

# **Safeguarding Children living with Trauma and Family Violence**

**An evidence based approach to  
Assessment, Analysis and planning  
Intervention**

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# Mapping the Terrain

## The Knowledge Base on Trauma and Family Violence

### Assessment and Intervention

# Trauma and Family Violence

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- Extensive **recurring patterns of violence** between adults – physical, emotional or sexual
- The **family climate is characterised by a high level violence, physical, emotional or sexual involving children**. Parental capacities may be affected by mental ill health, extensive drug or alcohol abuse, compromising the capacity to provide adequate care
- **Extensive abuse of one or more children** within the family, physical, emotional or sexual, including significant neglect of children's needs, causing harm and traumatic responses.
- Abuse may be **multiple, extensive, at various stages of development**, perpetrated by a parent or family member including siblings, associated with a significant failure to protect

# The Impact of Abuse and Exposure to Family Violence - Overview

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- Children's **experience of abuse and family violence** varies considerably
- **Outcomes** are determined not just by direct experiences, but by pre-existing developmental needs, pre-existing and subsequent parenting and family factors
- The **combination of such factors** set in train by abusive experiences lead to changes in a child's pattern of development
- A predominance of **adverse factors** can have a negative impact on development, physical and mental health
- **Protective factors** can ensure children remain healthy, and resilient

# The J Family 1

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- A family of 5 children the oldest a boy of 16 with Aspergers Syndrome, a girl of 14, a boy of 11, and 2 younger children aged 4 and 3
- M had a long history of childhood sexual and physical abuse, severe mental health difficulties, drug and alcohol abuse
- Achieved stability in her 20's through a partnership with an older 'Aspergerish' individual. Early childhood of older 3 children satisfactory including management of the Aspergers

## The J family 2

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- 2 years before current concerns a breakdown in couple relationship associated with allegations of violence and marital rape led to a separation, M caring for all children including 2 younger
- M unstable, recurrence of instability, drinking heavily, depressive episodes, self harming, neglectful poor care, marked diversity of response
  - o 16 year old boy anxious, fearful, regressed social skills,
  - o 14 year old girl –pervasive refusal to eat, drink, selective mutism.
  - o 11 year old parental role cares for M and siblings,
  - o 3 and 4 year old significant delay in language, and developmental delay

# Incidence of Abuse in Special populations

Pears Kim and Fisher CAN 2008 32 958

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- Study of 117 maltreated children aged 3-6 taken into Multi-Dimensional Foster Care – Oregon
- Maltreatment Classification system-95% suffered more than one form of abuse
- Profiles moderate to high levels of abuse
  - Neglect and Emotional abuse
  - Sexual Abuse, Emotional Abuse and Neglect
  - Physical Abuse, Emotional Abuse and Neglect
  - Sexual Abuse, Physical Abuse Emotional Abuse and Neglect
- Cognitive, Internalising and Externalising effects

# Poly-victimisation: A neglected component in child victimisation

(Finkelhor, Ormrod and Turner 2007 CAN)

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- **National representative sample** of children's experiences of violence and mental health consequences, 2- 17
- **Juvenile Violence Questionnaire**, sexual victimisation, physical assault, property victimisation, maltreatment, peer/sib victimisation, witnessing
- **22% experienced 4 different types of victimisation** in previous year, high (7) 7%, lower (4-6) 15%
- **Higher the number of victim experiences the more extensive the mental health effects**, and the less specific the effects

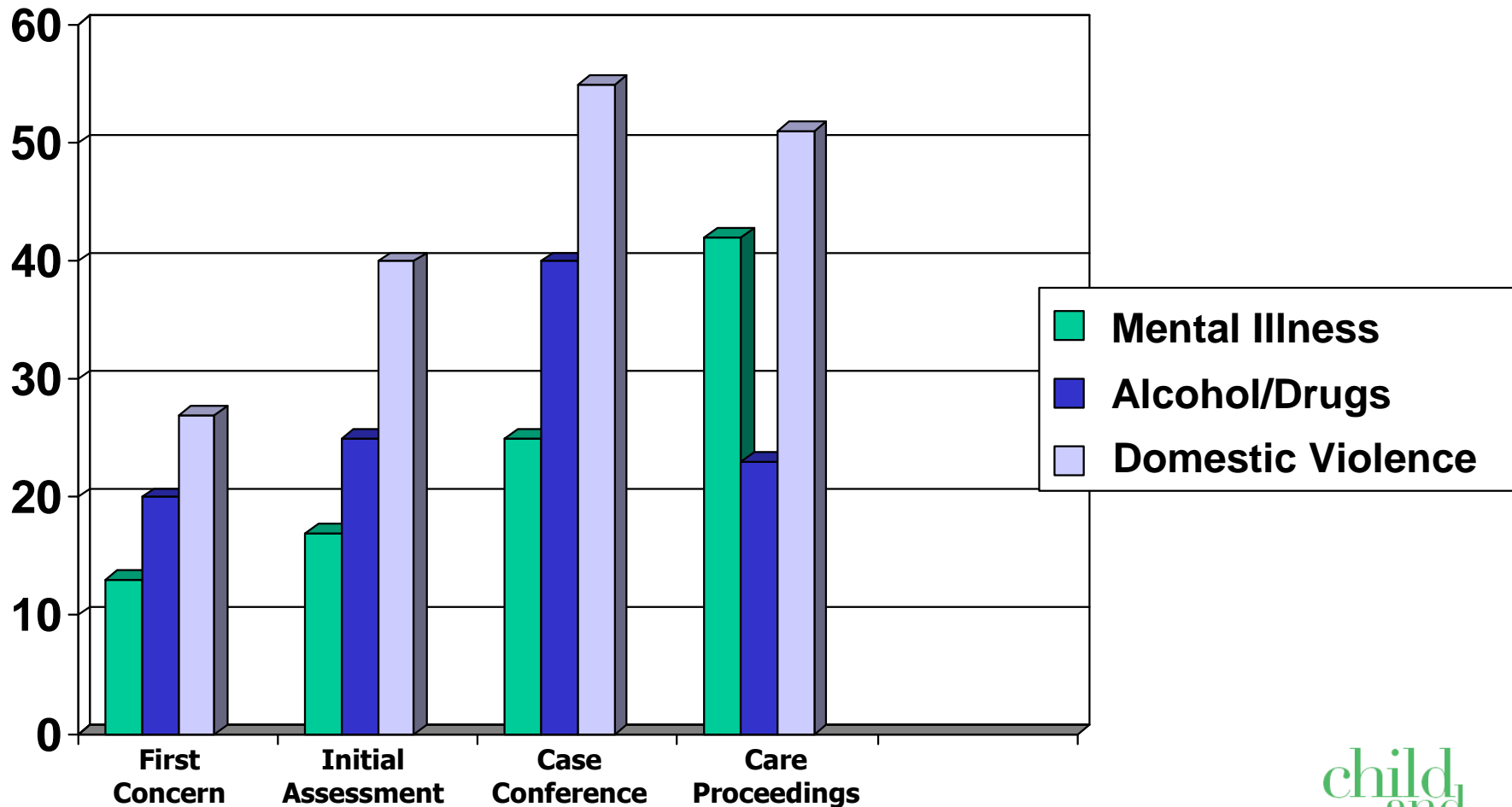
# Risk factors of parents abused in childhood, intergenerational continuities

