#### APPENDIX D

#### CONTACT AND DOMESTIC VIOLENCE --THE EXPERTS' COURT REPORT

### **Articles**

# CONTACT AND DOMESTIC VIOLENCE - THE EXPERTS' COURT REPORT

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For the cases Re L (Contact: Domestic Violence); Re V (Contact: Domestic Violence); Re M (Contact: Domestic Violence); Re H (Contact: Domestic Violence) [2000] 2 FLR 334 (and see p 603 (above)) we were asked, by the Official Solicitor, to prepare a report giving a child and adolescent opinion on, amongst other matters, the implications of domestic violence for contact. We were asked to address a series of questions which we will take in order as headings. We approach this task with humility as much of what we say is self-evident, is clearly already part of the judiciary's thinking as is illustrated in so many judgments, and as we cite a literature that is well known to many in the legal profession involved with child

The consultation paper from Mr Justice Wall, Children Act Sub-Committee of the Advisory Board on Family Law Contact between Children and Violent Parents: The Question of Parental Contact in Cases where there is Domestic Violence (Lord Chancellor's Department, 1999) was widely welcomed and endorsed by the child psychologists and psychiatrists who commented and is very positively viewed by us.

## (I) WHAT ARE THE PSYCHIATRIC PRINCIPLES OF CONTACT BETWEEN THE CHILD AND THE NON-RESIDENTIAL PARENT?

The principles that guide the advice of child psychiatrists and psychologists are drawn from developmental and psychological knowledge, theory and research.

#### Knowledge base

These draw particularly on the following:

## (i) Development: knowledge of children's cognitive, social and emotional development

The following needs of children have particular relevance to issues of contact.

- There are particular needs at particular times with critical times for forming basic relationships.
- There is the need for warmth and approval and the development of positive self-esteem.
- There is the need to increasingly explore and develop independence from a secure base.
- There is the need for a sense of security, stability, continuity and 'belongingness'.
- Cognitive development affects children's ability to remember and to hold people in their minds; it affects their ability to understand situations.

## (ii) Interactional issues: knowledge, theory and research on such aspects as:

- attachment;
- relationships and interactions with carers, parents, siblings and the extended family;
- effects of loss when families are disrupted;
- effects of adverse care;
- the child's interaction with the environment; questions of resilience and vulnerability;
- significance of cultural factors.



All of the above hold different relevance for different children at different ages. A young child experiencing loss through separation or trauma through exposure to violence will express his or her feelings through behaviour such as agitation, sleep disturbance and 'naughtiness' rather than any coherent account of what he or she is feeling and why.

Older children and adolescents may also act out their distress and confusion through their behaviour rather than expressing this directly. The more emotionally mature and well adjusted the girl or boy is, the more able (but not necessarily willing) he or she will be to put their feelings and wishes into

words

#### (iii) Innate factors

These are the factors brought into the situation by virtue of the child's own unique make-up-genetic and temperamental factors including the sex of the child.

Please see appendix 3 below for relevant references of which we have tried to present just a minimum number – either germinal

or of particular relevance.

## Principles drawn from this knowledge base relating to contact

These are seen as core principles that should guide decisions whatever the nature of the case.

(i) We see the centrality of the child as all important. There will be tensions around the child because, in disputed cases, the parents will hold differing positions. The needs of the adult positions obscure and overwhelm the needs of the child but promoting the child's mental health remains the central issue.

Decisions about contact must be child-centred and relate to the specific child in his or her specific situation, now. Every child has different needs and these also alter with the different needs at different stages of development. The eventual plan for the child must be the one that best approximates to these needs.

(ii) To consider contact questions the purpose of any proposed contact must be

overt and abundantly clear.

Contact can only be an issue where it has

the potential for benefiting the child in some way. Defining in what way this might be will help guide decisions about whether there should be contact and also its nature, duration and frequency.

The different purposes of contact include:

 the sharing of information and knowledge; curiosity is healthy; sense of origin and roots contribute to the sense of identity which is also important as a part of self-esteem;

 maintaining meaningful and beneficial relationships (or forming and building up relationships which have the potential for benefiting the child; this may be particularly relevant to infants);

- experiences that can be the foundations for healthy emotional growth and development; children benefit from being the special focus of love, attention and concern and of loving and being concerned;
- reparation of broken or problematic relationships;
- opportunities for reality testing for the child; children need to balance reality versus fantasy and idealisation versus denigration;
- facilitating the assessment of the quality of the relationship or contact – most relevant where a return to a particular parent is being considered;
- severing relationships, for example, goodbye meetings.
- (iii) Decisions must involve a process of balancing different factors and the advantages and disadvantages of each. This includes contact versus no contact and whether to accept or go against the wishes of a child.

