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Chronic child abuse and domestic violence: children and families with long-term and complex needs

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ABSTRACT

It is estimated that up to one million children may have been exposed to domestic violence in the UK, with significant consequences for their social and emotional development in childhood and later life. At a time when the central and devolved administrations in the UK have developed strategies to tackle domestic violence, this paper reports the findings from a study conducted on children in the child protection system with long-term and complex needs as a result of experiencing domestic violence. The research identifies the characteristics of the children and their families and tracks their careers through the child protection system. The findings indicate that professionals have an awareness of domestic violence, and that younger children with younger parents are most likely to experience prolonged periods in the child protection system. Domestic violence in this context typically co-exists in families experiencing other difficulties such as substance misuse and socio-economic deprivation. In conclusion, the paper argues that Government policy and professional practice should primarily be concerned with assessing the risk that men present, rather than the risk that children are at. By reframing professional interventions, men are more likely to be challenged to accept responsibility for their behaviour and the consequences for their families.

INTRODUCTION

It is estimated that at least one in five (21%) women and one in 10 (11%) men in England have experienced at least one incident of domestic threat or force since they were 16 years of age (Jansson 2007). Analysis on repeat victimization in a Northern Ireland Crime Survey (Carmichael 2007) revealed that almost half (49%) of all victims experienced domestic violence from the perpetrator of their worst incident on more than one occasion, with over a quarter (27%) victimized on four or more occasions. Seventeen percent of all female victims had suffered threats and/or force from a partner while they were pregnant. For over half of these females (56%), the violence had started during their pregnancy. In a British Crime Survey, it was reported that half of those who suffered domestic violence in the previous year were living with a child aged 16 years or younger (Mirrlees-Black 1999). Therefore, within the UK, it is estimated that up to one million children have been exposed to domestic violence (UNICEF 2006). Yet in spite of these statistics, there has been a systemic failure by public agencies to appreciate that the presence of domestic violence should be an indicator of the importance of assessing the needs of children to both support and protection when living in the same household as the victim (Stanley & Humphreys 2006). As noted by Kurst-Swanger & Petcosky (2003, p. 29) while '. . . historically family violence is not a new phenomenon, defining it as a social problem worthy of public attention and collective action is'.

It has been noted that the fields of child protection and domestic violence have traditionally been estranged (Buchbinder & Eisikovits 2004). Recently though in the UK the devolved administrations have published strategies aimed at both reducing the incidence of domestic violence while simultaneously

ensuring support for both adult and child victims and stronger sanctions against perpetrators (Scottish Executive 2003a; Department of Health, Social Services and Public Safety 2005; Home Office 2005). Despite the fact that the precise definition of domestic violence varies within these different strategies, each essentially addresses the same issues:

> Threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. Department of Health, Social Services and Public Safety (2005, p. 10)

While these strategies are to be welcomed in moving domestic violence from the periphery of public policy to a more central place, concern should be expressed that children are conceived of as innocent bystanders caught up in the crossfire rather than as victims in their own right. There is increasing recognition that children's exposure to domestic violence has consequences for the child's psychosocial development in both the short and long term (Buckley *et al.* 2007), as it permeates all aspects of family life for those directly and indirectly involved (Goldbatt 2003; Hogan & O'Reilly 2007). A meta-analysis of studies exploring the effects of domestic violence has indicated that children's exposure is related to a range of subsequent emotional, behavioural and social problems (Ferguson & Horwood 1998; Wolfe *et al.* 2003), although the pathway is a complicated one involving children's reaction to what they have seen and heard (Ferguson & Horwood 1998; Gorin 2004), the decrease in parental warmth and caring in a household where violence takes place (Henning *et al.* 1997) and the protective factors that ameliorate some of the negative effects (Hughes *et al.* 2001). The research consistently shows that children living with domestic violence have much higher rates of depression and anxiety (McClosky *et al.* 1995), trauma symptons (Graham-Bermann & Levendosky 1998) and behavioural and cognitive problems (O'Keefe 1995) than children not living in these situations. In addition, there is now a clear evidence base that highlights that children who are living with domestic violence have a greater chance of experiencing physical or sexual abuse in their own right (Bancroft & Miller 2002; Cawson 2002; Weinehall 2005) as a consequence of living with violence. Exposure to domestic violence in childhood was associated with a significantly increased risk of developing behaviours in adulthood that significantly impacted on health and social outcomes. Dube *et al.* (2002) found that there was a positive graded risk for self-reported alcohol misuse, illicit drug use, intravenous drug use and depressed affect as the frequency of witnessing domestic violence increased. Equally important though was the interaction between a number of adverse childhood experiences and poor physical and psychological health in adulthood (Anda *et al.* 2006), given that domestic violence is often associated with other social problems such as substance misuse and poor mental health. This research highlights the importance of recognizing domestic violence as one of the significant contributors to social exclusion for children in adulthood given current Government concern about assisting the 'excluded of the excluded' (Blair 2006).