Dixon et al 2005

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- The risk of child abuse when parents have been abused themselves in childhood
- Risk is **6-7%** (1:15,vs1:234) 4 times risk of abuse occurring
- Parent or partner under 21 treated for mental health problem-partner with violent tendencies increases 14 times, **53%**
- Negative unrealistic attribution, absence of sensitivity or acceptance plus absence of positive infant behaviour, response to voice, development of specific preference, increases to **62%**  
i.e. 17 times more likely

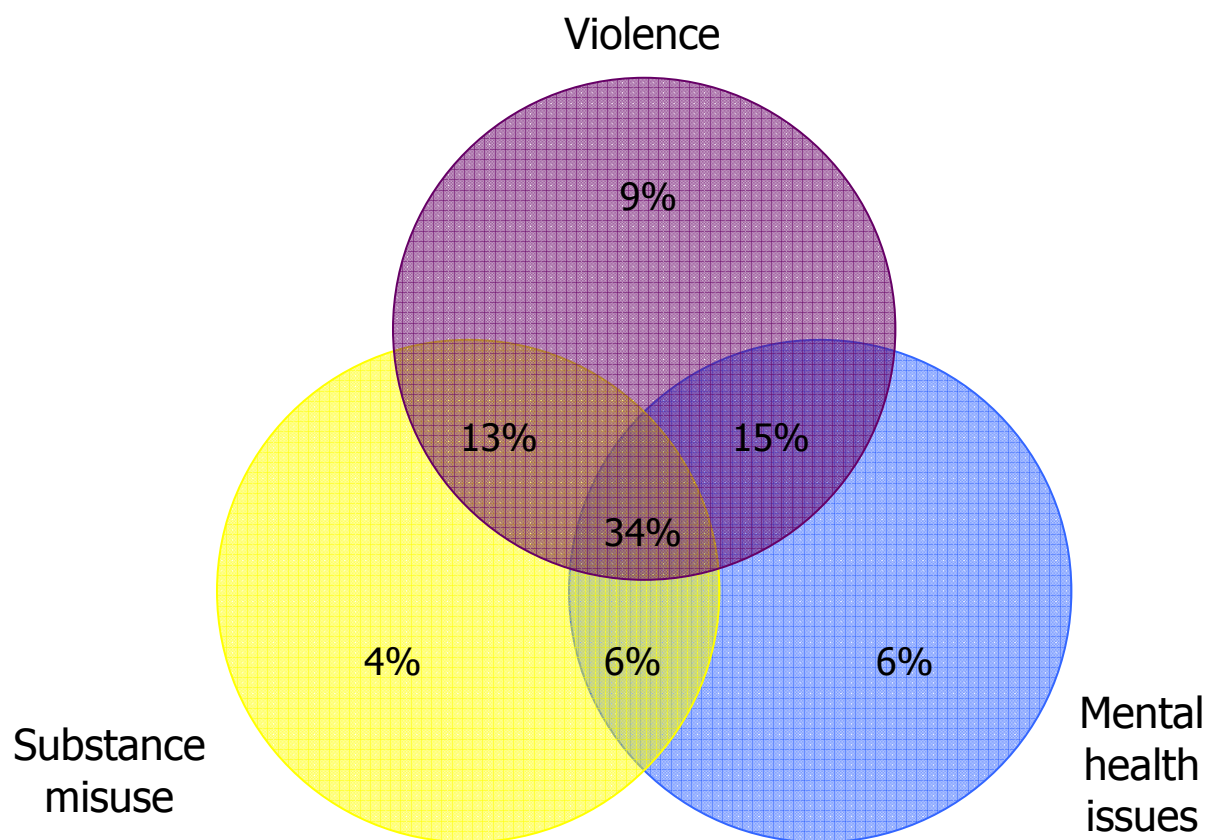
# Rate of recorded parental problems and point of intervention



# Analysing child deaths and serious injury

## What can we learn?

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# Growing up resilient in a climate of violence and abuse