#### **Fathers**

Contact with fathers, as opposed to other family members or people with whom the child has a significant relationship, brings the following, in particular, to bear, although the general principles remain the same:

- the father's unique role in the creation of the child;
- the sharing of 50% of his or her genetic

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material:

the history of his or her conception and the parental relationship;

the consequent importance of the father in the child's sense of identity and value;

the role modelling a father can provide of the father's and male contribution to parenting and the rearing of children which will have relevance to the child's concepts of parental role models and his or her own choices about choosing partners and the sort of family life he or she aims to create.

#### (2)(i) WHAT ARE THE BENEFITS OF (A) DIRECT AND (B) INDIRECT CONTACT WITH THE NON-RESIDENTIAL PARENT?

#### Benefits of contact

Potentially, these are all the benefits referred to above and depend on the age and development of the child, the individual characteristics of the child and his or her situation, which is the present situation but includes the impact on that situation of past experiences and events. Central to potential benefits are also the capacity of the parent concerned to understand and respond appropriately to his or her child's needs.

In summary, the benefits include the meeting of his or her needs for:

warmth, approval, feeling unique and special to a parent;

extending experiences and developing (or maintaining) meaningful relationships;

information and knowledge;

reparation of distorted relationships or perceptions.

By way of summary a dimensional diagram is attached in Appendix 2. Direct contact can meet one or more or all of these needs. The sort of direct contact separated parents are able to agree and organise between themselves in negotiations as responsible parents with their child's best interests at heart is the type of arrangement that is likely to take place in a positive and supportive way and is the most likely to most benefit the child.

Indirect contact can only meet a much

more limited number of needs, amongst these in particular, are:

experience of the continued interest of the absent parent which, in a very partial way, will meet the need to feel valued and wanted, ie not rejected, by that parent;

(ii) knowledge and information about the

absent parent;

(iii) the keeping open of the possibility of the development of the relationship, for example, when the child is older or has some specific need of that parent;

(iv) there may be some opportunity, through letters or phone calls, for

reparation.

Much depends, particularly with small children, on the manner in which the indirect contact is managed by the resident parent.

There is a lack of resources (and creative and flexible thinking) in how to allow children to gain from their indirect contact where the resident parent's hostility distorts the manner in which the child interprets the indirect contact. For example, proxy contact arrangements.

#### (2)(ii) WHAT ARE THE RISKS OF (A) DIRECT AND (B) INDIRECT CONTACT WITH THE NON-RESIDENTIAL PARENT?

#### Direct contact

The overall risk is that of failing to meet and actually undermining the child's developmental needs or even causing emotional abuse and damage – directly through the contact or as a consequence of the contact.

Specifically, this includes:

- Escalating the climate of conflict around the child which will:
- undermine her or his general stability and sense of emotional well-being;
- inevitably result in tugs of loyalty and a sense of responsibility for the conflict (except in the smallest of babies);
- (c) affect relationships between the child and both the resident and the non-resident parent. It may, for example, result in extreme polarisation

with enmeshment with the resident parent and rejection of the non-resident parent as a result of the child's efforts to reduce the conflictual situation.

- (ii) Direct experiences within the contact:
- (a) Abuse: physical or sexual, or emotional, see below; neglect; dangerous situations include those in which the parent has delusional beliefs at the time of contact, ie is acutely mentally ill or is under the influence of alcohol or drugs.
- (b) Emotional abuse through the denigration of the child directly or the child's resident carer, through using the contact as a means of continuing or escalating the 'war' with the resident parent, for example, seeking derogatory information, engendering secrets, making derogatory remarks in an attempt to undermine the resident parent.

This can also be seen as increasing distortions in the child's perceptions and understanding of reality.

This includes situations where the motivation for contact is to satisfy the need of the contact parent, for example, to get at the other parent or maintain a link with him or her, and is not motivated by positive feelings for the child and a genuine wish for a healthy relationship with that child.

(c) Continuation of unhealthy relationships, for example, inappropriately dominant or bullying relationships, controlling relationships through subtly or blatantly maintaining (or initiating) fear or through other means (for example bribes, emotional blackmail).

