Staying Mum

A review of the literature on domestic abuse, mothering and child removal

Acknowledgments

About AVA

AVA is a feminist organisation committed to creating a world without gender-based violence and abuse. Our mission is to work with survivors to end gender-based violence by championing evidence-based change.

We are a national charity, independent and particularly recognized for our specialist expertise in multiple disadvantage and children and young people's work. Our core work includes training, policy, research, and consultancy.

Staying Mum

'Staying Mum' was a two-year project run by AVA and funded by the John Ellerman foundation. The project focused on women facing multiple disadvantage and their experiences of child removal. It aimed to develop professionals' understanding and responses to mothers facing domestic abuse and other forms of disadvantage, in recognition of the fact that child removal increases trauma for both mother and child.

Contents

1. Introduction

This literature review examines the links between child removal, domestic abuse and multiple disadvantage with specific interest in:

- The experience of mothering in the context of domestic abuse

- Child protection intervention in the context of domestic abuse

- Experience of family court decision-making processes in the context of domestic abuse

- The impact and aftermath of child removal on the health, wellbeing and circumstances of mothers

- The current service provision for mothers with experiences of child removal

- Best practice approaches to working with mothers with experiences of child removal and/or partial separation from their children

The review comprises academic peer-reviewed papers and grey literature, as well as government policy, relevant newspaper articles, book chapters and toolkits, written in the last 20 years. Although primarily focused on the UK, this literature review occasionally also draws on relevant literature from other countries.

This review is not limited to an exclusive focus on one form of separation between mothers and children with experiences of domestic abuse. Instead it focuses on the overlapping experiences of mothers whose children are removed. Cases in which children are removed from their mothers as a result of domestic abuse have different outcomes. The separation of children and their mothers can be both temporary and/or permanent. This review makes no distinction between the two considering the impact both forms of removal can have on both mother and child, and the fact that temporary removal can result in permanent removal at a later stage.

This review adopts an intersectional lens to accommodate how women in minoritised positions due to their race, ethnicity, religious and/or cultural background, sexuality, disability or any other personal circumstance may have a different experience of child removal or will face additional barriers to support[1].

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[1] Nature of the literature on this topic is prevalently heteronormative, which results in this review presenting experiences of parenting and mothering within a heteronormative understanding of family and relationships. There is a gap in research regarding non-heterosexual parents and trans and gender non-conforming mothers.

1.1 Domestic abuse

The Domestic Abuse Act 2021[2] defines domestic abuse, or domestic violence, across Government as any incident of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality.

'Abusive behaviour' is defined in the act as any of the following: physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse. For the definition to apply, both parties must be aged 16 or over and 'personally connected'.

There is no reliable prevalence data on domestic abuse, but the Crime Survey of England and Wales (CSEW) suggests that 1 in 4 women in England and Wales will experience domestic violence in their lifetimes and 8% will suffer domestic violence in any given year [1]. In addition, on average two women are killed every week in England and Wales by a current or former partner [2].

Despite high prevalence, domestic abuse remains acutely underreported. According to CSEW data for the year ending March 2018, only 18% of women who had experienced partner abuse in the last 12 months reported the abuse to the police [1].

Women survivors of domestic abuse face a number of barriers in the process of accessing help and support as well as disclosing abuse. This includes lack of recognition that the abuse is happening, feelings of guilt and shame and lack of awareness of available support [3], [4]. Research also suggests women from minority or marginalised communities, those facing multiple disadvantage (e.g. substance misuse, poverty, homelessness) or those with protected characteristics, such as Black and minoritised women, lesbian, bisexual and trans women, older and disabled women face both higher rates of domestic abuse, and additional barriers to support [5]–[8]

Many women experiencing abuse are mothers, and one in seven (14%) children and young people under the age of 18 will have lived with domestic abuse at some point in their childhood [9]. In addition, SafeLives' recent report (2017) [10] finds that two in five children (41%) in families where there is domestic abuse have been living with that abuse since they were born. For some children, this exposure to abuse not only starts early, but persists into later childhood. Of all the children in SafeLives' dataset who had been living with abuse for their whole lives over a third (37%) were more than five years old.

1.2 Child removal and domestic abuse in the UK

The removal of children from their mothers often occurs along two distinct trajectories:

- Removal of children via decisions made in the Family Courts related to either:
  - cases involving parental disputes over custody;
  - local authority intervention relating to the Children Act (1989)[3]
- Removal of children due to mother entering the criminal justice system.

The number of children being removed from their parents via local authority intervention has been rising. Data suggests the UK presently has the highest rate of involuntary adoption of any European state [11]. Meanwhile, domestic abuse has been identified as the most common factor identified by the Department of Education within the national census Children in Need.[4] Statistics also suggest that, in the last decade, domestic abuse has outstripped parental mental illness or drug and alcohol misuse as the most common underlying factor behind child protection intervention [12], although these factors regularly occur together. In addition, a small scale study of 216 child contact cases by the Children and Family Court Advisory and Support Service (Cafcass) and Women's Aid found more than two thirds of all the cases in their sample involved allegations of domestic abuse [13].

Government action to resolve the steep increase in rates of child removal have consistently been perceived as victim blaming, with initiatives like the government's 'troubled families' programme[5] facing considerable backlash [14], [15]. Language used focuses on the risks linked to mothers, for example, terms like 'toxic trio', which refers to where there is an occurrence of domestic violence, substance use and mental ill-health in one home. This terminology often fails to contextualise those experiences, instead creating another set of harmful labels.

Evidence of a lack of support and understanding for mothers facing domestic abuse across private and public law cases in the family courts has led to the rise in new initiatives seeking to fill these gaps in support: calling for changes to the way in which Local Authorities, family court professionals, and professionals in the criminal justice system work with and for mothers.

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[3] Children Act 1989: https://www.legislation.gov.uk/ukpga/1989/41/contents [accessed 28.02.2022]
[4] Characteristics of Children in Need, reporting year 2020: Characteristics of children in need [accessed 28.02.2022]
[5] The Troubled Families programme (England): https://commonslibrary.parliament.uk/research-briefings/cbp-7585/ [accessed 28.02.2022]

1.3 Multiple disadvantage

This review explores the link between child removal and domestic abuse, with a particular focus on multiple disadvantage.

Multiple disadvantage is a shorthand term for the challenges faced by adults involved in the homelessness, substance misuse and criminal justice systems in England, with poverty an almost universal, and mental ill-health a common, complicating factor [16]. It is distinguishable from other forms of social disadvantage because of the degree of stigma these intersecting experiences represent.

AVA's work on the Stella Project [17] has pioneered work around multiple disadvantage, working to understand women's experiences of multiple disadvantages and address the overlapping issues of gender-based violence and abuse, drug and alcohol use and mental ill-health. Other experiences and outcomes that may interact include poverty, contact with the criminal justice system, survival sex, removal of children, homelessness, and poor educational outcomes.

The diagram, produced by AVA's peer researchers, demonstrates how AVA conceptualises multiple disadvantage and its application as a lens through which to understand survivors' experiences.

Source: AVA & AGENDA (2019), Breaking Down the Barriers: Findings of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage [18]

2. Key findings

Domestic abuse, mothers and children

- A significant number of women experience reproductive coercion and physical violence during pregnancy.

- The impact of domestic abuse on mothers is extensive. Many women suffer emotional, psychological and physical harm, which can have fatal consequences.

- One in seven children and young people under the age of 18 will have lived with domestic abuse at some point in their childhood.

- Children are impacted significantly by the experience of living with abuse, and are harmed through being aware of abuse, witnessing or experiencing abuse directly.

Child removal in domestic abuse cases

- Domestic abuse has outstripped parental mental illness or drug and alcohol misuse as the most common underlying factor behind child protection intervention.

- Mothers in repeat care proceedings are more likely than the general population to be facing elevated levels of abuse, experiencing mental health issues, facing housing instability and have no support network.

- Women experiencing domestic abuse may face imprisonment and separation from their children as a result of abuse. The imprisonment of mothers has significant adverse effects on the mental health and support needs of children.

- Black and minoritised women, disabled women and women facing poverty, homelessness and other forms of disadvantage, are more likely to face elevated rates of child care proceedings and child removal.

Child protection and safeguarding

- There is a lack of multi-agency working in the context of supporting mothers facing domestic abuse. Where multi-agency work is set up, it is disjointed with different or conflicting demands made on mothers.

- There is a lack of specialist support services, which leaves mothers facing the removal of their children without the adequate support to leave abusive situations or enter recovery processes.

- Mothers are often held solely responsible for child care and protection and end up being perceived as failing to protect their children in cases of domestic abuse.

Post-separation contact and experience of the family courts

- Prevalence of domestic abuse in private law children removal cases is higher than in the general population.

- The family courts in England strongly promote ongoing relationships between children and both their parents following separation, even if there is evidence of domestic abuse.

- The language and protocols of the court limit engagement and understanding, and mothers report finding the process highly intimidating.

- Mothers who have experienced domestic abuse and are involved in custody cases in the family courts face a number of distinct challenges ranging from sexism, racism and classism in engaging with the system.

The impact of removal

- Mothers who have had a child removed from their care feel a sense of losing their identity as a parent alongside experiencing feelings of deep grief and loss.

- Mothers may face legal and systemic stigmatisation (e.g. social care, employment, housing, etc) and welfare penalties as a result of child removal.