Child abuse and neglect volume 31, no3 march 2007  
ed. Cathy Widom

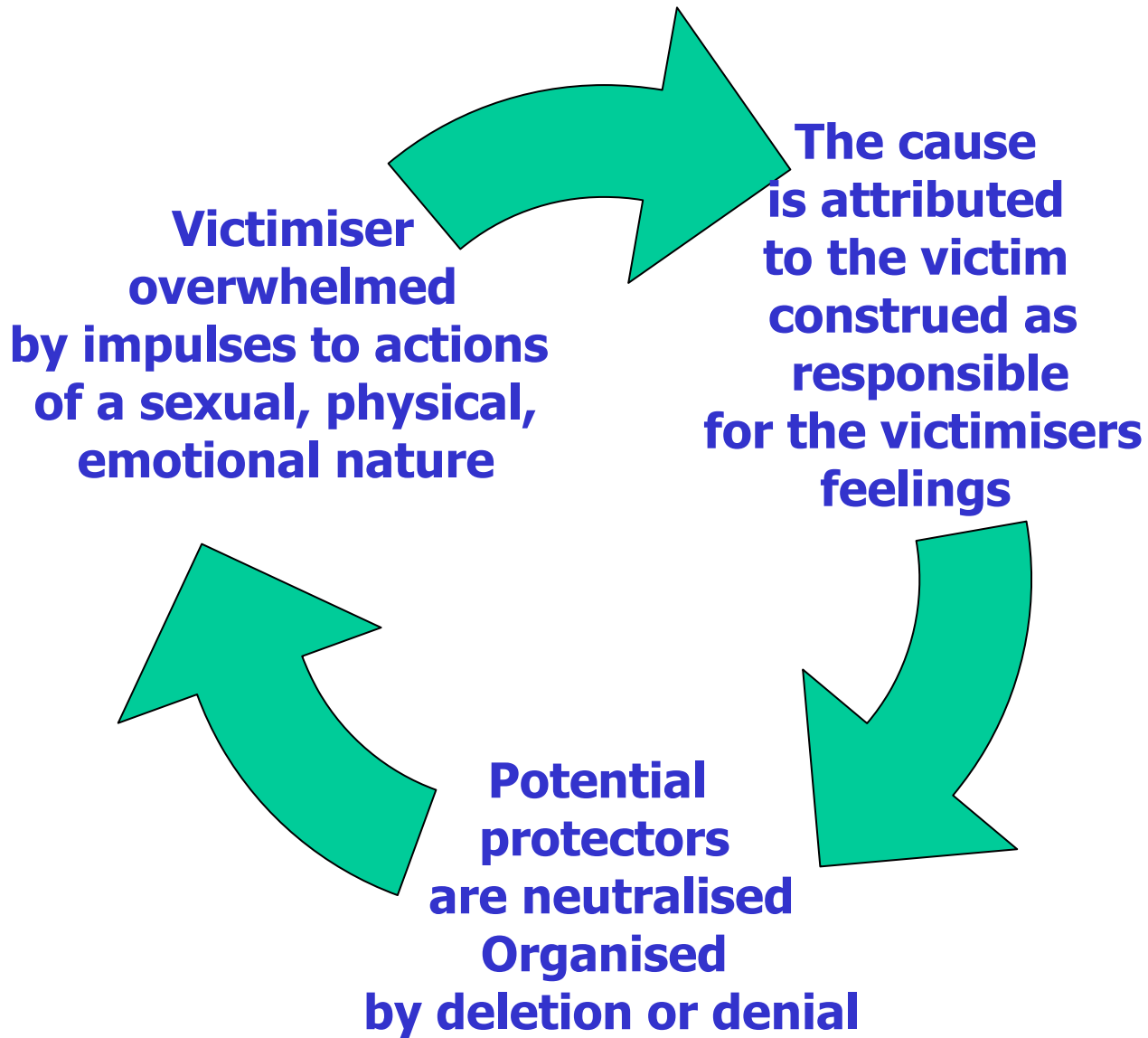
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- **Stressful factors and effects accumulate** in particular families **Consequences accumulate** in strength over time
- A **sub-set of individuals are resilient** in adolescence, young adulthood and into later life 'turning points' can occur
- **Multisystemic multimodal interventions** minimise family and neighbourhood stressors, foster children's innate personal resources overcomes impact of adversity

# Impact of Traumatic Experiences on Brain Development 1 (Glaser)

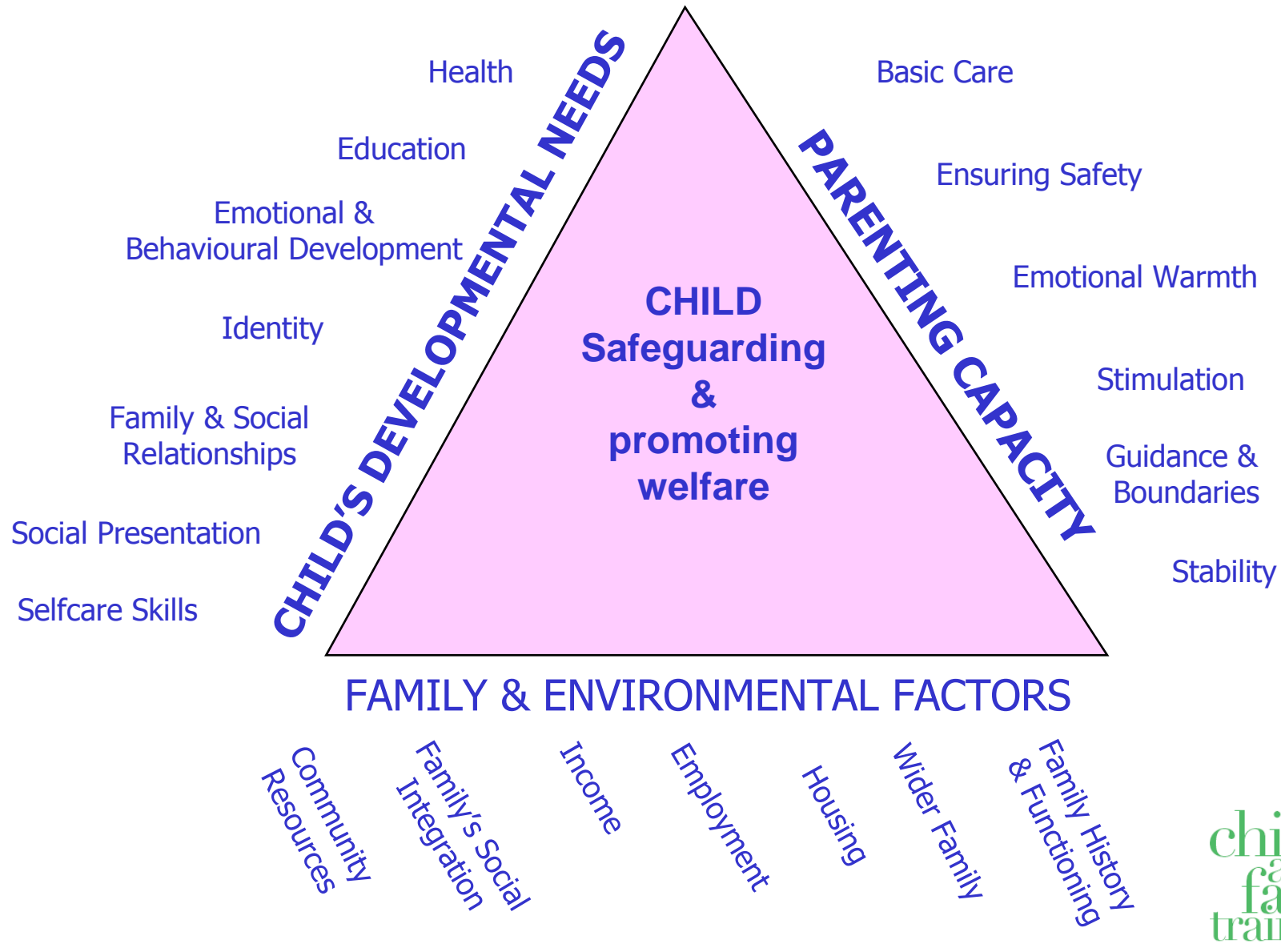
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- **Brain development mirrors experience**
- Effect of **serious deprivation** causes most harm by
  - early experiences incorporated into neural networks
  - The effects of stress on brain development
- Established connections not erasable but **new learning** (synapses) **possible**
- Patterns often enduring, children experience threat despite protection, **hyper-vigilant**, hyper-aroused dissociation is a form of flight
- **Secure attachment** and **genetic** factors can be protective of stress response



