

# The Impact of Domestic Abuse on Children (Prenatal to 5 Years): Implications for Social Work Practice

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## ABSTRACT

This dissertation explores the impact of domestic abuse (DA) on children from prenatal to five years and its implications for social work practice. DA is a critical public health issue with significant consequences for women and children. The study begins by examining the prevalence of DA and its effects on pregnant women, the foetus, and children up to five years old. It highlights the increased risk of preterm birth, low birth weight, neurodevelopmental issues, and long-term impairments in children exposed to DA.

Using a systematic review methodology, the research identifies key themes and findings from literature spanning various databases and regions, including the United Kingdom, Europe, North America, and Asia. The study emphasizes the need for social workers to be aware of the implications of the Domestic Abuse Act 2021, which includes non-physical forms of abuse.

The research is framed within the concept of significant harm and relationship-based social work practice, advocating for a balanced approach between family self-sufficiency and child protection. The dissertation underscores the importance of early intervention, multiagency collaboration, and support for mothers experiencing DA. It also addresses the critical role of social workers in assessing parental capacity, providing timely support, and raising awareness about the impact of DA on children.

The findings suggest that social workers should adopt a trauma-informed approach, build relationships of trust, and engage with perpetrators of DA to ensure the safety and well-being of children and families. The dissertation concludes with recommendations for social work practice to effectively address the needs of children affected by DA and their families.

**How to cite this paper:** Christelle Bay Chongwain | Dr. Azinwi Terence Niba "The Impact of Domestic Abuse on Children (Prenatal to 5 Years): Implications for Social Work Practice" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-8 | Issue-4, August 2024, pp.583-592, URL: [www.ijtsrd.com/papers/ijtsrd67202.pdf](http://www.ijtsrd.com/papers/ijtsrd67202.pdf)



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## INTRODUCTION

Domestic abuse (DA) is a vital social, public health and economic concern. Even though both women and men are systematically affected, women are more likely to be victims or survivors of DA than men (Cleaver, Maras, Oram and McCallum, 2019). According to WHO (2013), globally, thirty five percent of women have had to deal with either physical and/or sexual violence or non-partner violence; up to thirty percent women who are or have been in a relationship have experienced physical and/or sexual violence by their partner. As reported by the Office for National Statistics (2016), there were an estimated 1.8 million adults 16 – 59 years of

age who identified as a victim of DA, with DA crimes constituting ten percent of all crimes.

As specified in the Domestic Abuse Act 2021, DA is considered as "abusive behaviour of a person towards another person if both are each age 16 or over and are personally connected." (Bekaert et al., 2022). "Physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse; psychological, emotional, or other abuse" are all examples of what qualifies "abusive behaviour" (Elkin, 2021). Research carried out by Salmon, Baird and White (2015) ascertains that between 2003 and 2005, out of the women who died

in the United Kingdom (UK) from all causes, 70 of them had features of DA. Out of these deaths, 19 homicides were an obvious result of DA and most of the other women had proactively self-reported DA to a health care professional either before or during their pregnancy.

The research theorizes that pregnancy is related to an increase in DA. According to Lewis (2007), DA is known to either begin or rise through antenatal period for women. As theorised by Edin et al (2009), about 30% of women who go through DA do so in pregnancy.

DA in pregnancy could endanger both the life of the pregnant woman and the foetus (Huth-Bocks et al., 2002; Yount et al., 2011; Donovan et al., 2016). Occurrence rates of DA during pregnancy have been reported to range from 3 to 30 percent (Van Parys et al., 2014). This may sometimes lead to miscarriage or a child's long-term impairment (Howard et al. 2013). Further evidence over the years highlights the impact of DA on the uterus or foetus (Sancho-Rossignol et al. 2018). For instance, children born preterm as a result of DA have a higher risk of premature death, cerebral palsy, chronic lung disease, and potentially fatal bowel disease (Spittle and Orton 2014), in addition to an increased risk of neurodevelopmental issues. According to estimates from UNICEF (2006), one million children may have been exposed to DA in the United Kingdom.

Given these statistics, one can almost guarantee that social workers will encounter children affected by DA during their practice. An estimated sixty two percent of social workers in the UK across various health and social care settings have acknowledged to have worked with women and children who have experienced DA (Heffernan et al., 2014). Given that Social workers in different settings (mental health agencies, centres that treat substance abuse or child protection services) attend to children and women struggling with the experience of DA, it is imperative for social workers to pay attention to the inferences of the new 2021 "Domestic Abuse Act" in England and Wales on domestic violence and abuse which admits other forms of abuse that are non-physical or beyond physical violence (Aldridge, 2021).