- Mothers with children removed may experience complex/cumulative trauma as they are traumatised by the child protection system as well as the process of removal of children from their care.

- The majority of children removed from their parents spend an extended period of time in care, which has a significant adverse effect on their educational attainment and mental health.

Supporting mothers

- Mothers who suffer domestic abuse and have their child/children removed have multiple practical and emotional needs, and face distinct barriers in access to support.

- Shame, fear, and guilt, along with negative experiences of removal processes significantly hinder mothers' decision to engage with services available to them.

- For mothers facing domestic abuse, safe and effective support to leave relationships and to begin healing from abuse is essential to both preventing and remedying the harms of child removal.

- In cases where children are removed mothers must be provided with trauma-informed holistic support before, during and after the removal process.

3. Domestic abuse, mothers and children

A large number of mothers and children are living in households with domestic abuse. The impact of domestic abuse on both mothers and children is extensive. Many women and children suffer emotional and physical harm, which can have fatal consequences.

This section discusses the key findings across these two main themes:

- The impact of domestic abuse on mothers and mothering
- The impact of domestic abuse on children

Summary of key findings

- A significant number of women experience reproductive coercion and physical violence during pregnancy.

- The impact of domestic abuse on mothers is extensive. Many women suffer emotional, psychological and physical harm, which can have fatal consequences.

- One in seven children and young people under the age of 18 will have lived with domestic abuse at some point in their childhood.

- Children are impacted significantly by the experience of living with abuse, and are harmed through being aware of abuse, witnessing or experiencing abuse directly.

3.1 The impact of domestic abuse on mothers and mothering

Research indicates that violence is a common experience for pregnant women. Most prevalent studies examining violence during pregnancy have focused on physical violence. A 2010 review of 18 studies found that 1% to 30% of pregnant women experienced physical violence during pregnancy, with most estimates being between 3% and 11%. Although these estimates of the prevalence of physical violence during pregnancy vary, broadly, figures suggest a significant number of women experience physical violence during pregnancy [19]. Literature also suggests many women in abusive relationships become pregnant due to coercion and reproductive control [20].

The impact of domestic abuse on mothers is extensive. Many women suffer physical harm, which can have fatal consequences. Besides the obvious physical injuries, abused women are more likely to suffer from depression, anxiety, psychosomatic problems, eating problems and post traumatic disorder. Sustained abuse may also trigger suicide attempts or psychotic episodes [16], [21], [22].

Women who suffer domestic abuse are four times more likely to have anxiety disorders, seven times more likely to suffer from post-traumatic stress disorder, and two times more likely to suffer from depression [21]. A significant number of survivors have been shown to turn to substances to cope with the impact of enduring trauma and the mental health consequences of abuse [16], [22]. Where mothers face multiple disadvantage, substance misuse, mental ill-health, and domestic abuse may additionally impact their ability to care for their child/children [18], [23].

Evidence also suggests that perpetrators of abuse make mothering more difficult; both by virtue of the impact of abuse incurred, and through abuse tactics adopted to directly interfere with mothering and child-parent relationships. For example, abuse often leads victims to focus on controlling the domestic environment so that a perpetrator's needs are prioritised, not those of the child. This may lead a mother to neglect her child in the face of attempts to mitigate direct harm to themselves or children. Mothers may also be left struggling, whether physically or mentally, limiting their ability to provide physical or emotional care [24], [25]

Research also suggests perpetrators intentionally try to undermine the mother-child relationship as a tactic of abuse. Perpetrators will abuse mothers in front of their children (often through degradation or insults), encouraging children to participate in the abuse, and/or playing the 'admirable father' role through gifting and treating in order to manipulate [26]–[28].

This impact on mothers' confidence in their parenting ability often leave them feeling emotionally drained and distant, and feeling inconsequential or like they have little to give to their children. Research also suggests mothers are prevented from spending time with or attending to their children, as well as being held to impossible standards of childcare and housework. This will have further negative implications on their self-esteem and confidence [23], [29].

The type of abuse directed at the mother-child relationship frequently continues post-separation. Literature suggests there is substantial evidence of post-separation abuse, with many fathers performing the role of an 'admirable' father to professionals in such a way as to make ex-partners seem like deficient mothers or, in some cases, perpetrators [27], [28]. On-going post-separation abuse can leave mothers in a continued state of fear and can substantially hinder their recovery and ability to regain their confidence and parenting capacities and support their children's recovery [30].

Furthermore, the literature evidences how perpetrators use both the threat of child removal, or the risk of direct harm to a child/children to keep mothers from reporting abuse or leaving abusive situations [31], [32]. This is a very real threat, evidenced by the fact that victims and their children are at significantly increased risk of homicide after leaving a partner. For example, just under four out of five women killed by their partner (76%) are killed in the first year following separation [2] while just under 50% of all child homicides, as documented by Women's Aid between 2005-2015, happened in the process of post-separation abuse [33].

The lack of available support for those living with abuse and limited refuge spaces for mothers with children means that mothers may also make the choice to stay with their abuser to avoid homelessness with their children. Women's Aid found that 46% of victims leaving a perpetrator were forced to 'sofa surf' with friends due to lack of refuge spaces [34]. In addition, in 2020-2021 over two thirds of all the referrals received by refuge services using Women's Aid On Track system[6] were rejected, due to lack of space or capacity [35].

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[6]On Track is Women's Aid's case management and outcomes monitoring system: https://www.womensaid.org.uk/what-we-do/ontrack/ [accessed 28.02.2022]

3.2. The impact of abuse on children

Evidence suggests that one in seven (14%) children and young people under the age of 18 will have lived with domestic abuse at some point in their childhood [9]. Analysis from Action for Children shows up to 692 children a day are assessed as being at risk of domestic abuse in England [36]. Further research suggests children are likely to face a significant period of time living with domestic abuse. For example, SafeLives documents that two in five children (41%) living in families where there is domestic abuse have been living with that abuse since they were born [10].

Not only are a large number of children living with domestic abuse, but a significant number of children are also living with parents facing multiple disadvantage of some form. A report from the Children's Commissioner found 160,000 children aged 0-5 living with parents facing either domestic abuse and mental ill-health, or domestic abuse and substance use [37]. A third of these children were living in households where all three factors are present. SafeLives also found nearly a third of mothers (31%) and a third of fathers (32%) in households where domestic abuse was present disclosed either mental health problems, substance misuse, or both [38].

A number of studies suggest that children are directly involved and affected by domestic abuse in a variety of ways. A vast range of studies are available on the physical, psychological, behavioural, developmental and emotional problems, disorders and traumas sustained by children experiencing domestic abuse [25], [30], [39]. Many studies found a link between a high incidence of physical, sexual and emotional abuseand a greater risk of child homicide in the context of domestic abuse.

Children are prevalently at risk of emotional, physical and sexual abuse, as well as developing a number of emotional and behavioural problems as a result of living with domestic abuse [25], [29], [38]. For example, a study by SafeLives found that almost two thirds (62%) of children living with abuse were also directly harmed. In their report, 28% suffered physical harm, 58% were emotionally abused and 18% neglected. Over half (52%) went on to develop behavioural problems and over a third (39%) had difficulties adjusting at school [38]. This is why a number of authors suggest that domestic abuse and child abuse cannot be considered discrete categories [29], [39], [40].

There is substantial evidence confirming that children have a sophisticated understanding of control dynamics and subtle controlling behaviours. They are not only witnesses to domestic abuse in their home, but are aware of this violence, and this impacts in similar if not more harmful ways than being directly physically abused [30], [39], [40].

Broadly, studies suggest that between 75% and 95% of children living in abusive households witness or overhear abusive incidents directly [30], [39], [40]. Even when not physically present, children are likely to be aware of the aftermath of the violence "and the distorted inter-partner relationships, communications and behaviours" [30], [41].

Research also finds that living with coercive control can have the same impact on children as it does on adult victim/survivors [30], [39], [42]. While some children will be more resilient to the impact of domestic abuse than others, a supportive relationship with a caring adult, particularly the non-abusive parent, has been found to be the key protective factor for children.

A UK literature review of domestic abuse private law children case [30] studies revealed that the physical, psychological, behavioural, developmental and emotional problems sustained by children experiencing domestic abuse can often carry through to mental and physical health difficulties in adult life.

When the impact of domestic abuse carried on through to adult life it has been linked with poor academic performance, mental health difficulties including depression, low self- esteem, physical health problems such as obesity, eating disorders, anti-social, criminal and violent behaviour, alcohol and substance misuse, and interpersonal difficulties in intimate relationships and friendships [9], [25], [43]

4. Child removal in domestic abuse cases

A high number of children identified as 'at risk' or 'in need' are found to be facing domestic abuse in the home. Domestic abuse has outstripped parental mental illness or drug and alcohol misuse as the most common underlying factor behind child protection intervention.

This section discusses the key findings across three main themes:

- Child safeguarding, domestic abuse and multiple disadvantage
- Mothers, domestic abuse and the criminal justice system
- Structural discrimination and child removal

Summary of key findings

- Domestic abuse has outstripped parental mental ill-health or drug and alcohol misuse as the most common underlying factor behind child protection intervention.

- Mothers in repeat care proceedings are more likely than the general population to be facing elevated levels of abuse, experiencing mental health issues, facing housing instability and have no support network.