As awareness of the impact of children's exposure to domestic violence has increased, attention has focused on the response of child welfare professionals. A growing body of research informed literature (e.g. Mullender 1996; Brandon *et al.* 1999; Humphreys 1999; Holt 2003; Cleaver *et al.* 2007) has highlighted professional ignorance and avoidance of the issue of domestic violence within practice (Hogan & O'Reilly 2007), and the lack of an organizational mandate and support for front line staff in this area of work (Hester 2006).

THE STUDY

The research reported in this paper is part of a larger study that sought to identify the characteristics and careers of a group of children whose situations within the child protection system could be described as chronic – that is, they remain on the child protection register for significant periods of time (in excess of 23 months), experience more than one period of registration or suffer a further incident of significant harm while subject to a child protection plan. The study was funded by the Research and Development Office of the Northern Ireland Health and Personal Social Services, and approval for the study was given by the Ethics Committee of Queen's University Belfast in 2002. The intention of the study was to explore the characteristics and careers of this particularly vulnerable sub-population of registered children to gain a better understanding of the types of services and service responses that could be provided based on a more accurate understanding of their circumstances and needs. Within the study, the issue of domestic violence was explored as an earlier study by the author had indicated that domestic violence was a significant

Table 1 Categorization of children in the study

	Criteria	Number of children included in the study ($n = 190$)
Category A	Children registered in excess of 23 months	86
Category B	Children registered on at least one occasion prior to registration in 1997	48
Category C	Children registered on at least one occasion subsequent to registration in 1997	65
Category D	Children subject to another incident of significant harm while subject to a child protection plan	71

Some children are in more than one category.

factor in the decision to place a child's name on the child protection register in 22% of cases (Devaney 2004). This paper presents the data on the children in the study focusing on the issue of domestic violence.

The study was conducted in the Eastern Health and Social Services Board (EHSSB) area in Northern Ireland. The EHSSB has responsibility for commissioning health and social care services for approximately 40% of the population in Northern Ireland throughout the Greater Belfast area. The majority of the 670 000 population live in the urban city area, with the remainder living in satellite towns and a rural hinterland. Services are commissioned by the EHSSB from two Health and Social Care Trusts (Trusts) that have child protection responsibilities broadly similar to those of English and Welsh local authorities. The data in this paper arose from a content analysis of the social work case files of children who had their name added to the child protection register during the calendar year 1997 who fitted at least one of four categories (Table 1). The children's careers in the child protection system where followed up until 2003 when the fieldwork for the study was conducted (Devaney 2007). A second part of the study (Devaney 2008) involved interviews with experienced child welfare professionals from a range of disciplinary backgrounds about their experience of working with children in these chronic situations.

There are inherent limitations in using documentary sources as the basis for drawing conclusions about the operation of complex systems and processes such as those relating to child protection and domestic violence, not least of which is the lack of the voice of children and parents about their experience. As noted by Mullender (2006, p. 66) we should '. . . no longer think of children as the "silent witnesses" of domestic violence but as social actors who have their own perceptions and understandings. . . .' The benefit of such an approach has recently been affirmed by Buckley *et al.* (2007) and Hogan & O'Reilly (2007). In addition, official documents contain a selective version of events and information as recorded at a moment in time by individuals with particular interests and preferences. Notwithstanding these reservations, social services records generally, and case files in particular, are important repositories of information about a child, their circumstances and their career through the child welfare system, while also providing an insight into contemporary practice and the mediating influence of the worker between the bureaucracy and the individual service user (Hayes & Devaney 2004). As such this approach can add to our knowledge of children and families living with domestic violence.

THE FINDINGS

In the study, data were collected on violence between adult members of the household, which was almost exclusively between intimate partners, and mostly directed by men towards women. For just over 40% of the families in the sample, there were no recorded details of domestic violence. (It must be recognized that one limitation of the study was the reliance upon agency records. As such it is likely that in some instances workers either did not identify that domestic violence was an issue within the household, or, if they did recognize it, failed to record this in the case file. Therefore, it is likely that domestic violence was present in some of these cases). In the remainder of the 56 families, the data were categorized into three types dependant on the most extreme type of violence used at anytime as recorded in the case file (Table 2). In the cases where physical violence was used this was differentiated into two groups based on whether an object had been used as a weapon – in the cases sampled this included ash trays and crockery thrown at the victim, the use of objects to hit the victim with such as a belt or a poker and the use of dangerous

Table 2 Recorded domestic violence between adult household members

Type of violence	Number of children ($n = 189$)	Number of families ($n = 97$)
No domestic violence recorded	82 (43%)	41 (41%)
Verbal abuse (insults, threats)	13 (7%)	8 (8%)
Physical abuse (no weapon used)	58 (31%)	28 (29%)
Physical abuse (weapon used)	36 (19%)	20 (21%)

Data on one child missing from total sample.

