

AAFDA

Advocacy After Fatal Domestic Abuse



2021

RESOURCE FOR CARERS

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WELCOME

This booklet has been created by Advocacy After Fatal Domestic Abuse (AAFDA) a specialist charity for families who have been affected by a death involving domestic abuse and centre for excellence on Domestic Homicide Reviews in partnership with AVA (Against Violence and Abuse) a training and consultancy charity working to end Violence Against Women and Girls. Together we want to offer you the support you need to help the child or children in your care have a voice in a Domestic Homicide Review (DHR).



AAFDA's specialist team of advocates offer specialist and expert advocacy and peer support. They are experts at navigating the systems and processes after a death and can intervene to ensure that your family gets the right support. Every family bereaved by domestic abuse will have a unique set of challenges facing them as they begin to understand their loss and the situation that led up to their loss.

WHO IS THIS RESOURCE FOR?

This resource focuses on the particular needs of children and young people who have been impacted by fatal domestic abuse and how being involved in a DHR can offer healing and understanding for them.

Children and Young People need specialist support to be involved in a DHR, advocacy, counselling and the care that you give are all important resources that can help children and young people be involved in a way that is meaningful for them. There is no doubt that being involved in a DHR might be distressing, but we believe that with the right support it can be a site of healing and understanding for children and young people.

WHAT DOES AAFDA KNOW?

AAFDA has seen that with the right support and the right professionals in place children and young people have a lot to contribute to reviews. They can help to determine the facts and help professionals see life through the victim's eyes to produce a review that is accurate and meaningful. A compassionate review can be a testimonial for children and young people of the events that led up to the death and it can dispel myths and victim blaming.

We want to give you the resources to discuss DHRs with the children and young people in your care and help them make informed decisions about whether to get involved in the process.

TRAUMA & YOUNG PEOPLE

We know that the shattering event of a domestic homicide or a death connected to domestic abuse is often connected to a long term pattern of trauma and abuse. Children living with parents who are experiencing domestic abuse are now thought of as victims in their own right, children and young people have had to survive these experiences for a number of years before the crisis. AAFDA and AVA believe that with the right support children and young people can overcome these experiences and that key to this survival is your consistent caring responses.

Losses and grief post domestic homicide can be overwhelming and it will look very different for each child. Try to avoid making assumptions, as sometimes what we might think they are feeling is not the child's experience. Just know that grief and loss are part of the child's everyday life. Not only are they grieving for the person who has died, they may also be grieving for the person that perpetrated the abuse, their old life, home, belongings, family members, friends, experiences, a pet and more.

Their life will never be the same again and they may miss the abusive parent and not feel able to share this feeling with anyone. They may also find that people are feeling sorry for them and treating them differently, friends may be avoiding them or behaving differently towards them. Their trauma may overwhelm them and exhibit as complex and challenging behaviour. Children and young people can often swing between seeming 'fine' and getting on with everyday life as a coping strategy to a craving for routine and structure whilst displaying traumatised behaviour. Even when the young person in your care seems to be 'getting on' it's important to take steps to ensure the psychological safety required for grieving and understanding what's happened to them. When young people aren't 'fine' or 'getting on with it' the impact of trauma is often communicated to care givers by behaviours. When these behaviours are challenging or destructive we can lose sight of their role as a communication of a need or want. Sometimes it can take months or years before the effects of trauma begin to be seen.

BEGIN
TO MAKE SENSE OF TRAUMA...

We have created an accompanying resource full of trauma informed strategies to help manage trauma – the 'Coping with Trauma' resource. It might be useful to look at these strategies and practice some of the ideas in them together. Alongside specific tools and strategies it can help for care givers to think about how they:

1. BUILD SAFETY

Building safety in your home and relationships can take many different forms. It might look like time together, it can look like being consistent and providing structure and routine. It can have a physical element, perhaps a separate space in your home, such as their room, where they can decorate or furnish themselves. You could, for example, label it their safe space. This can be tailored for the age of the child or young person: younger children might be happy with a large cardboard box that they can stick pictures to and fill with their favourite toys and blankets, while adolescents might need somewhere to be more contained and private to be their safe space.

3. RESTORE CONTROL & CHOICE

A large part of recovery for children and young people is to have their choices validated and respected. Where possible ask questions about young people's choices, try not to make assumptions about what they want, what will work for them and what is best for them. Try to give young people choices and discuss with them the pros and cons of each. Remember the mantra "there are many ways to be right".