- Women experiencing domestic abuse may face imprisonment and separation from their children as a result. The imprisonment of mothers has significant adverse effects on the mental health and support needs of children.

- Black and minoritised women, disabled women and women facing poverty, homelessness and other forms of disadvantage, are more likely to face elevated rates of child care proceedings and child removal.

4.1 Child removal, domestic abuse and multiple disadvantage

The number of children being removed from their parents due to Local Authority care proceedings has been rising incrementally in recent years. The UK presently has the highest rate of involuntary adoption of any European state [11], which has in 2019 increased 4% from 2018 to 78,150 children. The reasons for removal are primarily abuse/neglect (63%), family dysfunction (14%) and family in acute stress (8%) [44].[7]

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[7] See appendix 1 for a brief overview of child protection interventions in the UK.

The Department for Education have also identified domestic abuse as the most common risk factor during assessments for children in need. Their statistics show that domestic abuse is a factor in 50% of social worker assessments for children in need of support from the Local Authority, and in over half of serious case reviews and two-thirds of child contact applications from 2017-2018 [44]. This means domestic abuse has outstripped parental mental ill-health or drug and alcohol misuse as the most common underlying factor behind child protection intervention [12], although these experiences and circumstances will often overlap.

Data across the evaluation of various projects and initiatives catering to mothers whose children are in (or at risk of being in) care is indicative of this high prevalence of domestic abuse and multiple disadvantage in cases where children are removed from their mothers, and provides greater clarity than formal case file analysis.

Evidence around the prevalence of multiple disadvantage is also found in the evaluation of a number of programmes catering to parents who have had their children adopted [45], [46]. An evaluation of Pause, a programme for mothers with a history of (or at risk of) repeat child removal, reported 83.7% of their cohort had experienced domestic abuse. Pause practitioners also reported cases in which they felt their clients were in abusive relationships but had not yet recognised, acknowledged or disclosed the abuse. Broadly, literature examining mothers suffering from mental illness, substance use and/or homelessness frequently note domestic abuse as a high risk factor for mothers [47], [48].

A 2017 study by Broadhurst et al. [23] also provides insight into broader experiences of adversity many of the mothers faced. Mothers in repeat care proceedings (25% of all care proceedings) were more likely than the general population to be engaging in substance misuse (56%), experiencing mental health issues (51%), facing housing instability (41%), have no support network (30%), and have a criminal record (27%). The mothers were also likely to have faced adversity in childhood: 56% of the mothers had experienced four or more different types of adverse experiences (ACEs) in childhood and 40% had spent time in care themselves.

4.2 Mothers, domestic abuse and the criminal justice system

In their report: *'Domestic abuse as a driver to women's offending'* (2017), the Prison Reform Trust outlines the substantial evidence regarding the co-existence of victimisation and offending in cases of domestic abuse [49]:

- Coercion, control and in some cases retaliation against a primary aggressor, can cause women experiencing abuse to commit crimes.

- Women victims may feel pressure to take the blame for an abusive partner.

- Women may be forced into offending for fear of physical repercussions.

- Women using substances to cope with the mental and physical health impacts of abuse also face much higher risks of incarceration.

- There are also cases in which child abuse, linked to mothers facing abuse themselves, may lead to a victim of abuse facing imprisonment.

The literature finds that crimes committed by female offenders are often directly tied to supporting a partner, or supporting children, and are considerably less likely to be violent. Female offenders are much less likely to be a risk to the general public, with 84% of sentenced women entering prison due to a non-violent offence.[8] The Surveying Prisoner Crime Reduction Survey found that nearly half of women in prison (48%) report having committed offences to support someone else's drug use [50].

A recent report from academics at Manchester Metropolitan University found a high number of women in prison under 'joint enterprise' (JE) legislation. The overwhelming majority of women convicted under JE (90%) engaged in no violence in relation to the crime for which they were convicted under JE legislation, and over half were not present at the scene of the crime. Analysis revealed how the prosecution presented women in the courtroom using stereotypes and gendered narratives, often layered with class stigma and racism. Domestic abuse was a factor in over half of these cases, and there are examples of cases where a child was murdered by a known perpetrator and the mothers were given custodial sentences for 'failing to protect' her child [51].

The imprisonment of mothers has significant adverse effects on the mental health and support needs of children [52], [53]. A report from the Prison Advice and Care Trust (2011) estimated that up to 6,000 children a year are "being forgotten by the state when their mother is sent to prison", leaving them to become disenfranchised, suffer without support and potentially lead to offending behaviour [54]. Considering the high rates of domestic abuse amongst the female prison population, a large number of these children are likely to have already faced harm in the home environment where their mother may act as a protective or supportive influence.

Prison is often an overly punitive response to the large majority of female offenders. As the

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[8] Offender management statistics quarterly: April to June 2016 (Ministry of Justice): https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-april-to-june-2016 [accessed 28.02.2022]

Prison Reform Trust have found (2017), the lack of available support for mothers facing abuse, including suitable housing, health and social care services, leaves women even more vulnerable to abuse and offending [54]. Furthermore, an independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System found that Black women are twice as likely as white women to receive a custodial sentence in the crown court for drugs offences, and Asian and other minoritised women were over 40% more likely to be convicted at magistrates' court [55]. In this way, Black and minoritised women are more likely to enter the criminal justice system by virtue of racism and, therefore, likely to be disproportionately impacted by victimisation-induced offending.

Research finds that for a majority of female prisoners, the suffering caused as a result of imprisonment is exacerbated by the pain of removal from their children. This pain is rarely acknowledged in sentencing judgements. Research and evaluations continually find community sentencing can be used as an effective alternative to incarceration, with a greater focus on support and recovery, and the potential for mothers and children to stay together [53]. Others call for the link between female offending and victimisation to be embedded in training for CPS staff, police and legal professionals.

An estimated 17,000 children each year are separated from their mothers when their mothers enter prison [56]. Over two thirds of women in prison (66%) are mothers of dependent children. Evidence suggests that a substantial number of these mothers are single mothers meaning that few children stay in their homes when their parents are incarcerated [57].

Meanwhile, a majority of women in prison in the UK have experienced gender-based violence of some form over their life course. Over half of women in prison in England (53%) report having experienced emotional, physical or sexual abuse as a child [58]. Furthermore, women offenders present with a high incidence of mental health problems and trauma with an added fear of child protection agencies for women who have children [59].

In its scrutiny of offender management, the Criminal Justice Joint Inspection Report, *Equal but Different* (2011) found that:

> *"In nearly three quarters of all the cases and reports examined, the woman involved was seen as vulnerable in some way. Most of these women were or had been a victim of domestic abuse. Some were subject to sexual exploitation. There were concerns about self-harm in around a third of all cases and of suicide in around one quarter of the cases." (as cited in [59]).*

4.3 Structural discrimination and child removal

Studies and reports highlight that Black and minoritised and disabled women are substantially more likely to have their children removed or parenting capacities judged more harshly. Those with experiences of insecure housing, homelessness, and poverty arealso significantly more likely to face separation from their children [5], [60]–[62].

There is some evidence that Black and minoritised children in the UK are more likely to come into contact with child protection services, and to not have been worked with or supported beforehand [60]. Research with 13 English Local Authorities, for example,concluded that Black and minoritised children were more likely to enter the care system as a result of poverty and social disadvantage [62]. There is also evidence that the government's Prevent Programme has led to a distrust and focus on Muslim families, with an increase in child protection encounters as a result of Islamophobic policy shifts [61].

Black and minoritised women have been disproportionately affected by austerity measures, and Black and minoritised specialist services have faced disproportionate funding cuts and closure [5], [63], [64]. This is likely to have left women unable to access suitable support, or to leave abusive partners before a crisis point.

Disabled women are also considerably more likely to face child removal, while mothers with learning disabilities face significantly elevated rates of child care proceedings and removal of children [23], [65]. Women living with physical disabilities also report discrimination in encounters with child protection workers [41], which suggests that ableism leaves disabled mothers more likely to be judged as less competent parents.

Research also draws links between poverty and child removal, showing how poverty very often factors in a woman's inability to leave an abusive partner or situation [66], [67]. The Care Crisis Review [68] demonstrates how poverty is directly associated with children coming into care. The report found children living in deprived areas are 11 times more likely to have a child protection plan than those living in the most affluent areas. There is also some evidence suggesting mothers in precarious financial situations, especially single mothers, are those most likely to be accused of neglect by virtue of the context in which they are bringing up their children [61].

The risk of child removal is also especially high for women facing homelessness [69]. In their report *Rebuilding Shattered Lives,* St Mungo's highlights that almost half of their female clients are mothers, of which 79% have had their children taken into care or adopted [70].

In order to understand the experiences of mothers facing abuse and child removal, it is crucial to consider the research across these life experiences and forms of societal oppression. Research shows mothers in structurally disadvantaged positions in society, or facing forms of social disadvantage, are likely to be those facing the most significant barriers in access to support and most likely to come under scrutiny.

5. Child protection and safeguarding

In the case of domestic abuse, the hierarchy of care places the needs of the child above the parents in such a way that the needs of mothers are rarely acknowledged, or the onus of care is placed on mothers who themselves are facing abuse. Siloed working between adult and children's- social care and specialist services creates disconnection and a lack of holistic support for families.

