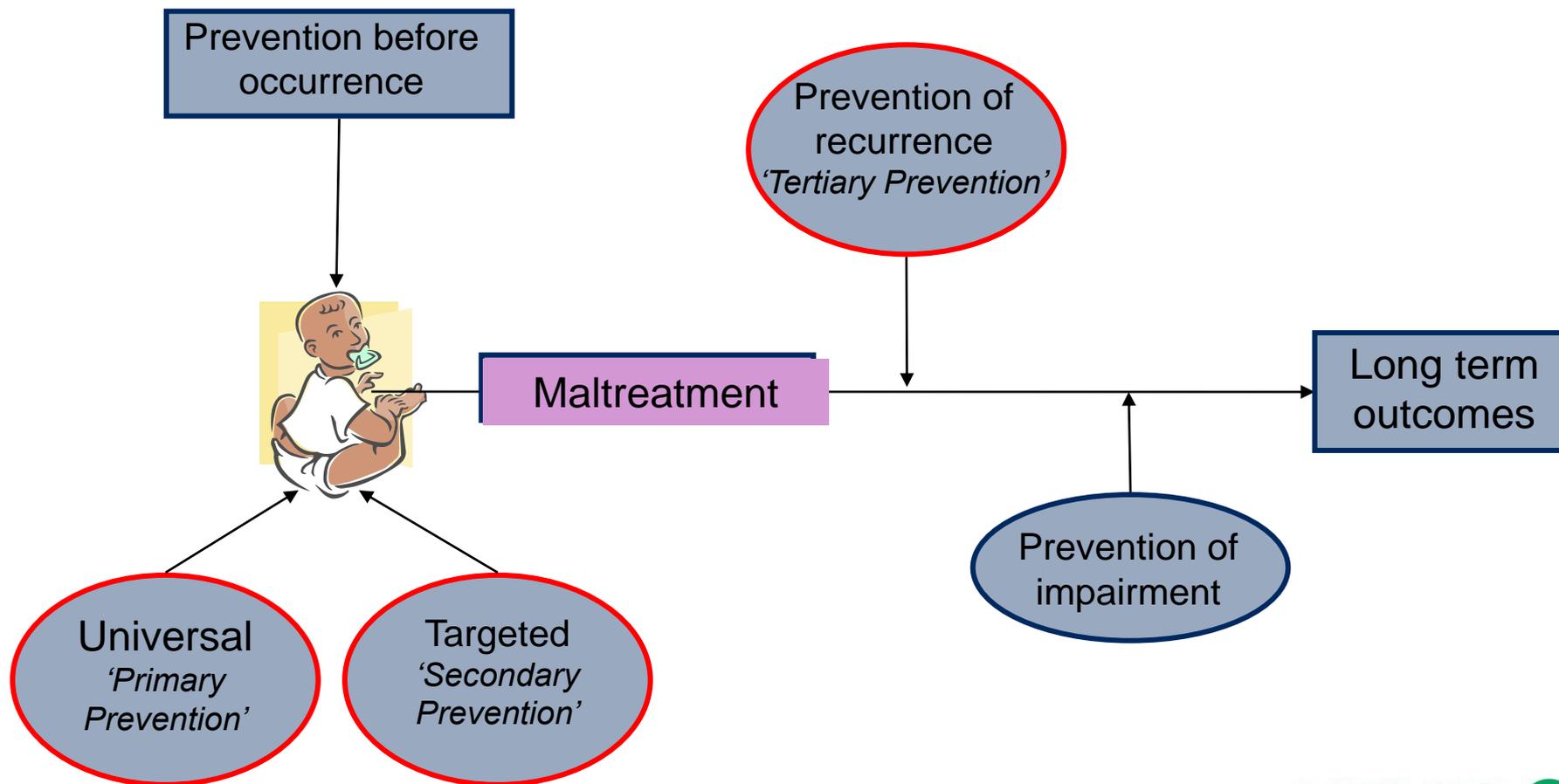
What do we NOT mean by a public health approach?

- It does not mean “going soft” on abuse
- It does not make children responsible for behaviour change or prevention
- It is not solely about primary prevention or health promotion
- It doesn't mean it is a health authority's job
- It does not mean we can't act until we have complete understanding
- It does not work in opposition to ecological or developmental models

A public health approach requires an understanding of:

- **Classification, diagnosis, prevalence and incidence**
- **Aetiological research – risk and protective factors, causal mechanisms, and outcomes**
- **Intervention and evaluation research – what works for whom in what settings**
- **Effectiveness of implementation and dissemination efforts**

A framework for promotion and prevention



Example of Strengthening a Protective Factor

Parent attachment to a child is a strong protective factor in relation to child abuse and neglect, and motivates parents to protect and care for children. A child's capacity for attachment is central to good peer relations and moral development. Attachment is governed by complex bio-psycho-social mechanisms. In domestic abuse situations it is particularly threatened.

Intervening to enhance parent-child attachment in domestic abuse

Primary Prevention

Promote breastfeeding; use ultrasound consultations purposively; relationship classes at school; routine enquiry; community awareness.

Secondary Prevention

Attachment based intervention with 'at risk' parent-infant dyads (eg nurse home visiting); anger management.

Tertiary Prevention

Specialised therapy for attachment disorders; perpetrator courses

Effective service delivery for children living with domestic abuse experience

- Prevention
- Early interventions
- Managing work volume
- Engaging with families experience DV
- Sustained deep interventions
- Violent fathers
- Interventions for mothers and children
- Refuge services

Thank you for listening

Julie.Taylor@NSPCC.org.uk

*Worried about a child?
Don't wait until you're certain*

0808
800
5000

If you're a child



Children: The Invisible Victims of Domestic Violence Conference

Dr. Stephanie Holt
Trinity College Dublin
November 23rd 2012



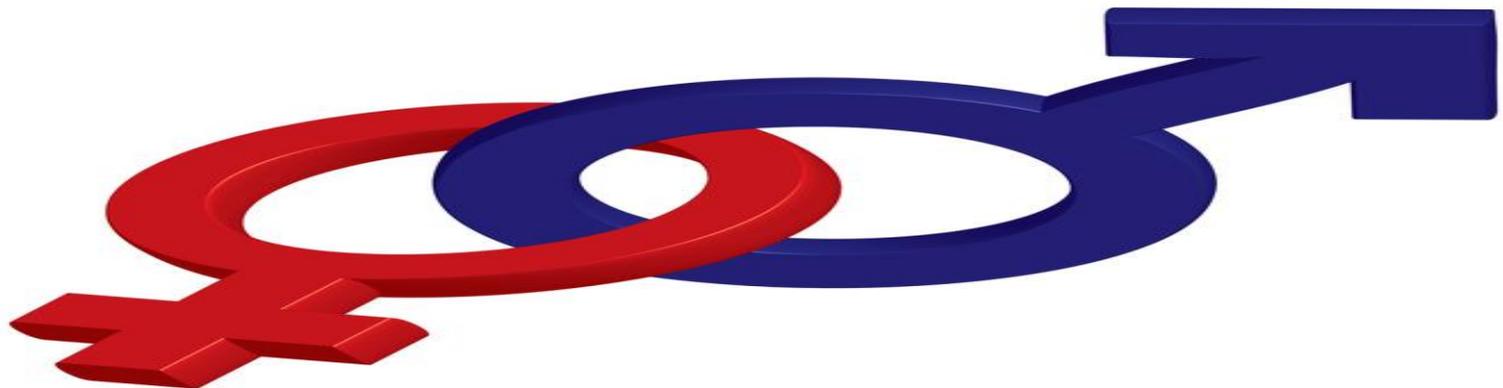


Assumptions

1. Gender
2. Nature
3. Position of Children
4. Impact on Children
5. Mother – child connection
6. Professional Responses & Interventions