2. PROMOTE TRUST

Domestic abuse perpetrators violate trust, boundaries and sense of self and autonomy. The more you can work against these the more trust you will create in your relationship. Trust is an absence of fear, an acceptance of our true selves and having our needs met. Again it looks different for different ages – demonstrating trust with young children can look like listening to questions and validating thoughts, fears and opinions. Showing that you trust adolescents and older children might be more about giving them space, privileges and respect for their boundaries.

4. UNDERSTAND THE IMPACT OF TRAUMA AND BEHAVIOURS AS COMMUNICATION

Alongside the 'Coping with Trauma' resource we have included some ideas in the resources section to help support your understanding. When living with a traumatised person knowledge really is power, the more understanding you have the more in control things feel and the more safety you can offer your traumatised child or young person. It is when traumas get stuck or remain unprocessed that they can cause significant disturbances. These can feel alarming and intense and it's useful to be familiar with them so that you can reassure your child or young person that they are manageable and normal side effects of their traumatic experience.

COMMON EFFECTS AFTER TRAUMA INCLUDE:

Replaying the trauma

The brain has a big job to do in the aftermath of a trauma to sort through the memories and experiences, to recalibrate and store them correctly. In the field of trauma studies we talk about 'flashbacks', a visual or auditory replaying of the event which happens without warning and feels completely outside of our control. This can also happen at night in the form of nightmares and night terrors. It is also common to have non-visual flashbacks where sounds or smells or physical sensations are re-lived, these can be very disturbing for young people and it's important to remember that they are the body trying to process and understand what has happened to it. The overwhelming nature of trauma means that memories and experiences can get stored in the body without being 'coded' to the visual memory - resulting in these fragmented flashbacks.

Hypervigilance

Hypervigilance is the sense that you're always on alert, waiting for the next attack, or being ready to protect yourself. It is incredibly wearing on body and mind - hypervigilant children and young people are jumpy, easily startled, difficult to focus and engage, might not like to be touched, fast and moving all the time. For trauma survivors who are hypervigilant everything feels like a danger or threat, it can be hard to trust people and situations.

