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Domestic abuse and mental health of parents and children: practitioner perspectives on supporting families and service coordination

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Background

- Previous work indicates that the response and confidence of professionals around domestic abuse and its mental health impacts can vary greatly
- There is often a lack of co-ordination between health and social care services for this group of families

Research questions

- How do services recognise and address child mental health, parental/carer mental health, and interparental domestic abuse in families where these may be co-occurring?
- How do services co-ordinate support for families experiencing mental health difficulties and domestic abuse?

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Methods

Qualitative approach:

- Multi-site interview study across three geographically and demographically contrasting areas in England
  - Northern, primarily rural; West/Midlands, city with rural outskirts; Inner city London borough
- Recruited professionals from primary care, child mental health care, and specialist domestic abuse services

PPI: survivor-led domestic abuse lived experience advisory group to consult on study design and analysis.

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Participants (N=38)

	Child Mental Health	Domestic Abuse services	Primary Care
Total (n)	13	19	6
Example roles recruited	Clinical psychologist, psychiatrist, primary mental health worker, counselling manager	CEO, refuge manager, IDVA, children's services manager, perpetrator group facilitator, commissioner	GP, safeguarding lead, advocate educator, mental health peer support worker
Example work settings	School, community CAMHS, parent-infant service, inpatient unit, charity, Family Hub	Refuge, community programme, 'by and for' service, local authority	GP practice

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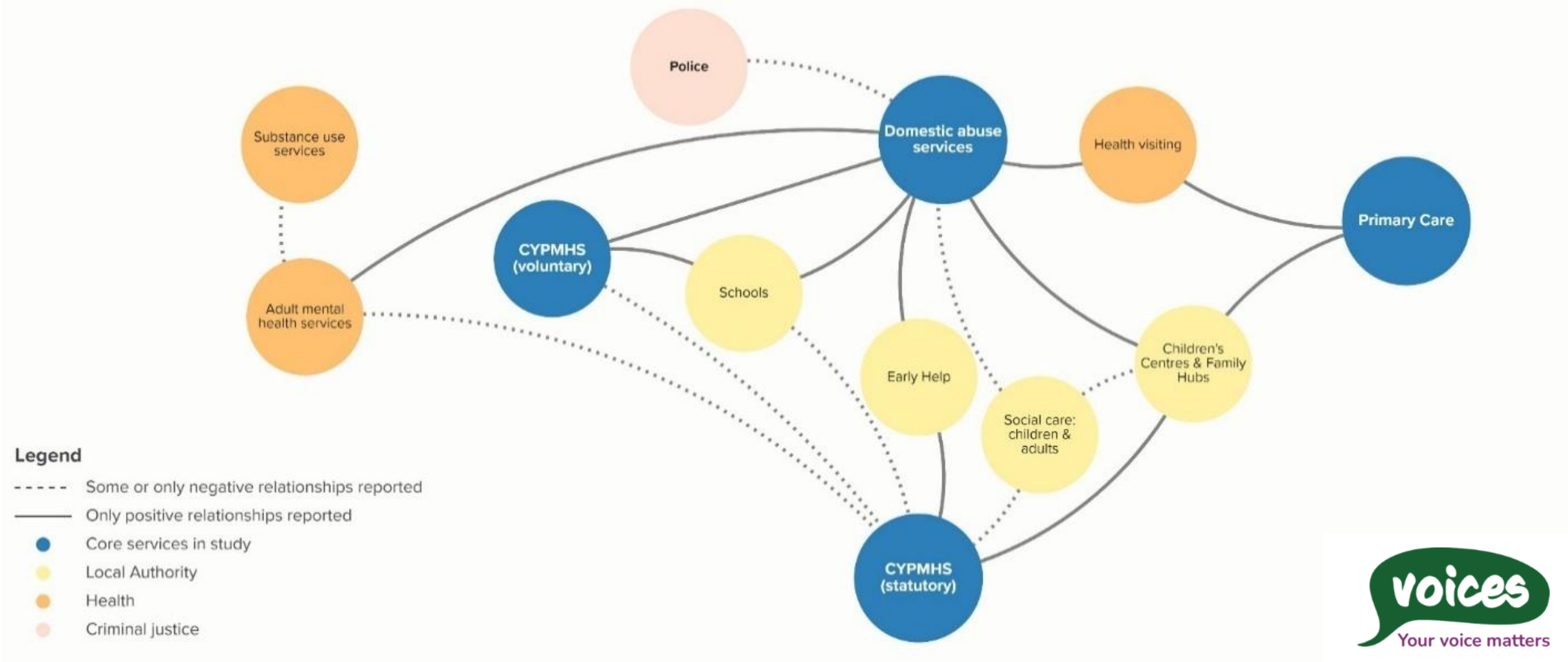
Key findings