This includes situations where the child is aware of the continuing fear about the contact parent on the part of the custodial parent.

(d) Undermining the child's sense of stability and continuity by deliberately or inadvertently setting different moral standards or standards of behaviour. Rules for the child may be very different with the contact parent and the child may be allowed to do quite different things which are normally forbidden. This can affect his or her understanding of right and wrong

and/or give him or her the means to then challenge or defy the resident parent.

This is particularly likely to occur where the parents are unable to responsibly discuss their child-rearing practices and related issues with one another.

- (e) Experiences lacking in endorsement of the child as a valued and individual person, for example, where little or no interest is shown in the child himself or herself. Contact where the contact parent is unable to consistently sustain the prioritisation of the child's needs.
- (f) Unstimulating experiences which are lacking in interest, fun or in extending the child and his or her experiences.
- (iii) Other:
- (a) Continuation of unresolved situations, for example, where the child has a memory or belief about a negative aspect of the contact parent, for example, abuse, and where this is just left as if unimportant. Actual denial of abuse where this has been established or the child continues to make statements about it and/or refusal to look at apologising and other means of helping the child deal with the situation can be particularly destructive to the child both in terms of failing to validate their experience and failing to validate the child as a valid individual as a consequence and in terms of failing to recognise and help the child in his or her need to come to terms with what has happened.
- (b) Unreliable contact in which the child is frequently let down or feels rejected, unwanted and of little importance to the failing parent. This also undermines a child's need for predictability and stability. We believe the legal processes tend to underestimate the impact on the child and the child's situation of a parent who does not arrive on time or at all, who cancels at the last minute or makes a great fuss over a child's request to miss a contact in order to do something important to the child, a parent who breaks promises - promises to come, for treats, for holidays, for not behaving in a particular way (such as

criticising the child or the custodial parent) or who is unreliable at contact for example only attentive by fits and vetted contact such as letters. starts. The child is likely to feel let down, disappointed, angry and unvalued or rejected; the resident parent is likely to have to deal with the aftermath of such events and feelings and there may be an undermining of the child's whole situation. The child may in part recognise the overall effects resident parent. the unreliability is having and the distress caused to his or her carer. Children who do not want contact for these reasons must be heard and, almost invariably, their wish for no

The child is continuing to attend contact against his or her ongoing wishes such that the child feels undermined as someone in his or her own right whose feelings are considered and heeded.

contact granted.

(d) All significantly difficult contact situations for the child where there is little potential and prospect for change, for example, wholly implacable situations, contact which is failing to prioritise the child's needs.

(e) The stress on the child, on his or her resident carer and on the situation as a whole of ongoing proceedings or frequently re-initiated proceedings, of periods of contact and then no contact on and off also need taking into account. Proceedings often mean a standstill in the child's overall life and development while his or her carer's emotional energies are taken up with the case and the child is only too aware that he or she is at the centre of some dispute and somehow responsible for this and the resulting distress. We know of no research that has systematically looked at the impact on children of drawn-out proceedings but our experience is that the children are adversely affected.

#### Indirect contact

The above apply only inasmuch as the non-resident parent is able to convey undermining and distorting messages through whatever indirect contact medium is agreed. Obviously, there is greatest scope for harm in telephone contact and least in

Other risks are that of the non-resident parent, in abduction risk situations, using the child's communications to establish details about the child that could lead to identifying the child's home address, school or routines, or as ammunition in legal proceedings or simply in undermining the

In summary: in contested contact cases it is unlikely that the best contact situation for the child can be established – one which both parents support and in which the child's needs are consistently met. Hence the balancing act between the potential benefit versus detriment of contact.

#### (3) WHAT WEIGHT IS TO BE PLACED UPON THE FOLLOWING FACTORS IN CHILDREN CONTACT CASES?

(i) Where there is a history of significant intra-familial violence and the child has had a negative experience of the non-residential parent, for example, witnessing an incident of intra-familial violence or threats to the

We take the term intra-familial violence to refer to inter-partner violence and not to other forms of domestic violence such as direct child abuse per se. The child may, of course, be abused in inter-partner violence directly and physically or emotionally. Research indicates that children are affected as much by exposure to violence as to being involved in it. The ongoing fear and dread of it recurring is also emotionally very damaging (see the papers by McCloskey et al and Jaffe et al).