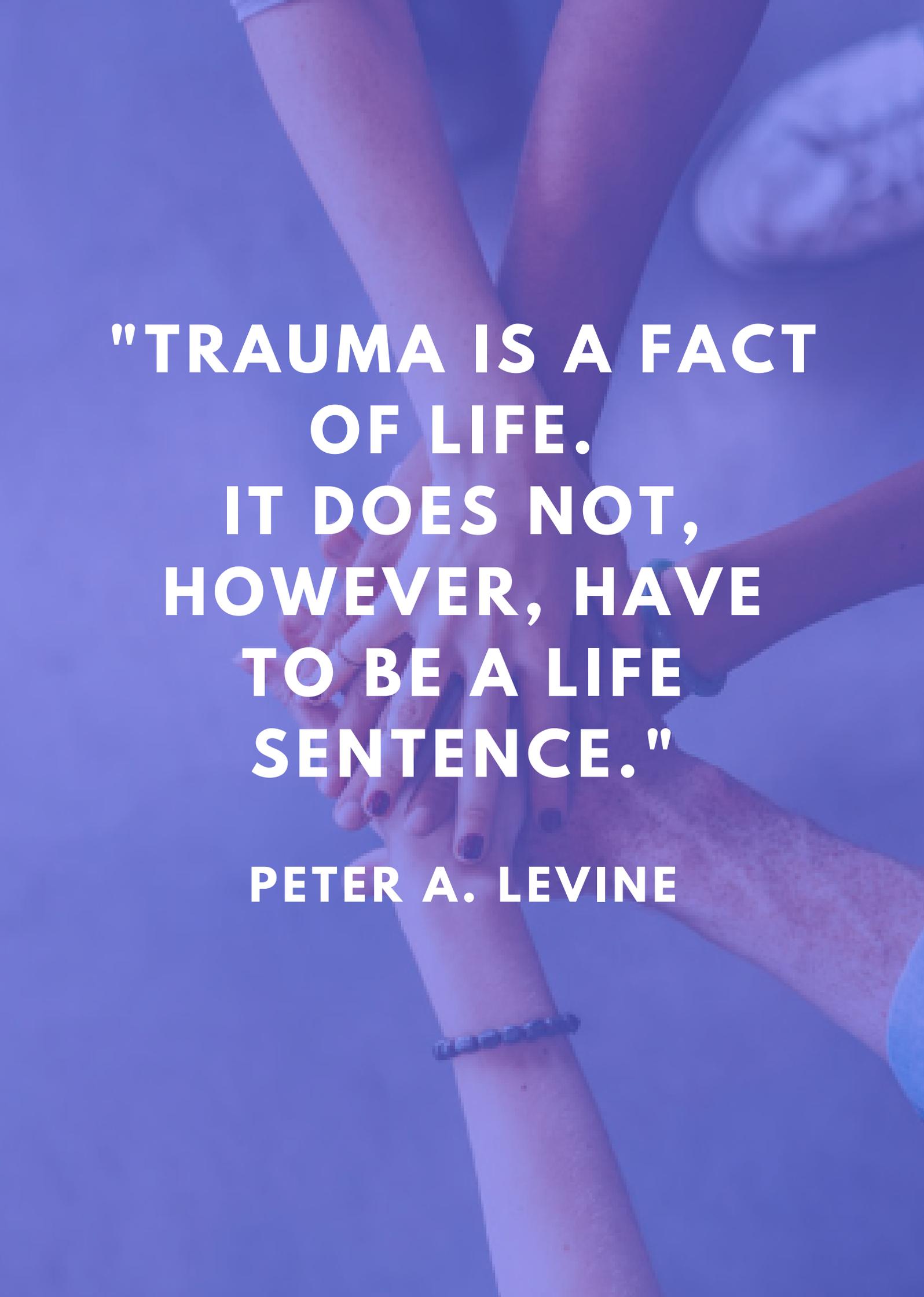
Hypovigilance

This is the opposite of hypervigilance, it's the numbed out and dissociated sense of safety that comes from disconnection to the present. Hypovigilant children and young people might feel hard to reach or hard to connect with.

You should do no harm and avoid re-traumatisation

Once you have a basic knowledge of trauma and how it is affecting your young person you can take the steps that you need to make sure you don't reinforce traumatic memories, and you negotiate situations that your young person might find traumatising. Avoiding re-traumatisation doesn't mean avoiding conversations or discussions about the person or the events that have caused the trauma but to provide appropriate choices, safety mechanisms and soothing mechanisms in place during the conversation to help heal and not harm. A key feature of grieving and recovery after death and trauma is understanding what has happened and building a consistent story about the events.

A note on self care. Self care can get a bad press - it's often reduced to baths and candles but at its core is recognising that you need to give yourself the conditions above, and that you need time and space to recharge and restore your energy. If you think of caregiving like Russian dolls - in order to be the bigger doll for the smaller one you need a larger one around you.

A group of hands of various skin tones are stacked on top of each other, forming a central point. The hands are positioned in a way that suggests support and unity. The background is a solid, light blue color. The text is overlaid on the image in a bold, white, sans-serif font.

**"TRAUMA IS A FACT
OF LIFE.
IT DOES NOT,
HOWEVER, HAVE
TO BE A LIFE
SENTENCE."**

PETER A. LEVINE

THE DOMESTIC HOMICIDE REVIEW PROCESS

As trauma impacts on the ability to store information and memories, children and young people often have a fragmented understanding of events. In the gaps that are created in traumatic memories children and young people can blame themselves for events and question their behaviour and involvement. The need to ask questions, have them answered and piece together the different moments that lead up to a death and to integrate them into a 'whole picture' is an essential part of recovery.

This is where we feel that a Domestic Homicide Review can offer children and young people a real chance for understanding and restoring power and control over their narratives and their part in it.