Assumption # 1: Domestic Abuse is a Gendered Phenomena

- * *Women are over twice as likely as men to have experienced severe physical abuse, seven times more likely to have experienced sexual abuse, and almost three times more likely to have experienced severe emotional abuse'*
- * National Crime Council 2005:24



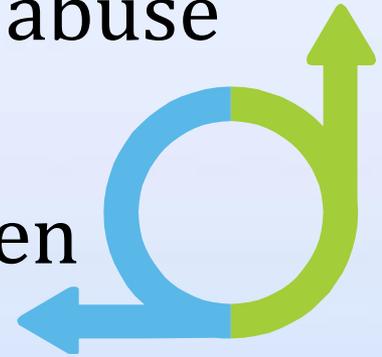
Assumption # 2: Nature of Abuse Against Women clearly Established

- * Multiple forms of Abuse
- * Timing of Appearance in Relationship
- * Lifespan
- * Risks Points



Assumption # 3: Children are clearly and centrally positioned within the context of Domestic Abuse

- * Presence of children in domestic abuse
- * Increase the risk for women & men



Presence of children in refuges

Assumption # 4: Exposure to Domestic Abuse has Implications for Children's Well Being Across a Number of Domains

- ✿ Child Abuse
 - * Stanley (2011); Devaney (2011); Edleson (1999)
- ✿ Developmental Issues
 - * Cunningham & Baker (2004); Holt, Buckley & Whelan (2008)
- ✿ Parenting Issues
 - * Harne (2011); Rakil (2006); Lapierre (2010); Mullender et al (2002)
- ✿ The Adversity Package
 - * Rossman (2000)
- ✿ Post-Separation Contact
 - * Jaffe et al (2003); Holt (2007, 2010)

Assumption # 5: Impact and Recovery are Inextricably linked for Mother and Child

- * *'..mothers and their children are involved in negotiating emotional minefields, with patterns of avoidance and protection existing alongside openness, honesty and challenge.'* (Mullender et al 2002:156).

Assumption # 6: Professional Responses are not always helpful

- * Avoidance of Men
 - * Scourfield et al (2012)
- * Focus on Women – Responsibility & Blame
 - * Lappiere (2008)
- * Focus on Leaving as the Solution
 - * Jaffe et al (2003)
- * Focus on Individual Actions and not Interactions
 - * Humphreys & Absler (2011)

Children & Domestic Abuse

- ✿ Child Abuse
- ✿ Developmental Issues
- ✿ Parenting Issues
- ✿ The Adversity Package
- ✿ Post-Separation Contact



Recurrent Themes & Questions



- ❁ Why doesn't she leave?
- ❁ Why does she stay?
- ❁ When she leaves, why does she go back?
- ❁ Why doesn't he leave?
- ❁ Why don't children tell?



Changing the Tune

Systemic Perspectives





Vulnerability

LEARNING

BEHAVIOUR

RELATIONSHIPS



* *....you[re] just getting over what happened before and then it hits you again and you feel...you're like spinning the whole time. If it's not happening, you're waiting for it to happen. When it's happening it's almost a relief because, here it is, what I'm waiting for. And then when it's not happening you're waiting for it again.*

* *Young Adult 18+ Listen to Me! 2006*

- * *He was so volatile.. that was probably the worst of it that I didn't know would he abuse me. With dad in a lot of ways, it was the threat of what might happen because you never knew exactly what would happen with dad. Colette (24) Contact Study*

Impact: Feeling Different

* *'I felt that I had a neon sign that told everyone what was going on in my family... I felt I wasn't on the same wavelength as people...I thought that they were all happy families or whatever and I was kind of like the outcast'*

* *Young Person, Listen to Me! 2006*

Impact: Feeling Different

- * *'I knew, deep down, that I wasn't the only one but at the same time I thought, well, I still stick out like a freak which is pretty much what I thought I was because I'd never met anyone like me'*
 - * Young Person, *Listen to Me!* 2006

Impact: Fear

* *I used to hide under my bed all week. I used to make a little place out of it with all my teddies. He ...always used to buy teddies for us...and I used to store them under my bed and any time I felt sad or when they were screaming and roaring down in the kitchen
,*

* Child, 8-11, *Listen to Me!*, 2006.

Impact: Lost Opportunities

- * *Suddenly my Leaving Cert was over, I had no qualifications, I was waitressing and I thought, where did all that go...Here I am. And this isn't what I want to do with the rest of my life ... I feel I missed out on so much'*
 - * Young person, *Listen to Me!* 2006

Impact: Loss

‘anyone can have a father but he is not my Dad’? I’m fed up waiting for him to be a Dad
Leah (12) Contact Study

Impact: Complex Relationships

★ *Lots of the time I really, really, hate him, but at the end of the day, he is still my Dad.*

Rachel (11) Contact Study

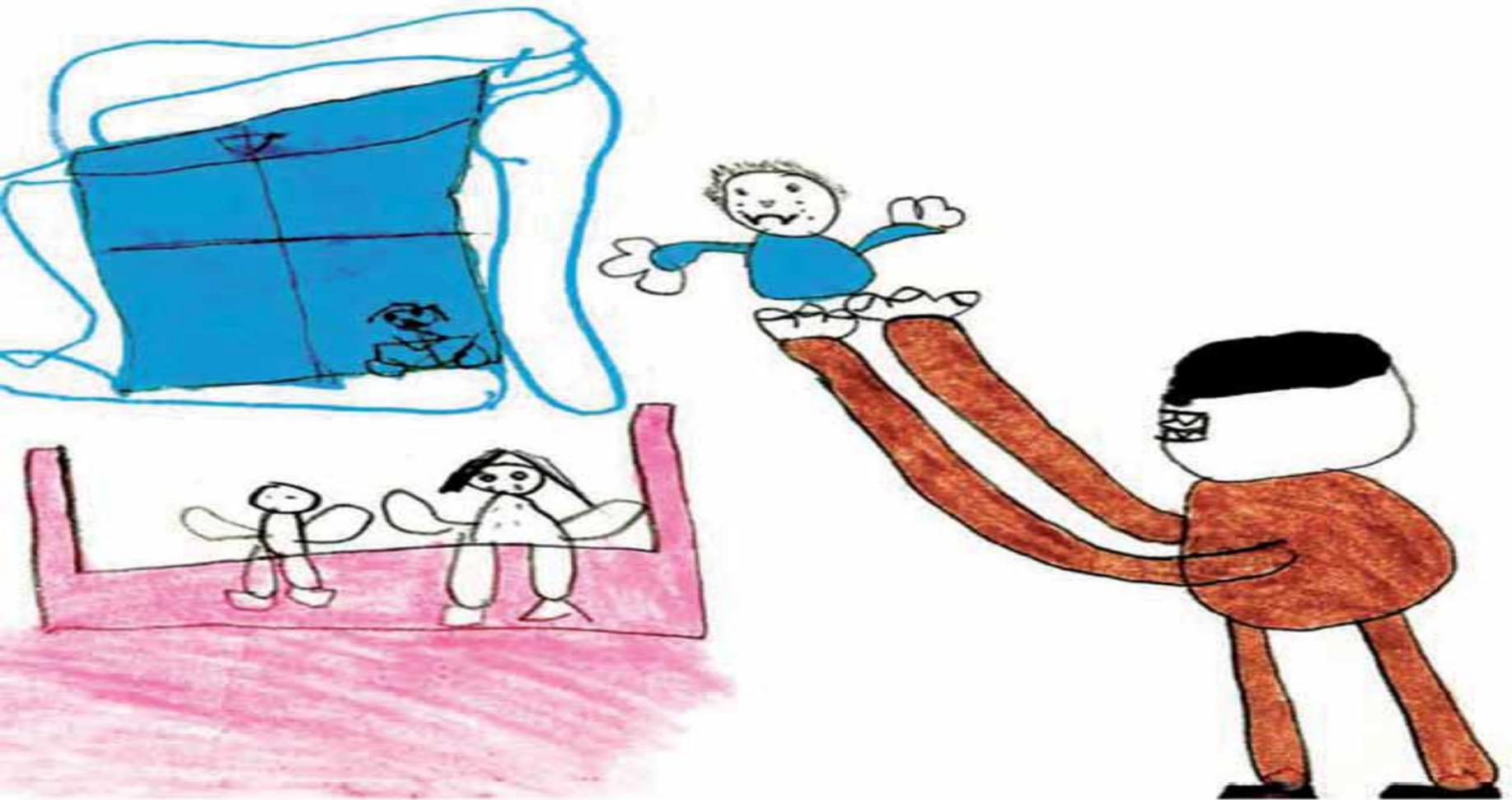
★ *I'd give him a million chances Cathy (9) Contact Study*