Secondly, we take the position that all children are affected by significant and repeated inter-partner violence, even if this is only indirect, ie the child is not directly involved. Awareness is all but inevitable and even without this there will be the aftermath of the violence and the distorted inter-partner relationships, communication and behaviours. The research is entirely consistent in showing deleterious effects on children of exposure to domestic violence.

It needs to be noted that research in this - area is all in relation to the effects on



children of domestic violence and not to either the changing circumstances of that violence, for example, if the violent partner leaves the relationship and other factors in such situations (contribution of mother's behaviour to the violence, the further relationships she makes and her overall competence as a parent), nor to the question of how previously exposed children fare according to whether or not contact continues.

Thus views in this area are based on the generality of the research on the ill-effects of such exposure and experience and using this in a common sense way to inform opinion. However, findings in relation to children's fear and dread (see McCloskey) and the experience of those treating children psychotherapeutically after exposure to domestic violence that the persecutory fears are deep-seated and persistent, indicate that even when children do not continue in that violent situation, emotional trauma continues to be experienced; the memories of the violence continue as persecutory images.

The context of the overall situation is highly relevant to decision making. The contribution of psychiatric disorders to situations of domestic violence and emotional abuse must be considered. Such disorders will have put enormous pressures not only on the child but on the other parent. Depression and delusional disorders are obvious examples but personality disorders may be most relevant in this context. Where such a personality disorder, for example a borderline personality disorder, affects interpersonal relationships both the relationship with the partner and with the child are likely to have been marked by unstable and intense relations on an inter-personal level with extremes of feelings, anger problems and other behavioural problems - for example, jealousy and irrational ideas, threats or acts of self-harm and marked impulsivity. This will have added to the emotional abuse of the child and is likely to continue. The reinforcing effects on some such people of continuing the inter-personal battles will complicate and prolong legal proceedings and may lead to frequent re-applications. The continuing complex and intense on/off relationships so often seen in domestic

violence may further undermine arrangements. The child needs protecting from all this.

It needs to be remembered that the most extreme form of domestic violence is murder where one partner (usually the man) kills the other. The fear that one of their parents might be killed during the violence is often a significant part of the trauma to the child.

Domestic violence is relevant in the following ways with regard to contact (and all relate to the general principles already set out).

- (a) There may be a continuing sense of fear of the violent parent by the child.
- (b) The child may have post-traumatic anxieties or symptoms which the proximity of the non-resident violent parent may re-arouse or perpetuate.
- (c) There may be a continuing awareness of the fear the violent parent arouses in the child's main carer.
- (d) There are likely to be all or many of the issues referred to under 'risks of direct contact', some of which may not be directly the responsibility of the violent parent, for example, the mother's or resident parent's reaction and post-traumatic symptoms in relation to the past violence.
- There is the important, but largely neglected area, of the effects of such situations on children's own attitudes to violence, to forming 'parenting relationships and to the role of fathers in such relationships and in caring for and protecting their children. Research indicates that, particularly in boys, attitudes are affected. One study (Moffett and Caspi) showed a close relationship between childhood antisocial behaviour and partner violence (and early childbearing) while others show clear associations between domestic violence and behaviour problems (in girls and boys, but it is the boys that show more antisocial problems). One of these (Grych and Fincham) also produced evidence of associations between the frequency and intensity of the violence with the severity of the child sequelae, but no specific gender or age association

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beyond that referred to above. The process by which the ill-effects are mediated are not known but there are various hypotheses including ones which see the inter-partner violence as disrupting the quality of parenting generally as well as theories of child stress and child imitation. Genetics may also play a role, ie the violent and dysfunctional traits are inherited. Contact decisions, if this were a pure effect, would then have little bearing on outcome. An interaction between genes and environment is seen as the most likely explanation.

Put in moral terms what is the view about encouraging children to have relationships with fathers who have behaved criminally and in a way that specifically denigrates the mother and specifically undermines and distorts the caring and protective roles of parents? Domestic violence is usually an assault on the child's main carer. Leonore Terr's work indicates that threats to the carer on whom a child is dependent have more serious consequences in young children than attacks on themselves.

(f) Direct physical abuse: parents who are violent to each other are more likely to be violent to their children. The same review mentioned above, taking the research together, puts the risks as between three and nine times greater than in non-violent families.