Table 3 Age of child at initial registration in 1997

	No domestic violence recorded	Verbal abuse	Physical abuse (no weapon used)	Physical abuse (weapon used)	Study total	Total Northern Ireland registrations
Under 5 years	26 (32%)	5 (38%)	30 (52%)	22 (61%)	83 (44%)	490 (32%)
Under 12 years	60 (73%)	8 (100%)	54 (93%)	32 (89%)	159 (84%)	1118 (73%)
12 years plus	22 (27%)	0	4 (7%)	4 (11%)	30 (16%)	413 (27%)
Total	82	13	58	36	189	1531

weapons such as knives, cross bows and firearms. This delineation of different types of physical violence is important as the use of these objects has the potential to cause more serious injury to the direct victim as well as injuring children who are in the immediate vicinity.

It has been reported in the Northern Ireland Crime Survey that in the worst incident of domestic violence reported by victims 73% suffered a physical injury. In the sample in this study, physical violence was recorded for 50% of the cases – details of injuries sustained by victims were not routinely recorded by the social workers.

CHARACTERISTICS OF CHILDREN AND FAMILIES

Age of children

Within the general child protection population children registered tend to be younger rather than older. Official statistics record that at the time of the study in 2002–2003 32% of children on the child protection register in Northern Ireland were under 5 years, and 73% were under 12 years (Mooney *et al.* 2003). This compared with figures of 40% and 70% (under 10 years) in England (Department of Health 2003) and 29% and 64% (under 11 years) in Scotland (Scottish Executive 2003b). In the study, a greater proportion was younger with 44% of the chronic cases aged under 5 years and 84% under 12 years. As Table 3 shows these proportions changed once the issue of domestic violence was introduced as a controlling variable, with children much more likely to be on the child protection register at an earlier age where physical abuse between adult members of the household was occurring, and the proportion registered increasing with the increasing level of violence used. Therefore, once in the statutory child welfare system domestic violence and the type of violence detected was associated with recognition of the increased vulnerability of younger children. This concurs with the findings of Cleaver *et al.* (2007).

Age of parents

There is a widely held view that children born to teenage and younger mothers are more likely to have a range of poorer outcomes when compared with the children of older mothers (Department of Health, Social Services and Public Safety 2002; Bunting & McAuley 2004). The reasons, it is argued, are twofold. First, women who give birth while young are more likely to have pre-existing problems that hinder their ability to parent as well as impact on their children. Second, as a result of giving birth to a child at a young age these mothers are less likely to have completed their education, to have married or to have secured a well-paid job, and increases the number of children she is likely to have. But as Kinard (2003, p. 707) notes, 'the connection between adolescent childbear-

Table 4 Age of mothers of children and recorded domestic violence

	Mean age (years)	Range	Number under 25 years
No domestic violence recorded	33	16–44	7
Verbal abuse	29	19–35	2
Physical abuse (no weapon used)	31	16–47	7
Physical abuse (weapon used)	30	20–43	5

$n = 181$ cases with available ages for mothers.

Table 5 Family composition at initial and final case conference

	Initial case conference	Final case conference
Both natural parents	59	41
Mother only	10	27
Father only	3	5
Mother & partner	33	24
Neither parent – living with other family member	1	3
Other	1	7
Total	107	107

ing and child maltreatment is likely to be indirect, operating through education and employment'.

Whereas previous studies into the child protection system have found a significant proportion of younger parents compared with the general population, this study found an older age profile. Using the benchmark of the proportion of main carers (typically mothers) under 25 years of age at the time of registration, Brandon *et al.* (1999) had 26% of carers in this category, while Thoburn *et al.* (1995) had 36% of carers. In this study, only 11% of main carers were aged under 25 years at the time of registration in 1997, with a mean age of fathers of 36 years and mothers of 31 years. When controlled for domestic violence the proportion in each category under 25 years was small, and only accounted for 8% of the total sample (Table 4). It is noteworthy though that the largest proportion of mothers aged under 25 years in the study were experiencing domestic violence.

Family composition

During the period of registration, there was a change in family composition for 34 of the 107 children living with domestic violence during this period (Table 5). There was a noticeable increase in the numbers of children moving from households with two adults to those living with one adult (from 13 to 32) and those living with neither parent (from 2 to 10).

Socio-demographic profile of families

The socio-demographic profile of the parents and families in the overall study mirrored other studies into the child protection system, dealing almost exclusively with the marginalized and excluded in society (Sidebotham *et al.* 2002; Ferguson 2003). There was though less of a social mix in the families experiencing domestic violence, with lower proportions of home ownership and higher levels of economic inactivity, permanent illness and disability (Table 6).

CAREER OF CHILDREN WITHIN THE CHILD PROTECTION SYSTEM

Reason for registration

Alcohol misuse (27%) was the primary reason for child protection registration in the study, with domestic violence (14%) second. When the secondary reason for registration was considered domestic violence was a factor in 24% of all cases, with the biggest association being with alcohol misuse by at least one adult member of the household (Table 7).