Impact: Invisibility & Powerlessness

- ✿ *He shouts and curses and calls my Mum really, really mean names. I would say 'stop Dad', but he doesn't listen.*
- ✿ Rachel (11) Contact Study

- * *I would shave his head, [to] change something inside him...change the program in his head? I'd make him nicer...he'd give us money and be nicer to us. But still not live with us. We'd still see him, every week on Saturdays. [He'd] give us money and go to see us more. Cathy (9) Contact Study*

Intervening in the lives of children living with domestic abuse



What children need...

- * *..that time for me was horrible and if somebody just said it to me, "is there something you want to talk about?", I probably would have told everything. My god, somebody noticed... (I felt) invisible. It would have been nice to know that there was someone there*
 - * Young Person, 18, *Listen to Me!* 2006



Talking to My Mum

A Picture Workbook
for Workers, Mothers and Children
Affected by Domestic Abuse



Cathy Humphreys
Keri K. Thura
Agnes Skariballe
and Audrey Mullancker

Foreword by Jane Hollander
Illustrations by Susan Aird

- Photocopiable activities
- Use for ages 4-11
- Not suitable for children aged 11 and 12
- Includes guidance on appropriate use

Groupwork programmes

I feel different now because I know all about my feelings

I feel very safe.

No fighting or people being mean to each other.

Different to other clubs - I go to homework club but you don't talk about feelings there.

✿ *[re group work] I got to talk about what had happened and I knew that everyone else there had been through the same as me. Niamh (11)*

✿

✿ *I used to go to a girl called Eimear and she was a psychologist and she'd always have these sheets to do about feelings and stuff like that, she really helped me. Ciara (9)*

✿ *In the beginning I was dragged into the social worker, but I don't think I'd be the way I am like now, be able to talk about things if I hadn't, it was a really good help. Eva (16) Contact Study*

✿

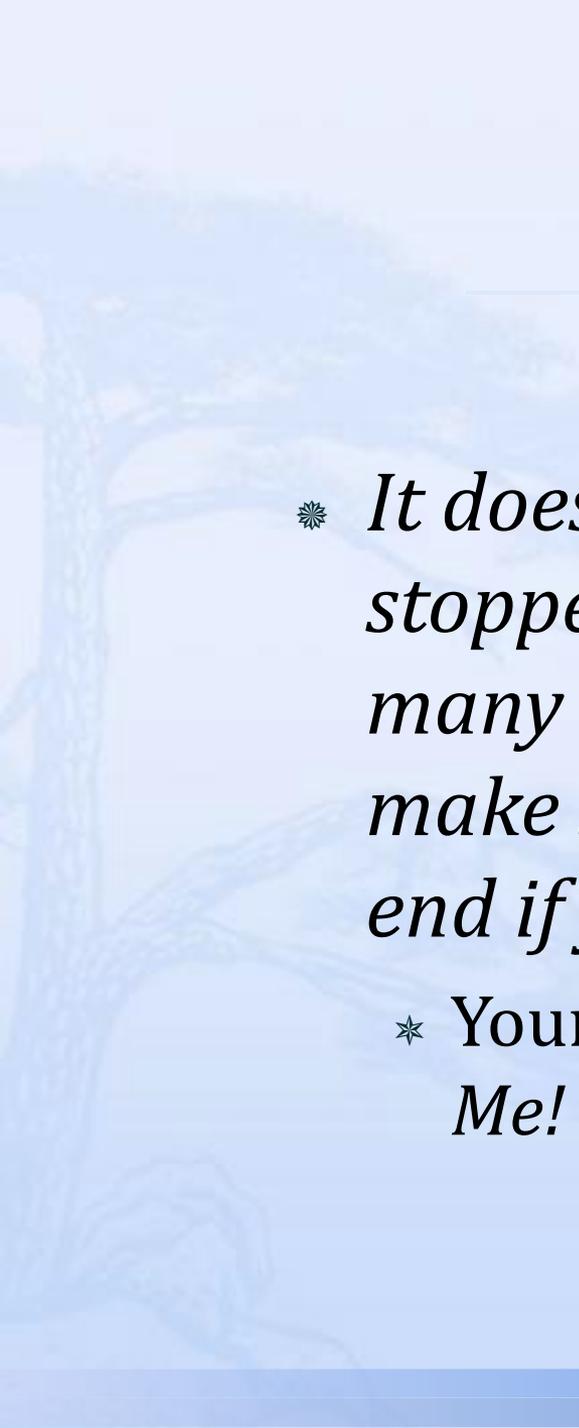
✿ *The support worker was advocating for the girls and she met with them and the report [Court] was written with them in mind and what they wanted. They girls felt understood and listened to. Mary (Mother) Contact Study*

Professional Interventions

* **W**  **Y** ???



**"IF IT WAS EASY EVERYONE
WOULD BE DOING IT"**



* *It doesn't go on forever. It does get stopped eventually. Just reach out to as many people as the child can and make sure you get help because it will end if you get that right person.*

* *Young Person 12-14 year old, Listen to Me! 2006*



✿ *Don't assume you know 'what is good for me' without asking me. Don't assume you 'know me' without getting to know me. And for God's sake if I manage to tell you what's wrong with me, please listen to what I have to say, don't interpret it, just listen.*

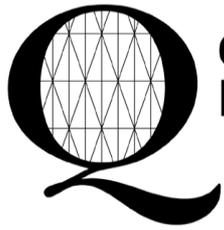
✿ *Young person, Contact study, 2009.*

Any Questions?