# Assessment Framework

A map of relevant data to be collected



# Stages of work

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- Stage 1** – The phase of identification of harm and initial safeguarding
- Stage 2** – Full assessment of child's needs, parenting capacity, family and environmental factors and levels of harm
- Stage 3** – Establishing the nature and level of harm and harmful effects
- Stage 4** - The likelihood of response to professional intervention
- Stage 5** – A plan of intervention and therapeutic work in a context of safety and protection from harm.
- Stage 6** – Rehabilitation of the child to the family
- Stage 7** – Placement of children in new family contexts

# Stage 1 Phase of Identification and Identification of Harm

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- **The awareness of harm** arises in many contexts – family, community and professionals requires a variety of routes and established ways of communicating this awareness – Working Together to Safeguard Children 2006
- Social work, Health, Police and Education Professionals involved in **Strategy meetings, Child Protection Conferences**, judgement of current risk and future harm
- **Extent of harm**, extent of trauma, extent of Children's needs, Parenting capacities and Family and Environment factors unknown
- Judgements and timing of **Initial and Core Assessments**, and the use of Evidence Based approaches at all stages of the process

## Stage 2. Making a full Assessment of Children's Needs, parenting capacity, family and Environmental Factors

- Using evidence based approaches

# Evidence-based assessment tools to gather data

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In collaboration with the Department of Health & the Department for Children, Schools and Families:

- ❑ **Home Inventory** – assessing parenting and the quality of the home environment provided by the child
- ❑ **Family Pack of Questionnaires and Scales** - assessment of family and environmental factors affecting parenting and the child, including child and adult mental health, recent life events, parenting daily hassles
- ❑ **Family Assessment** – mapping current identified problems & concerns & assessment of family relationships, parenting and the impact of family history
- ❑ **In My Shoes** – a computer-assisted interview for communicating with children and vulnerable adults

In collaboration with Royal Holloway, University of London

- ❑ **Attachment Style Interview** – assessment of adults' ability to make & maintain relationships, attitudes towards & use of support & their attachment style

# Using evidence-based assessment tools

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## Value

- Research into Practice
- Standardisation: stimulus, administration, what is scored and how it is scored
- Norms, reliability & statistical validity
- Structured assessment process
- Give a "voice" to respondents
- Guidance on strengths & needs (child development & factors affecting their needs)
- Additional data
- Assessment of change

# Using evidence-based assessment tools

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- ❑ Good assessments use multiple sources of information. An assessment should not rely on one source of information.
  
- ❑ Therefore judgements must be based on an integration of data from:
  - varied methods of assessment
  - different assessors
  - different occasions
  - different locations
  - varied (groups of ) respondents

# The Family Pack of Questionnaires and Scales

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- Strengths and Difficulties Questionnaires
- Parenting Daily Hassles Scale
- Home Conditions Scale
- Adult Wellbeing Scale
- Adolescent Wellbeing Scale
- Recent Life Events Questionnaires
- Family Activity Scale
- Alcohol Scale

# Using the Questionnaires and Scales in Practice

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Questionnaire and Scales + Discussion