1. **The 'wall'** between CAMHS and domestic abuse services
2. Boundaries of care between services: **4 groups of children and families affected by access criteria**
3. CAMHS practitioner perspectives on working with families where there is domestic abuse: **navigating complex family relationships and fear at home**

1. The ‘wall’ between DA and CAMHS



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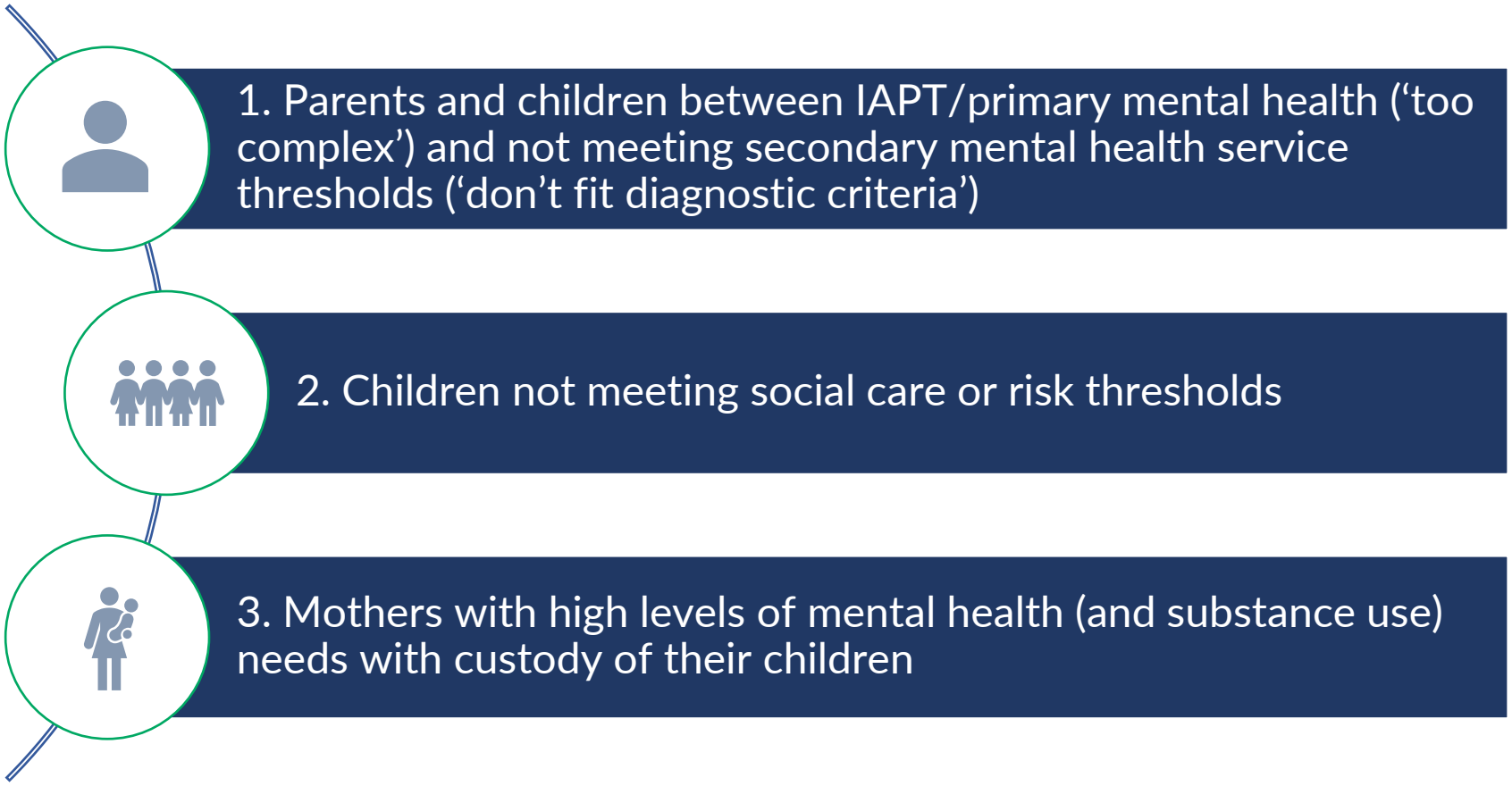
2. Boundaries of care: parents and children affected by access to mental health services