Category of registration

The cases where then considered in terms of the category of registration (Fig. 1). There was a clear

Table 6 Socio-demographic profile of families at initial case conference

	No domestic violence recorded (%)	Domestic violence recorded (%)
Housing		
Live in social housing	82.9	88.8
Live in owner occupied	9.8	3.7
Live in privately rented	6.1	0.9
Assessment Centre	–	2.8
Children are homeless	1.2	NA
Other	–	3.7
Employment		
Working full-time	12.2	13.1
Working part-time (at least 10 hours per week)	8.5	0.9
Permanently sick or disabled and unable to work	–	12.1
Not working (actively seeking work)	12.2	–
Not working (not actively seeking work)	67.1	73.8

Table 7 Association between domestic violence and other factors leading to child protection registration

	Domestic violence primary reason	Domestic violence secondary reason
Alcohol misuse	9	6
Excessive physical punishment	–	7
Poor parenting skills	–	4
Carers emotional attitude towards child	3	–
Drug misuse by carer	1	–
Residence/contact dispute	1	–
Carers incapacity due to mental illness	3	–
Carers incapacity due to learning disability	1	–
Carers lifestyle	1	1
Schedule one offender*	–	1
No other reason	8	NA
Total	27	19

*Someone who has been convicted of an offence against a child or young person as listed in Schedule One of the Children and Young Persons Act (Northern Ireland) 1968.

association between a registration for physical abuse and physical violence between adult household members, with 72% of physical abuse registrations associated with physical violence between intimate partners and over a quarter involving the use of a weapon. Contrary to the work of Bancroft & Miller (2002), there was a less marked association between registration for sexual abuse and the presence of domestic violence. The category of Emotional Abuse appeared to be used by one Trust in instances where domestic violence was present but the child had not been physically involved or injured.

Previous involvement

The majority of cases in the study had had previous episodes of social work involvement before the period leading up to registration in 1997 (Table 8). Cases where domestic violence was present were the most likely to be known on multiple occasions.

Therefore, social services had a baseline assessment on most of the children and their families, although from reading the case files, it was clear that on occasion the previous involvement had been brief, for example, responding to requests for financial assistance or benefit advice. On other occasions, it was apparent that a referral had been screened for child protection concerns and when none appeared the case was closed in spite of other quite clear needs the child and their family had, a pattern found in other studies (Gibbons *et al.* 1995). It was more likely that a case involving domestic violence during the period of registration beginning in 1997 had been known on at least one previous occasion, and that it had been opened and closed without reference to a case conference compared with cases without domestic violence

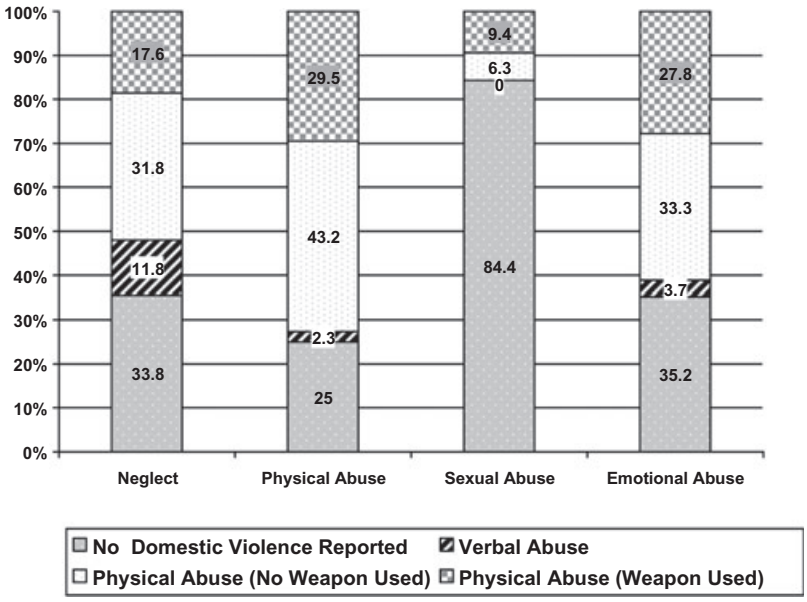

Figure 1 Category of registration by type of domestic violence.

Table 8 Number of discrete episodes of social work involvement prior to registration in 1997

	No domestic violence reported	Verbal abuse	Physical abuse (no weapon used)	Physical abuse (weapon used)	Total study
None	28 (34%)	12 (92%)	19 (33%)	5 (14%)	64 (34%)
One	20 (24%)	1 (8%)	15 (26%)	17 (19%)	53 (28%)
Two	20 (24%)	0	5 (9%)	6 (17%)	31 (16%)
Three	11 (13%)	0	3 (5%)	4 (11%)	18 (10%)
Four	3 (4%)	0	7 (12%)	4 (11%)	14 (7%)
Five	0	0	9 (16%)	0	9 (5%)
Total	82	13	58	36	189