References

- * **Brown, L., Callahan, M., Strega, S., Walmsley, C. & Dominelli, L. (2009) 'Manufacturing ghost fathers: the paradox of father presence and absence in child welfare'. *Child & Family Social Work*, 14, 25-34.**
- * **Dominelli, L., Strega, S., Walmsley, C., Callahan, M., Brown, L. (2010) 'Here's my story': Fathers of Looked after Children Recount their Experiences in the Canadian Child Welfare System'. *British Journal of Social Work*, 41, 351-367.**
- * **Humphreys, C., & Absler, D. (2011) 'History repeating: child protection responses to domestic violence'. *Child & Family Social Work*, 16, 464-473.**
- * **Scourfield, J., Tolman, R., Maxwell, N., Holland, S., Bullock, A., & Sloan, L. (2012) 'Results of a training course for social workers on engaging fathers in child protection'. *Children and Youth Services Review*, 34, 1425-1432.**



Queen's University
Belfast

How To Make A Difference: *Intervening effectively with perpetrators of domestic violence*

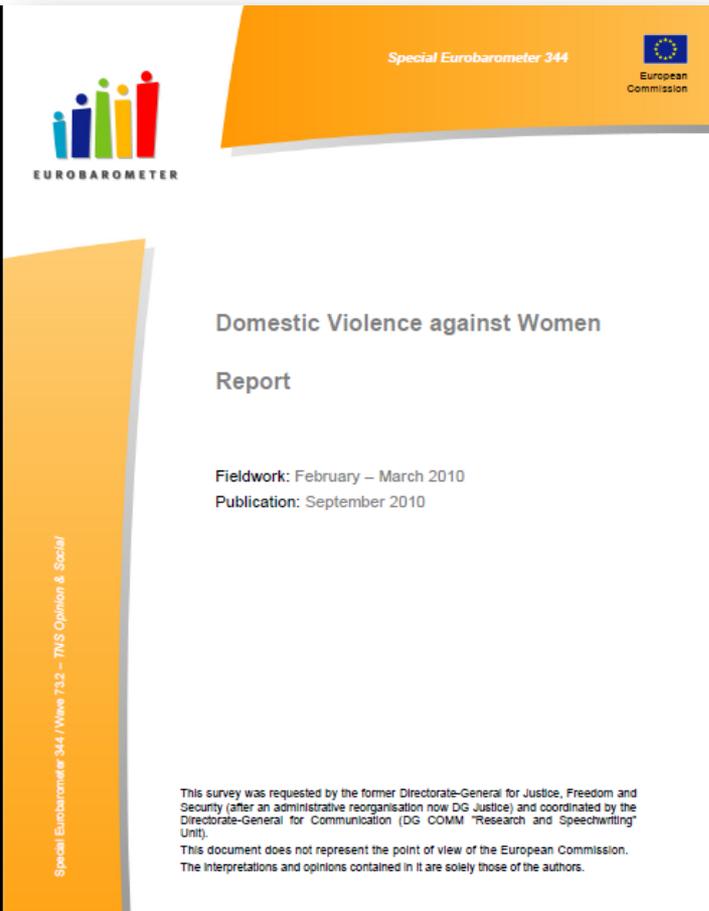
John Devaney, PhD

School of Sociology, Social Policy & Social Work

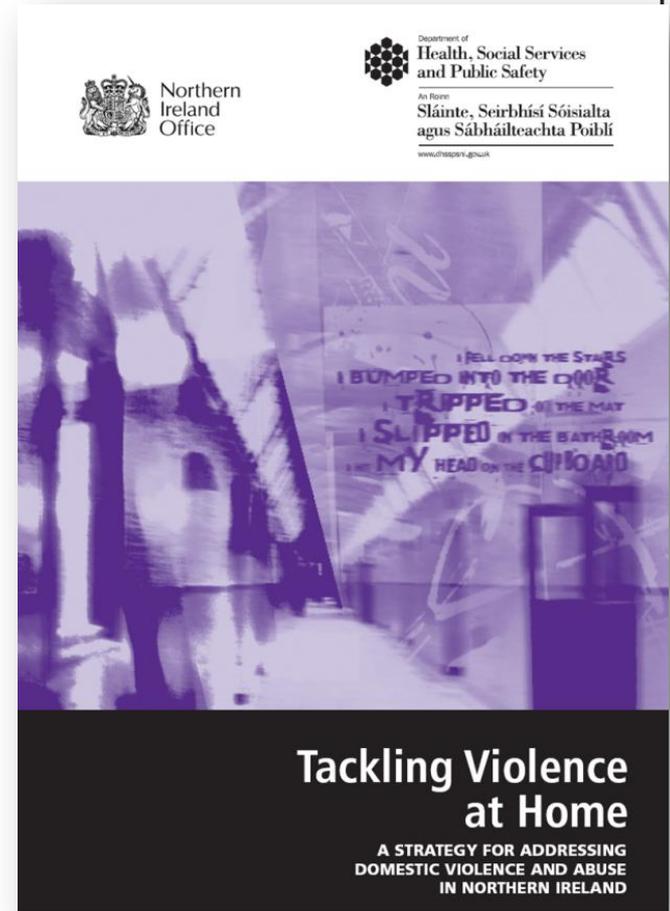
Queen's University Belfast

J.Devaney@qub.ac.uk

Policy Responses



- Prevention
- Support
- Justice



What is the **outcome** we are trying to achieve?

Prevention

Prevalence

The proportion of the population affected by domestic violence at a specific time, such as how many people have suffered within the last year. This includes those victimised for the first time, and those suffering repeat victimisation.

Incidence

The rate at which new cases occur in a population during a specified period – such as the number of individuals becoming victims of domestic violence for the first time in the past year

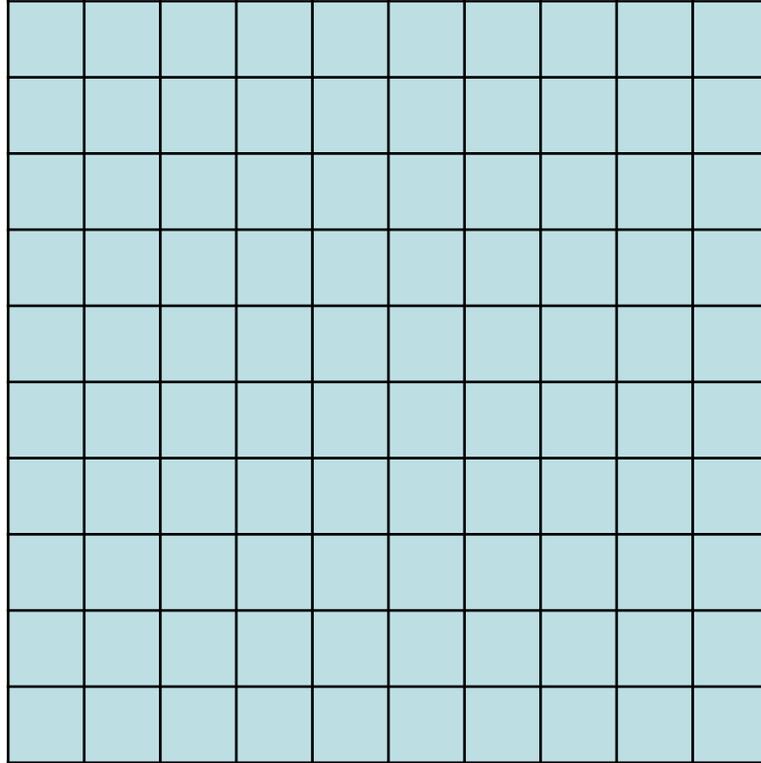
Prevention Strategies

Primary: To stop the abuse occurring in the first instance through public awareness raising; educational programmes with children; threat of legal sanctions.