Guidance on presence and extent of problem

Increased understanding of the family's situation

Shared by

Parent(s)  
Child or Young Person  
Practitioner

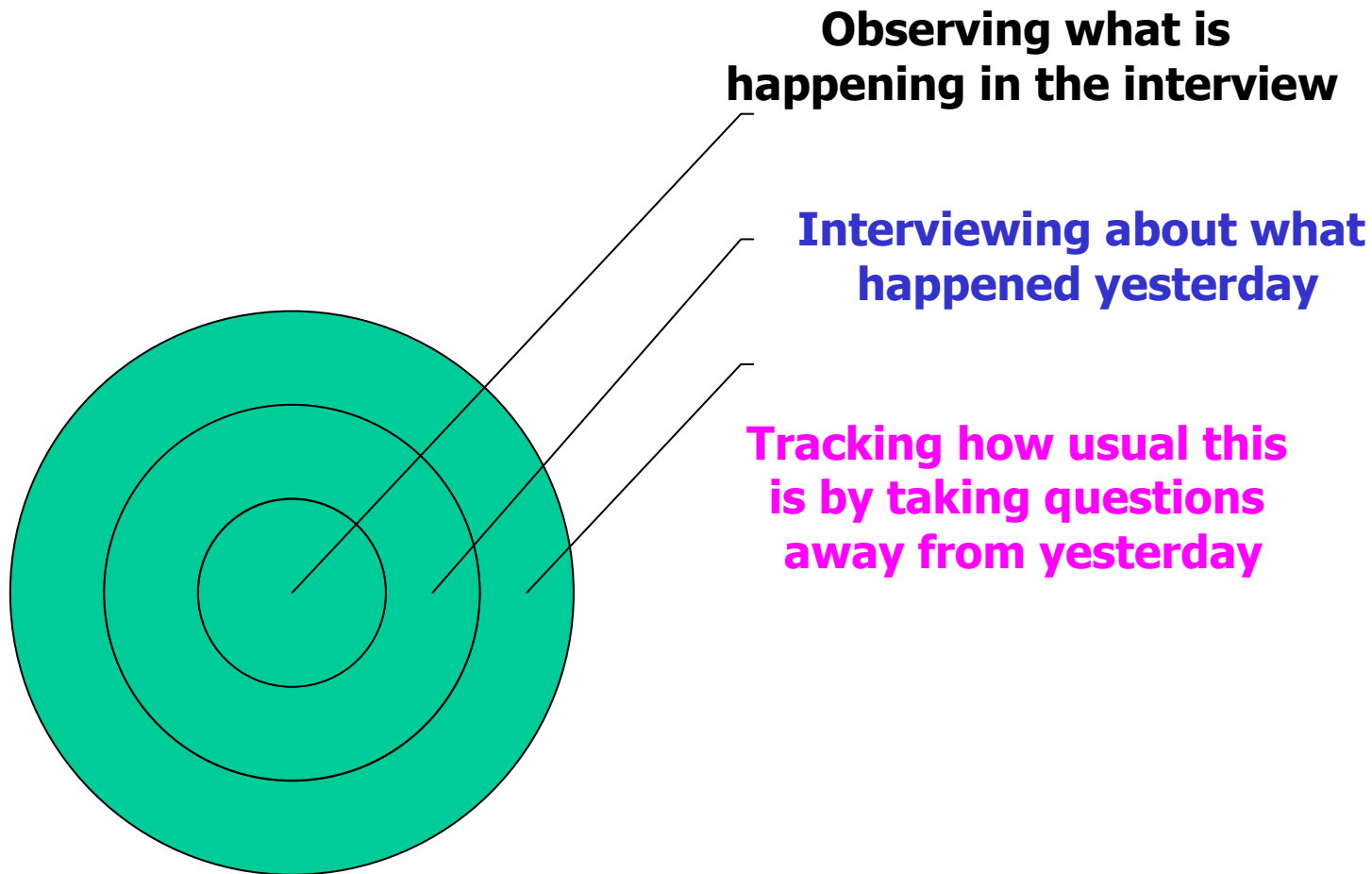
# THE HOME INVENTORY APPROACH (Cox and Walker)

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- To explore the last 24 hours, with the aim of understanding the child's experiences and through this to understand the nature of parenting and family life, best carried out in child's home
- Make careful observations
- Obtain a minute to minute account, detailed descriptions of the child's behaviour, the responses and whereabouts of parent (carer) and others in the house
- Use open approaches to questioning, be positive about the child
- Enquire about conversations
- Establish was this typical pattern

# The Interview Approach

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**Remember when tracking to always coming back to the specific day the HOME interview is exploring**

# THE FAMILY ASSESSMENT APPROACH

(Bentovim and Bingley Miller)

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- To understand the nature of family life and family relationships by seeing family members together, clinic or home
- By using a variety of ways of interviewing- verbally and using tasks to enable the family to interact in as natural a way as possible
- To identify strengths and difficulties in the way that family members communicate, make alliances, emotionally react and with each other, to help establish their capacities to parent adequately

# Operationalising the Assessment Framework

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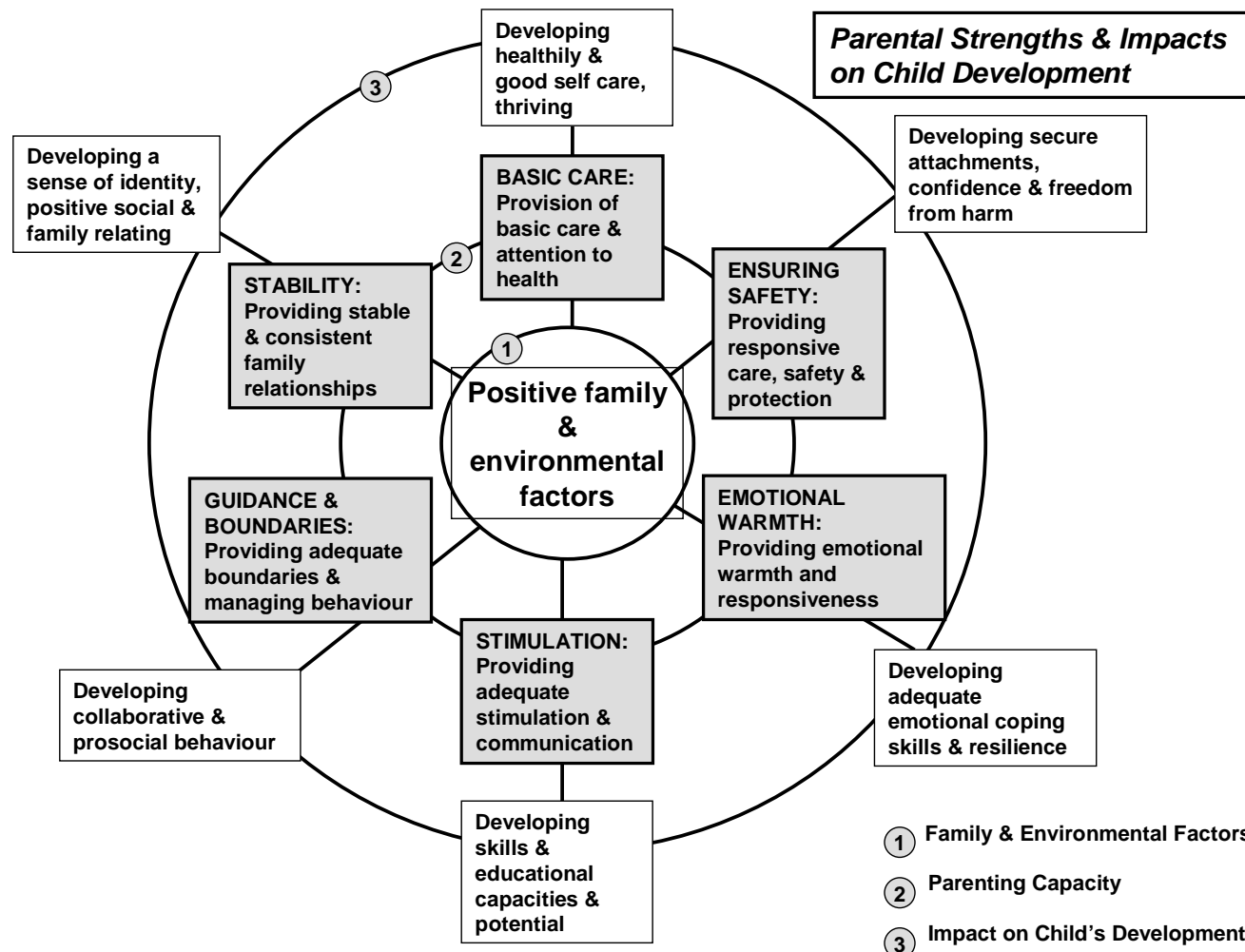
- Bringing information together using the Assessment Framework 'Map'
- Carrying out a preliminary analysis
- Importance of establishing a Chronology to provide Longitudinal and Cross-sectional information