We are not in these questions asked to address the issue of the mother's part in any domestic violence which complicates the picture but less so if the decision that she is to be the main carer is already taken and if she has successfully extricated herself from that and other violent relationships.

(ii) Where the child is adamant that he/she does not wish to see the parent or contemplate contact

Eekelaar has produced a helpful approach to assessing how to weight children's wishes (see Appendix 1). The following need to be accepted:

(i) the child must be listened to and taken seriously; (ii) the age and understanding of the child are highly relevant;

(iii) the child, and the younger and the more dependent, either for developmental or emotional reasons, if in a positive relationship with the resident parent will inevitably be influenced by:

that parent's views;

- their wish to maintain her or his sense of security and stability within that household.
- (iv) Going against the child's wishes must involve the following.
  - Indications that there are prospects of the child changing his or her view as a result of preparation work or the contact itself; for example, there is a history of meaningful attachment and a good relationship; the non-resident parent has child-centred plans as to how to help the child overcome his or her resistance; there are some indications of ambivalence such as an adamant statement of not wanting to see that parent accompanied by lots of positive memories and affect when talking of that parent.

 Consideration of the effects on the child of making a decision that appears to disregard their feelings/wishes. It is damaging to a child to feel he or she is forced to do something against his or her will and against his or her judgment if the child cannot see the sense of it.

- (v) Unreliable contact: see (2)(iii)(b) above.
- (iii) Where there is an absence of a bond between the child and the parent with whom he or she does not live

The following need to be taken into account.

(i) The age and developmental level of the child: infants invoke and promote parenting behaviour towards them by their own behaviour and interactions. The interactions and experience of the carer of the infant and the infant of the carer are necessary to the formation of attachment and bonds (positive and



significant relationships in either direction) between them. The lack of attachment or bonds in a small baby should not therefore in itself be seen as a reason for not promoting contact.

Toddlers and older children remain capable of forming bonds and attachments although these will be of different quality and type according to the situation. A strong bond for years with a single carer is likely to result in a greater resource for forming future strong bonds and relationships. However, if they remain with the longstanding 'attachment' parent new bonds are unlikely to become as strong or meaningful as the basic one.

In adolescence, other significant developmental issues come into the situation. In relation to an absent bond with the non-residential parent, the seeking of a clear and separate identity may lead to greater interest in a little-known biological parent. The introduction of contact may, at the same time, because of the adolescent's seeking of independence, add complications which undermine the 'main' placement (for example expressing a wish or leaving to live with the non-resident parent as an act of defiance towards the resident parent and his or her controls).

(ii) The question, perhaps, needs to be looked at the other way around. If there is a strong relationship, bond or attachment that is a good reason to continue and promote contact as failure to do so will be an emotional loss for the child and much more likely to be experienced as an abandonment or rejection.

Lack of such a bond means there is not that argument for furthering contact but it is not, in itself, a reason not to try to build a new relationship.

In this last situation, other considerations may come into play, such as other emotional investments of the child, for example, in a step-parent and what specifically the new relationship might add to the child's life and well-being.

In the event that there is no meaningful relationship between the child and

non-residential parent and an established history of domestic violence with or without opposition to contact by the resident parent, there would need to be very good reason to embark on a plan of introducing direct contact and building up a relationship when the main evidence is of that non-residential parent's capacity for violence within relationships.

#### (iv) Where there is a case of Parental Alienation Syndrome

Parental Alienation Syndrome does not exist in the sense that it is:

- not recognised in either the American classification of mental disorders (DSMIV) or the international classification of disorders (ICD10);
- not generally recognised in our or allied child mental health specialities.

We do not consider it to be a helpful concept and consider that the sort of problems that the title of this disorder is trying to address is better thought of as implacable hostility. The essential and important difference is that the Parental Alienation Syndrome assumes a cause (seen as misguided or malign on the part of the resident parent) which leads to a prescribed intervention whereas the concept (which no one claims to be a 'syndrome') is simply a statement aimed at the understanding of particular situations but for which a range of explanations is possible and for which there is no single and prescribed solution, this depending on the nature and individuality of each case.

The basic concept in the Parental Alienation Syndrome is a uni-directional one as if such situations are a linear process when they are, in fact, dynamic and interactional with aspects of each parent's relationship to the other interacting to produce the difficult and stuck situation.

There is an elegant rebuttal of such a syndrome by the highly reputable Kathleen Faller and we fully agree with the thrust of her arguments (see 'The Parental Alienation Syndrome: What Is It and What Data Support It?' (1998) 3(2) Child Maltreatment 100).