Secondary: To reduce further victimisation through public awareness raising; direct work with victims; changes in how services are delivered to victims

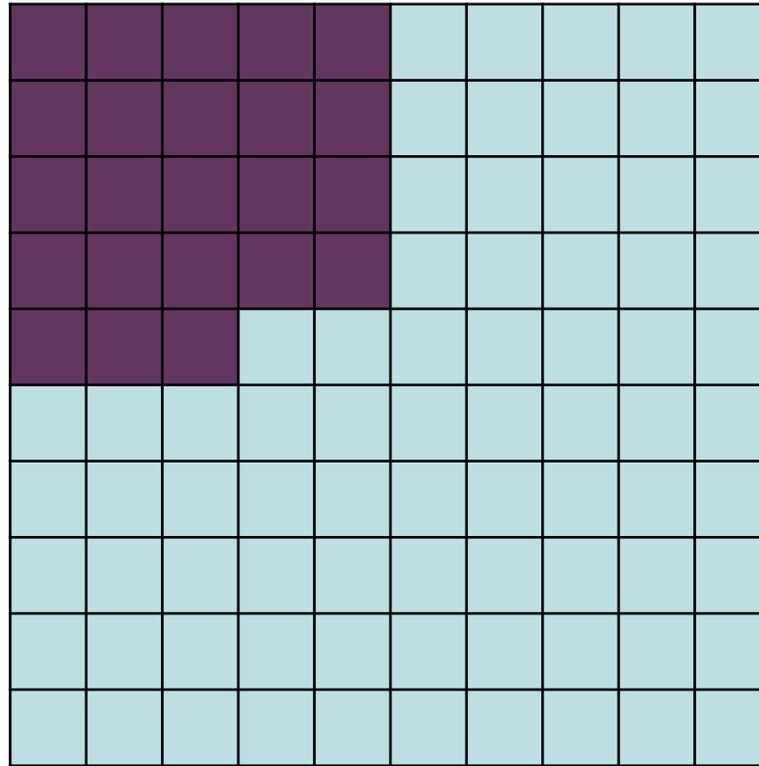
Tertiary: To reduce future recidivism by holding perpetrators to account for their behaviour through sanctions and intervention

Progression Through the Criminal Justice System



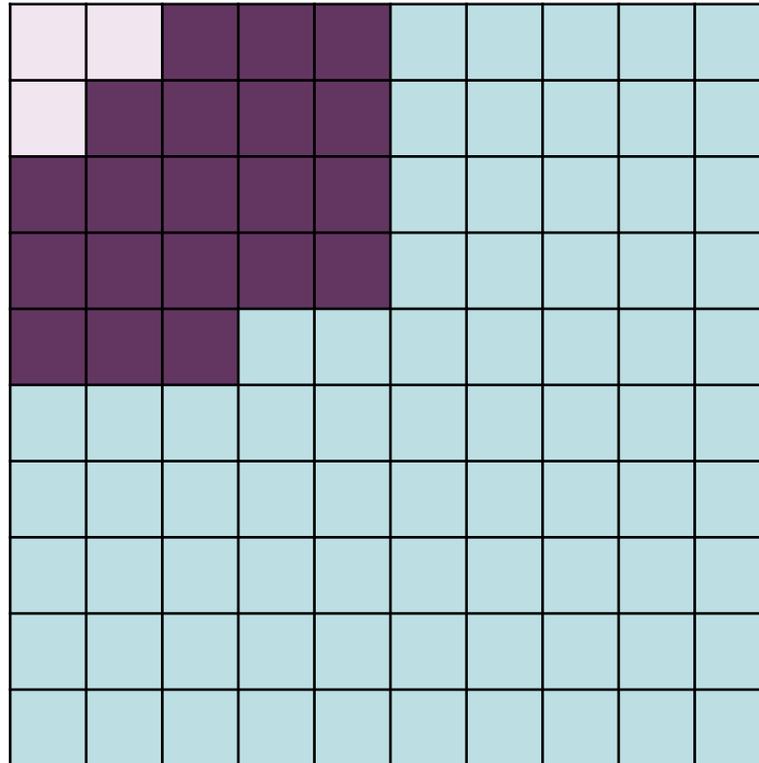
For every one hundred perpetrators of domestic violence.....

Progression Through the Criminal Justice System



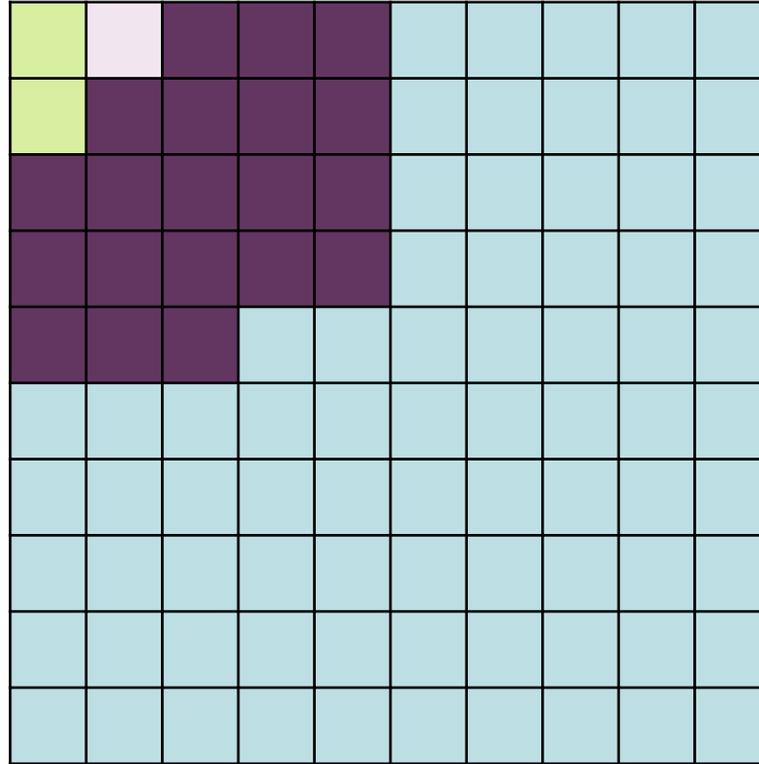
.... Twenty three are reported to the police, of which.....

