



MWIA CASE STUDIES

CHILDREN AT SERIOUS RISK OF DOMESTIC VIOLENCE

Case 12: Daniel

Objectives

- To show how children who live in households where there is domestic violence are seriously at risk and need child protection.
- To illustrate how parents can manipulate health care professionals and deliberately set out to deceive them
- To demonstrate the need for all agencies involved with children to share information and to ensure it is formally documented.

Narrative Case

** At the end of the case study you can find "Learning points" related to information presented in the narrative case, denoted by numbers in square brackets.*

This case is about Daniel, a 4-year-old boy, and his mother Ms. Luscak, aged 27 years who had four different partners and did not seem able to detect abusive relationships or learn from past experiences [1]. This was made worse by her alcohol misuse [2] and occasional violence towards her partners. Originally from Poland she spoke little English [3].

Daniel had 2 siblings, a 7 year old sister Anna by mum's first partner and a 1 year old brother Adam by mum's fourth partner, Mr. A. On 27 different occasions, the police were called to domestic violence incidents often complicated by both parents being drunk. [4] On 2 occasions Daniel's mum took overdoses with the intention of committing suicide.[5] She suffered a number of serious incidents with partners including attempted strangulation, being threatened with a knife, suffering a hand fracture and rape allegations. When asked to press charges she withdrew her statements. [6] On numerous occasions the children were judged not to be at risk and left with the parents with sometimes children's social care not being informed. [7] The family moved house on numerous occasions due to an inability to pay rent. [8]

When pregnant with Adam, Mr. A urged Ms. Luscak to have a termination. She missed 4 antenatal appointments. At one stage she was hospitalised and Mr. A took the drip out of her arm and she self discharged. Ms. L phoned the midwife and told her there was domestic violence, despite previously denying this to healthcare professionals [9].

In January 2011 Daniel had a spiral fracture to the left

arm [10] reported as due to jumping off the settee with his sister the previous. Bruises on his shoulder and lower tummy were said by his mother to be due to falling off his bike regularly. Meetings of health care professionals took place but the long history of domestic violence was not considered.[8] In September 2011, Daniel started school. There were frequent absences as for his sister Anna. On a number of occasions different members of staff noticed injuries including black bruises around the eyes, blood spots on the face, severe marks on the nose, spot bruises on the neck and forehead bruising. They also became concerned as Daniel was getting markedly thinner and always seemed hungry, taking food from lunchboxes and rubbish bins. [11] His sister Anna was told by Ms. L to say that Daniel had this pattern of behaviour at home, ate more food than she did and was constantly falling over. Daniel had poor English and although a cooperative boy was shy and reserved and did not talk to the teachers.

Daniel saw a Paediatrician in February 2012 who was unaware of the school's concerns. His mother was very convincing that Daniel had an eating disorder and fell over a lot. Tests for medical conditions were initiated. Three weeks later Daniel died. At post-mortem he was found to have high sodium levels and over 40 injuries including an acute subdural haematoma and an older smaller one. His mother and stepfather have been convicted of Daniel's murder and his 2 siblings are in foster care. Daniel had been subject to the most appalling abuse including starved at home, fed salt to make him sick if school said he had

taken food, put in cold baths nearly drowning on one occasion, locked in a box room with the handle taken off the door, had a soiled mattress and urine soaked carpet. He had physical punishments given by his stepfather of sit-ups for 1 hour, standing in the corner,

squats and running on the spot, which were planned in advance. He had no toys. [12] His sister Anna had tried to protect him as much as possible including physically. She confirmed that Daniel had been hit “many, many times” by the stepfather.

Learning Points

- [1] Children in households with domestic violence are at serious risk and must be thought about carefully. There is a strong association between witnessing DV and severe PTSD symptoms: withdrawal, clinging, regressive behaviour, hyperactivity, aggression, difficulties in concentration (Kilpatrick et al, 1997). Child witnesses are much more likely to grow up to be either victims (females) or perpetrators (males).
- [2] This is a typical pattern in DV: alcohol and/or drug abuse leads to fighting and then reconciliation. Often the man feels overcome with remorse after beating the woman and there are pleas for forgiveness, promises to reform, lovemaking and then further cycles. The perpetrator is often very loving and repentant following a violent outburst and this intensifies the partner’s attachment to him.
- [3] Abuse of children is more prevalent in socially isolated or disadvantaged families, with alcohol and drug abuse and with domestic violence. This case has all these risk factors including the mother speaking little English.
- [4] Every minute in the UK, the police receive a call from the public for assistance for domestic violence. This leads to police receiving an estimated 1,300 calls each day or over 570,000 each year. However, only 23-35% of incidents of domestic violence are reported to the police.
- [5] Domestic violence commonly results in self-harm and attempted suicide. Abused women are five times more likely to attempt suicide and one third of all female suicide attempts can be attributed to current or past experience of domestic violence.
- [6] The low rate of conviction in cases of domestic violence Can be attributed to the victim’s inability or unwillingness to give evidence (Cretney and Davis 1995).
- [7] Interagency communication is vital and children’s social care should always be informed. In all the landmark cases in recent years in the UK, there has been lack of communication between agencies (Lord Laming 2003).
- [8] Moving house several times is a typical pattern seen and the mother may lose all her possessions
- [9] Domestic violence increases during a pregnancy and is the commonest cause of injury in pregnant women. Men often feel threatened by the prospect of having a child – economically they have little to offer and emotionally it means one more person to be cared for. This intensifies the man’s feelings of worthlessness and he defends against this by being more angry and violent. Bacchus (2004) reported 23% of women receiving care on antenatal and postnatal wards had a lifetime experience of domestic violence, and 3% had experienced violence in the current pregnancy.
- [10] The possibility of abuse needs to be considered with spiral fractures and a judgment made as to whether the suggested mechanism of injury is plausible. In this case the issue was not considering other red flags i.e. the bruises on the abdomen which are unusual and for which there needs to be a clear explanation and the history of domestic violence.
- [11] This eating behaviour is grossly abnormal and needed communicating to health care professional eg school nurse or general practitioner. Again there is lack of communication between different professionals.
- [12] Health care professionals need to be able to “think the unthinkable” - this is a catalogue of abuse which if this was not a real case many would think was not possible