This section discusses the key findings across three main themes:

- Child-centred approaches to risk

- Multi-agency approaches to supporting families facing domestic abuse

- Mother blaming and 'failure to protect'

Summary of key findings:

- There is a lack of multi-agency working in the context of supporting mothers facing domestic abuse. Where multi-agency work is set up, it is disjointed with different or conflicting demands made on mothers.

- There is a lack of specialist support services. Thisleaves women facing the removal of their children without the adequate support to leave abusive situations or enter recovery processes.

- Mothers are often held solely responsible for child care and protection and end up being perceived as failing to protect their children in cases of domestic abuse.

5.1 Child-centred approaches to risk and safeguarding

Statutory guidance highlights the responsibility of education, community and care professionals to safeguard children from all forms of abuse and neglect. This means children's social work teams must intervene in cases where domestic abuse is identified to protect a child from harm. For example, London Child Protection Guidance suggests, where anything above a moderate risk to the child is identified, a referral to the Local Authority children's social care unit must be made.[9]

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[9] London Child Protection Procedures and Practice Guidance, updated 20th September 2021: https://www. londoncp.co.uk/ [accessed 28.02.2022]

This child-centred focus has been embedded through Every Child Matters, the Department for Education's initiative, which led to the further division of services into separate services for children and adults.[10] While a focus on families is more apparent in recent years, the literature finds a convoluted policy discourse where families are both seen as ideal settings for child rearing, as well as sources of dysfunction [71].

In the case of domestic abuse, the hierarchy of care places the needs of the child above the parents in such a way that the needs of mothers are rarely acknowledged or the onus of care is placed on mothers who themselves are facing abuse [40], [71].

This child-centred approach has been explored as a key route in the dismissal of parents and in the lack of strengths-based approach to supporting mothers [67], [72]. For example, social workers report struggling to find a balance between ensuring the safety of the children and supporting parents while meeting the legal frameworks and local procedures for child protection [73], [74].

5.2 Multi-agency approach to supporting families facing domestic abuse

Research finds that siloed working between adult and children's social care and specialist services creates disconnection and a lack of holistic support for families [40], [75].

For exmple, Hester (2011), illustrates the disconnection between different services through the analogy of the three planets, 'child protection', 'domestic violence work' and 'child contact'. Each planet has a different history, culture, requires different training, and is funded separately. This leaves mothers negotiating and stuck between competing agencies and asks. Hester also notes the support for women facing domestic abuse has not developed in parallel with child protection work, and as such, the two currently fail to mutually reinforce one another. This leaves mothers without the support they need to keep their children, or stuck between different advice from opposing agencies [40].

Research also highlights how interagency differences in relation to 'risk' act as key barriers to effective and holistic responses. An absence of agency accountability where specialist domestic abuse services are not involved in cases creates fragmented responses. Professionals report that few specialist domestic abuse agencies were brought into cases, and how cuts to funding in the statutory and voluntary sector meant support to help mothers leave abuse and begin recovery was less available. The cuts to services able to cater to both mothers and children was discussed as particularly impactful [74], [75].

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[10] Every Child Matters is a UK government initiative for England and Wales that was launched in 2003 and represented the government's recognition of the value of investing in prevention and early intervention: https://www.gov.uk/government/publications/every-child-matters [accessed 28.02.2022]

A recent report from DAHA and Women's Aid [76] found a lack of effective cross-agency working between housing and children's social care. This leaves mothers at risk of child removal where unreasonable demands from social services require mothers to acquire appropriate housing or safe move on options from refuge which are not always available.

> *"We heard one example of a woman trying to regain custody of her children being put in a one bed property by housing, but social services wouldn't return the children until she lives in a bigger property. In contrast, another woman was told by social services that if she leaves the refuge they will undertake care procedures, leaving the woman no choice but to stay in refuge." ([76], p.9).*

5.3 Mother blaming and failure to protect

Broader ideas around gender, gender roles, parenting and family feed into the ways in which intervention happens in practice. In cases of domestic abuse, researchers find that mothers are often held solely responsible for child care and fathers are ignored, reflecting the gendered and structural underpinnings of domestic abuse [71], [77].

Evidence suggests that the gendered nature of intervention explored above plays out in such a way that the victim of abuse is blamed for the abuse, in particular, for 'failing to protect' her child/ren and fathers are effectively absolved [78].

Landsman and Hartley (2007), for example, found the responsibility of child protection is placed on the mother in a number of scenarios in which she is encountering domestic abuse, even where the father is maltreating the children. Mothers are instead accused of failing to protect their children [79]. Where domestic abuse is identified *'the problem is defined in relation to what the mother failed to do, rather than in terms of what the father did'* ([77], p.397). This victim blaming can be direct, but also emerges in the form of microaggressions, such as tone of voice, and being made to feel 'problematic'.

The factors impacting whether mothers facing domestic abuse are able to keep their children are therefore found to regularly occur along problematic lines. These decisions often hinge on a perception of a mother as 'willing' to place the needs of her children before her own through leaving a perpetrator; signifying a lack of understanding regarding the dynamics of abuse and the fact that many mothers are either afraid or unable to leave [32], [80]–[82].

Women facing multiple disadvantage report additional judgement and blame from child protection professionals, especially where drug and alcohol use is apparent or when mothers themselves have been in care [62], [81].

Victim blaming also occurs along racist, ableist and classist lines. For example, women living with learning disabilities are found to experience additional scrutiny and, in turn, report a sense of powerlessness [65], [83]. Women with physical disabilities report that social workers often focused on their disability and failed to recognise abusive behaviour, unless the women themselves made a disclosure [41].

Mothers across the literature report a fear of child protection professionals, in particular, how this fear becomes a barrier to disclosure of domestic abuse. Women report feeling under attack and blamed, with the surveillance and judgement from social workers mirroring similar coercive behaviours as those perpetrated by the perpetrator [73].

In response to this fear, mothers describe feeling the need to either lie about facing abuse, or withdraw from services. This lying and/or non-engagement is, from the perspectives of mothers, often a move made to protect themselves and their children. Meanwhile, lying and disengagement are approached by social workers through the lens of dysfunction or mothers not understanding the severity of situations, therefore making them more likely to view the children at increased risk and make stricter demands of parents [42], [84].

Where children are removed, research suggests mothers feel 'tricked' and 'betrayed' by those involved in their case which in turn makes them feel like no one is 'on their side'. [45], [85]. Birth mothers report feeling less willing to engage with support or future services due to a resultant deep-rooted mistrust of professionals.

Research with Black parents in the UK also suggests that poor past experiences with services may lead to reluctance to engage with child protection services, meaning mothers may be judged more harshly, seen as less willing to engage, and face removal as a result [86].

6. Post-separation contact and experience of the family courts

Studies suggest family courts strongly promote ongoing relationships between children and both their parents following separation, even in families where there is domestic abuse. Evidence also suggests that domestic abuse in family court proceedings is trivialised and misunderstood, which often puts children at a greater risk of harm from an abusive parent.

This section discusses the key findings across two main themes:

- Child contact cases and domestic abuse

- Experiences of the family courts

Summary of key findings:

- Prevalence of domestic abuse in private law children removal cases is higher than in the general population, with allegations of domestic abuse ranging from 49% to 62%.

- The family courts in England strongly promote ongoing relationships between children and both their parents following separation, even if there is evidence of domestic abuse.

- The language and protocols of the court limit engagement and understanding, and mothers report finding the process highly intimidating.

- Mothers who have experienced domestic abuse and are involved in custody cases in the family courts face a number of distinct challenges ranging from sexism, racism and classism in engaging with the system.

6.1 Child contact cases and domestic abuse

Women's Aid in their 2017 analysis of 216 child contact cases found more than two thirds of the cases in their sample involved allegations of domestic abuse [13]. Findings and estimates from other domestic studies show that the prevalence of domestic abuse in private law children cases is higher than in the general population, with allegations of domestic abuse ranging from 49% to 62% [87].

The family courts in England strongly promote ongoing relationships between children and both their parents following separation, even if there is evidence of domestic abuse. Literature overwhelmingly suggests that the domestic abuse in the family courts proceedings is often marginalised, misunderstood or even downgraded within private law children cases, which may put children even at a greater risk of harm or even homicide [30], [88].

Literature also overwhelmingly highlights post-separation child contact in domestic abuse cases as a key risk for the perpetration of continued abuse of mothers, including escalating abuse and homicide [30]. Additionally, post-separation contact can be used by perpetrators as a tactic to undermine mothers, including criticising and belittling them in front of or to the children, using contact with children to pass on abusive or intimidating messages to their mothers, and manipulating children to provide information about their mothers.

Evidence also suggests that continued contact with an abusive parent carries the risks of maintaining controlling relationships, and of children being physically, sexually and emotionally abused and neglected and, at worst, children being killed [30], [88].

For example, a report from Women's Aid found that between 2005 and 2015, 19 children were killed by their fathers in the context of contact arrangements where domestic abuse had been raised. The report specifically highlights a high level of mothers facing domestic abuse in custodial disputes regularly facing separation, removal or homicide of their children [33].