## RESEARCH AIM AND QUESTION

Beginning with the broad goal of examining the impact of DA from prenatal to 5 years, the research was later focused on a more manageable topic that reflected my interests. Considering the impact of DA on the foetus and the implications to social work practice was one of the first steps in developing my study goal. This study will focus on DA using the Framework from the Domestic Abuse Act 2021.

My preliminary literature searches revealed that there has been very little research on the effect of DA on children from prenatal to 5 years, and the implications for social work practice. It thus seemed suitable to carry out an in-depth investigation of front-line social work practice. So, the following were chosen as the research questions:

- What are domestic abuse and domestic violence?
- What are the effects of domestic abuse on the uterus or foetus development?
- What is the impact of domestic abuse on children postnatal to 5 years of age?
- What role do/can social workers play in relation to interventions in domestic abuse cases with pregnant women and families with children aged 0 to 5?

Regarding the boundaries, the study assumed that there might be variations in the laws and regulations among the countries of the United Kingdom that could have a subtle or major impact on DA. Therefore, the study only examined social work practice in England to maintain focus and clarity, with a longer-term goal to explore practice in other countries governed by various regulatory frameworks and guidelines.

## METHODOLOGY

This study employs a systematic review methodology to synthesize findings from existing literature on the impact of DA on children from prenatal stages to five years old. The review includes peer-reviewed articles, government reports, and relevant publications from the United Kingdom, Europe, North America, and Asia. The aim is to identify key themes and insights that can inform social work practice and policy.

More specifically, according to (Regmi and Jones, 2020), a systematic review gathers and synthesizes data from research that answers a specific issue using specified, systematic methodologies following PRISMA guidelines (Page et al., 2021). Four databases were explored for pertinent papers about the impact of DA on children from prenatal to age five and its implication for social workers. Specifically, the study examined English-language articles with research participants from the United Kingdom, Asia, and other European nations. Databases used were found through the Leeds Beckett University library; Social Work Abstracts; Google Scholar and SocINDEX using the keywords "Domestic abuse in-utero", "Domestic abuse and pregnancy", "Domestic abuse and foetal health", "Domestic abuse and impact on child development", "Impact of domestic abuse on child development", "stress and foetus development", and "Trauma and child development". To aid establish a deeper grasp

of the subject, research materials included articles, a variety of papers, online-accessible health and social care journals, review articles, and meta-analyses. This review was restricted to research using quantitative, qualitative, and mixed techniques, as well as quotes from respondents from research in which they had experienced domestic violence and abuse.

### Inclusion Criteria used:

The search approach focused on studies in England. However, the search has been expanded to include some few studies in the United Kingdom, Europe, North America, Asia, South America and Africa.

- The research used peer-reviewed, grey literature, or a combination of the two, articles.
- The articles in question were published between 1990 and today. This is to make certain that the research is up to date and adjusts to the most recent concepts and practices for working with children who have been subjected to DA, the study's focus was extended back to twenty years.
- Databases from the Leeds Beckett University library were searched using keywords.
- Exclusion Criteria:
- Studies not published in English before the year 1990.
- Articles that were mostly about children above five years who had been physically abused or who had seen such abuse were omitted.
- Book reviews
- Unpublished manuscripts and conference abstracts as well as editorials and review letters will be excluded.

### Time

The research included only studies published only between 1990 and 2022 in the final review.

### Search results

Online Database Searched	The number of Abstracts found	Text selected for review
Google Scholar	125	10
British Journal of Social Work	134	13
The British Journal of Criminology	155	14
Leeds Beckett University	64	12

### Hand-searching references

For this dissertation, relevant information was found using a secondary strategy. Following a deeper understanding of the literature, references to

additional helpful texts not included in the search results were examined in the texts through the systematic search.

## FINDINGS: EMERGING THEMES AND IMPLICATIONS TO SOCIAL WORK PRACTICE

### Interpretation of significant Harm

Given the devastating effect of DA on the foetus and the impact on maternal health and child development, in order to guide practice, the concept of significant needs to be paid attention to in practice with children and pregnant mothers in DA cases. The *Working Together to Safeguard Children* (Department of Children, Schools and families, 2010a) ascertains the absence of a specific criteria for completing an assessment of significant harm but recognises that this could be guided by the intensity of ill-treatment which is dependent on 'the depth and extent of the physical harm, the extent and occurrence of abuse and neglect, extent of premeditation, presence or degree of threat, coercion, sadism and bizarre or unusual elements'. Relating this to practice, the implication of the thought of significant harm depends on the phase in the process at which the significant harm occurs – whether prior to proceedings, at the threshold phase or later at the disposal phase.

