In their review of Serious Case Reviews Ofsted\textsuperscript{1} noted that: The most common issues [relating to the children’s families] were domestic violence, mental ill-health and drug and alcohol misuse.

As Working Together\textsuperscript{2} notes these issues rarely exist in isolation. There is a complex interaction between the three issues.

In one situation domestic violence may be the result of women who use drugs being more likely to be in relationships with volatile men. In another situation maternal drug misuse may be a consequence of their experience of domestic violence\textsuperscript{3}.

Maternal mental ill health may be a result of violence or abuse that they have experienced\textsuperscript{4} or depression may lead a parent to misuse drugs or alcohol\textsuperscript{5}.

**Definitions**
The Home Office defines **domestic violence** as

> Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

Working Together (pp. 265 - 266) describes the wide range of conditions covered by the term **mental ill-health**, including

> Depression and anxiety, and psychotic illnesses such as schizophrenia or bipolar disorder… Mental illness may also be associated with alcohol or drug use, personality disorder and significant physical illness

NICE (p. 5) describe **substance misuse** as

Intoxication by – or regular excessive consumption of and/or dependence on – psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs (including alcohol when used in combination with other substances).

\textsuperscript{1} p.10
\textsuperscript{2} p. 263
\textsuperscript{3} Stanley, p. 17
\textsuperscript{4} Stanley, p. 16
\textsuperscript{5} Stanley et al, p. 333
Information gathering and analysis
The behaviours exhibited by children experiencing these problems in their home environment are similar, e.g. poor attachment to parents due to emotional unavailability or poor attendance at school or nursery.

The list below looks at behaviours that might be identified through information gathering and provides research findings as to why they may indicate that domestic violence, parental mental ill-health or parental substance misuse may be present.

Health
• Has the baby failed to thrive? Is the baby showing any of these symptoms - irritation and high-pitched crying, often for long periods; rapid breathing and heart rate; disturbed sleep patterns; sweating and fever; vomiting and diarrhoea and feeding difficulties?

Babies of women whose use of opiates, cocaine or benzodiazepines during late pregnancy is heavy are likely to experience withdrawal symptoms. (ACMD, p. 37)

• Do children have accidental or non-accidental injuries?

Children are at increased risk of physical injury during an incident [of domestic violence], either by accident or because they attempt to intervene. (DCSF, p.263)
Poverty and a need to have easy access to drugs may lead families to live in unsafe communities where children are exposed to harmful anti-social behaviour and environmental dangers such as dirty needles in parks and other public places (DCSF, p.271)
Neglect involving denial of critical care and lack of supervision was most likely to be the sole form of maltreatment in those families with the most severe forms of domestic violence (Stanley, p.22)
When intoxicated, parents may fail to hear their child’s cries or notice it is unwell; they may accidentally smother it when unconscious due to drugs; they may leave the child unattended when seeking money or drugs (ACMD, p. 38)

• Do young children present with stomach-aches and bed-wetting?

Hester et al note that pre-school children are more likely to show physical symptoms such as stomach-aches and bed-wetting [as a result of living with domestic violence]. (Stanley et al, p.331)

• Are adolescents involved in problem alcohol or drug use or unsafe sex?

Adolescents may become involved in drugs or early pregnancy [as a result of living with domestic violence] (Stanley et al, p.331)

Education
• Are younger children meeting developmental milestones?

Parents may not have the practical or emotional reserves to engage with their children in order to provide stimulation to support their development. (Stanley et al, p.337)

• Are appropriate toys available at home?

Finding money for drugs may reduce what is available to meet basic needs (DCSF, p.271)
• Do children attend school or nursery regularly? If they attend do they arrive on time?

Education can suffer when adolescents stay home to protect their parent or themselves from an abusive partner. (DCSF, p. 265)
For a variety of reasons including disorganisation and lack of self-esteem, they [drug misusing parents] may fail to enable the child to attend pre-school facilities. (ACMD, p.39)

• Are children alert at school or nursery? Are children failing to achieve their educational and developmental potential?

Research suggests that children’s education and performance in school may suffer because parental problems dominate the child’s thoughts and can affect concentration. (DCSF, p.273)

Emotional & behavioural development
• Poor attachment with parents? See “how to identify and work with attachment disorder” for details of symptoms of attachment disorder

For babies and infants post natal depression may hamper the mother’s capacity to empathise with, and respond appropriately to, her baby’s needs. A consistent lack of warmth and negative responses increases the likelihood that the infant will become insecurely attached…. Mood swings, a common feature in mental disorders, can result in inconsistent parenting, emotional unavailability and unexpected and unplanned for separations. (DCSF, p.267)

The all consuming nature of significant substance misuse problems may mean it becomes the user’s primary attachment, distorting other relationships, including the ability to show children emotional warmth and make them feel valued. (Stanley et al, p.337)

• Is child expressing anxiety or stress?

Primary age school children may present a wide range of behavioural and emotion problems [as a result of living with domestic violence] (Stanley et al, p.331)

It is widely accepted that boys are more likely to act out their distress with anti social and aggressive behaviours while girls tend to respond by internalising their worries. (DCSF, p. 268)

• Degree of self control?

Witnessing domestic violence affects children’s emotions and behaviour and can lead to temper tantrums and aggression which are directed at family and peers, and cruelty towards animals (DCSF, p.264)

The **Strengths and Difficulties Questionnaire** can be used to assess if emotional and behavioural problems exist.
The **Adolescent Wellbeing Scale** can be used with teenagers to understand their worries and concerns.

Identity
• Lack of support for adolescents going through puberty?

