

# SECTION 10: SAFEGUARDING CHILDREN IN SPECIFIC CIRCUMSTANCES

## ***SECTION 10.14: SAFEGUARDING CHILDREN HANDBOOK: DOMESTIC ABUSE PROTOCOL AND PRACTICE GUIDANCE***

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# 1. POLICY

## 1.1 INTRODUCTION

This protocol is a joint document between Stockport's Local Safeguarding Children Board (LSCB) and Stockport's Domestic Abuse Forum (DAF), agreed by the LSCB to improve outcomes for children who are involved or have experienced domestic abuse.

Most domestic abuse is perpetrated by men against women therefore this protocol specifically refers to the victim/survivor as female and the perpetrator as male reflecting the majority of cases where there are child protection concerns.

This protocol does not refer to vulnerable adults. Should you have concerns in relation to vulnerable adults please contact Safeguarding Vulnerable Adults via [www.stockport.gov.uk](http://www.stockport.gov.uk).

## 1.2 AIMS AND OBJECTIVES OF THIS PROTOCOL

Stockport Metropolitan Borough Council (SMBC) will deliver the best possible services for people experiencing domestic abuse. The Council has a major role to play in raising awareness and bringing about social change to reduce both the influence and acceptability of domestic abuse.

The overall aims of the Domestic abuse protocol are to:

- Improve outcomes for children who are affected by Domestic Abuse
- To ensure that where children are involved their needs are thoroughly assessed and their welfare promoted
- To raise awareness of the issues of Domestic Abuse/Violence and the complexity involved
- To show the impact that Domestic Abuse/Violence has on its victims and children involved both short and long term
- To provide guidance on dealing with Domestic Abuse and deliver a consistent and co-ordinated approach from a multi agency perspective.

## 1.3 DOMESTIC ABUSE - THE FACTS

### 1.3.1 DEFINING DOMESTIC ABUSE/VIOLENCE

The Government defines domestic abuse as:

*Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality*

Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development and emotional wellbeing as well as his or her physical safety. As such it is one of the potential causes of significant harm to children which may warrant the use of the child protection procedures

Please also see Stockport DAF definition via their website on [daf@stockport.gov.uk](mailto:daf@stockport.gov.uk)

The definition of harm has been updated by the Adoption and Children Act 2002, S.120 to include: 'harm' includes ill-treatment or the impairment of health or development suffered from seeing or hearing the ill-treatment of another.

Domestic abuse takes place in a range of situations, including:

- where a woman is the victim;
- where a man is the victim;
- lesbian and gay relationships;
- where the victim is a parent or responsible for a child or young person under 18 years old;
- where the victim is a more vulnerable adult i.e., an older or disabled person

Domestic abuse is a pattern of abusive and controlling behaviour through which the perpetrator seeks to exert power over the victim. Although the definition recognises adults as being 18 years or over, domestic abuse often overlaps with child abuse where children may witness and/or are victims of abuse. Domestic abuse cuts across race, gender, sexuality, age, class and geography. However, the majority of perpetrators are men and between 80-95% of those who experience it are women. Domestic abuse is a form of violence against women and a gross violation of human rights. It also occurs against men in heterosexual relationships and in same-sex relationships against lesbian, gay, bisexual or transgender people and family members.

The Home Office acknowledges that domestic abuse includes culturally specific forms of harm, which impact on BME women and which, among others, include:

- forced marriage - marriage contracted without the valid and free consent of one or both parties involving physical and/or mental duress;
- dowry-related abuse - violence, abuse or harassment perpetrated in order to obtain money, property or goods upon marriage;
- female genital mutilation (FGM) - female circumcision comprising procedures involving partial or total removal of the external female genitalia or other injury to the female genital organ whether for cultural, religious or other non-therapeutic reasons;
- 'honour' based or related violence-domestic abuse or other forms of violence against women perpetrated in the name of religious and cultural notions of so called 'family honour'.

### 1.3.2 CONSEQUENCES OF DOMESTIC ABUSE/ VIOLENCE

Domestic abuse can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, control over access to money, personal items, food, transportation and the telephone, and stalking. It can also include violence inflicted on, or witnessed by, children. In some communities, domestic abuse can be perpetrated and/or condoned by the extended family and the community at large. The victim may be accused of bringing dishonour to family and the community, if they question or leave abusive and oppressive relationships. This often results in severe consequences such as social ostracism, sexual harassment and acts of violence, including, in some cases, so called 'honour killings'.

### 1.3.3 WHAT DOES THE LAW SAY ABOUT DOMESTIC ABUSE?

The Government is committed to tackling domestic violence on every front and ensuring that perpetrators are held accountable. On 18 June 2003, Safety and Justice: The Government's Proposals on Domestic Violence was published. This set out the Government's strategy for tackling domestic abuse through prevention; protection and justice; and support, and included proposals for legislative and non-legislative changes to the way domestic abuse is dealt with in England and Wales.