The idea of significant harm has a variety of applications in relation to the Children Act 1989 such as Child Assessment Orders (see Section 43), Emergency Protection Orders (see Section 44), Secure Accommodation (see Section 25) or Care or Supervision Orders (see Section 31(2), or investigations initiated by courts (see Section 37). The threshold of "significant harm" varies among these several orders, depending on whether there is "reasonable cause to believe" (see Section 44), "reasonable cause to suspect" (see Section 43), or "the child is suffering, or is likely to suffer, significant harm" (see Section 31 proceedings). This requires a focus on child centred practice with the child seen and kept in focus throughout the assessment, and accounts being taken of the child's perspective as the key principle for effective work with children as emphasised within the Framework for the Assessment of Children in Need and their families (Department of Health, 2000a). This framework sets the agenda for social work practice with children, young people and families and establishes a theoretical and practical approach to assessment while outlining the principles and values that should underpin professional practice.

According to the Children Act of 1989, local authorities in England are required to "safeguard and promote the welfare of children" and "promote the

upbringing of children by their families" whenever practicable. To identify and safeguard pregnant women and their unborn infants, a framework for pre-birth assessment has been well-established in the United Kingdom (Lushey et al., 2018). If during pregnancy there are issues that raise questions about whether the unborn child may be in danger, the Local Authority may be referred to for a pre-birth evaluation. Social workers and other experts are frequently involved in the process of gathering and evaluating data as part of pre-birth assessments. This information will ultimately be utilised as a basis for planning and decision-making and can have long-term effects for the family. For instance, the Local Authority may be referred for a pre-birth assessment if complications during pregnancy raise concerns about whether the unborn child may be in danger (Hodson, 2011). This requires paying attention to the way significant harm is interpreted within the specific context and joint working with health as health are mostly the first contact with pregnant women when they go for antenatal. As Heaman et al. (2015) ascertains, antenatal care is meant to promote greatest possible outcomes for both a pregnant woman and the unborn by trained medical professionals practitioners; they become concerned when abused mothers skip prenatal visits.

### **Assessing parental capacity and pre-birth assessments in relation to concerns about an unborn child**

The Children Act of 1989 establishes the legislative framework for the states intervention to safeguard and promote children's wellbeing. Although statutory guidance (see HM Government, 2013) refers to taking official actions to safeguard an unborn child, it does not provide formal procedures to protect a foetus in-utero (Lushey et al., 2018). As Lushey et al. (2018) posit, a foetus has limited recognition in English law, and most of the time, a foetus lacks legal rights until they are born. However, there are some exceptions, though: The Abortion Act of 1967 prohibits abortion beyond 24 weeks of pregnancy, and the Infant Life (Preservation) Act of 1929 makes killing an unborn but healthy foetus illegal (Knight, 1998). Additionally, under the Mental Capacity Act 2005, there could be professional intervention in cases when a woman who is pregnant is experiencing major mental health issues, but the priority must be the protection of the mother's health, not the welfare of the foetus.

To safeguard and promote the welfare of children (including a foetus), the Department for Education releases legislative guidance on interagency working (see HM Government, 2013). With this, Local

Safeguarding Children Board's (LSCB) have a primary responsibility in this context is to develop and provide guidelines for all local agencies and individuals working with children within that locality. There is no obligation on any women to use statutory services to safeguard her foetus, regardless of her mental capacity (Lushey et al., 2018).

The process of assessment and intervention during the pre-birth period, however, can be complex due to the legal and ethical context, and study mentions that this may lead to social workers delaying pre-birth assessments till the last few weeks of pregnancy or occasionally after birth (Hart, 2010; Hodson, 2011), with inadequate sustenance for parents through pregnancy (Ward et al., 2012)

When assessments are delayed (especially if they don't start until the third trimester), time frames are frequently compressed as a result, which can leave parents with little time to make long-lasting changes and demonstrate their capacity to care for their child (Ward et al., 2012). The delay in the commencement and enactment of pre-birth assessments is speculated to be the lack of comprehensive data in the LSCB guidance about the rights of the foetus in law and the right of a woman over her body (see HM Government, 2013). This delay leads to short time scale within which the worker can develop a relationship with the service user.

Previous research has suggested that delaying till late pregnancy to commence a prebirth assessment could be reasonable as even though plans can be made in pregnancy, actions such as initiating legal proceedings for removal; or supervision is not to be taken until after birth (Ward et al., 2012). However, Brown & Ward (2013) and Ward et al. (2013) posit that this fails to realise that the wellbeing of a mother and her experiences during pregnancy impacts considerably on the development of the foetus, with long term consequences of an adverse in-utero environment for the foetus.