6.2 Experiences of the family courts

Neale and Lopez (2017) suggest that mothers who have experienced domestic abuse and are involved in custody cases in the family courts (whether in the context of a public or private law case), face particular challenges, including [62, p. 31-32]:

- downplaying the father's mistreatment of the mother, describing it as allegations of violence "between the parties" rather than by the father against the mother;

- drawing adverse conclusions when the mother delayed reporting rape or domestic violence, or withdrew her report even though there were entirely valid reasons for her having done so. Figures show that on average a woman is assaulted 35 times before she first reports to the police;

- separating the man's violent temper from the kind of father he is likely to be;

- ignoring that mothers do their best to protect their children and how difficult it is to function in a violent home;

- accusing the mother of "failing to protect" the children without considering her reasons for staying such as fear of reprisals, nowhere to go, no money, or that she may have sought help and been refused;

- accusing her of causing "emotional harm" to the children if she escapes with them and refuses to force them to see their father against their will;

- accusing her of "alienating" the children from their father whenever she raises his abusive or coercive behaviour;

- insisting that she must maintain/enable the father's contact with the children regardless of his violent history.

Research also suggests the language and protocols of the court limit parental engagement and understanding, and parents report finding the process highly intimidating [89], [90].This leads to a sense of powerlessness and fear amongst parents whereby they feel part of an adversarial process in which they have little control or say. In addition, for many women the use of psychological assessments in relation to their own mental health creates further confusion and a sense of isolation in the courts [23].

Evidence suggests that family court experiences in private law cases reflect a similar level of fear, confusion and victim blaming [88], [91]. In cases where accusations of parental alienation are made by the alleged perpetrator of abuse against the non-abusive parent in family courts, abusive parents may retain or gain custody of children as a result. For example, Women's Aid analysis of 216 child contact cases demonstrated that in three of the five cases fathers gained residential rights to their children after making accusations of parental alienation in family courts [13].

A government review into domestic abuse and the family courts found evidence of a system rife with sexism, racism and classism [30]. Key findings included:

- Women experienced the promotion of father-child contact by the family courts and professionals as highly problematic in the context of domestic abuse.

- Mothers felt that domestic abuse was not taken seriously and minimised by courts and professionals, and that the dynamics and impact of domestic abuse were not understood.

- Women were often labelled unreasonable, over-anxious, and obstructive of contact by professionals if they raised concerns about contact with violent fathers.

- The disbelief expressed by courts and professionals, including their own lawyers, when women raised concerns about domestic abuse left them vulnerable and unsupported.

- Mothers experienced considerable pressure from courts and professionals, including their own lawyers, to agree to contact arrangements or attend mediation: in some cases without any assessment of child welfare concerns or without obtaining children's views.

- Perpetrators of domestic abuse use continuous and protracted litigation as part of an ongoing pattern of control and harassment, which many women found as bad as or worse than the abuse itself.

- Children's views were taken seriously and were even determinative if they wanted contact with non-resident fathers, but their views were also more likely to be disregarded, discounted, and treated as problematic when they were opposed to contact.

- Examples were found of racism and a lack of cultural competency. Black and minoritised women reported instances of discrimination factoring into the decision to remove their children.

Studies also suggest the family courts prioritises perpetrators rights to family life over survivors' and children's rights to be free from abuse; as well as examples of mothers losing children to perpetrators as a result of this collusion and discrimination. Analysis of child contact cases finds accusations of parental alienation regularly made by the alleged perpetrator of abuse against the non-abusive parent in family courts as a means of control and threat of separation between mother and child [91]. Some mothers report that this abuse is worse than that faced whilst living with a partner, especially in cases where perpetrators use continuous and protracted litigation as a means of abusing and controlling ex-partners [30].

7. The impact of removal

Studies overwhelmingly demonstrate that mothers with children removed face additional stress, turmoil and mental ill-health as a result of living separately from their child/ren. This compounds the trauma of domestic abuse and leaves mothers feeling helpless and hopeless.

This chapter is arranged in accordance with three emergent subthemes:

- The emotional impact of child removal on mothers
- The practical implications of child removal on mothers
- The impact of removal on children

Summary of key findings:

- Mothers who have had a child removed from their care feel a sense of losing their identity as a parent alongside experiencing feelings of deep grief and loss.

- Mothers may face legal and systemic stigmatisation (e.g. social care, employment, housing, etc) and welfare penalties as a result of child removal.

- Mothers with children removed and who have faced domestic abuse may experience complex/cumulative trauma as they are traumatised by the child protection system as well as the process of removal of children from their care.

- The majority of children removed from their parents spend an extended period of time in care, which has a significant adverse effect on their educational attainment and mental health.

7.1 The emotional impact of child removal on mothers

The sense of loss occurring at child removal has been examined in relation to the loss of the child; however, mothers also report feeling a sense of losing their 'parental identity' and role as a parent alongside [18], [92]–[94]. Research with birth mothers often finds that the removal of children demands a renegotiation of identity:

> *"When I've got contact with them, that's when I'm a mum, but other than that I'm just me now. And I'm just trying to work out who me is. All I've known from the age of 17 upwards is being a parent." ([95] p.307)*

Other research into mothers whose children have been removed highlights two dominant emotional responses to this sense of loss - grief and guilt [23], [96].This sense of grief is explored both as an immediate and long-term effect of removal, sometimes explored in relation

to perinatal loss. Mothers who lose their children have been found to discuss their loss like a 'death', regardless of the knowledge that their children are alive.

Studies also show that parents who have had a child removed remark upon a sense of failure, leading to self-recrimination, shame and a deep sense of guilt. This guilt and shame is found to be deeply linked to the stigma faced by mothers who have their children removed. [23], [94]. Deep emotional impact as a consequence of child removal is reported amongst mothers with experiences of both temporary or permanent separation from their children.

In addition to grief and guilt, mothers also experience a decline in their mental wellbeing as a result of child removal. Mothers with children removed repeatedly score higher on clinical severity mental health scales and are shown to have high levels of emotional and mental health diagnoses, particularly clinical depression [96]–[99].

Mothers report suicidal thoughts or attempts to take their own life and self-harming behaviours escalating upon removal [95]. In a study by Broadhurst et al. (2017) birth mothers described an escalation in issues faced prior to child removal – homelessness or housing instability, further interpersonal violence, and offending behaviour [23].

Research also shows that substance use rates rise for mothers with children removed [99], [100]. A recent investigation into drug use induced deaths in Scotland found elevated levels of drug use induced deaths amongst women who had children removed [101].

For some birth mothers, another reaction to loss is to attempt to 'replace' the loss through repeat pregnancy. There is substantial evidence, most notably that of Karen Broadhurst and colleagues [23], [102], of the tread of repeat pregnancy to try and replace the loss. Women who've had multiple children removed often report getting pregnant to have a second chance, or replace the 'hole that is left' with a new child who they might be able to care for.

Overall, research suggests that the experiences of mothers with children removed and who have faced domestic abuse is best understood through the lens of complex and/or cumulative trauma [94], [95] as mothers report feeling traumatised by the child protection system and process of removal [93], [102]; the process of intervention, not just the actual removal of children, has a negative impact on the mental wellbeing of parents.

> *"It's like they haven't helped my mental health through taking my kids off me, just made me worse... do you know what, it's like they say I'm depressed, but I'm only depressed because I haven't got me babies with me... but I've seen loads of mental health people, and they hadn't been able to help me – so is it really mental health or do you think that I've just like, I don't know, got into this like world where I just want my kids back, but I can't have 'em?" ([103], p.8)*

7.2 The practical implications of child removal

Implications of child removal are not just emotional, but also create practical barriers in the way of recovery and support.

For example, studies highlight the legal stigmatisation and welfare penalties that parents often face as a result of child removal. Previous child removal has also been explored as a negative influencing factor in removal of subsequent children. Research suggests case workers may handle future child protection enquiries differently, whereby mothers are stigmatised and treated with greater suspicion by virtue of previous state intervention. Furthermore, this stigmatisation can impact future employment for parents where employment in support roles can often require applicants to disclose not just criminal convictions, but also 'soft' disclosures such as child removal [23], [102]

In addition, research from Manchester Metropolitan University found mothers who were convicted of joint enterprise crimes were often convicted through establishing a woman's 'bad character', and using previous child removal as an element of this character profiling [51].

Mothers may also find themselves facing welfare penalties as a result of child removal. The loss of full-time care of children has been shown to leave mothers in situations of housing insecurity due to the under-occupancy penalty (bedroom tax). Furthermore, the fast withdrawal of the benefits parents may have been receiving to support their children may leave parents in situations of financial precarity [23], [96]. 'Welfare use' (i.e. accessing financial support) is also shown to increase for birth mothers after their children are removed [99].

Recent research from Sheffield Hallam University (2018) also evidences how mothers facing homelessness and living apart from their children often become invisible to services [104]. Where children were physically absent, the women interviewed for this study were not acknowledged as mothers within the terms of homelessness legislation or housing allocation systems. As a result, many of these mothers were not considered 'priority' status applicants and therefore struggled to gain the housing needed in order to reunite their family or meet the expectations needed to have their children returned to them. These practical implications are found to compound the mental distress mothers face and lead to further stigmatisation and disenfranchisement.

7.3 The impact of removal on children

Studies suggest the majority of children removed from their parents spend an extended period of time in care, rather than being removed to a stable home. According to the figures, published by the Department for Education [44] the number of children who were adopted dropped to 3,570 in the year leading up to the end of March 2019, down from a peak of 5,360 in 2015. In 2019, the number of looked-after children rose by 4% to 78,150. Statistics from Home for Good[11] find 109 children entering the care system in the UK every day, 72% of whom are placed in foster placements. The number of looked after children with a placement order for adoption has fallen by 35% since 2015. This report also found high levels of multiple foster placements, with 10% of fostered children experiencing three or more placements.

