



# Child D - Serious Case Review and Domestic Homicide Review Professionals Briefing

## Overview

**July 2018** 

In 2018 the Bristol Safeguarding Children Board and Safer Bristol Partnership published a joint Serious Case Review and Domestic Homicide Review following the death of Child D, a 17 year old male who died from stab wounds. His brother, a young adult, pled guilty to murder and is serving a life sentence. This review considered the professional response to violence within families which does not present as domestic abuse between partners in a relationship. Child D's mother spoke to the review about her concerns that professionals do not take incidents of violence in a family as seriously when they occur outside of an intimate partner



Are you using the BAVA website? It provides a wealth of information about support available in the city and resources for professionals about all forms of violence and abuse.

http://www.bava.org.uk/

# **BSCB Briefing Sessions**

We are running briefings on implementing the learning from this review and the planned changes to the MARAC process in September and October. You can book a place at:

https://www.eventbrite.com/e/violence-withinfamilies-bscb-professionals-safeguardingbriefing-tickets-48373325920

The BSCB also run a wide range of interagency training includes training on Domestic Abuse which can be booked at;

https://bristolsafeguarding.org/childrenhome/training/

# What Happened?

Child D and his older Brother lived together with their younger sister and Mother - they had older siblings living nearby. Both boys had problematic school attendance with multiple school moves. The boys' Mother had experienced domestic abuse from a previous partner which the boys had witnessed. Both boys were known to the criminal justice system and had allocated YOT workers at points in their teenage years.

The police received two calls in early 2013 about domestic incidents in the family home where Brother, who was himself under 18 at this time, was perceived to be the perpetrator. No further action was taken by police or social care as their mother was felt to have taken appropriate actions. In October 2013 both brothers attended A&E with injuries after a fight. Social care undertook an Initial Assessment due to the police's 'significant concerns' about the boys' drug use. Enquiries for the Initial Assessment were underway when 2 further referrals were made. One of these referrals was from the YOT informing social care that Brother D had been remanded in custody following an alleged offence where he was said to have stabbed someone at a party. Brother D was remanded for a few days then released on bail. Some months later he was acquitted of the offence at trial. In the intervening period no services were offered to Brother D and so no work was undertaken in respect of his behavior.

Social care's initial assessment said that there were no significant concerns about the children or their mother's parenting capacity other than that Younger Sister should not be left in sole care of Brother D. A partnership agreement was written to this effect however it was found by the review to be of poor quality and lacking detail.

The next significant event took place in May 2015 when Brother D was given an Adult Caution, having turned 18, after an unprovoked attack in which he had punched a man in the face. Later in August 2015 the Police were again called to the house during the night, on this occasion by Child D. When the Police arrived Brother D and his mother were initially found on the kitchen floor, both of them with some visible injuries. Child D had a severe cut to his arm, which he said had been caused by Brother D when he had tried to stop him taking his Mother's car. During the incident, Child D was seen attempting to wash two knives in a child's paddling pool in the back garden. The knives were taken as potential evidence. Brother D was arrested, but not ultimately charged as neither Child D nor the Mother was willing to make a complaint. As Younger Sister was said not to have been present and because Mother had said that Brother D would not be welcome back in the house, social care concluded there should be no further action with the family following this event.

In the early hours of the morning during February 2016 the police were called to attend the house where Child D had been stabbed several times by Brother D following an argument. Shortly afterwards Child D was pronounced dead. Brother D was charged with his murder.

#### NON INTIMATE PARTNER ABUSE

What guidance and information there is regarding 'non-intimate partner abuse' from other family members is almost entirely in relation to violence from an adolescent to a parent rather than between siblings. There is currently no legal definition of adolescent to parent violence and the knowledge base is at a comparatively an early stage, although one definition has been identified as helpful in the European research - "...any harmful act by a child intended to gain power and control over a parent. The abuse can be physical, psychological or financial" (Cotterell, 2001). An additional definition refers to such violence having the following impact on the family - "threatened, intimidated or controlled by it and if they believe that they must adjust their own behaviour to accommodate threats or anticipation of violence" (Paterson, 2013).

Both definitions clearly reflect the expectation that coercion or control will be a part of the abuse. However Child D and his brother's experiences highlight the importance of recognizing patterns of violence in family settings regardless of whether coercion or control is evident. None of the family members ever expressed fear of Brother D despite their concerns about his behavior. Professionals in Bristol must take proactive steps to reframe and understand the different presentations of violence a within families, and the interventions we need to offer as a result of this.

Identifying the line between difficult or problematic behaviour - 'normal' conflict between siblings - and abusive behaviour requires proactive and focused engagement with a family over time. It also requires consideration of the family members' behaviours in the community, individuals' willingness to use weapons, previous histories of domestic abuse, trauma and violence in the home, and patterns of reduced inhibition to use violence related to alcohol or substance misuse. The barriers to families disclosing violence of this kind are significant, largely due to a desire to protect each other and prevent stigmatization or criminalization.

You will find a huge wealth of information on this form of violence on the Responding to Child to Parent Violence website <a href="http://www.rcpv.eu/research">http://www.rcpv.eu/research</a> or by watching this film about the research and interventions at <a href="https://www.youtube.com/watch?v=a4-9qN-nHB4">https://www.youtube.com/watch?v=a4-9qN-nHB4</a>

#### **POINT TO CONSIDER:**

• Do the families you work with have safety plans in place and know what to do if violence from a family member escalates?

### **SAFEGUARDING BOYS**

On a number of occasions this review highlighted that our teenage boys are not always being recognized as children within Bristol systems. The review found that safeguarding responses often focused on the young sister losing sight of the two older boys. This reflects the wider concerns of the BSCB which highlight that boys in the city are more likely to be excluded from school, more likely to be involved in youth offending, and that older boys are our largest cohort of care entrants. We therefore MUST work collectively to improve our response to boys in the city. This requires a change from every individual professionals, every team and every organization.

Firstly, we must remember that aggressive or volatile behavior are symptoms of previous trauma and distress, and are signs of vulnerability and the need for protection and support. Adolescents, particularly boys, are much less likely to ask for help than younger children and building relationships of trust is particularly important for successful intervention. For those who enter the referral and safeguarding process, a consistent, long-term relationship with a professional throughout is a key factor to disclosure and protection.

We would recommend reading this briefing from Research in Practice on <u>Risk-Taking Adolescents and Children Protection</u> It includes links to a wide range of resources and frameworks to support you in different aspects of practice working with risk taking.

### **POINTS TO CONSIDER:**

- Are you confident that your service meets the needs of a wide-range of boys?
- Are the outcomes achieved by young people in your service impacted by their gender?
- Do your team have a good understanding of YOT's role throughout the criminal justice process? Child D's brother was released from remand on bail and had no allocated YOT worker as he was yet to be sentenced, however other professionals assumed they were involved.
- How comfortable are you at working with males who display anger or distress? If not, how are you addressing this? What support or expertise is there in your team or your organization to meet those young people's needs?