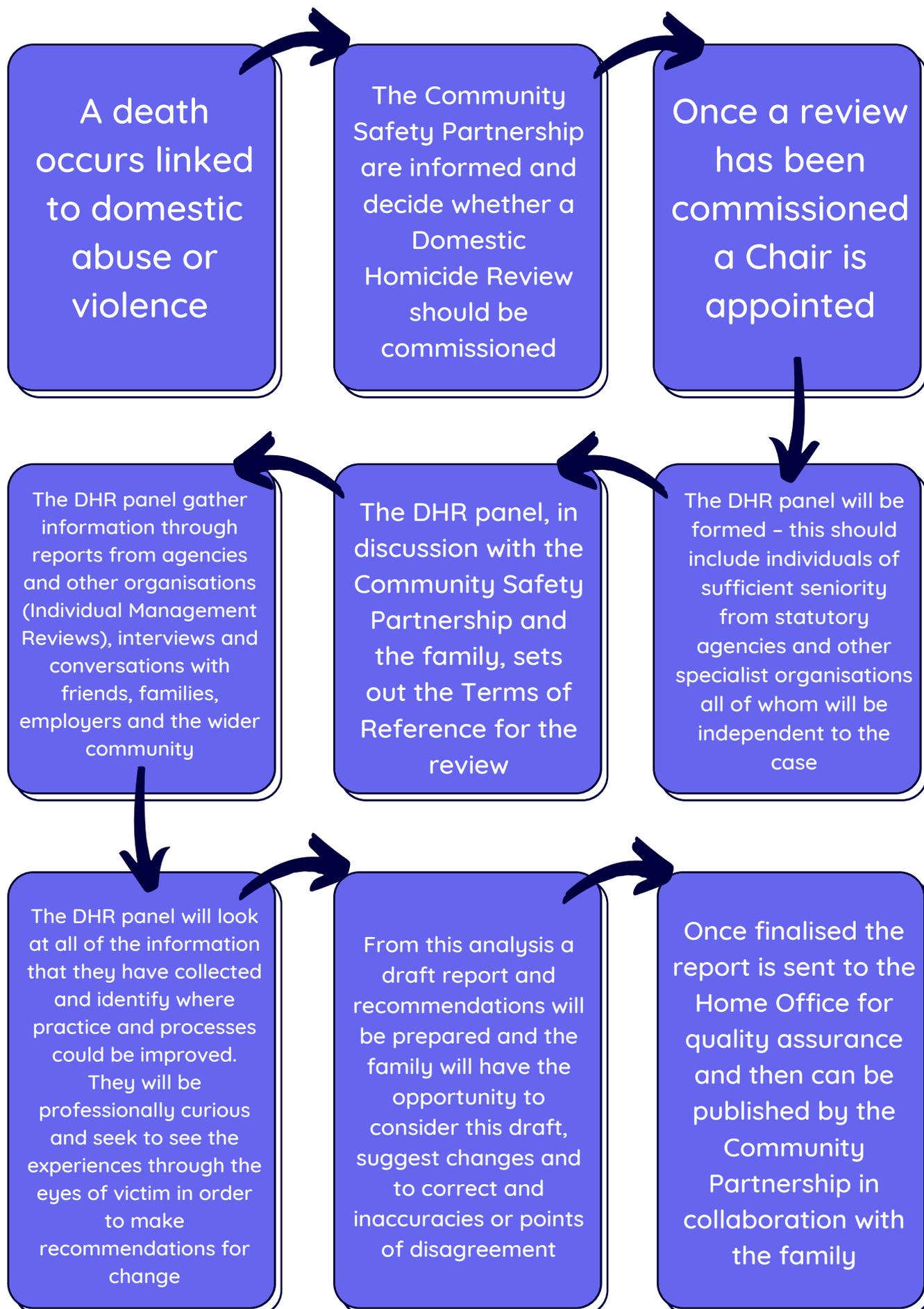
The DHR process is long and complicated and too many children and young people aren't yet routinely asked if they want to be part of it or how they might contribute. You can be a safe person to explore these questions with and to help your young person think through why they might want to be involved and what they want to get out of the process.



It is worth remembering that the average length of time of a Domestic Homicide Review is about two years so there might be more than one chance to be involved.

We're going to provide an overview of the process to help you answer any questions about the process, but remember that AAFDA can answer any questions that you have about how and why these processes are in place and what opportunities there might be for you and your family.





The Police or other organisations should inform the local authority when there is a domestic abuse related death.

The local authority, often called the Community Safety Partnership, will be responsible for deciding if a Domestic Homicide Review will be commissioned. They should make this decision within a month of being told about the death.

The decision to commission a DHR isn't always straight forward. AAFDA will work with families to navigate the entire DHR process before commissioning of the review to publication and beyond if needed.

THE REVIEW PANEL

Once the decision has been made to commission a review the Domestic Homicide Review panel is formed. The panel should be led by an independent Chair and should include statutory agencies and other experts who can decide what timeframe they are going to review, who they want to talk to and where and how they are going to look for learning best practice for families to help to establish these terms of reference and timeframe for collecting input from other agencies.

Producing the Review

Once the Chair of the DHR has collected information and spoken to friends, families, employers and the wider community it is their job to produce a review and recommendations for actions. You should be given a chance to look at an early draft of the review and check that it's accurate and that you're satisfied with the information within the review. The Review should produce an overview report, an executive summary and an action plan. Once the draft is complete, it is submitted to the Home Office for Quality Assurance.