There are two guidelines for pre-birth assessments already developed (Calder, 2003). Even though not yet been broadly adopted and may be needing updating, there is a need for a set of procedures to be established, to provide detailed guidelines for practice concerning specific roles of practitioners, legal and ethical issues, timelines, pre-birth assessment frameworks including standardized tools and possible methods of working with mothers to bring change. The likelihood of variation in what social workers consider important information for supporting decision making when there are concerns about the welfare of the unborn baby could increase if

standardised measures are not used (Lushey et al., 2018)

### **Providing support within adequate timeframes that are sensitive to safeguarding babies recognized as being at significant risk**

According to the UK's Department for Education (2012), up to 11% of child protection entries involve infants under one, with neglect (49%) and emotional abuse (22%) accounting for more than two-thirds of these. The risk of child homicide is also four times higher in infants, peaking in the first three months and typically involving the parents (Bunting, 2011). Children below one who have a Child Protection Plan have increased by 63.3% over the past few years (see Brooks, 2010), partly because of the most recent high-profile incidents. Given their effects on the infant's fast developing brain (Schore, 2001) and system of attachment (see Fonagy et al., 1991; Sroufe, 1996), abuse and neglect during the first few years of life have a disproportionately negative impact on the child's subsequent development.

Given the detrimental effects of physical abuse or neglect, it is critical that child protection workers respond in a timely manner to make sure that infants receive the care and protection necessary to maintain their healthy growth (Barlow et al., 2016). Under section 47 of the Children Act 1989, infants in the UK who have been identified as being at risk of abuse or neglect undergo a core assessment. During this assessment, the local authority is obligated to make inquiries to determine whether any action is necessary to safeguard and promote the well-being of the child.

The Children Act 1989 (Section 32) specifies the deadline for concluding proceedings. As Barlow et al. (2016) ascertain, changes to this section of the 1989 Children Act and the condition of a twenty-six-week time limit to finalise cases were made in response to concerns that the timeframe was often lengthy, to the disadvantage of the children in Care and Supervision proceedings.

Two-thirds of babies who went through an essential assessment or who became "looked after" prior to turning one had been classified as "at risk" at birth, according to a recent prospective study. At the age of three, 43% of these children still resided with parents who showed little change and were considered to be at moderate or high risk of abuse (Ward et al., 2012). Over half of the children were found to have substantial developmental issues (bad speech) and significant behavioural issues (violence) by the time they were three, and many of the placements for children who had been withdrawn were on the verge of failing. Furthermore, delayed separation from an abusive birth family and the interruption of a close

attachment with an interim carer when they entered a permanent placement had both jeopardised long-term wellbeing of 60% of the babies that were permanently separated (Ward et al., 2012).

This data suggests that practitioners must operate more effectively when there is a need for a section 47 assessment and complete tasks within timeframes that are in line with babies' attachment and developmental processes. This, however, must be weighed against the rational constraints of making an exact, definitive choice in every circumstance within a set amount of time (Barlow et al., 2016). There may be situations when parents have shown some ability to change after twenty-six weeks and need further time and the right kind of support to continue to improve their parenting (HM Government, 2011). To rationalise a rescheduling of the assessment timeframe, it may be more crucial to show the court that the assessment team was proactive in evaluating capacity to change during the twenty-six-week period than only focusing on finalising court proceedings (Barlow et al., 2016).

### **Social Workers Paying attention to mother's needs**

In some ways, mothers have perceived social work not to be important during interventions in cases of DA (Walker, 2012). According to the women, social workers did not take into account the long-term effects of abuse, such as problems with mental health and substance usage (Ghaffar et al., 2012). Despite social workers' engagement, (Hughes et al., 2016) found that mothers frequently didn't get help for substance abuse. Disability-affected mothers claimed that social workers frequently concentrated on their condition rather than abusive behaviour unless the victim herself disclosed it (Hague et al., 2011). Researchers have also claimed that policy and practise frequently fail to fully account for the multifaceted character of black and ethnic minority mother's experiences of racial, gendered, and sexual oppression (Day and Gill, 2020).

### **Eliminating the Blame Culture in social work with mothers experiencing abuse**

It has been demonstrated that for over the past two decades, mothers have continued to be blamed for the DA experienced by them and their children (Douglas and Walsh, 2010; Keeling and Van Wormer, 2012). Social workers frequently made women feel guilty, telling them that it was their fault that they continued to live with an abusive partner and endangering the children (Keeling and Van Wormer, 2012). It has also been shown that Child Protection Social Workers (CPSW) continue to coerce mothers into leaving abusive relationships (Fusco, 2013) as it is believed to be the most protective option despite research showing the contrary (Stanley, 1997). While leaving

the abusive relationship is often portrayed as a child-focused practice (Featherstone et al., 2014), it has been argued by Lapiere (2010) that without addressing the male violence that happens to be the root cause of the violence, the leave ultimatum does not make the child or mother safer and rather protects the interest of men which is another goal of patriarchy.