Progression Through the Criminal Justice System



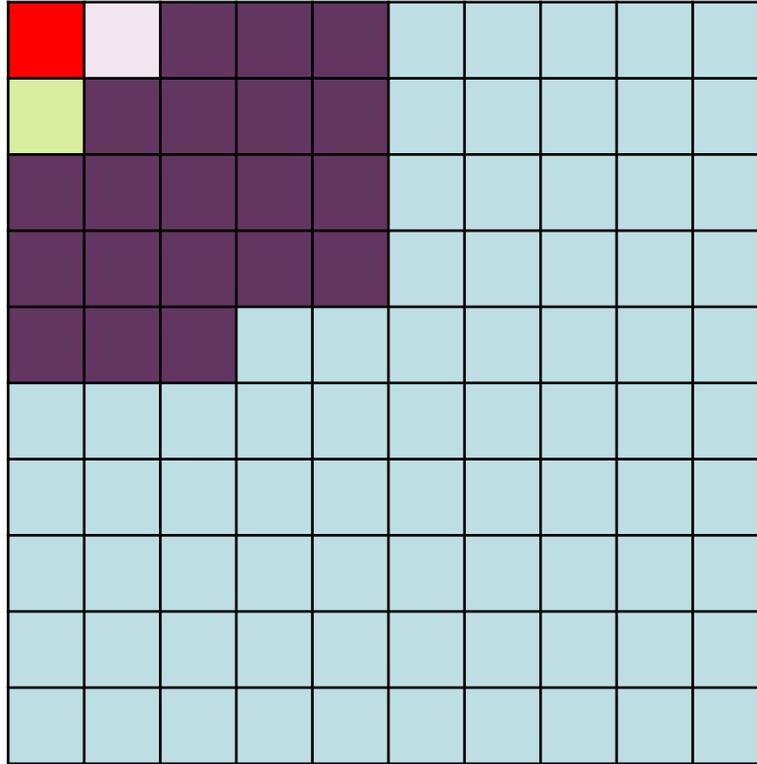
.... Three are referred to the Crown Prosecution Service

Progression Through the Criminal Justice System



.... Of which two are prosecuted.....

Progression Through the Criminal Justice System



.... And one results in a successful prosecution.

Progression Through the Criminal Justice System

- Victims typically positive about the police response at the time of crisis
- Limits to the effectiveness of the criminal justice system in delivering prosecutions
- Some behaviours more amenable to this type of response
- Some victims do not want prosecution for a variety of reasons
- Limited evidence that legal sanctions and prosecutions on their own impact significantly on recidivism

Effecting Change with Male Perpetrators

- Male perpetrators of domestic violence and abuse are **heterogeneous** in terms of both offending behaviour and treatment needs (eg Mahon *et al.* 2009; Gondolf, 2012)
- Typologies of perpetrators of domestic violence have been developed looking at behaviour and motivation (eg Johnson, 2008; Dempsey and Day, 2011)
- Violent offenders differentially responsive to existing interventions
- *But* tend to have similar core beliefs about themselves, the world and their violence that helps to explain their aggression and can inform attempts at intervention (eg Gannon *et al.*, 2007)

The Challenges of Research on Intervention Programmes

- Evidence base informing programme content
- Lack of consistency in how programmes are developed and delivered
- Programme participants vary greatly within and between programmes
- Lack of agreement about outcome measures
- Need to better understand **the elements** within programmes

The Challenges of Intervention with Perpetrators

- Range of interventions usually limited
- Challenge of engaging domestically violent men in behavioural *and* cognitive change
- Effectiveness of group based intervention programmes are typically small
($d= 0.35$ for Duluth programmes; $d= 0.29$ for cognitive-behavioural programmes, Babcock *et al.*, 2004; Smedslund *et al.* 2011)
- High attrition rates in mandated programmes:
 - offender demographics
 - time lapse between offence and programme attendance
 - legal mandate
 - on-going supervision
 - quality of programmes

Continuum of Intervention

- 1/3rd of domestic violence perpetrators may cease their behaviour without any legal or therapeutic mandate or intervention (Sartin et al., 2006)
- An (unknown) proportion of men may never change their behaviour irrespective of the quality and fidelity of the intervention
- Social marketing approaches appear to work for some men seeking help (Stanley et al., in press)
- Motivational approaches for those who may be amenable to intervention (Murphy and Maiuro, 2009)
- Identifying which perpetrators need a legal or social mandate to engage in intervention from those who do not
- The importance of the therapeutic relationship within the context of care & control

Future Priorities for Policy, Practice & Research

- Better understand perpetrators motivations and behaviours
- Reach out to those seeking help
- Target those who may be amenable to help
- Increase the volume and range of interventions
- Reduce the time lag between identification of need and provision of intervention
- Better understand what elements of current provision work for whom and how and in what circumstances
- Reconceptualise how we measure the success of interventions
- Move from punishment to treatment paradigm?

Interventions with perpetrators of domestic violence can, and do work. We just need to be clearer about what we do, for whom and under what circumstances.

If we can achieve this we will reduce the prevalence of domestic violence through changing the behaviour and beliefs of some individuals, and through using scarce resources much more effectively *and* efficiently.

Domestic Violence Research Special Interest Group

The Domestic Violence Research Special Interest Group was established in December 2009 to facilitate practitioners, policy makers and researchers to:

- share research findings and discuss the implications for policy and practice;
- promote the evidence base informing policy and practice developments relating to domestic violence; and,
- encourage networking and resourcing between members

To join complete the form or email J.Devaney@qub.ac.uk

Believe in
children



Barnardo's
Northern Ireland

Barnardo's Domestic Violence
Risk Assessment Model
(DVRAM)—Ensuring that
Children are 'Visible' when
domestic violence is
happening in their homes.

maddie.bell@barnardos.org.uk



Believe in
children



Barnardo's
Northern Ireland

DVRAM-what it does?

It is a child-focussed domestic violence risk assessment model which:-

1. Identifies the level of risk to the child
2. Assesses this risk through a structured framework, which incorporates nature of domestic violence, interlinking risk factors, parental vulnerabilities, parenting capacity, protective factors and safety planning interventions
3. Analyse the risk and direct the level of intervention that helps to 'risk manage' the safeguarding and well-being of children who experience domestic violence and abuse in their families

Believe in
children



Barnardo's
Northern Ireland

DVRAM's Evidence Base

- Research into risk factors
 - Laura Richards (DASH)
 - Guidance produced by ACPO,
 - Serious case review research.
 - child resilience
 - child abuse research.
- Support from London and Northern Ireland's Safeguarding Children's Board –i.e. BME (working with cultural and faith groups on safeguarding and domestic abuse)
- Case –based evidence from Social work assessment framework-UNOCINI Children's experiences of domestic violence-research findings and supportive interventions

DVRAM: FOUR TOOLS- making children 'visible'