Background information on domestic violence

This is defined as abuse between persons in an intimate relationship, independent of gender, sexuality or marital status. The term usually excludes abuse of children and the elderly.

Prevalence:

- One incident of domestic violence is reported to the police every minute in the UK
- On average, 2 women a week are killed by a current or former male partner.
- 23% of women experience DV in their relationships at some time.
- 45% female homicide victims are murdered by their partners. (Australian Bureau of Statistics: Women's safety survey, 1996.) Women presenting to ER (Australian study)
- 49% had experienced DV, 40% in the last 12/12.
- 25% had a history of childhood abuse plus adult DV (Roberts et. al, 1998).

Background of risks to children of domestic violence

UNICEF figures estimate that globally the number of children exposed to domestic violence is 133-275 million. This varies by country: Developed countries 4.6-11.3 million; Sub-Saharan Africa 34.9-38.2 million; and South Asia 40.7 - 88 million. At least 750,000 children a year witness domestic violence (Department of Health UK). Estimates vary from 30%-66% children are abused either physically or sexually by the same perpetrator. Children are completely dependent on adults and all children witnessing domestic violence are being emotionally abused

Children react in various ways to living with a violent person. Age, race, sex, culture, stage of development, and individual personality affect response. Children can be affected by tension, witnessing arguments, distressing behaviour or assaults. They may get caught in the middle of an incident, sometimes trying to make the violence stop; they may be in another room but be able to hear the abuse or see their mother's physical injuries following an incident of violence; or they may be forced to take part in verbally abusing the victim. They experience a range of emotions including that they are to blame, anger, guilt, being alone, frightened, powerless, or confused. They may have ambivalent feelings, both towards the abuser, and towards the non-abusing parent.

Effects of Domestic Violence on Children

- Anxiety and depression
- Difficulty sleeping.
- Nightmares or flashbacks.
- Physical symptoms such as headaches and abdominal pain
- Enuresis
- Temper tantrums
- Behave as though they are much younger
- School problems including truanting, sometimes staying at home to protect their mother
- Aggression
- Withdrawal from other people due to internalizing the distress
- Lowered sense of self-worth
- Start to use alcohol or drugs.
- Self-harm e.g. overdoses or cutting themselves.
- Develop an eating disorder.
- Affecting social relationships - they may feel unable to or are prevented in bringing friends to the house

Useful Resources

1. Bacchus, L., Mezey, G., Bewley, S. & Hawort, A. (2004). Prevalence of domestic violence when midwives routinely enquire in pregnancy. *BJOG: An International Journal of Obstetrics & Gynaecology*, 111, 441-5.
2. Cretney, A. & Davis, G. (1995). *Punishing violence*. London, UK: Routledge
3. Mind (2011). *How to... parent when you're in crisis*. Retrieved from: <https://www.mind.org.uk/media/46896/parenting-in-a-crisis-2011.pdf>
4. Mullender, A. & Morley, R. (1994) *Children living with domestic violence*. London, UK: Whiting and Birch
5. Royal College of Psychiatrists (2004) *Mental health and growing up, 3rd edition: Domestic violence: Its effects on children*. Retrieved from: <http://www.rcpsych.ac.uk/info/young.html>
6. NSPCC (n.d.) *Domestic Abuse*. Retrieved from: <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/>
7. Retrieved from: http://www.nspcc.org.uk/help-and-advice/worried-about-a-child/online-advice/domestic-violence/domestic-violence_wda86312.html
8. Radford, L., Aitken, R., Miller, P., Ellis, J., Roberts, J. & Firkic, A. (2011). *Meeting the needs of children living with domestic violence in London Research report*. Retrieved from: http://www.nspcc.org.uk/Inform/research/findings/domestic_violence_london_pdf_wdf85830.pdf
9. Parentline Plus. (n.d.). *Support for parents under stress*. Retrieved from: www.parentlineplus.org.uk
10. Rogers, M. (2 October 2013). *Daniel Pelka Serious Case Review, Coventry LSCB*. Retrieved from: <https://www.lgiu.org.uk/wp-content/uploads/2013/10/Daniel-Pelka-Serious-Case-Review-Coventry-LSCB.pdf>
11. The Hideout (n.d.). *Effect on Children*. Retrieved from: <http://thehideout.org.uk/young-people/adults-young-people-and-domestic-abuse/effect-on-children/>
12. UNICEF. (2006). *Behind Closed Doors: The Impact of Domestic Violence on Children*. Retrieved from: <https://www.unicef.org/media/files/BehindClosedDoors.pdf>
13. Women's Aid. (n.d.) *National and International Statistics*. Retrieved from: <https://www.womensaid.ie/about/policy/natintstats.html>