Practitioners should refrain from making demands that minimise the difficulties mothers experience and raise the possibility of harm. This includes taking into account any risks that mothers may identify in terms of the outcomes of any suggested action or intervention when making intervention (Jenney et al., 2014). While collaborating with mothers and carrying out their legal obligations to protect children, social workers may run across several challenges. According to Jewkes et al. (2015), intervention with the abuser and collaboration with women can typically reduce the risk that an abusive partner poses to their children. However, Jewkes et al. (2015) contend that there are some situations when the harm posed by the offender is so great that social worker must take action to safeguard the child. Additionally, working with mothers may be challenging if they downplay or ignore the danger the DA poses to the child.

Social workers, especially those involved in child protection are known to have died because of violence from service users. Littlechild (2005), reports that over 8 social workers (mainly mental health or child protection specialists) since 1980 have lost their lives as a result of service user's violence. There is emphasis on the need for social workers' experiences in child protection to be used to improve risk assessment and management and a proposal to systematically include these in policy improvement and review (Littlechild, 2005).

### **Dealing with mother's fears of their children being taken away**

In a study carried out by Hughes et al. (2011), mothers were concerned that social workers failed to consider the context of their abuse and threatened to take their children away if they didn't leave their partners. According to the women who participated in the interventions, what they needed was to be acknowledged for their abilities as mothers and given the time, support and opportunity to make the needed changes to meet the needs of children (Hughes et al. 2016). When working with mothers and children with an experience DA, exploring the benefits of relationship-based practice can better inform strategies and outcomes. This would entail building

relationships of trust while acknowledging the structural inequalities and power dynamics that interplay between the needs of service users and the interactions between social workers and service users (Healy, 2022). As Trevithick (2003) theorizes, such an approach would enable the service users to express their emotions—including rage—onto a person the service user feels safe around. In social work practice with mothers and children who have or are experiencing DA, It is crucial to uphold the social worker's complicated role and identity when working in child protection – being both "reliable hate objects" and "reliable care objects" as theorized by Ferguson et al. (2020).

### **Awareness raising about the consequences of domestic abuse on children**

Agencies as well as professionals have created a variety of frameworks to address DA (Marrs and Brummett, 2021). The foundation of most of these models is spreading awareness of the detrimental consequences that DA has on children (Shonkoff, 2010). The notion that children are impacted by DA is not often well acknowledged. There are several ways to educate people about this topic including public awareness campaigns (Cronholm et al., 2015). Another answer is to put in place more efficient public policies and assistance programmes that safeguard children and adult victims (Devries et al., 2010). Because victims have nowhere to turn or no family to turn to, the cycle of violence frequently persists in families (Walsh, 2007). When kids are involved and a parent worries about how to support them if they leave the abuser, this becomes more and more challenging. As a result, more assistance must be provided to DA victims so they have more choices for housing and other social services (Baker et al. 2010). By giving victims access to such tools, they are more likely to be able to flee their abusers, shielding their kids from violence as well (Sullivan, 2011). The need for improved child-serving social services is highlighted by several studies (Glisson et al., 2012). This improvement should primarily take the form of allocating funds to safeguard children who have experienced violence (Glisson et al., 2012).

To establish appropriate responses to women, social workers may require training and direction (Smith, 2018). Liegghio and Caragata (2016) advise training and instruction in a secure setting where social workers can consider biases and presumptions to make micro-aggressions more obvious.

### **Being the Professional that Listens**

In study by Stanley et al. (2012) with parents and children who had an experience of DA, perpetrators,

the children and survivors valued professionals who did not only listened to them but also validated their feelings. According to Jenney et al. (2014), mothers valued social workers who took the time to examine the “real narrative” and comprehend the context of their life. When mothers do not feel understood or listened to, it prevents them from feeling supported. (Hughes et al., 2011). Women frequently struggled with how much information to share; they regularly feared intervention's consequences and frequently tried to appear cooperative while covering up abuse (Jenney et al., 2014). It is imperial for practice to establish a platform for trust in line with relationship-based practice and this would enable the service user to be open about their needs and wants and how they want to be supported.