The possible reasons for a resident parent taking a position of implacable hostility (by

implication to the ex-partner as much as to contact) are as follows.

- (a) A fully justified fear of harm or abduction resulting from any direct contact with the non-resident parent.
- (b) A fear of violence or other threat and menace to herself if the non-resident parent has indirect contact to her through the child, ie it could lead to direct contact.
- (c) Post-traumatic symptoms in the custodial parent which are acutely exacerbated by the prospect or the fact of contact.
- (d) The aftermath of a relationship in which there was a marked imbalance in the power exercised by the two parents and where the mother fears she will be wholly undermined and become helpless and totally inadequate again if there is any channel of contact between herself and the ex-partner, even when that only involves the child. The child can be used as a weapon in such a bid to continue to hold power over the mother. As in (a), (b), and (c) above this can be a sequelae of domestic violence.
- (e) Wholly biased hostility which is not based on real events or experience. This may be conscious and malign or perceived to be true. The latter encompass the full continuum from misperceptions and misunderstandings through overvalued ideas to delusional states. The former may result from a simple wish to wipe the slate clean and start again and can be seen after relationships that were initially highly romantic or idealised and for the breakdown of which the woman can only account for by vilifying the partner in order to avoid facing the possibility that the breakdown in the relationship was her failure and amounts to rejection.

It is in this last situation (e), in which there are often sexual abuse allegations emanating mainly from the resident carer, which particularly exercise experts and the courts as the fathers may be well-functioning, well-meaning and represent a real potential for a good relationship with the child.

The term 'implacable' is used here to describe the intensity and unchanging nature of the hostility and the fact that any amount of mediation is unlikely to result in an alteration in the hostility felt by the parent. It is important to note it is often two-way, ie the non-resident parent is as implacably hostile to the resident parent as the other way around.

It is more often not directly expressed or camouflaged as the non-resident parent has 'more to lose' by its being obviously stated.

Implacability makes no difference to the general principles outlined in this document although it increases the complexity and difficulties and the prospects of solution

#### (4) IN WHAT CIRCUMSTANCES SHOULD THE COURT GIVE CONSIDERATION TO A CHILD HAVING NO DIRECT CONTACT WITH THE NON-RESIDENTIAL PARENT?

#### The core question

In our experience the judiciary takes careful account of all the relevant factors and comes to decisions based on the individual needs of the child in question.

From all that is written above, it will be clear that we consider that there should be no automatic assumption that contact to a previously or currently violent parent is in the child's interests; if anything the assumption should be in the opposite direction and the case of the non-residential parent one of proving why he can offer something of such benefit not only to the child but to the child's situation (ie act in a way that is supportive to the child's situation with his or her resident parent and able to be sensitive to and respond appropriately to the child's needs), that contact should be considered. We would go as far as to suggest, acknowledging our limited knowledge of the law, a position in which a father (or mother in certain circumstances) who has been found to have been domestically violent to the child's carer should need to show positive grounds as to why, despite this, contact is in the child's interests in order for an application to be even considered. There could be a requirement that that parent sets out how he proposes to help the child heal and

recover from the damage done.

In these situations, it is unlikely that the conditions outlined in (2)(i) above will be met and that contact will be in the child's interests. Domestic violence involves a very serious and significant failure in parenting – failure to protect the child's carer and failure to protect the child emotionally (and in some cases physically – which meets any definition of child abuse).

Without the following we would see the balance of advantage and disadvantage as tipping against contact:

- (a) some (preferably full) acknowledgment of the violence;
- (b) some acceptance (preferably full if appropriate, ie the sole instigator of violence) of responsibility for that violence;
- (c) full acceptance of the inappropriateness of the violence particularly in respect of the domestic and parenting context and of the likely ill-effects on the child;

(d) a genuine interest in the child's welfare and full commitment to the child, ie a wish for contact in which he is not making the conditions;

- (e) a wish to make reparation to the child and work towards the child recognising the inappropriateness of the violence and the attitude to and treatment of the mother and helping the child to develop appropriate values and attitudes;
- (f) an expression of regret and the showing of some understanding of the impact of their behaviour on their ex-partner in the past and currently;
- (g) indications that the parent seeking contact can reliably sustain contact in all senses.