Table 9 Previous social work involvement and domestic violence

	No domestic violence reported	Verbal abuse	Physical abuse (no weapon used)	Physical abuse (weapon used)	Total study
Yes – registered	29 (35%)	3 (23%)	9 (15%)	7 (19%)	48 (25%)
Yes – case conference but not registered	19 (23%)	0	7 (23%)	4 (13%)	30 (16%)
Yes – no case conference	15 (18%)	3 (23%)	35 (60%)	19 (53%)	72 (38%)
No	14 (17%)	6 (46%)	3 (5%)	3 (8%)	26 (14%)
Registered at birth	5 (6%)	1 (8%)	4 (7%)	3 (8%)	13 (7%)
Total	82 (100%)	13 (100%)	58 (100%)	36 (100%)	189 (100%)

(Table 9). This mirrors research by Irwin & Waugh (2007) who found in a sample of referrals tracked in Australia that cases involving domestic violence were treated less seriously than other types of referrals, with more being confirmed as abuse but fewer resulting in follow up or intervention.

Length of registration

In the main study, the average length of registration was 24 months, but this differed between sub-groups when controlled for domestic violence (Table 10). In the 90 cases where domestic violence involving

Table 10 Length of registration

	n	Mean	Range
No domestic violence recorded	78	21.38	5–62
Verbal abuse	13	23.54	4–60
Physical abuse (no weapon used)	54	29.61	3–64
Physical abuse (weapon used)	36	25.42	5–54
Total	181	24.80	3–64

physical assaults was recorded, the mean length of registration was longer even though the range was similar.

Admission to care

As this study was concerned with chronic child abuse, it was expected that some of the children in the study would enter public care. It had been found by Farmer & Pollock (1998) and Farmer *et al.* (2004) that 38% of children entering foster care or residential care had experienced living in households where domestic violence had occurred. When admission to care was introduced as a variable a clear association was found between admission and experience of domestic violence (Table 11) reflecting the seriousness of and the difficulties in addressing these issues.

DISCUSSION

This study confirms the assertion by Humphreys (1999, p. 84) of '. . . the complexity of confronting the issue of child abuse occurring in the context of domestic violence'. The research evidence over the last two decades is clear that children exposed to domestic violence are at a significantly increased risk of developing a range of psycho-social problems in both childhood and later adulthood. This is often exacerbated by the recognition that a key factor in determining the outcomes for children is the co-existence of other problems and their cumulative and interactional effect (Anda *et al.* 2006). Often where the issue of domestic violence is present, other social problems such as alcohol and drug misuse, parental mental illness and learning disability co-exist. As noted by Cleaver *et al.* (2007, pp. 171–172) in their study of domestic violence and parental substance misuse:

> A quarter of the children were living in families where there was evidence of both domestic violence and parental substance misuse, a further quarter had poor metal health, and in 10 per cent of cases a parent had physical or learning disabilities. When domestic violence and parental drug or alcohol misuse co-existed the effect on all aspects of children's lives was more serious.

Recent inspections of child protection services in Northern Ireland have been critical of the failure of some professionals and agencies to respond appropriately to children's exposure to domestic violence (Department of Health, Social Services and Public Safety 2007). Humphreys (2007) has argued that professionals and policy makers must engage with the discourse of severity in order to begin to consider the types of approaches that will keep both children and women safe, while also holding men accountable for their behaviour. To date there has been a tendency to define domestic violence by the twin criteria of frequency and type, as epitomized by the desire to develop better databases in different parts of the UK. While both of these criteria are important in quantifying the social ill of domestic violence, it has corralled the wider debate about the impact on victims of such behaviour, and the difficulties in providing effective responses. Therefore, while the breadth of our knowledge of domestic violence is increasing, the same could not be said of the depth of our understanding. Viewing domestic violence in isolation of the other personal and family issues that parents and children are struggling to deal with risks diluting the assessment of risk that professionals complete. In turn, the need for services to address both presenting and underlying factors is underestimated.

Various researchers (Holt 2003; Scourfield 2003; Hogan & O'Reilly 2007; Irwin & Waugh 2007) have highlighted the narrow understanding of and response to domestic violence by statutory child care services. Services provided to children living with domestic violence are premised on women's responsibility to protect the child from experiencing harm, typically by either leaving or forcing her partner to leave. Social workers do not engage with the men who are the source of the problem, rather women are held accountable for allowing their children and themselves to be in this situation. As Davies & Krane (2006, p. 415) note:

> Given this context, distrust is fostered between workers and clients. For some mothers, a sense of powerlessness can ensue and then provoke overt resistance to child protection interventions; over time, mothers' relationships with their workers may be experienced as antagonistic or even volatile.

Yet, as noted by Scourfield (2003, p. 82), women are seen, by the largely female social care and health workforce:

> . . . as oppressed by the men they live with, the wider community they live in, and potentially by welfare services. This

Table 11 Experience of domestic violence and admission to care

	Admitted to care	Not admitted to care	Total
No domestic violence recorded	24 (29%)	58 (71%)	82 (100%)
Verbal abuse	1 (8%)	12 (92%)	13 (100%)
Physical abuse (no weapon used)	28 (48%)	30 (52%)	58 (100%)
Physical abuse (weapon used)	12 (33%)	24 (67%)	36 (100%)
Total	65 (34%)	124 (66%)	189 (100%)

belief, however, is overridden by the powerful discourse of women as responsible for protecting children.