The Chair of the DHR Panel is one of your most important links, they are responsible for determining the scope of the review - from what date services are going to be asked to collect information, they will decide who they want to talk to and conduct interviews. They may well be your main point of call and you can negotiate with them about how you think your young person might want to be involved.

The Author is the person who is responsible for working with the Chair to write up the learning and produce the review and action plans. Sometimes the Chair and the Author are the same person.

Individual Management Reviews

Agencies are asked to provide Individual Management Reviews, these contain the information that different agencies present to the DHR Panel. Agencies are asked to provide a chronology of how they have interacted with the lost loved one, they are asked to think about best practice and where there is room for improvement. Individual Management Reviews are presented to the DHR panel and chair in both written and verbal form.



FREQUENTLY ASKED QUESTIONS



- [How do I make contact with AAFDA?](#)

The Chair should give you the details of AAFDA or you can make contact with them through their website: www.aafda.org.uk or directly: help@aafda.org.uk

- [How should I talk to children and young people about the DHR?](#)

You can talk with other friends and families about how the DHR process has been helpful for them through AAFDA Peer Support Sessions. Having a strong understanding from the chair about the terms of reference and the scope of the review can help you talk through where and how the children or young people in your care might be best involved.

- [What happens if the child or young person doesn't want to get involved?](#)

There is no pressure for your child or young person to be involved but you can model and transparently discuss how you are finding it. You can answer questions and give reassurance and a specialist and independent advocate can help with ambiguous feelings or conflicting thoughts that children and young people have about the process.

- [What happens if children and young people don't know what they want to talk to the DHR about?](#)

Your support and encouragement can help children and young people decide what information they want to share with the Chair and the wider review panel. A specialist Children and Young People's Advocate can provide guidance about the questions that might be asked and the areas that the review is interested in. It can be helpful for children and young people to think through with you what they want to talk about, it's important to reinforce that they have the choice to share what they want to share.

- [Will children and young people have to attend court or give evidence under oath?](#)

A review is a chance for children and young people to share their story in a way that is comfortable and age appropriate for them. They should have the chance to meet with the Chair of the review if you/they want to. Conversations with the Chair and wider panel can be through telephone, a face to face meeting, email or video call.

- [Will children and young people be upset by the process?](#)

It can be hard to answer questions about difficult memories and you might find that it creates more nightmares or flashbacks in the run up or aftermath. Although in the short term it might make trauma symptoms resurface, in the long term a compassionate review can be a useful memorial for your family. Remind children and young people that they can always ask to stop, take a break or finish on another day. It's worth reminding young people and children that although the person might ask questions to help them fill in gaps in their knowledge, there is no pressure to answer these - the process is about what information you as a family want to share. Their contribution will honour the memory of the loved one and could help to contribute to a change in the way other children and families experiencing domestic abuse are supported in the future. A DHR can be a long process and it's important that you take all the support you are entitled to to make sure that you get what you need from these processes.

RESOURCES

Winston's Wish - giving hope to grieving children

Winston's Wish supports bereaved children, young people, their families and the professionals who support them.

Call for free on 08088 020 021 between 9.00am - 5.00pm, Monday to Friday.

Young Minds Parent's Line

YoungMinds Parents Helpline is available to offer advice to parents and carers worried about a child or young person under 25.

Call for free on 0808 802 5544 between 9:30am - 4pm, Monday to Friday.

Kinship

Advice and support for kinship carers in England and Wales and professionals working with kinship families. Their experienced advisers help kinship carers with their questions on benefits, employment, housing, education, grant applications – and often a shoulder to cry on too.

Call for free on 0300 123 7015 between 9.30am - 3.30pm, Monday to Friday or email them on advice@kinship.org.uk.

Video

Supporting Carertakers and Ourselves Through Times of Trauma: a conversation between Katie Goodman and Laura van Dernoot.

Book

8 Keys to Safe Trauma Recovery: Take Charge Strategies to Empower Your Healing by Babette Rothschild.

Book

Supporting Traumatized Children and Teenagers: A Guide to Providing Understanding and Help by Atle Dyregrov.

Podcast

Mentally Fit: Understanding and Healing Trauma with Dr. Bessel van der Kolk, M.D.

BY TELLING OUR
STORIES, OUR MOTHERS ARE
NO LONGER JUST STONES IN
A GRAVEYARD...