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The impact of service thresholds

- Children **deteriorate** on the waiting list and then no longer meet the criteria for the service
- Women are unable to access support at the time they need it, so they **return** to abusive partners
- Families are **bounced around** different services, or **disengage** while waiting, or some professionals **won't refer** out of concern the referral will be unsuccessful
- Voluntary sector and primary care try and **fill the gap**

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Children who fall through the gap

4. Children still living with or in contact with the abusive parent

Often excluded from mental health services and/or counselling because not considered to be living in a situation of safety.

For children whose situation may never change, leaves them without mental health support

What mental health support can be offered when the family situation is unstable? (professionals disagree)

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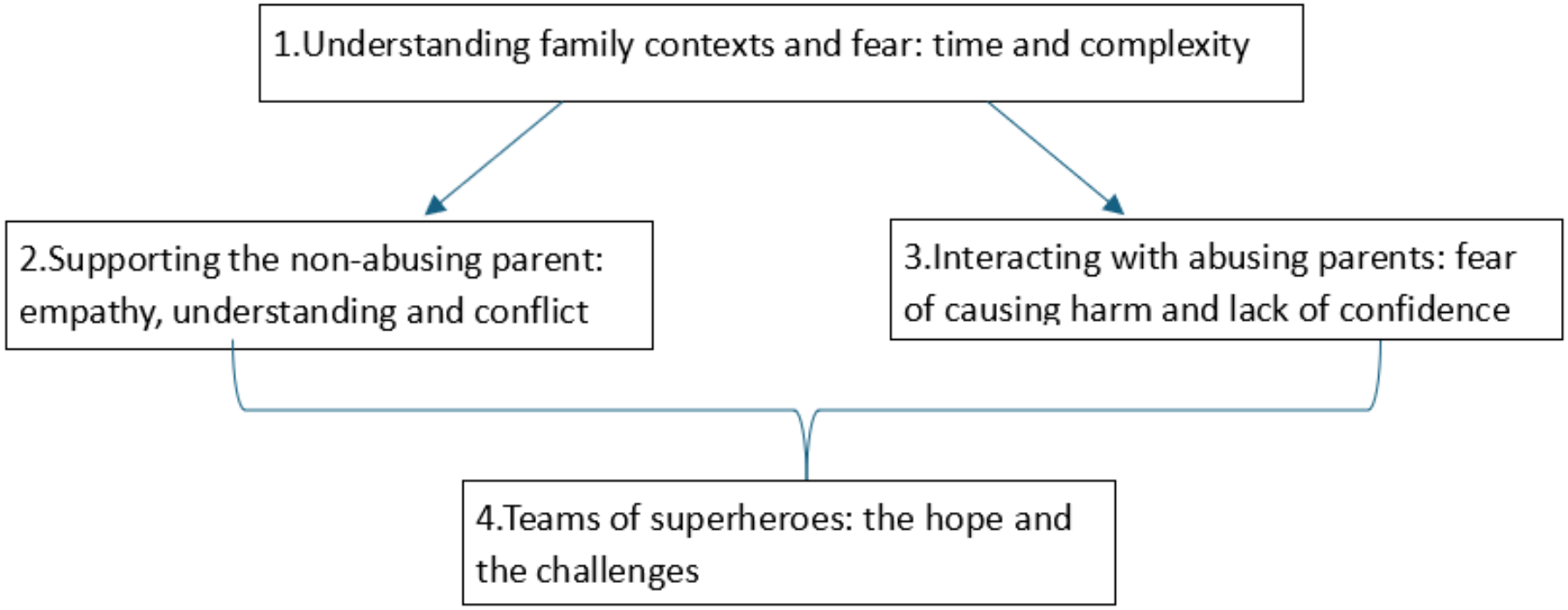
2. Boundaries of care: parents and children affected by access to mental health services