## 3<sup>rd</sup> Stage Establishing the Nature and Level of Harmful effects

- Protective and Harmful cycles

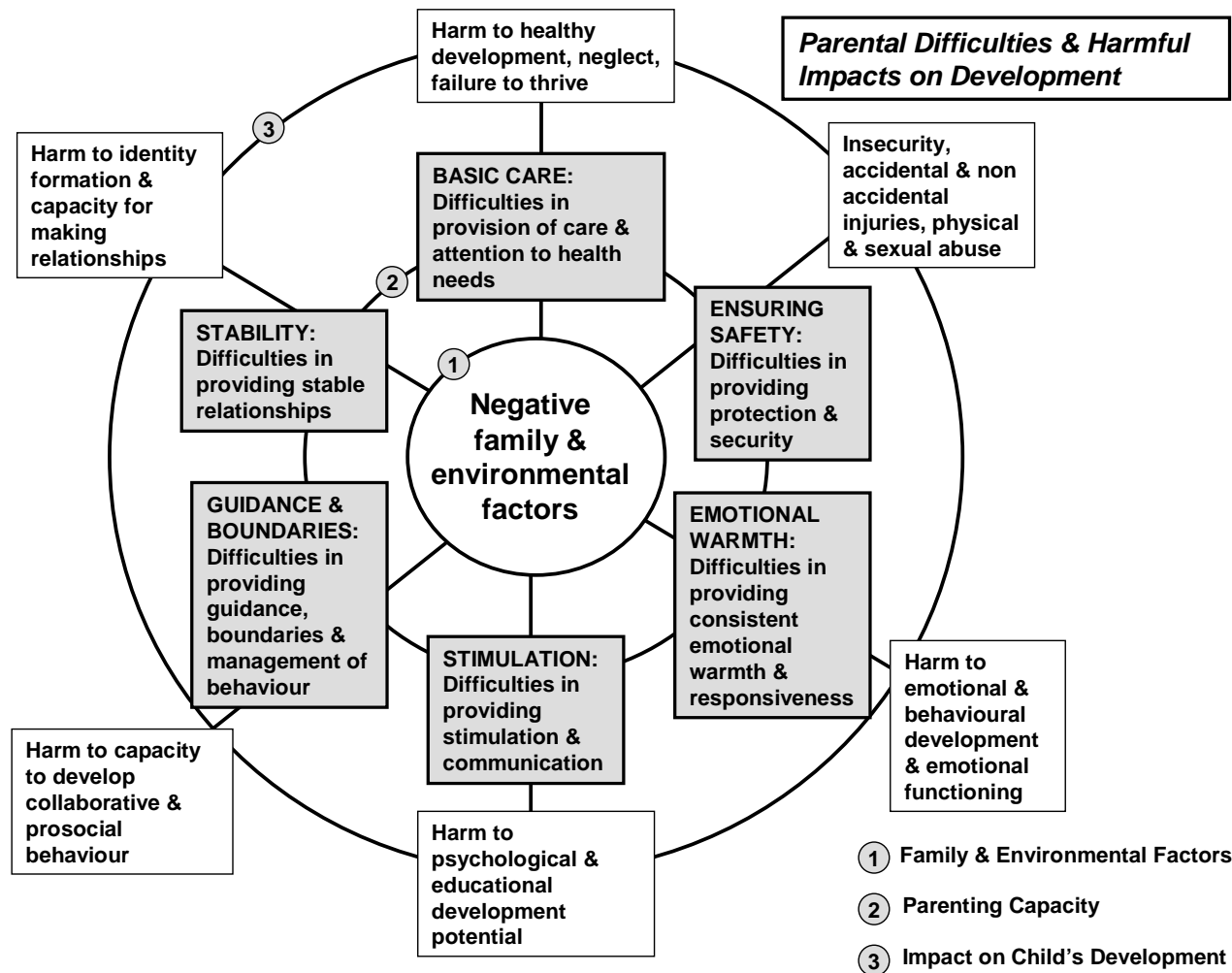
# Stage 3 – Establishing the nature and level of harm and harmful effects