Children in care are found to have significantly impacted educational outcomes and are overrepresented in the criminal justice system. They are found to have worse outcomes than those who are not looked after – although significantly better outcomes than those who are otherwise identified as 'in need' but not supported [105]. The Howard League for Penal Reform (2020) have also reported that the increasing privatisation of children's homes and lack of transparency around care leaves children vulnerable to exploitation and further forms of abuse [106].

Children in care are significantly more likely to face mental ill health, both in childhood and adulthood [39]. The rate of mental health disorders for children in care is 45%, which rises to 72% for those in residential care [107]. This is in contrast to 12.8% of children in the general population identified as having a mental health disorder.[12]

Research also shows that removal has significant impacts on identity formation and a sense of belonging for children removed from their parents [108]. The adverse impact of separation between mothers and their children appears to be dismissed in the face of the more immediate risks of domestic abuse. This suggests a need to consider the source of harm to a child where domestic abuse is present, and whether removal from a mother is the best safeguarding response.

In cases where children are separated from their mothers and in the custody of abusive fathers or abusive fathers have contact, the risks and impact to children is similarly negative. As explored in relation to custodial arrangements, homicide is a very real threat [33] and further research showed that in 23% of cases of alleged domestic abuse in the family courts unsupervised contact was ordered at the first hearing [13]. This suggests the potential for ongoing abuse in the context of children left alone or in the custody of abusive fathers without mothers as a protective factor.

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[11] Home for Good Statistics: https://homeforgood.org.uk/statistics/england [accessed 28.02.2022]
[12] Mental Health of Children and Young People in England, 2020: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up [accessed 28.02.2022]

8. Supporting mothers

The literature finds that current service provision does little to cater to the experiences of mothers facing or who have faced child removal. Best practice as explored across the literature is to support mothers to stay with their children where possible. Alternatively, where children are removed, papers offering best practice interventions in therapeutic encounters suggest the need for a trauma-informed long-term intervention style.

This chapter is arranged in accordance with four emergent subthemes:

- Barriers to accessing support

- Support before separation: proactive approaches

- A trauma-informed approach to support

- Protective factors and pathways to recovery

Summary of key findings:

- Mothers who suffer domestic abuse and have their child/children removed have multiple practical and emotional needs and face distinct barriers in access to support.

- Shame, fear and guilt along with negative experiences of removal processes significantly hinder mothers' decision to engage with services available to them.

- For mothers facing domestic abuse, safe and effective support to leave relationships and to begin healing from abuse is essential to both preventing and remedying the harms of child removal.

- In cases where children are removed, mothers must be provided with trauma-informed holistic support before and after the removal process.

8.1 Barriers to accessing support

The support available to parents differs in accordance with the type of care order given. For example, The Adoption of Children Act (2002) created a legal requirement for Local Authorities to provide support before, during and after child removal. Others with less permanent arrangements experience different levels of available support – although court proceedings often end with suggested support plans. In practice, research suggests birth parents with temporary and permanent care orders are unlikely to get the emotional and practical support they need.

Neil et al's (2010) work mapping out available services to parents whose children have been adopted is a beneficial starting point in illustrating the high levels of service underperformance. Just over half of birth relatives (of children involuntarily adopted) referred for support had used at least one session of support in the 12-month follow up period [109].

Barriers identified in accessing services were as follows:

- Birth parents' anger with and mistrust of service providers

- Being refused a service due to current care proceedings

- Having to travel to see a worker

- Timing and parents' 'readiness' to do the work or to accept the adoption

- The support service being seen as another 'authority'

- Parents' feelings of depression and hopelessness

- Lack of persistent follow-up by the support agency

Those who self-referred were found to be more likely to use and gain effective support from these services. The most common type of support people received was emotional support (83%), and levels of satisfaction for those who attended were relatively high.

In earlier work, Cossar and Neil (2010) looked at the accessibility of services for birth relatives of adopted children. Again, there was evidence of significant barriers to access, 90% of respondents to a Local Authority survey noted a difficulty in take-up. Importantly, they also found a positive association between service use and improvement in mental health over time. The more services parents used, the more their mental health improved [110].

As already discussed, this cohort of mothers regularly face high levels of need. Negative experiences of service intervention also factor into mothers' decisions to engage with support, regularly acting as a barrier where mothers have lost trust in the services available to them. For mothers, difficulties with engagement have also been explored in relation to the emotional impact brought about by child removal – shame, unworthiness, fear, guilt, fear of judgement and secrecy [45], [111]. This sense of shame and stigma is especially reported amongst women living apart from their children who are facing homelessness [70].

8.2 Support before separation

For mothers facing domestic abuse, safe and effective support to leave relationships and to begin healing from abuse is essential to both preventing and remedying the harms of child removal.

Support not Separation, a coalition run by Legal Action for Women fighting for the rights of mothers, have found there is little simultaneous support around domestic abuse for those facing both child protection intervention and/or custody battles in the wake of domestic abuse [61]. In 2014, research undertaken by the Family Rights Group directly linked funding cuts to domestic abuse services to more children of domestic abuse victims being put into care [12]. This draws a direct causation between a lack of available support for mothers living with abuse and the likelihood that their children will be removed.

The way in which domestic abuse is regularly acted upon first and foremost as a 'child protection' issue has also been challenged in the literature. Edleson (2004) suggests that a 'more generalised, welfare, and community-based response is needed in the majority of cases' [112]. Highlighting how early screening and intervention focused on strengthening existing personal, social and economic resources, and on stopping the perpetrators' violent behaviour, as well as community-based therapy for children and mothers are the best responses in the majority of cases where there is domestic abuse in the home.

Others highlight the importance of support offered prior to removing children to ensure that, where possible, mothers and children are able to stay together. Programmes catering to mothers and children together have been shown to have good results and enable risk mitigation and safety through working collaboratively [113], [114].

Examples include AVA's CODA Programme (previously The Community Groups Programme). CODA is a 12-week psycho-educational group work programme for children and young people who have experienced domestic abuse. The programme is unique in working with children and their mothers concurrently and in a child-focused way. An evaluation from Middlesex University has found positive feedback from both mothers and children [115].

Birth Companions' and Revolving Doors' [116] research around perinatal health amongst women facing multiple disadvantage also identifies the need for better intervention and support during pregnancy for women facing multiple disadvantage, such as continuity of carers and trained midwives. Women in their research reported not accessing maternity support due to fears around child removal and not being asked about abuse in maternity settings – suggesting a need for greater training and support in this period to support women to keep their children and to feel more comfortable accessing services. Birth Companions' Community Link Service has been shown to be effective in combating isolation and building confidence amongst women facing multiple disadvantage in the perinatal period [117].

Where children's protection enquiries do take place, Rogers and Parkison (2018) highlight how the use of Family Group Conferences can shift the onus of responsibility to the perpetrator of harm in the case of domestic abuse, whilst simultaneously seeing the family as a whole entity and the risks of the mother and child in tandem [71]. This enables a more tailored, holistic, and empowering means of helping families stay together or mothers to leave an abusive partner. Family Group Conferences also encourage better partnership working between agencies who are often siloed, allowing for support to be put in place for mothers where it is otherwise ignored in the face of risks to the child. Other studies highlight the need for better use of MARACs and partnership working between children and adult's social care, as well as involvement of specialist organisations in cases of domestic abuse and child safeguarding to enable holistic, effective responses [75].

Generally, Coordinated Community Responses and multi-agency working are found to be best placed to meet the needs of survivors. An example of a coordinated response shown to increase victim trust and satisfaction where abuse is disclosed is the Specialist Domestic Violence Courts (SDVCs) [118]. Evidence as to whether SDVCs improve responses to mothers facing domestic abuse and limit the permanent removal of mothers and children facing abuse is still yet to be explored.

Models such as the Safe and Together model[13], a suite of interventions to transform child welfare practices in the case of domestic abuse, work to target social work practice in such a way as to change the culture. The model relies on three key principles; keeping children with the non-abusive parent/guardian; partnering with the non-abusive parent as a default position; and intervening with abuse perpetrators to reduce risk and harm to children.

Some studies suggest adopting this model in domestic abuse cases results in less victim blaming [113]. In an evaluation of the implementation of the Safe and Together model in Scotland the quality of the child's plan which met best practice in relation to domestic abuse rose significantly from cases audited in 2014 to cases audited in 2017 [119].

Other approaches, such as the Family Rights Group, Jasmine Mother's Recovery rehabilitation centre, and Family Drug and Alcohol Courts (see case studies below) offer opportunities for birth parents to gain support before or during the removal process. These initiatives have been found in evaluation to support birth parents effectively, in some cases helping them to keep their children. Adequate practical and emotional support can and does allow mothers and children with experiences of domestic abuse to stay together in a number of cases.

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[13] Safe and Together Model: https://safeandtogetherinstitute.com/about-us/about-the-model/ [accessed 28.02.2022]

Case Studies:

Parental advocacy: Family Rights Group

In Featherstone and Fraser's (2012) evaluation of a parental advocacy programme from the **Family Rights Group,** they highlight how the provision of trained advocates for parents facing child removal is a beneficial proactive approach. These advocates can be used as a bridge between parents and professionals in order to disrupt the lack of trust and judgement emerging between them in the adversarial process of child care proceedings.