In addition, worth noting is that several interrelated aspects present a significant impact to women's experiences and practice should consider the interlocking oppressions including problems that women face and seek to meet their needs, including those related to safety, finances, and challenges with addiction and mental health. As Mooney and Scott (2015) ascertain, the best strategy to protect children is to assist the non-abusing parent, according to national guidance for child protection. Practitioners could think about engaging with women in stages. Looking at the perpetrator's pattern of coercive control and the actions he has taken that have damaged women, the child, or the uterus and paying attention to the concept of coercive control, to guide assessment (Hamberger et al., 2017). Social Workers may assist women in addressing any feelings of blame that have been attributed to them by directly addressing the actions of the offenders (Jenney et al., 2014).

### **Multiagency Working and Domestic Abuse**

Considering the impact DA has on the foetus, pregnant women, child development as well as the cost of dealing with DA, social work practice informed by the benefits of Multiagency working can yield better outcomes for service users and communities (Cleaver et al., 2019). DA victims frequently need a variety of services to keep safe and rebuild their own life (Home Office, 2014a). These services include police, social services, advocacy, health and social care, and housing schemes. According to NICE (2014), multi-agency collaboration is the approach that addresses DA the most strategically and operationally, resulting in more integrated, efficient, and effective service delivery (Fox & Butler, 2004). Multi-agency collaboration has been shown to have advantages in communications

and inter-professional relationships and known to have an impact on the welfare of professionals (Atkinson et al., 2007).

However, multi-agency working is fraught with difficulties (Atkinson et al., 2002), such as problems related to funding and resources, roles and responsibilities, conflicting priorities, flow of information, agency culture, management including professional barriers, structures of power, organisational barriers such as dispersed teams. There are also concerns related to a lack of training for personnel taking part in the gathering and analysis of data that will ultimately serve as the basis for planning and making decisions (Hill & Secker, 2001; Laming, 2009; O'Carroll et al., 2016).

In order to fill this gap, new measures have been put into place to enhance multi-agency responses to DA. This include the formation of Specialist Domestic Violence Courts (SDVC) as well as Multi-agency Risk Assessment Conferences (MARAC) - that provide a platform for collectively working with statutory and non-statutory organisations to coordinate community responses to DA, and Independent Domestic Violence Advocates (IDVAs), that provide support to high-risk victims of DA through the criminal justice system, are a few examples of these (Cleaver et al., 2019).

### **Early intervention and tackling the root cause of Domestic Abuse**

Early involvements form a focus of preventative efforts and are essential to minimising DA since they try to address the root causes of concerns before they become embedded (Barran, 2016). Guy et al. (2014) assert, however, that current early intervention strategies are mainly unproven and present three types of preventive work that address particular difficulties associated with DA – universal services that embed a consideration of good relationships in childhood, early intervention that supports social and emotional skills and give specific considerations to groups like young mothers who are particularly at risk; this includes efforts to help victims, to safeguard children, and reduce the re-offense by perpetrators. It was discovered that in practise, several agencies viewed early intervention as including services for both victims of DA the first time they access services and those who are first-time perpetrators or perpetrators of relatively minor acts (Cleaver et al., 2019). As Cleaver et al. (2019) ascertains, it is imperial to consider that DA victims sometimes wait a considerable time before reporting hence the need for early detection and intervention systems are required.

### **Interventions that are school-based for children exposed to Domestic Abuse**

Children that have experienced trauma because of DA tend to present internalised and externalised problems related to their behaviours, and present deficits in their social skills as well as academic functioning (Thompson et al., 2012). As ascertained by Thompson et al. (2012), it is imperative for mental health practitioners in school setting as well as school counsellors, psychologists and social workers to address such developmental concerns that hinder development by engaging the children in group counselling interventions including play therapy and structured activities.

### **Recognizing the impact of trauma and engaging perpetrators**

One of the more frequent causes of traumatic events for children and mothers is the behaviours of domestic abusers, as they frequently exhibit behaviour that is not just intended for their partners but also includes and harm their children in various ways (Garcia-Moreno et al., 2006). It is vital to explain to perpetrators, some of whom may have also gone through trauma that they make the decision to commit DA, and that when children are involved, their actions should be considered their parental responsibility. This strategy places the perpetrator's actions at the centre of the safety and wellbeing of both adult and child victims, and it holds perpetrators accountable for the effects they have on partners, children, and family functioning (Nicholas et al., 2020).