"One of the … exclusion criteria from many of the young people's mental health service response, is needs stability, they need to be safe, there cannot be ongoing abuse, and of course that excludes every child that is experiencing domestic abuse, living in a refuge, mum's in a coercive controlling relationship. They've got high level trauma symptoms, they're of course demonstrating harmful behaviours in school environments, and that is classified as not safe or stable enough to work with generic mental health services." (P17, Domestic Abuse)

3. Spotlight on CAMHS practitioner perspectives: navigating complex family relationships and fear at home

- Secondary qualitative analysis of 9 statutory CAMHS practitioners from 3 areas of England



1. Understanding family contexts and fear: time and complexity

I think the history, especially with this family, what I learnt, if I didn't know that and I'd just seen this young person to do low mood and anxiety work and it's not working because of everything else that's going on systemically in the background. (Participant 2)

So within the family home this girl was absolutely terrified of not only her father but actually her older brother who did things [to her] that were very cruel and very demeaning. (Participant 6)

2. Supporting the non-abusing parent: empathy, understanding and conflict

Not thinking, why didn't somebody leave? It's like what can we do to support them to be safe? (Participant 7)

You could see that this girl was just, like her whole body would just, her body language in the room, it was just so powerful but mum couldn't see it. (Participant 6)

3. Interacting with abusing parents: fear of causing harm and lack of confidence

So it's really complex for children because they might love this parent very much but actually also have quite complex difficult feelings and how do you reconcile that? (Participant 6)

I was very worried about if I said something that made this man very angry that he would then actually seriously hurt his family or kill them. (Participant 6)

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4. Teams of “superheroes”: the hope and the challenges

Like superheroes just posted in to … do all the really positive stuff and turn things around for young people. (participant 3)

But adult services “don’t see themselves as having a role in the family approach” (participant 3)

No one in social care is “holding in mind mum’s trauma” (participant 1)

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Summary of CAMHS findings

- Domestic abuse adds a layer of complexity which child mental health professionals do not always feel equipped to address
- Knowledge and skills gap: post-separation abuse, interacting with abusive parents
- Standard family-focused approaches to working are not always appropriate in the context of domestic abuse
- VOICES highlighted: ongoing contact with abusive parent may not be a choice (e.g. court mandated) but professionals do not always understand this

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Key system analysis findings

- **There's a gap between domestic abuse services and statutory CAMHS:** lack of direct communication and working together; conflicting perspectives of each other.
- **Certain families find it more difficult to access mental health support:** not meeting thresholds, specific levels of mental health needs, living with the perpetrator.
- **Service co-ordination is affected by a multi-range of factors:** funding & commissioning; (non) attendance at strategic groups; inter-service relationships.

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Conclusions & Implications

- **Gaps in provision for families experiencing domestic abuse with mental health needs**

- Need improved response from all levels (funding, commissioning, service delivery)
- Need pathways between CAMHS and domestic abuse services
- Need shared learning of best practice between sites
- Further research to quantify time spent in system for families and understand mental health needs of parents

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https://www.ucl.ac.uk/children-policy-research/node/3055/

https://voicescharity.org/

Domestic abuse, primary care and child mental health services: A systems analysis of service coordination from professionals' perspectives

Child mental health practitioners' perspectives on providing support for families where there is intimate partner violence: navigating complex family relationships and fear at home

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