Parental problem drug misuse may mean parents are unaware of children’s worries over their changing body and fail to provide support and advice (DCSF, p.273)

• Acceptance of domestic violence?
Men participating in Stanley et al’s (2009) study of men’s views and experiences of domestic violence undertaken in northern England described how their perpetration of domestic violence was interwoven with other forms of community violence encountered in childhood and with traditional and persistent conceptions of masculinity (Stanley, p.15)

- Does the child or young person have low self-esteem?
  Studies undertaken from the perspectives of children and young people also draw attention to the effects of the secrecy and stigma surrounding domestic violence on young people’s self-confidence, self-esteem and consequent capacity for making relationship with peers. (Stanley, p.31)

Family and social relationships
- Does the child have irregular meal and bed times?
  Difficulty in organising day to day living [as a result of parental substance misuse] means that important events such as birthdays or holidays are disrupted and family rituals and routines such as meal or bed times, which cement family relationships, are difficult to sustain. (DCSF, p.271)

- Adolescents with few friends
  Many adolescents cope with the stress of domestic violence by distancing themselves from their family or friends. (DCSF, p.265)

- Is the young person withdrawn?
  Many adolescents cope with the stress of domestic violence by distancing themselves from their family or friends. (DCSF, p.265)

The **Parenting Daily Hassles Scale** can be used to identify pressures in the home.

Social presentation
- Are children unwashed and wearing dirty clothes?
  Difficulty in organising day to day living [as a result of parental substance misuse] means that important events such as birthdays or holidays are disrupted and family rituals and routines such as meal or bed times, which cement family relationships, are difficult to sustain. (DCSF, p.271)

The **Home Conditions Scale** can be used to develop a clear picture of the environment of the home from the child’s point of view.

Selfcare skills
- Are the older siblings caring for their younger siblings?
  Education may also be interrupted while parental mental health problems become severe and young people stay home in order to look after their parent or younger siblings. (DCSF, p. 269)

- Do adolescents present as “older than their years?”
  When parents are unable to look after adolescent children adequately [as a result of substance misuse], the normal pace of emotional maturity can
What works with these children and families?
The following references provide some evidence for working with children and families where domestic violence, parental mental ill-health and parental substance misuse are present.

Children
Options for supporting children of substance misusing parents identified as being in need to remain at home might include providing occasions for the safe and contained expression of their own ideas and feelings; enabling them to have fun, arranging attendance at nursery, providing special educational support, providing access to health care and other services and arranging assessments and treatment of emotional and behavioural problems. (SSIA, p. 11)

Particular attention should be given to developing programmes designed to enrich the experiences of neglected children and to address issues such as delayed speech and language development and aggressive behaviour that are likely to impact on the stability of placements and jeopardise children’s chances of making progress at school. (Ward et al, p.6)

Parents
• Identifying problems
Practitioners need to be prepared to raise the issues of domestic violence or substance misuse on more than one occasion. Approaches which avoid passing judgements on parents’ behaviour, while emphasising children’s needs, are required. It will usually be more productive to focus on the child’s needs for routine, boundaries, support, stimulation and a safe environment than to highlight the damaging nature of the parental behaviour. Practitioners should adopt attitudes to families that are sympathetic and encouraging rather than blaming or punishing. (Stanley et al, p.329)

Initial questions to ask women about domestic violence:
° How are things at home?
° How are arguments settled?
° How are decision reached?
° What happens when you argue or disagree?
° What happens when your partner/husband gets angry?
° Have you ever felt frightened of your partner/husband?
° Have you ever felt threatened by your partner/husband?

Thought will need to be given as to what information is shared with whom. This is particularly important for the safety of those who have left an abusive household, as their whereabouts can be inadvertently leaked to the abusive partner. (Stanley et al p.332)
• Information gathering and analysis
While mothers’ parenting appears to be adversely affected by domestic violence, there is evidence that their parenting can recover once they are no longer living with domestic violence (Stanley, p54)
Cassell and Coleman (1995) suggest that, when assessing the risks of harm for children posed by a parent with mental health needs, practitioners should consider the following factors:
  ° The warmth of the parent-child relationship
  ° The parent’s responsiveness to the child’s needs
  ° The content of any delusional thinking
  ° The parent’s history of anger management
  ° The availability of another responsible adult (Stanley et al p.334)

The research suggests that when statutory agencies come into contact with families with alcohol or drug problems, learning disability or poor mental health, parents may experience difficulties in understanding what is said to them or what is happening. These problems may also impact on parents’ ability to remember and recall key information. Line managers should support social workers in planning sufficient time to explain things to parents at the first encounter, and to revisit them when necessary to ensure that information has been understood and retained. (Cleaver et al, p. 12)

A caring partner, spouse or relative who does not use drugs can provide essential support and continuity of care for the child. Other protective factors include drug treatment, wider family and primary health care services providing support, the children’s attendance at nursery or day care, sufficient income and good physical standards in the home. (DCSF, p.271)

• Assessing parental progress
All but one of the parents who made sufficient changes did so before the baby was six months old (Ward et al, p.2)

The slight progress made by other parents around the baby’s birth proved unsustainable if major change had not occurred by the time the child was six months old. (Ward et al, p.5)

Written agreements were often broken with no adverse consequences. (Ward et al, p.5)

• Partnership working
The findings from the study indicate that social workers rarely consult or collaborate with services for substance misuse and domestic violence in carrying out assessments or planning... Collaboration should be given greater priority because practitioners in domestic violence units, alcohol and drug services will have a better understanding of how these issues impact on adult family members and family functioning. The expertise of practitioners in these specialist services should be used to inform the social work assessments, judgements and planning. (Cleaver et al, p.10)
References


Social Services Improvement Agency (2007) *What works in promoting good outcomes for children in need where there is parental substance misuse?* Cardiff: Institute of Public Care