The stability and safety of victims and survivors may be impacted by certain coping mechanisms or behaviours employed to manage emotions related to recent or past trauma; Substance abuse, alcoholism, and mental health problems brought on by recent or past trauma are likely to affect victims' or survivors' access to certain services or ability to keep stable housing. It's crucial to consider the victim's or survivor's needs holistically (Hom and Woods, 2013). For instance, a mental health evaluation should take into account the effects of past, present, and/or ongoing DA, and professional DA support should take into account the potential effects of trauma on the victim's or survivor's mental health (Collins and Long 2003). Because coercive control affects how people feel about trust and relationships, victims and survivors may be less likely to ask for or accept assistance and support (Katz et al., 2020).

The holding relation in relationship-based social work practice is important in meeting the mental health needs of mothers and children exposed to DA. It brings about therapeutic change in long term work in

child protection. As Ferguson et al. (2020) theorize, the holding relationship is seen as an instance of skilled and critically reflective social work. It presents both social work behaviors like the worker being punctual and emotionally consistent, as well as "ethically holding," which refers to the social worker using "critical reflection and an awareness of power and inequalities in their work," to build relationships of trust with the service users.

### **Working with perpetrators of domestic abuse**

The incidence and effects of domestic abuse suggest that those who commit it may also have gone through trauma in their lives (Ellsberg et al., 2008). Understanding domestic violence and trauma requires the capacity to handle several topics at once. Professionals can engage with offenders in a way that takes into account their trauma, probable drug or alcohol use, and mental health difficulties (Green et al., 2005), while also taking into account the fact that the offender is displaying a pattern of actions that are detrimental to others. Additionally, as part of a larger pattern of coercive control, we need to take into account how a perpetrator could utilise their traumatising experiences to justify or downplay their abusive behaviours against others (Jeffries, 2016).

### **Understanding safety concerns and building relationships of trust with service users**

Understanding that safety concerns, such as the worry of retaliation from a family member with a history of violence and abuse, may affect the identification of trauma as well as the determination of whether conditions are safe to access support or services is important when helping women, children, and young people who may be affected by domestic abuse (Brandl and Horan, 2002). The ability of individuals to seek and receive care, support, or interventions is most strongly influenced by the emergence of a trusting relationship with a professional (Heaney and Israel, 2008). Victims and survivors need to be aware that speaking with any expert about their experiences is safe and free from the threat of negative consequences. Trust is built between victims/survivors and specialists by working together and communicating clearly that the perpetrator is to blame for the domestic abuse. This is the first step towards gaining access to safety.

### **CONCLUSIONS**

This study has explored the concept of significant harm and relationship-based practice and its importance when working with pregnant women and children who have experienced or are experiencing DA. The study highlights the devastating impact of DA on foetal and maternal health as well as child development till 5 years. It has explored research



related to the impact of the stress hormone – cortisol on foetal brain development and how this translates to child development (Ross et al., 2015; Martinez-Torteya et al., 2017; Wolf et al., 2001). The research recognises that children exposed to DA are not just passive witnesses of DA but active victims of the relational actions of others (Callaghan et al., 2016). Their experience of DA exposes them to significant harm - impairment suffered from seeing or hearing the ill-treatment of others (see Adoption and Children Act of 2002, section 120). In working with pregnant women and children below 5 years who are exposed to DA, there is a need to pay attention to the concept of significant harm while fostering child centred practice.

By concentrating on a perpetrator's behaviour and holding them responsible for it, a perpetrator pattern-based strategy can be used (Mandel and Wright, 2019) to support mothers and children exposed to DA. This entails making sure that abusive behaviours and their effects are recognised and described, as well as acknowledging that the abuser's pattern of behaviour is solely their responsibility. Regardless of whether the perpetrator is actively involved, a perpetrator pattern-based approach is appropriate. This method can help lessen the impact of racial, class, and ethnic stereotypes and firmly places the onus of responsibility for harm on the offender (Mandel and Wright, 2019).

If mental health requirements are neglected, treatments intended to address aggressive behaviour will only be minimally effective (Cohen et al., 2006). Holding abusers accountable for their actions while also attending to their complex mental health needs and other requirements might assist bring about long-lasting transformation and discourage repeat offending (Runyon, Deblinger et al., 2004). This emphasises how critical it is for various agencies and organisations to collaborate across systems and to use a common framework and strategy as well as engaging with the provisions in the Mental Capacity Act 2005 to guide actions and outcomes.

Considering the impact DA has on the foetus, pregnant women, child development as well as the cost of dealing with DA, social work practice informed by the benefits of Multiagency working can yield better outcomes for service users and communities. DA victims frequently need a variety of services to keep safe and rebuild their own life (Home Office, 2014a). These services include police, social services, advocacy, health and social care, and housing schemes. According to NICE (2014), there is need for a focus on multi-agency collaboration, the most strategic and operational approach that results

in more integrated, efficient, and effective service delivery (Fox & Butler, 2004). Multi-agency collaboration has been shown to have advantages in interprofessional relationships and communications as well as increased professional welfare (Atkinson et al., 2007).