There is, therefore, a tension for social workers providing child protection services between the view of women trapped by societal norms and their individual circumstances, and the expectations of what constitutes 'good mothering'. Holt (2003) suggests that there are three-key factors that create the circumstances for this response – the lack of agency policy specifically addressing the twin presentation of child abuse and domestic violence; the lack of specialist training for staff in responding to both women and children's needs for support and protection; and the difficulties in challenging men about their behaviour. In this context, it is important to pose the question as to how agencies support their staff to address these issues. While there has been much focus on the need to develop better inter-agency and multi-disciplinary co-operation (Stanley & Humphreys 2006; Cleaver *et al.* 2007; Humphreys 2007), it is arguable that this has subsumed the very real need for intra-organizational change, especially within child protection services. Studies have highlighted the significant proportion of statutory child care social work practice that involves domestic violence. Whereas the study by Irwin & Waugh (2007) shows that referrals of domestic violence are treated less seriously than other types of referrals to statutory child welfare services, the study reported in this paper demonstrates that those cases that do enter the child protection system in the UK are likely to persist within the system for many years. However, Davies & Krane (2006, p. 415) among others have argued that there is a need to exercise caution in the use of child protection legislation and procedures as a tool for addressing domestic violence, as the culture of fear that permeates child protection constructs the need to protect children rather than empowering women. In this view, women's narratives as mothers are subsumed by the narrative of child protection, and the strengths that mothers bring to their child rearing role, even in the midst of adversity, are lost.

One depressing finding from the study was the very low number of men who where challenged about their behaviour and referred for intervention to therapeutic services or who were prosecuted. While children may be safer if they no longer live with a male carer who is abusive of their partner, many men are able to move on to new relationships, placing other children and women at risk, without any change in their behaviour. Indeed this raises the issue of whether social workers should be primarily concerned with assessing the risk to children or in assessing the risk that men present. While both types of assessment are interconnected they frame the foci of intervention quite differently – in the former children need to be protected from dangerous men and ineffectual women, while in the latter men are challenged to accept responsibility for their behaviour and the consequences for their families, both present and future. Recent developments in relation to Multi-agency Risk Assessment Conferences (Robinson 2004) indicate the potential benefits in adopting such an approach, although as noted by Humphreys (2007), these processes are costly and only deal with the most serious types of cases.

Yet in the midst of attempting to hold men accountable for their behaviour we must also recognize the need to engage them as fathers (Featherstone & Peckover 2007). A significant proportion of men who are violent to their partners or ex-partners are in regular contact with their children and carry out childcare activities, yet little is often offered to them in regards to this aspect of their life. This is particularly important at a time when the over-riding political rhetoric is one that promotes father involvement in the raising of children as promoting good outcomes, even in the face of a contested evidence base (Harne 2004, 2005).

CONCLUSION

This paper has presented findings from a study into the characteristics and careers of children in the children protection system whose situation could be

described as chronic. They are living in situations where they are experiencing multiple adversity and it appears that the child protection system is unable to resolve issues to the degree that would warrant ceasing involvement permanently.

At a time when the Government in the UK is starting to recognize the importance of identifying and responding to children and families with long-term and complex needs in an effort to reduce social exclusion (Cabinet Office and Social Exclusion Unit 2007), there is a need for a debate about the effectiveness of strategies for identifying child at risk of harm (Spratt 2008) and tackling domestic violence. The first step would be a clearer refocusing of professional effort on holding men accountable for their behaviour and in attempting to engage them as fathers in ways which meet the needs of children.

REFERENCES

Anda, R.F., Felitti, V.J., Brown, D.W., Chapman, D., Dong, M., Dube, S.R. *et al*. (2006) Insights into intimate partner violence from the Adverse Childhood Experiences (ACE) Study. In: *The Physician's Guide to Intimate Partner Violence and Abuse* (eds P.R. Salber & E. Taliaferro). Volcano Press, Volcano, CA.

Bancroft, L. & Miller, M. (2002) The batterer as incest perpetrator. In: *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics* (eds L. Bancroft & J.G. Silverman). Sage Publications Inc, Thousand Oaks, CA.

Blair, T. (2006) Our sovereign value: fairness. Speech given to the Rowntree Foundation, York, 5 September.

Brandon, M., Thoburn, J., Lewis, A. & Way, A. (1999) *Safeguarding Children with the Children Act 1989*. Stationery Office, London.

Buchbinder, E. & Eisikovits, Z. (2004) Reporting bad results: the ethical responsibility of presenting abused women's parenting practices in a negative light. *Child and Family Social Work*, **9,** 359–367.

Buckley, H., Holt, S. & Whelan, S. (2007) Listen to me! Children's experiences of domestic violence. *Child Abuse Review*, **16,** 296–310.