## Impact of parenting on child's developmental needs Cycles of positive parenting

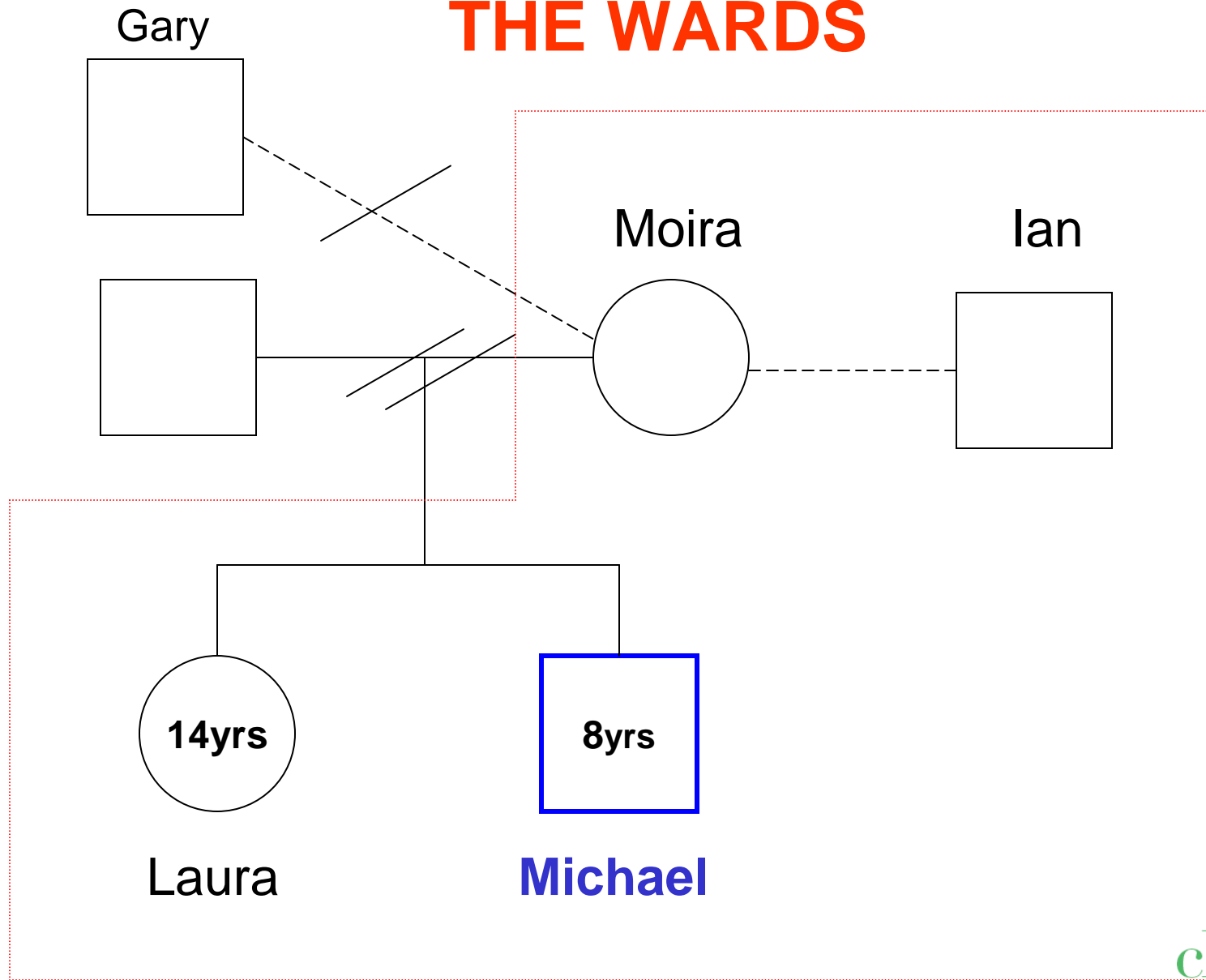


# Stage 3 – Establishing the nature and level of harm and harmful effects

## Impact of parenting on child's developmental needs Cycles of harmful parenting



# THE WARDS



# THE WARD FAMILY (1)

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- Moira mother, Laura 14, Michael 8
- Gary left after 2years, Ian present for 6 months, has a son –no contact
- School ref to SSD rapid change in behaviour and appearance
- Increasingly anxious, distracted, unable to concentrate, neglected, hungry, late
- Laura truanting, out late

# WARD FAMILY (2) - HOME Inventory

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- Mother and Michael seen
- Michael hit by Ian, Moira up late, Ian gets own breakfast, few friends, grounded regularly, has to sleep with light out
- Significant concerns in responsiveness – approval warmth and affection
- Emotional climate – restriction and punishment
- Enrichment – activities outside home
- Family companionship

# Assessments in Safeguarding Context – Seven Stages in Assessment & Intervention

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## **Stage 4** - Assessing the likelihood of response to professional intervention

- Functional systemic analysis of processes leading to patterns of Significant Harm
- Establishing the prognosis for change - a 12- step process

# Stage 4 – Functional systemic analysis of processes leading to patterns of Significant Harm

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<b>Predisposing factors</b>	<b>Precipitating or triggering factors</b>
<b>Maintaining factors</b>	<b>Protective factors</b>

## Stage 4 - Assessing the likelihood of response to professional intervention

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- Establishing the prognosis for change 12-step process in more detail
  - Determining presence of Significant Harm & Risks of Re-abuse
  - Determining prospects for successful rehabilitation of child

## Stage 4 - Assessing the likelihood of response to professional intervention -**The 12-step process in more detail**

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- Determining presence of significant harm & risks of re-abuse
  - Step 1:** Level of harm and impact on child's health & development
  - Step 2:** Level of parenting, protection & therapeutic work required by child
  - Step 4:** Level of parenting capacity
  - Step 7:** Influence of individual & family factors on parenting capacity
  - Step 10:** Role of environmental factors on individual & family functioning and parenting capacity

## Stage 4 - Assessing the likelihood of response to professional intervention -The 12-step process in more detail

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- Determining prospects for successful rehabilitation of child

**Step 3:** Do parents acknowledge the level of harm and take appropriate responsibility

**Step 5:** Can acknowledge current difficulties in parenting capacity?  
Motivation to achieve change?

**Step 6:** Parents' potential to respond to the child's needs and help children recover from abusive effects

**Step 8:** Parents acknowledge the role of individual and family factors and their effect on parenting. Motivation to change

## Stage 4 - Assessing the likelihood of response to professional intervention -**The 12-step process in more detail**

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- Determining prospects for successful rehabilitation of child

**Step 9:** Potential for change in individual and family factors and respond to intervention

**Step 11:** Establish whether parents recognise the role of environmental factors and the potential for change

**Step 12:** Family-professional relationships, potential for working together and resources to achieve change within the child's timeframe

# Ward Family Profile of Harm

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- **Step 1** Past reasonable care. No significant episodes of major harm despite M's drinking pattern
- Six months moderate to severe level of harm, neglect. Physical chastisement, anxiety, poor concentration, educational failure, poor self presentation and self care
- Punitive responses, exposure to domestic violence, changed parental expectations negative harmful effects, neglect and oppositional defiance
- **Step 2** Both children need good quality parenting having experienced reasonable care, plus therapeutic help