Through case study analysis, Featherstone and Fraser (2012) highlight how the majority of parents reported finding it easier to communicate with professionals, and one third of these parents felt that the outcomes of their case had been influenced through empowerment and understanding enabled through having an advocate. This was shown to be especially effective where parents were given advocates with a similar cultural or ethnic background [120].

Jasmine Mother's Recovery rehabilitation centre

Jasmine Mother's Recovery rehabilitation centre, run by Trevi, is a residential rehabilitation programme based in Plymouth. Mothers affected by substance addiction (the large majority of whom have experienced domestic and/or sexual violence of some form) can work on recovery without separation from their children through the provision of accommodation, therapeutic services, counselling, drug and alcohol screening and other support work all under one roof.

98% of women are able to detox during their stay at Jasmine Mother's Recovery rehabilitation centre, and 80% of children remained with their mother after using the service. An independent evaluation found that over a 5-year period alone, Jasmine Mother's Recovery represents an ethical and cost-effective saving to local authorities of almost £250,000 per family [121].

The Family Drug and Alcohol Court (FDAC)

Launched in 2008, The FDAC is a court-based intervention aimed at addressing parental substance use through a specialist court. It is the only initiative combining treatment with adjudication and has been shown to be cost-effective. The key elements of this specialist court are:

- judicial continuity (the same judge dealing with a case from beginning to end);

- a problem-solving therapeutic approach through fortnightly review aimed at resolving problems as they arise;

- a specialist multi-disciplinary team working with parents to coordinate and provide holistic support to help parents maintain engagement with substance misuse services and services catering to any additional needs, including domestic abuse, an issue many of the families were reportedly facing; and

- the option for additional support from a mentor who has faced similar adversities and experiences.

Harwin *et al.'s* (2014 in [122]) evaluation of FDAC shows promising results. Through comparing those referred to FDAC with over 100 comparison families, they found those who had been through FDAC had ceased using substances at a substantially higher rate than those in the comparison sample (40% of mothers in comparison to 25%). There is also evidence of higher rates of reunification with children.

Upon feedback, parents themselves report feeling motivated by empathetic workers who worked in partnership with parents. Where parents are provided support prior to the actual removal of the child, evidence across the literature suggests more children are able to stay with their birth parents, and parents report a more positive experience.

8.3 A trauma-informed approach to support

Where children are or have been removed, research suggests that mothers need both therapeutic and practical support which caters to their experience in a tailored and trauma-informed way. Numerous papers call for models able to accommodate complex and developmental trauma, approaches that consider that the pain of child removal is likely to be one of many traumatic experiences these mothers have encountered, as explored in the previous chapter. Rather than adopting a medical model of treatment, scholars suggest the adoption of a trauma-informed model of psychological distress [98], [103].

Joanna Alper's book on support for birth parents post adoption outlines best practice, as well as numerous programmes developed to support women who have faced child removal, including Adoptionplus's Birth Relative Counselling Service and Breaking the Cycle *(see case studies at bottom of this section)*. These programmes, by nature of their client group, often support mothers with experiences of domestic abuse and multiple disadvantage. The scholars and professionals feeding into these papers highlight a number of key elements making up a trauma-informed therapeutic approach [111].

Research highlights how meeting the needs of mothers demands engaging with them from a place of understanding. As Alper and Downing (2019) note, engagement styles must accommodate potential fluctuations in patterns of engagement. This demands catering engagement and referral styles in such a way as to build up trust and maintain flexibility. They highlight how services need to offer support at the pace of each individual mother, following up those who the service hasn't yet engaged, offering phone calls rather than face-to-face appointments, or text messages to remind parents of dates and times. The offer of a 'warm' and 'non-shaming' approach to pre-contact is shown to be effective in facilitating engagement, as this engagement style is in and of itself a form of pre-counselling.

Upon engaging parents, the literature highlights a need for an approach that takes each mother at their own pace and develops trust and support tools through working with that parent in a highly tailored fashion [111]. A person-centred approach demands giving mothers the ability to choose how they are supported. This is discussed across the literature on supporting birth parents in relation to Eversole's (1997) notion of 'bending the frame' – changing and adapting therapeutic work to a client's fluctuating circumstances. This demands not only flexible engagement, but open and understanding therapeutic encounters without formalised outcomes or pathways to healing [123].

A number of papers, especially those written from the perspective of mental health professionals, highlight the need to develop a so-called 'critical friendship' with clients [124]. As Morgan *et al.* (2019) in their work with mothers highlight, many parents feel a deep sense of isolation and loneliness. Creating a close relationship with a counsellor is often key to moving forward, as it actively differs from the types of relationships many mothers will have had prior to counselling/therapy [103]. In order to develop this trusting relationship, there is a need for a non-judgemental and empathetic approach to counselling, therapy and support work. In their study many mothers note non-judgement and understanding as key facilitators towards healing. This should involve 'radical acceptance' from those providing therapeutic support [125].

Numerous texts highlight the need for a long-term approach. There is no 'quick fix' to supporting mothers separated from their children. Therapists working with parents who have faced child removal highlight how the sheer extent of trauma many mothers have been through demands a particularly long time in therapy [125].

There is significantly less take up in counselling and support services amongst mothers from Black and minoritised communities in the UK [103], [126]. Services need to be both advertised and offered in accessible formats, and offer culturally-specific services and choices for women to be aided by support workers from the same ethnic, religious or cultural background. Harris

(2005), in discussion with Black parents who have faced child protection enquiries, highlights the need for non-Eurocentric, non-stigmatising, culturally appropriate and anti-oppressive services that are tailored to meeting the specific needs of this group. This must be the case for all services catering to those in marginalised or minoritised communities in the UK. Similarly, programmes need to work towards an intersectional approach, accommodating the multifaceted nature of each mother's life and identity [126].

Group work initiatives are a less customary form of support for individuals separated from their children, but have been shown to be effective when carefully considered and facilitated [127]–[129]. Support groups have been shown to aid both reunification and engagement with children for those parents who are still in contact with their children. Opportunities for peer support have also been shown to break down isolation, hopelessness, powerlessness and give mothers a sense of gaining control over their own lives [130]. Effective group work depends on a non-judgemental environment, client participation, the leader's stance and acceptance, and relevant content. Where these dynamics are apparent, parents reported finding the group non-judgemental, positive, honest, and down-to-earth in such a way as to facilitate active participation [131].

Frame *et al.* (2006), in their study of peer support in California, highlight notable increases in self-esteem and changes around relationships with men were apparent upon group work with mothers separated from their children [132]. This suggests the benefits of group work for those who are/have been in abusive relationships. Providing opportunities for mothers with children removed to meet their peers has been shown to create openings for peer support and friendship in a way that many parents have not previously experienced if they have limited support and family networks [130]. Group work helps to ameliorate shame and stigma where a strengths-based perspective is adopted [128].

There are numerous avenues that the content of the therapeutic work, whether in a one-to-one or group work format, might take. Best practice includes, but is not limited to: their relationship with their child(ren), managing concerns about the child, managing significant dates (birthdays etc.), practical support around contact and around telling people about their experience, coping with loss and grief, dealing with overwhelming emotion, dealing with isolation and loneliness, responding to blame and judgement, coping with past trauma and moving forward with hope for the present and future [133]. Where person-centred support is prioritised, the content should naturally cater to the mother at hand.

Case Studies:

Mpower and **Positive Choices** are two examples of a flexible holistic support option for mothers. These programmes – both running in Suffolk – are similar in style, taking a client-led, one-to-one approach to support with a core focus on trust building and self-care. These initiatives can be described as 'strengths-based' interventions. Upon evaluation these programmes, by virtue of the flexible style taken, have been shown to have considerable positive impact on birth mothers [124].

Across the life of both projects (up to the point of evaluation), key successes identified included a lack of unplanned pregnancy – a notable success considering the cycle of repeat pregnancy many women turn to in attempts to heal from a sense of loss. Hard outcomes included significant numbers of onwards referrals to community-based services and enabling women to access education, training

Breaking the Cycle is a programme for birth mothers delivered by After Adoption. This programme is for mothers who have lost at least one child to adoption. This is a voluntary programme, founded on Salveron *et al.'s* (2009) principles of effective group work [131]. These mothers will have completed six one-to-one sessions prior to involvement in group work. The programme involves six group work sessions around self-esteem, confidence building, understanding grief and loss, healthy relationships, stress and self-care. This involves numerous group work activities and spaces for reflection and learning. Outcomes of the programme include seven birth mothers in employment, four engaged in voluntary work and six in education. Upon evaluation, all birth mothers report an increase in their wellbeing as a result of being part of the programme [129].