Bunting, L. & McAuley, C. (2004) Research review: teenage pregnancy and motherhood – the contribution of support. *Child and Family Social Work*, **9,** 207–215.

Cabinet Office and Social Exclusion Unit (2007) *Reaching Out: Think Family – Analysis of the Families at Risk Review*. Cabinet Office, London.

Carmichael, M. (2007) *Experience of Domestic Violence: Findings from the 2005 Northern Ireland Crime Survey*. Statistics and Research Branch of the Northern Ireland Office, Belfast.

Cawson, P. (2002) *Child Maltreatment in the Family*. NSPCC, London.

Cleaver, H., Nicholson, D., Tarr, S. & Cleaver, D. (2007) *Child Protection, Domestic Violence and Parental Substance Misuse*. Jessica Kingsley Publishers, London.

Davies, L. & Krane, J. (2006) Collaborate with caution: protecting children, helping mothers. *Critical Social Policy*, **26,** 412–425.

Department of Health (2003) *Referrals, Assessments and Children and Young People on Child Protection Registers: Year Ending 31 March 2002 England*. Department of Health, London.

Department of Health, Social Services and Public Safety (2002) *Myths and Reality – Teenage Pregnancy and Parenthood*. DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2005) *Tackling Violence at Home – A Strategy for Tackling Domestic Violence and Abuse in Northern Ireland*. Available at: http://www.dhsspsni.gov.uk/tackling_violence_strategy.pdf (accessed October 2007).

Department of Health, Social Services and Public Safety (2007) *Our Children and Young People – Our Shared Responsibility*. DHSSPS, Belfast.

Devaney, J. (2004) Relating outcomes to objectives in child protection. *Child & Family Social Work*, **9,** 27–38.

Devaney, J. (2007) Chronic child abuse: the characteristics and careers of children caught in the child protection system. *British Journal of Social Work Advance Access*. doi:10.1093/bjsw/bcm089. Available at: http://bjsw.oxfordjournals.org/papbyrecent.dtl

Devaney, J. (2008) Inter-professional working in child protection with families with long-term and complex needs. *Child Abuse Review*, **17**. doi:10.1002/car.1024

Dube, S.R., Anda, R.F., Felitti, V.J., Edwards, V.J. & Williamson, D.F. (2002) Exposure to abuse, neglect and household dysfunction among adults who witnessed intimate partner violence as children. *Violence and Victims*, **17,** 3–17.

Farmer, E. & Pollock, S. (1998) *Sexually Abused and Abusing Children in Substitute Care*. Wiley, Chichester.

Farmer, E., Moyers, S. & Lipscombe, J. (2004) *Fostering Adolescents*. Jessica Kingsley Publishers, London.

Featherstone, B. & Peckover, S. (2007) Letting the get away with it: fathers, domestic violence and child welfare. *Critical Social Policy*, **27,** 181–202.

Ferguson, D.M. & Horwood, L.J. (1998) Exposure to interparental violence in childhood and psychosocial adjustment in young adulthood. *Child Abuse and Neglect*, **22,** 339–357.

Ferguson, H. (2003) Welfare, social exclusion and reflexivity: the case of child and women protection. *Journal of Social Policy*, **32,** 199–216.

Gibbons, J., Conroy, S. & Bell, C. (1995) *Operating the Child Protection System*. HMSO, London.

Goldbatt, H. (2003) Strategies of coping among adolescents experiencing interparental violence. *Journal of Interpersonal Violence*, **18,** 532–552.

Gorin, S. (2004) *Understanding What Children Say: Experiences of Domestic Violence, Parental Substance Misuse and Parental Health Problems*. National Children's Bureau, London.

Graham-Bermann, S.A. & Levendosky, A.A. (1998) Traumatic stress symptoms in children of battered women. *Journal of Interpersonal Violence*, **13,** 111–128.

Harne, L. (2004) Childcare, violence and fathering – are violent fathers who look after their children likely to be less abusive? In: *Gender, Conflict and Violence* (eds R. Klein & B. Wallner). Studien-Verlag, Vienna.

Harne, L. (2005) Researching violent fathers. In: *Researching Gender Violence: Feminist Methodology in Action* (eds T. Skinner, M. Hester & E. Malos). Willan Publishing, Cullompton.

Hayes, D. & Devaney, J. (2004) Accessing social work case files for research purposes: some issues and problems. *Qualitative Social Work*, **3,** 313–333.

Henning, K., Leitenberg, H., Coffey, P., Bennett, T. & Jankowski, M.K. (1997) Long-term psychological adjustment to witnessing interparental physical conflict during childhood. *Child Abuse and Neglect*, **21,** 501–515.

Hester, M. (2006) Asking about domestic violence – implications for practice. In: *Domestic Violence and Child Protection – Directions for Good Practice* (eds C. Humphreys & N. Stanley). Jessica Kingsley Publishers, London.

Hogan, F. & O'Reilly, M. (2007) *Listening to Children: Children's Stories of Domestic Violence*. Office of the Minister for Children, Dublin.