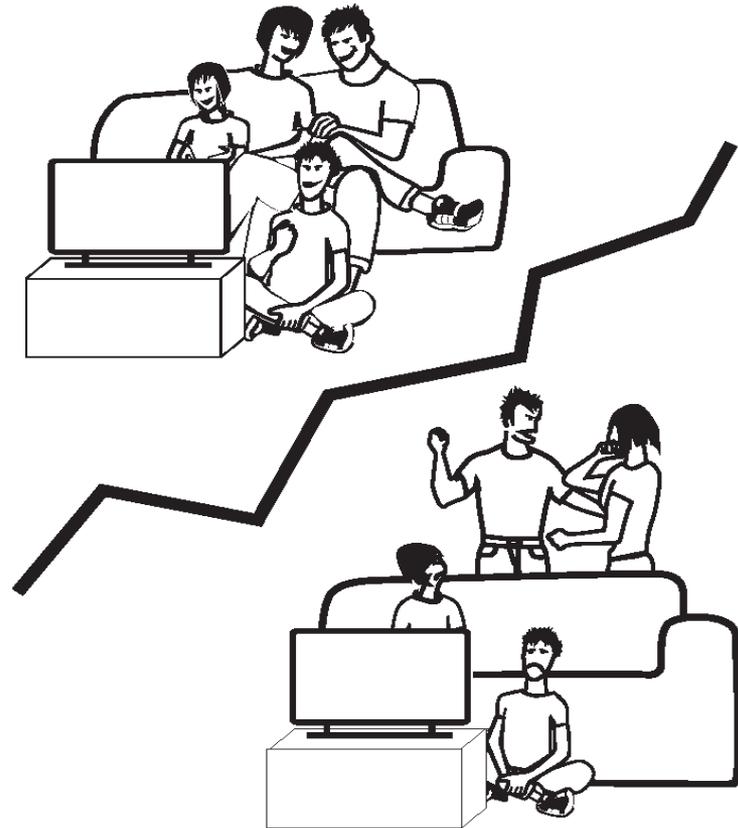
1. Multi-agency Risk Identification Matrix (DVRIM) (Gateway, FIT, LAC and Health Visiting & Multi-agency too)
2. Domestic Violence Initial Assessment - social care staff –includes a 'risk screening tool' for child contact
3. Safety Planning interventions with women and children/young people for multi-agency staff
4. Domestic Violence Pathway Assessment for social work staff



Children's Safety Planning

**Children's safety planning
needs to be a key response
in social work assessments**

**“Sometimes things are OK
in my family but sometimes
my parents fight and my dad
hurts my mum”**



Applying DVRAM into UNOCINI Pathway Assessment:

Step 1: Improved knowledge base

- Child maltreatment and domestic violence research i.e. Infant mental health, serious case reviews
- Typologies of domestic violence and abuse
- Knowledge of static and dynamic risk factors of male-perpetrated domestic violence
- Knowledge of women's vulnerabilities static risk indicators
- Knowledge of BME risk indicators 'so-called honour based violence', forced marriage and

Believe in
children



Barnardo's
Northern Ireland

Applying DVRAM into UNOCINI Pathway Assessment:

- Child's health and development (i.e. pre-birth risk assessment – infant mental health-Solihull approach)
- Family and social relationships- Significant interview schedule with domestically abusive father/father figure
- Parenting capacity---Ensuring Safety:- safety planning, safe care plan, safe contact plan, preventative planning to include undertaking a 'self-restraint plan' with domestically abusive father.
- Family and Environmental factors: apply knowledge of static risk factors (man) and vulnerability static risk factors (woman) in social history

Improvement in the 'Analysis' of the Pathway assessment

- Identify presence of 'assessment paralysis' risk indicators
- Apply Treatment Intervention viability indicators
- Apply DVRIM and static risk factors (man) & vulnerability factors (women)

New 'Viability Assessment Tool' to include the domestically abusive fathers/father figure in the pathway assessment

Viability Assessment

Safety plan with woman



Screen for static risk factors re: abusive man
Then conduct significant interview prior to engaging man in viability assessment



Couple separated
Complete DVRAM with woman.
Then undertake viability assessment with abusive father **if not-court mandated to attend IDAP**

Couple co-habiting /maintaining r'ship- Complete viability assessment separately with mother and abusive father in concurrent sessions, Outcome of viability assessment will determine whether it is 'safe' to complete DVRAM within a comprehensive assessment

Outcomes-Ensures the child is 'Visible'

The Matrix (DVRIM) does ensure a consistent safeguarding response to children and is supportive in social work decision making :-

- at point of referral to inform decisions in case allocation
- during the initial assessment
- at completion of initial assessment to support decision to transfer case under a Family Support Plan or Child Protection Plan.
- during case supervision.

Outcomes-Ensures the child is 'Visible'

- Promotes the sharing of information and a 'common language' for understanding the level of risk and the nature of the response provided
- An improvement in social workers' ability and other professionals to respond more effectively to domestic violence and assess risks to children and young people
- Improves the protection and interventions for both children and their mothers-parallel safety planning

Benefits of the Model

- A comprehensive assessment of risks to child using a consistent framework for assessing risks-more accurate risk assessments -non-abusing parent will be more aware of the risks
- Maintains the focus of domestic violence framework without minimising any other significant concern
- Informed multi-agency decision-making
- Supports families and staff
- Supports the Governments objectives within UNOCINI Supports other adult risk assessment models SARA (Probation) DASH/MARAC, PPANI processes and increases multi-agency staff confidence and competence.

Feedback from Social Work staff

“The DVRIM is essential in helping victims and Family Centre staff to easily identify areas of concern and risk. It has also been a helpful tool to identify if ‘assessment paralysis’ is occurring and if so to look at the reasons for this. We believe that safety planning offers a great insight into the victim’s ability to identify risks and be proactive in prioritizing their safety as well as the safety of their children.”

Children Service Manager family centre

Feedback from Social Work staff

“DVRAM is a very useful tool that has been of great benefit to FIT social workers. It is clear and easy to use. It helps the SW focus on specific issues to be addressed. It would be useful if it was made more compatible with the UNOCINI framework and it would be beneficial to have an interview structure to use whilst interviewing the father.”

Senior Practitioner FIT team

Feedback from Social Work staff

“The new viability assessment tool is complex to implement in it’s purest form because every family situation is so different, but used flexibly, it does provide a sound framework and a set of assessment tools which are invaluable in focussing your thinking, and ultimately producing a clear and evidenced assessment to inform plans.”