# Ward Family Profile of harm

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- **Step 4** Moderate to severe level of difficulties in providing basic care and adapting to needs
- Inadequate stimulation, support for education, safety is compromised through 'new rules'
- guidance boundaries punitive and ineffective, instability, conflict, disagreements, withdrawal and separations, undermining stability
- **Step 7** Both parents exposure to violence and use of violence to control
- Alcohol as a coping mechanism, leading to withdrawal and increasing alcohol use, reinforcing conflict
- **Step 10** Family moves have undermined resources, M's reliance on Ian's income leads to compliance

# Ward Family –Likelihood of response to intervention

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- **Step 3** Laura is concerned about Michael, notes his withdrawal and neglect and draws prof attention to domestic violence and drinking
- General minimisation and limited acceptance of need for protection, care and therapeutic help
- **Step 5** Acceptance and acknowledgement of conflict, harm is minimised
- Uncertain motivation to achieve change, given complexity of factors
- **Step 6** M has good parenting capacity, limited understanding of Ian's negative impact
- Doubt as a result of parental differences, tension, alcohol and risk of DV

# Ward Family – Likelihood of response to intervention

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- **Step 8** Laura shows the most powerful acknowledgement and motivation to change
- Some parental acknowledgement mixed motivation to work
- **Step 9** M has to be willing to attend alcohol services, and to acknowledge the negative impact of differing expectations, with extensive package of treatment changes could be achieved
- **Step 11** Limited recognition of the concern of community agencies, care of the home is good, resources are available
- **Step 12** Uncertainty re professional relationships, no evidence of extreme negativeness

# Assessments in Safeguarding Context – Seven Stages in Assessment & Intervention

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- Stage 5** - Developing a plan of intervention to include therapeutic work in a context of safety and protection from harm.
- Stage 6** - Rehabilitation of the child to the family when living separately or moving on from a context of protection and support.
- Stage 7** - Placement of children in new family contexts where rehabilitation is not possible.

# Therapeutic work

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- **Stage 5** Developing a plan of intervention to include therapeutic work in a context of safety and protection from harm
- **Stage 6** Moving towards rehabilitation
- **Stage 7** Establishment of alternative long term care

# Common Elements of Evidence Based Psycho-Social Intervention

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- A variety of different approaches, coming from **different theoretical models dynamic, systemic, and cognitive** are shown to be effective with limited differential between, and with an increasing bringing together of therapeutic elements to make a coherent approach to a particular problem
- Garland et al 2008 have suggested the value of **identifying core elements from a systematic review of approaches**, e.g review of treatments for disruptive behaviour show common factors were present in at least half of programmes  
Interventions can be family focussed, parent mediated, or directly with children and young people

# Core Elements of Evidence Based Practice for parents and children

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- Failure to provide adequate basic care and attention to health
  - o **Providing alternative care**- family, therapeutic foster care, and adoption – as assessment of children’s capacities to respond in a context of good care
  - o **Family aide**, Family Support worker, Family Centres, Residential settings- helps parents organise and develop capacities to provide adequate care – Assessment and Therapeutic stages
  - o **Psycho-educational** didactic approaches –individual, group and multi family- requirements at ages and stages of development
  - o **Modelling appropriate care** – video feed back, ‘live supervision’ prompts
  - o **Specific approaches** – feeding –failure to thrive -

# Core Elements of Evidence Based Practice for parents and children

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- Failure to provide parental responsiveness, safety and responsiveness
  - o Placement with a safe family member, therapeutic foster carer, accepts abuse has occurred, will protect from potentially abusive individuals
  - o Remaining in family- agreement to create safety, rules, non violent discipline, potential for close monitoring, core group activities,
  - o A context for open communication for children, all family members, health, education and social work professionals
  - o Opportunities to disclose all forms of abusive experiences, and have these acknowledged, and failure of protection
  - o Parents to work individually, couples, groups to understand factors –their own experiences of trauma and violence associated with abusive action, and failure of responsiveness
  - o Learning self care skills, psycho –educational for children, young people and parents -

# Core Elements of Evidence Based Practice for parents and children

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- Failure to provide Emotional Warmth and Containment
  - o Children to **live in a context where they are valued** – alternative care settings, family, specialist foster care, training and work to promote emotional communication, coping with emotional states, fostering changes, promote secure attachments,
  - o **Parent –child work** individually with child and parent, to promote emotional communication, use of shared play activities to enact trauma laden material, manage emotional states, connections with parent's own experiences, use of video feed-back, structural interventions,
  - o **Specific interventions** with individuals and family members to manage affective symptoms, self harming, anxiety

# Core Elements of Evidence Based Practice for parents and children

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- Failure to provide guidance boundaries and management of behaviour
  - o Require appropriate rewards and sanctions, tolerance, flexible boundaries, rules and structures
  - o Principles of positive reinforcement, strategic attention, shaping and behavioural rewards
  - o Principles of effective limit setting, discipline,
  - o Anger management. Externalising anger, recognising and management of emotional states
  - o Management of sexually aggressive behaviour
  - o Teaching problem- solving skills

# Core Elements of Evidence Based Practice for parents and children

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- Failure of Stimulation and Communication
  - o Require a context where they have appropriate levels of play, warmth and encouragement, alternate care
  - o The use of Family Centres – promoting communication through video feed back, direct intervention, prompting, role play, psycho education
  - o Promoting play, observation, joint play, art, music, drama , teaching, promoting reading skills – SPOKES

# Core Elements of Evidence Based Practice for parents and children

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- Failure to maintain partnerships and family relationships, disruption of attachments
  - o **Parenting** to achieve stability, repair and maintenance of appropriate family relationships, appropriate levels of contact
  - o **Family Therapy** to foster sharing, shared histories, conflict management, solution focused approaches, fostering children's assertiveness, individuation
  - o **Lifespan Narrative** approaches to re-connect, resolve blame, rejection, support identity through connection
  - o For children in **alternative care** to foster the process of managing establishment of new identities in the light of old identities

# Core Elements of Evidence Based Practice for parents and children

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- Working with Family and Environmental Factors
  - o Working collaboratively with child, adult and family mental health and therapeutic services, specialist drug and alcohol services, domestic violence services, community agencies, housing, connexions, employment, welfare services
  - o Need a 'Champion' to obtain services