Adoptionplus's Birth Relative Counselling service is an example of a service offering a relationship-based, trauma-informed approach to service provision. Their model involves:

- Longer term counselling where needed, with recognition of individuals 'dipping in and out' of counselling during their lives

- Pending services to encourage take up

- Flexibility regarding appointments

- Proactive support with regard to attendance (telephone call reminders)

- Availability of both face-to-face and telephone counselling

- Supportive care for staff

This involves accredited counsellors taking a person-centred approach to therapy – including the use of different forms of therapy such as EMDR. Birth parents feedback upon evaluation by Nolte *et al* (2019) found support around the following areas to be the most useful [133]:

- Having someone in my corner

- Experiencing a 'release'

- Making sense of what happened to my children

- Being able to make changes

- Putting myself back together

8.4 Protective factors and pathways to recovery

Recovery for mothers who have experienced domestic abuse and child removal is not a linear process. There is contradictory evidence from mandatory adoption cases about whether increased length of time from child removal is associated with a more positive outlook on life [97], [99]. Regardless of building coping strategies to deal with loss, often the pain persists for mothers regardless of effective support. Pathways to healing are often more useful when considered in relation to coping, rather than overcoming: finding ways to acknowledge, connect with, and accept loss [134].

Research finds that where children are not permanently removed, regaining parental responsibility is the primary aim for mothers and seen as the end goal of support and intervention. Parents able to have contact with children are also more likely to be accepting of a permanent removal [97], [109]. Neil's (2006) research found that the type of contact a relative has with the adopted child also greatly impacts on patterns of acceptance. Those able to have face-to-face contact with the removed child are considerably more likely to express positive views and feelings about removal (adoption in this case) [97]. Green (2019), writing from the perspective of a counsellor/therapist working with parents who had children removed, notes how well managed contact can be a positive and crucial aspect of recovery [134]. For those unable to remain in contact with their children, finding solace in the opportunities their child might have without them and coping with the loss they have incurred can act as a road towards recovery and potential maintenance of a relationship with future children [111].

Broadhurst et al. (2017), in their work on mothers in recurrent care proceedings, highlight some key factors towards positive change shared by mothers. Women's commitment to their children who are in care or adopted often acts as a driving force in their attempts to move forward and recover. Other factors include 'learning from experience', a subsequent pregnancy (this can both be a facilitator or a barrier to positive change), a sense of personal agency, 'maturity', forming more positive intimate relationships and new networks of supportive friends and family [23].

Impact analysis across the initiatives outlined above, amongst others, also finds that holistic tailored and trauma-informed emotional support, alongside practical support, can facilitate positive change for mothers with experiences of domestic abuse and child removal. Crucially, what constitutes positive change is subjective for each birth mother. Ultimately, as a number of researchers highlight, keeping mothers and children together would negate the need for reactive services through providing them with the support to both leave an abusive situation, and begin healing through trauma-informed therapy and practical support.

9. Conclusion

For mothers suffering domestic abuse and/or multiple disadvantage, child removal is both a common fear and common reality. Statistics evidence a significant number of mothers living apart from their children who have faced domestic abuse, and the removal of or separation from their children as a result (either directly or indirectly) of this abuse. The literature continually finds mothers further punished through intervention aimed at keeping children safe without considerations made regarding the safety of mothers and children in tandem.

The harm incurred through domestic abuse is substantial for mothers and children. Leaving abuse is complicated and challenging, and the research finds a lack of available or accessible support for mothers to do so. This leaves mothers and children to reach crisis point without viable options to keep themselves and their children safe. The fear of child removal itself acts as a barrier to disclosure, and is a fear weaponised by abusers. In the case of post-separation abuse, the institutional cultures of the family courts allow perpetrators to actualise this threat.

Where abuse is identified by professionals, the pressure to remove children from harm is a key concern, one often mirrored by mothers balancing abuse from a perpetrator and attempts to keep their children safe. Research continually finds mothers blamed for these risks without consideration of who is perpetrating the harm and who is mitigating it. The literature finds untenable demands made of mothers to leave abusive situations and evidence recovery in limited time frames – requests demonstrating a pervasive lack of understanding or training around domestic abuse.

Where unable to leave abusive situations, mothers face the removal of their children. Research highlights the traumatic nature of this experience, and how this breeds a mistrust of services, further marginalisation and poor outcomes. Mothers report a 'downturn' whereby the trauma of child removal exacerbates pre-existing problems and leaves them facing further marginalisation and mental ill-health.

In general, approaches to support are twofold - proactive and reactive. Best practice explored across the literature suggests a need for greater focus on proactive support and advice. Those service responses that work with mothers and children, supporting them to leave abusive situations in a holistic and trauma informed way enable mothers and children to stay together and mitigate further risk of harm. In other instances, the risk of harm to a child may be too great, and services supporting mothers to 'cope' with separation are needed, whereadopting a trauma-informed long-term intervention, can lead to positive outcomes for mothers and support them in coping with loss.

The literature suggests that the current child protection response to domestic abuse needs substantial alteration through adopting a strengths-based approach towards mothers encountering domestic abuse. These changes must be created in partnership with those with lived experience.

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Appendix I: Child protection enquiries

What are child protection enquiries (Section 47)?

Children's services have a legal obligation to look into a child's situation if they receive information that makes them think that a child is at risk of significant harm. This will normally involve them seeing a child unless they can find out enough information about them from other sources, for example by asking their teacher.

What constitutes 'risk'?

The court can make a care or supervision order only if it believes that the 'threshold criteria' has been reached. The 'threshold criteria' means that: at the time children's services first got involved in protecting your child, s/he was suffering or was likely to suffer significant harm; and that the harm was due to the care being given to your child before the case started not being 'what it would be reasonable to expect a parent to give to him/her' or because s/he was out of your control.

What is the legal process?

Where risk has been identified and all options have been exhausted, but there is a belief the child is still at risk of harm – care proceedings begin. A child will either stay with their parents through the proceeding or is subject to a voluntary arrangement, emergency protection order, or in cases where a child is believed to be at serious risk of harm but there is no time for an emergency protection order – they will be put in police protection.

- Voluntary arrangement: There is an agreement between children's services and the child's parent (or other person with parental responsibility for the child) for the child to be looked after for a period of time, or the circumstances are such that there is no-one to look after the child and children's services have stepped in to do this.

- Emergency Protection Order: If Children's Services believes a child is in urgent need of protection, it can ask the court to make an Emergency Protection Order. An Emergency Protection Order lasts for up to eight days and can be extended by the court once for a further seven days. It gives children's services complete responsibility over the child.

- Police Protection: If a parent does not agree to their child being in voluntary accommodation, and children's services believe a child is in need of such immediate protection that they do not have time to apply to court for an EPO, then they can also ask the police to take their child into police protection.

Care proceedings are started in the Family Court when Children's Services apply for a Care or Supervision order. Care proceedings must be finished within 26 weeks or less. The case can only be extended beyond 26 weeks if the court gives permission for this.

During this time a social worker, an officer from Cafcass and others will be trying to understand the reasons why the child may be at risk. They will talk to the parents and the child and broader networks. The social worker and Cafcass officer will each write a report for the court. These will outline what they think should happen to the child.

Throughout the case the court often encourages all parties to try to find solutions without the need for a contested hearing and it will advise about alternative dispute resolution, for example, having a family group conference (if this hasn't been tried prior to the care proceedings starting) or asking a mediator to help to resolve the dispute with children's services.

What is CAFCASS?

In care proceedings, a Children's Guardian from CAFCASS (Children and Family Court Advisory and Support Service) represents the rights and interests of the child. This CAFCASS worker will spend time getting to know the family, appoint a solicitor for the child, and speaks for the child in court.

What is a Family Group Conference?

A family group conference (FGC) is a family-led decision-making process. The whole family comes together to make plans and decisions for a child who needs to be kept safe and able to thrive. Professionals (for example, social workers) set out their key concerns. They are also involved in agreeing the plan for the child (provided it is safe) including any support children's services.

What are the possible outcomes?

Care proceedings are court proceedings brought about by Children's Services (Local Authority) where an application for a Care Order or Supervision Order (or other less common order) is made. If Children's Services believe a child is at risk of significant harm, they can apply to court for permission to act to protect the child.

- Care Order: Local Authority gain parental responsibility for the child and the child becomes looked-after until the age of 18 (unless discharged before). The Local Authority is given Parental Responsibility and will share it with current Parental Responsibility holders, for example, the child's parents. However, the Local Authority can exercise their Parental Responsibility above that of current Parental Responsibility holders where necessary.

- Supervision Order: Local Authority are granted the power to monitor the child's needs whilst the child lives at home or elsewhere. A Supervision Order imposes a duty on the Local Authority to 'advise, assist and befriend' the child. A supervision order can last for one year, and may be extended yearly to a total of three years. Requirements will also be placed on the parent/carer as well as the child.

- Residence Order: An order which says that a child will live with another person such as a family member or friend for as long as the order exists.

- Special Guardianship Order: An Order that places a child or young person to live with someone other than their parent(s) on a long-term basis (similar to Residence Order but harder to undo). Special guardianship allows selected family members andsome long term foster carers to provide them with a permanent home without legally and permanently changing relationships with the child or young person's parents.

- Placement Order: The Court provides permission to the Local Authority to place a child for adoption even if the child's parents do not provide consent. Once an adoption order has been granted, the birth parent(s) lose Parental Responsibility and links with the birth parent(s) and wider family are lost in most cases.

The Family Courts and other child removal procedures.

Any dispute relating to children or family matters takes place in the Family Courts. Family courts are distinct from criminal courts, whereby judges and professionals undergo special training, and protection for individuals contesting one another is not in place to the same degree. There are two types of dispute in family courts – public and private law. The former involves cases brought by Local Authorities (as described above) and private cases generally involve divorce or parental separation. In the latter, child removal is also a real possibility, and many cases involving divorce can lead to child removal from one parent.