Senior Practitioner Family Centre

Believe in
children

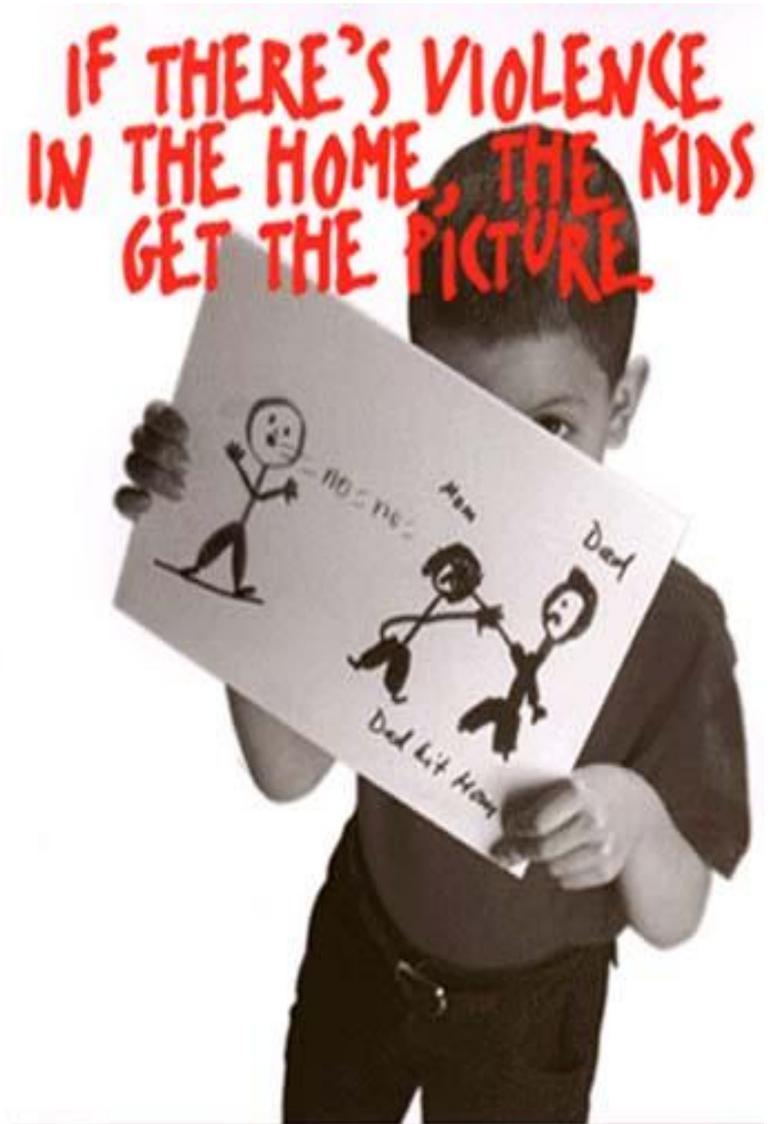


Barnardo's
Northern Ireland

Feedback from Social Work staff

“In my work I use many of the structured questions within DVRAM assessment areas, the safety planning interventions with children and their mothers and the knowledge of static and vulnerability factors with both men and women. All the different tools of DVRAM does inform decision-making both at case conferences and at court”.

Family Centre Social Worker



Our Place – Safe Space

A 5 year strategy for children & young people



Patricia Lyness

Management Coordinator

Belfast and Lisburn Women's Aid

women's aid

Belfast and Lisburn

Our Place – Safe Space

A 5 year strategy for children & young people



Our Vision

A future where all children and young people are safe and protected from domestic and sexual violence; where they have self-belief; respect for themselves and others and where their fundamental human rights are met.

Our Place – Safe Space

A 5 year strategy for children & young people



Fundamental principles

1. Domestic violence impacts negatively on children and young people as victims and witnesses.
2. Children and young people have a right to safety and support services, which enable them to thrive and reach their full potential.
3. By supporting mothers who have experienced domestic violence, children and young people are also supported.
4. Children and young people have in built resilience, and with appropriate support and early intervention, this resilience can be nurtured and developed.
5. Partnership working with other agencies is essential to ensure children and young people's voices are heard and support is available.

Our Place – Safe Space

A 5 year strategy for children & young people



Why a strategy for children and young people?

Our Place – Safe Space

A 5 year strategy for children & young people



- UNICEF research (2006) indicates there are up to 240,000 – 963,000 children across the UK exposed to domestic violence
- Approximately 32,000 children and young people living with domestic violence in Northern Ireland
- NSPCC research (November 2011) estimated 33,000 babies under 1 in England are living with a parent who reports domestic abuse.
- Statistics for MARACs (Multi Agency Risk Assessment Conferences) in Northern Ireland show that between January 2010 and October 2012 inclusive, 4236 domestic violence cases were discussed.
- A total of 5817 children were recorded as part of these households.

Our Place – Safe Space

A 5 year strategy for children & young people



Some of the biggest victims of domestic violence are the smallest.

UNICEF (2006) Behind Closed Doors, the Impact of Domestic Violence on Children.

Our Place – Safe Space

A 5 year strategy for children & young people



Women's Aid statistics for children and young people 2011-2012:

- **586** children and young people accommodated in refuge
- **4,152** children indirectly supported through floating support
- **106** women supported during pregnancy
- **17** babies born to women in refuge
- **1,440** children used crèche facilities
- **9,413** children took part in Women's Aid Domestic violence programmes in schools.

Since 1999, Women's Aid across Northern Ireland has provided refuge to 14,942 children and young people

women's aid

Belfast and Lisburn

Our Place - Safe Space

A 5 year strategy for children & young people



Our Place - Safe Space

A 5 year strategy for children & young people



Women's Aid model for working with children and young people



Our Place - Safe Space

A 5 year strategy for children & young people



“We all have the right to feel safe all the time”

“There is nothing so awful (or so small) that we can't talk about it with someone”

“Others have the right to feel safe with us”

women's aid

Belfast and Lisburn

**Working with abusive fathers to
improve the safety and well-being
of women and children**

**Joan Hughes
PTM**

CARING DADS

Helping fathers value their children

Developed by:

Katreena Scott, Ph.d.c.Psych, University of Toronto

Tim Kelly, Executive Director, Changing Ways, London Ontario

**Why do we need
services specifically
for abusive Dads?**

- 1. Fathers are Responsible for a Significant Proportion of Child Maltreatment.**

2. To help prevent mothers from being placed in untenable positions to protect their children.

3. “Fathers seldom leave the emotional landscape of their children” (Peled, 1998)

4. Fathers who leave one family seldom end their involvement with children in general.

Going into the work aware that many abusive fathers are:

- Highly reactive to the possibility of lost control;
- More likely to view their child's behaviour negatively;
- Engage in more control-orientated behaviour management;
- More likely to be abusive and coercive;
- More likely to be derogatory about their children;
- Have poor relationships with the mothers of their children.

(Bugental et al)

Also aware of cautions for working with abusive fathers:

- Use of programme to gain leverage in residence and contact;
- Use of programme material to harass children's mothers;
- Funding of programme at the expense of services addressing the safety needs of women and children.

Caring Dads Programme

Seeks to:

- Increase fathers awareness of the impact of abuse / neglect on their children;
- Enhance motivation to change;
- Challenge and reduce attitudes that contribute to abuse;
- Support improvements in the child / father relationship;

Caring Dads Programme

Seeks to:

(Cont'd)

- Support a reduction in parental conflict between fathers and mothers;
- Increase father cooperation in parenting;
- Reduce father induced harm to the mother /child relationship.

Caring Dads – the logistics:

- **Regional service;**
- **Referral by self or professional agency;**
- **Assessment to demonstrate some acknowledgement of abusive behaviour & motivation to change;**
- **Referral meeting to agree a No Abuse Contract;**
- **17 week programme;**
- **Two hour sessions;**
- **Groups of 5 – 8 fathers;**
- **2/3 facilitators (gender mix);**
- **Partner & child engagement component.**

Measurable outcomes following completion of CDSC groups (4 to date):

- Only 1 further alleged incident of domestic abuse in 6 month follow-up review;
- Children returned home to parents' care (and in 2 instances returned to father's sole care);
- Categories on CPR reduced or children de-registered;
- Children no longer subject to Care Proceedings;
- Contact arrangements moved from supervised to unsupervised & in some cases increased contact;

Measurable outcomes following completion of CDSC group (ctd):

- Trust has withdrawn from family following period of monitoring;
- Men returned to family unit;
- Cases moved from Child Protection to Family Support;
- Children have provided positive feedback following their father's engagement with CDSC;

Measurable outcomes following completion of CDSC group (ctd):

- Women report improvement in partner/ex-partner's parenting & decreased acrimony;
- Men have been able to self-identify further areas of work required;
- Men had improved working relationships with other professionals in child's life;
- Children safeguarded as result of CDSC intervention.

Children: The Invisible Victims of Domestic Violence

Panel Discussion and Questions

Children: The Invisible Victims of Domestic Violence

Concluding Remarks

Dr Bronagh Mc Kee
Stranmillis College