Without the above we cannot see how the non-resident parent can fully support the child, play a part in undoing some of the harm caused to the child and his or her whole situation, help the child understand the reality of past events and experiences and fully support the child's current situation and need to move on and develop healthily.

Without (a)–(f) above we see there as being a significant risk to the child's general well-being and his or her emotional

development. Without these we also see contact as potentially raising the likelihood of the most serious of the sequelae of children's exposure, directly or indirectly, to domestic violence, namely the increased risk of aggression and violence in the child generally, the increased risk of the child becoming the perpetrator of domestic violence or becoming involved in domestically violent relationships and of increased risk of having disturbed inter-personal relationships themselves.

(h) Respecting the child's wishes: while this needs to be assessed within the whole context of such wishes, the older the child the more seriously they should be viewed and the more insulting and discrediting to the child to have them ignored. As a rough rule we would see these as needing to be taken account of at any age; above 10 we see these as carrying considerable weight with 6-10 as an intermediate stage and at under 6 as often indistinguishable in many ways from the wishes of the main carer (assuming normal development). In domestic violence, where the child has memories of that violence we would see their wishes as warranting much more weight than in situations where no real reason for the child's resistance appears to exist.

In addition to the above, which are specific but by no means exclusive to domestic violence, the other evaluations of how the contact will benefit the child need to be made. In particular, the question of its purpose needs answering as there is a great difference between contact, direct or indirect, designed to provide information and, in the case of direct contact, direct knowledge of the parent and contact designed to re-establish, continue or develop a meaningful father—child relationship.

#### (5) OTHER RELEVANT ISSUES

We were not asked, which we are sometimes asked in instructions to us, what is the potential detriment to the child of having no direct contact with the non-resident parent.

Taking the case of past domestic violence, although the principles are the same in all cases, the most relevant issues would be:

(i) deprivation of a relationship with the

biological father;

- loss of the opportunity to know that parent first-hand; loss of information and knowledge that will go towards the child's identity formation. While the reality testing may give the child a negative view of the parent, that may be less worrying than the unseen, imagined villain. Where it is a positive view and the child is able to see good in the parent as well as to understand that he did things that were very wrong will help the positive image of himself or herself. While directly this may be more important for sons, daughters can be helped in their attitude to what makes a suitable partner to father her children. Children can have genetic fears - that he or she will be just like the father, sometimes fuelled by their mother's attitude, and the reality of who their father is can be helpful; if the non-resident parent has been vilified beyond the facts, then the child will have the opportunity of assessing this for themselves;
- (iii) loss of the opportunity to know grandparents and other relatives on the non-resident parent's side of the family. This can add to the loss of genealogical information (although the study by Humphrey et al indicates that clear genealogical knowledge in an adolescent is not a necessary prerequisite to healthy identity formation and good self-esteem). Occasionally successful contact with the non-resident parent's family can be achieved without contact to the parent himself or herself and without undermining the child by doing so, ie where assessment indicates that such contact can be safely achieved and is in the child's interests;

(iv) loss of that parent if the child has had a positive and meaningful relationship with him and even where it has been

negative if the relationship gave the child some sense of being cared about. Continuity can also be important;

 (v) if the parent is able to provide positive and supportive contact and new and different experiences, then loss of that opportunity;

(vi) absence of the opportunity for any repair to the relationships or to the

harm done;

(vii) lessening of the likelihood of the child being able to get in touch and/or form a meaningful relationship at a later stage.

#### OTHER GENERAL COMMENTS

We would like to see greater creativity in addressing ways of resolving contact difficulties. For example:

- Overcoming fear and resistance where this appears to be ill-founded: some children can overcome their fears of seeing a parent if able to see them in a safe situation in which they are in control – for example, a one-way screen with an interviewer programmed by them interviewing the parent on the other side. The child can control what is explored and whether or not he or she wishes to enter the room to face the parent.
- Proxy contact where a trained person acts as the 'go-between' who can read and discuss correspondence and even meet with the child and parent separately to discuss issues that come up and convey messages or raise issues that one or other wants raised with the other.
- Identified resources to be set up or new services prepared to continue work where there are, have been or are likely to be contact difficulties after the conclusion of a court case possibly mediation services, the new amalgamated child advocacy service or social services family centres. In addition to the sorts of approaches mentioned just above, the resident parent may need support and advice in relation to any contact ordered and there may be work to be done with the child.