Holt, S. (2003) Child protection social work and men's abuse of women: an Irish study. *Child and Family Social Work*, **8,** 53–65.

Home Office (2005) *Domestic Violence – A National Report*. Home Office, London. Available at: http://www.crimereduction.gov.uk/domesticviolence/domesticviolence51.pdf (accessed October 2007).

Hughes, H.M., Graham-Bermann, S.A. & Gruber, G. (2001) Resilience in children exposed to domestic violence. In: *Domestic Violence in the Lives of Children: The Future of Research, Intervention and Social Policy* (eds S.A. Graham-Bermann & J.L. Edleson). American Psychological Association, Washington, DC.

Humphreys, C. (1999) Avoidance and confrontation: social work practice in relation to domestic violence and child abuse. *Child and Family Social Work*, **4,** 77–87.

Humphreys, C. (2007) Domestic violence and child protection: exploring the role of perpetrator risk assessments. *Child and Family Social Work*, **12,** 360–369.

Irwin, J. & Waugh, F. (2007) Domestic violence: a priority in child protection in New South Wales, Australia? *Child Abuse Review*, **16,** 311–322.

Jansson, K. (2007) *Domestic Violence, Sexual Assault and Stalking: Findings from the 2005/06 British Crime Survey. Home Office Statistical Bulletin: Homicides, Firearm Offence and Intimate Violence 2005/06 02/07*. Home Office, London.

Kinard, E.M. (2003) Adolescent child bearers in later life – maltreatment of their school age children. *Journal of Family Issues*, **24,** 687–706.

Kurst-Swanger, K. & Petcosky, J.L. (2003) *Violence in the Home – Multidisciplinary Perspectives*. Oxford University Press, New York.

McClosky, L., Figueredo, A. & Koss, P. (1995) The effects of systemic family violence on children's mental health. *Child Development*, **66,** 1239–1261.

Mirrlees-Black, C. (1999) *Domestic Violence: Findings from a New British Crime Survey Self-Completion Questionnaire*. Home Office Research Study no. 191. Home Office, London.

Mooney, E., Fitzpatrick, M., McDowell, P. & Taggart, K. (2003) *Key Indicators of Personal Social Services for Northern Ireland 2002*. Social Services Inspectorate and the Northern Ireland Statistics & Research Agency, Belfast.

Mullender, A. (1996) *Rethinking Domestic Violence: The Social Work and Probation Response*. Routledge, London.

Mullender, A. (2006) What children tell us. In: *Domestic Violence and Child Protection – Directions for Good Practice* (eds C. Humphreys & N. Stanley). Jessica Kingsley Publishers, London.

O'Keefe, M. (1995) Predictors of child abuse in maritally violent families. *Journal of Interpersonal Violence*, **10,** 3–25.

Robinson, A.L. (2004) *Domestic Violence MARACs (Multi-Agency Risk Assessment Conferences) for Very High-Risk Victims in Cardiff: A Process and Outcome Evaluation*. School of Social Sciences, Cardiff University.

Scottish Executive (2003a) *Preventing Domestic Abuse – A National Strategy*. Scottish Executive, Edinburgh. Available at: http://www.scotland.gov.uk/Resource/Doc/47176/0025563.pdf (accessed October 2007).

Scottish Executive (2003b) *Children's Social Work Statistics, 2002–03*. Scottish Executive, Edinburgh.

Scourfield, J. (2003) *Gender and Child Protection*. Palgrave Macmillan, Basingstoke.

Sidebotham, P., Heron, J., Golding, J. & ALSPAC Study Team (2002) Child maltreatment in the 'Children of the Nineties': deprivation, class, and social networks in a UK sample. *Child Abuse and Neglect*, **26,** 1243–1259.

Spratt, T. (2008) Identifying families with multiple problems: possible responses from child and family social work to current policy developments. *British Journal of Social Work Advance Access*. doi:10.1093/bjsw/bcm150. Available at: http://bjsw.oxfordjournals.org/papbyrecent.dtl

Stanley, N. & Humphreys, C. (2006) Multi-agency and multidisciplinary working. In: *Domestic Violence and Child Protection – Directions for Good Practice* (eds C. Humphreys & N. Stanley). Jessica Kingsley Publishers, London.

Thoburn, J., Lewis, A. & Shemmings, D. (1995) *Paternalism or Partnership? Family Involvement in the Child Protection Process*. HMSO, London.

UNICEF (2006) *Behind Closed Doors – The Impact of Domestic Violence on Children*. UNICEF, New York.

Weinehall, K. (2005) Take my father away from home: children growing up in the proximity of violence. In: *Tackling Men's Violence in Families: Nordic Issues & Dilemmas* (eds M. Erikson, M. Hester, S. Keskinen & K. Pringle). Policy Press, Bristol.

Wolfe, D.A., Crooks, C.V., Lee, V., McIntyre-Smith, A. & Jaffe, P.G. (2003) The effects of children's exposure to domestic violence: a meta-analysis and critique. *Clinical Child and Family Psychology Review*, **6,** 171–187.