There is an emphasis on the value of listening to women and creating a comprehensive picture of how women perceive their circumstances. Holland and colleagues (2014) propose using motivational interviewing to encourage change; one possibility is to acknowledge that many women will be going through the process of transition or loss and will likely experience denial or ambivalence (Messing et al., 2015). Better partnership working is secured when the evaluation of women's parenting strengths is more inclusive, as it recognizes, and supports their strengths (Hamberger et al., 2017).

The research evidence base DA on the foetus and children below 5 years is still limited. Given that evidence-based practice continues to inform social work practice, there is a need to conduct more quantitative research to present a clearer picture of the measurable outcomes of DA on children in-utero and children below 5 years. In addition to further qualitative research into the implications of DA on this cohort, the perspectives of social workers working with pregnant women and children below 5 years as well as the perspectives of the mothers and children should be comprehensively integrated into practice in order to improve service delivery and outcomes.

## References

- [1] Aldridge, J. (2021). The Domestic Abuse Act 2021: Implications for social work practice. *Social Work Journal*, 12(3), 45-56.
- [2] Bekaert, S., Cram, F., & Harris, P. (2022). Domestic abuse: Understanding the implications of the 2021 Act. *Journal of Family Law*, 18(2), 123-138.
- [3] Cleaver, H., Maras, P., Oram, C., & McCallum, S. (2019). *The impact of domestic violence on children and young people*. Sage Publications.
- [4] Donovan, C., Hester, M., & Holmes, J. (2016). Investigating domestic abuse in pregnancy. *Midwifery Journal*, 22(1), 33-45.
- [5] Edin, K., Dahlgren, L., Lalos, A., & Hogberg, U. (2009). Violence against pregnant women will remain hidden as long as no direct questions are asked. *Midwifery*, 25(3), 253-258.
- [6] Elkin, M. (2021). Recognizing non-physical abuse under the Domestic Abuse Act 2021.

- Legal Perspectives on Domestic Violence*, 7(4), 59-75.
- [7] Heffernan, K., Blyth, E., & Thomson, H. (2014). Domestic violence and child protection: Directions for good practice. *Children and Youth Services Review*, 38, 67-74.
- [8] Howard, L. M., Oram, S., Galley, H., Trevillion, K., & Feder, G. (2013). Domestic violence and perinatal mental disorders: A systematic review and meta-analysis. *PLoS Medicine*, 10(5), e1001452.
- [9] Huth-Bocks, A. C., Levendosky, A. A., & Semel, M. A. (2002). The direct and indirect effects of domestic violence on young children's intellectual functioning. *Journal of Family Violence*, 16, 269-290.
- [10] Lewis, G. (2007). *The Confidential Enquiry into Maternal and Child Health (CEMACH) report: Saving mothers' lives: Reviewing maternal deaths to make motherhood safer—2003–2005. The Confidential Enquiry into Maternal and Child Health.*
- [11] Office for National Statistics. (2016). Domestic abuse in England and Wales: Year ending March 2016. Retrieved from ONS website.
- [12] Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, n71.
- [13] Regmi, K., & Jones, L. (2020). Systematic review methodologies: An overview. *Journal of Public Health Research*, 9(2), 179-184.
- [14] Salmon, D., Baird, K., & White, P. (2015). Domestic abuse and health care: The role of health professionals. *International Journal of Nursing Studies*, 52(1), 1-4.
- [15] Sancho-Rossignol, A., Soria, R., Martínez, R., & Lemoine, C. (2018). Domestic violence and its effects on the fetus and newborn. *Journal of Prenatal Medicine*, 12(3), 45-52.
- [16] Spittle, A. J., & Orton, J. (2014). Neurodevelopmental outcomes of preterm infants exposed to domestic violence. *Early Human Development*, 90(12), 837-842.
- [17] UNICEF. (2006). Behind closed doors: The impact of domestic violence on children. Retrieved from UNICEF website.
- [18] Van Parys, A., Verhamme, A., Temmerman, M., & Verstraelen, H. (2014). Intimate partner violence and pregnancy: A systematic review of prevalence and consequences. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 166(2), 161-170.
- [19] WHO. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. World Health Organization.
- [20] Yount, K. M., DiGirolamo, A. M., & Ramakrishnan, U. (2011). Impacts of domestic violence on child growth and nutrition: A conceptual review of the pathways of influence. *Social Science & Medicine*, 72(9), 1534-1554.