Contact and supervision
We recognise the considerable problems in deciding whether or not to order supervised contact where this appears to be a reasonably safe way of maintaining or forging some sort of relationship. The difficulties include:

• The quality of such experiences for a child (or parent) if this is continued over a long time. It is an abnormal situation, it is often disliked by the child both because of its artificiality and because of the restricted opportunities for interest, fun and stimulation within it; such arrangements often make the child (and parent) feel tense and ill at ease and may result in the child simply holding that parent responsible for their having to put up with it. This may result in further alienation and no real benefit to the child.

 There is a lack of resources: good contact centres with good facilities and good supervision are scarce and by and large not available for long-term arrangements; it is

expensive.

It is unlikely to lead to improvements in a parent's sensitivity or parenting skills or to lead to a situation where it becomes safe for the child to be alone with

that parent.

- There are a few situations where it might be considered if a time-frame is set. These are situations where change in the short-term is seen as likely, for example, where a parent is recovering from a mental illness, where a parent with learning difficulties is thought to be capable of improved input with a programme of work. Or where there is a therapeutic purpose to the contact – see below.
- Specified types of contact
   We see the issue of supervision as
   needing specifying in any order or
   agreement. The supervision of contact
   can be looked on as having the
   following specific purposes.
  - (i) Safety from physical harm and emotional abuse: this requires a

very high level of constant supervision and the superviser needs to be experienced enough and confident enough to immediately and firmly intervene if anything of concern arises.

(ii) Checks on the fitness of the parent at the start of contact and/or the availability of a supervisor to support the child if needed: this requires an intermediate level of supervision. The superviser might simply meet the parent and spend a little time with the parent at the beginning of contact to check the parent is, for example, sober or free from obvious mental disturbance and, thereafter, be at a distance or in and out.

(iii) Therapeutic purposes in the widest sense: the contact might need to be managed so that the child is supported in resolving issues with the parent which he or she wishes or needs to understand; or to provide an opportunity for a parent to apologise or in other ways make amends; or to discuss an ending to contact. In managed contact the superviser can play a role in guiding the parent and improving the quality of the interactions and the parenting.

(iv) Support for the child: supervision provided to make the child feel more at ease or safe, for example, the presence of the other parent, another familiar person or a superviser. This can be included

in (ii).

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The ongoing work of Drs Reder, Lucey and Fellow-Smith with myself in drawing together ideas for the principles on which contact decisions might be based has informed the content of this paper.

Drs Tuffnell, Lucey and Lindsey have all kindly read and commented on this paper. Their

comments are incorporated.

Dr Caroline Lindsey as Chairman of the Executive Committee of the Child and Adolescent Section of our College endorses the general position taken in this paper.

# M Article

## Appendix I - Contact

### TABLE - DIMENSIONS OF POTENTIAL BENEFIT AND DETRIMENT OF CONTACT

Likelihood of beneficial contact	Dimension	Likelihood of detrimental contact	Purpose of contact
if relationship has significant meaning for the child	meaning of relationship	if relationship is of no significance to the child	to maintain or further develop a relationship
if it is good	quality of attachment	if it is poor	to provide continuity of sense of emotional well-being
yes	absence of conflict in the relationship*	no	to support the child and promote his interests
if opportunities are good	opportunities for reality testing	if opportunities are poor	to reduce distortions/ effect repair and to enhance self-knowledge and identity
strong likelihood	likelihood of a good experience	unlikely	to extend the child's experience and sense of woe

<sup>\*</sup> This includes the absence of conflict in relation to those around the child, ie the child's placement/situation is supported.

#### Relevance to frequency

The frequency of contact and its length and nature should be a direct reflection of its purpose. The age of the child is also relevant. For example, there is a need for high levels of contact if it is to build up a relationship, lower levels if it is to maintain a relationship and intermittent if it is simply for the sharing of information.

# Appendix 2 – Considering children's wishes and feelings

Eekelaar draws attention to the many practical difficulties such an approach encounters. There are difficulties due to:

- distinguishing between wishes and
- deeper feelings;
- statements influenced by a specific context;
- separating out the incidental or transitory;
- pressure from disputing adults;
- risk of being burdened with guilt;
- risk of receiving hostility from others;
- decision affected by information quality and provider bias;
- articulation affected by age and how they might think it will be received;
- whether they have promised someone what or not to say;
- · whether they have support;
- · where and how they are asked;
- where it is difficult to explain the alternatives to children.



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