The consultation ended on September 12 2003 and responses helped inform final measures in the Domestic Violence, Crime and Victims Act, representing the biggest overhaul of domestic abuse legislation for thirty years. This is a key part of Government's aim of putting victims at the heart of the criminal justice system. Measures in the Domestic Violence, Crime and Victims Act include:

- making **breach of a non-molestation order a criminal offence**. Breach will be punishable by up to five years' imprisonment. This measure will also require the court to consider, whenever it is deciding whether to issue an occupation order, whether it should also issue a non-molestation order;
- giving **cohabiting same-sex couples** the same access to non-molestation and occupation orders as heterosexual couples;
- making **couples who have never cohabited or been married** eligible for non-molestation and occupation orders;
- issuing guidance on the setting up and conduct of **domestic violence homicide reviews**;
- enabling courts to impose **restraining orders when sentencing for any offence**. At present, such orders may only be imposed on offenders convicted of harassment or causing fear of violence;
- enabling courts to impose **restraining orders on acquittal for any offence** (or if a conviction has been overturned on appeal), if they consider it necessary to protect the victim.

### 1.3.4 BARRIERS TO SUPPORT AND ASSISTANCE ...(WHY DON'T WOMEN LEAVE)?

It is difficult for most women to leave abusive situations but experience of specialist BME women's groups shows that BME women can take even longer. This is because women from BME communities, particularly those subject to immigration control, have additional barriers to overcome when attempting to escape domestic abuse. The following is a list of some barriers, which are not exhaustive:

- Guilt, shame, confusion, lack of confidence, low self-esteem and uncertainty.
- Fear of not being believed or supported by family, community or wider society.
- Religious and cultural pressures, such as notions of shame and family honour or dishonour; expectations to "suffer in silence" or accept domestic abuse as normal; stigma of divorce/separation; pressure to reconcile and "save the marriage" at all costs; and hopes of changing violent behaviour.
- Social ostracism/treated as an outcast, reprisals and further violence or harassment.
- Social and racial isolation.
- Lack of English or language problems.
- Ignorance of rights and services.
- Fear and experiences of sexual discrimination.

- Fear of and experiences of racial harassment or discrimination.
- Fear of removal or deportation.
- Fear of losing children to social services or to their partner and his family; or being unable to provide for them.
- Inadequate services or responses from agencies, including failure to intervene and protect victims in the name of cultural sensitivity.
- Fear that agencies are corrupt and unsympathetic, based on experiences in their country of origin.
- Homelessness.
- Mental health (including post traumatic stress syndrome, depression, self-harm and other conditions - suicide statistics suggest that women in minority communities are more likely to turn to suicide and self-harm than leave abusive situations).
- Other health needs.

### 1.3.5 THE ROLE OF AGENCIES IN OVERCOMING BARRIERS

Women and children need support and assistance from statutory and voluntary agencies to overcome barriers and prevent repeat victimisation. This is vital in enabling women and children to seek safety from abusive relationships. The role of agencies includes providing the following:

- law enforcement and legal protection through criminal and civil justice agencies;
- housing and information. Financial assistance. Referral to appropriate health care providers for any health/mental health concerns;
- domestic abuse information, advice, advocacy, counselling and support services provided by voluntary sector women's groups and specialist BME women's organisations.

### 1.4 KEY STATISTICS

- Domestic abuse/violence accounts for 17% of all violent crime in England and Wales.
- Domestic abuse/ violence cost England and Wales around £23 billion in 2001.
- £3 billion was spent on public services, including:
  - £1 billion by the Criminal Justice System, nearly a quarter of its budget for violent crime;
  - £1.2 billion by the National Health Service;
  - £250 million by social services;
  - £160 million by local housing authorities and housing associations;
  - and over £300 million in civil legal services.
- Domestic abuse also costs employers nearly £2.7 billion a year in lost economic output.
- The cost of human and emotional suffering is estimated to be £17 billion. (Cost of Domestic Violence, Professor Sylvia Walby, University of Leeds).
- 54% of rapists were current or former partners (British Crime Survey 2001).
- Police in the UK receive a call from the public for assistance for domestic abuse on average every minute.
- For 30% of victims, domestic abuse starts or escalates in pregnancy.
- In 30-66% of cases where women are being abused, children are also being abused by the same individual.

- Repeat victimisation is common. No other type of crime has a rate of repeat victimisation as high.
- **Victims are at greatest risk of homicide at the point of separation or after leaving a violent partner.**
- Two women each week are killed by a partner or former partner, a total of over 100 deaths each year. 47% of all female homicide victims compared with 5% of male victims were killed by current or former partners in 2001-02 – 116 women killed compared with the 102 women killed by current or former partners in 2000-2001.
- Victims are also killed by family members other than partners or former partners.
- Children can also be killed due to domestic abuse.
- In 2004, more than 15,000 households were accepted, by local housing authorities in England as being owed a main homelessness duty where the reason for homelessness was fleeing domestic abuse; this represents 13% of all homeless acceptances in England in 2004.<sup>1</sup>

Research and statistics are revised regularly for updated information please see Stockport DAF website on [daf@stockport.gov.uk](mailto:daf@stockport.gov.uk)

## 1.5 LEGAL FRAMEWORK

The Crown Prosecution Service (CPS) decides whether to prosecute based on evidence available.

Criminal offences may include criminal damage, common assault, more serious assaults, attempted murder, and rape.

For further information please seek legal advice.

### Children Act 2004

Section 10 of this act places a duty on local authorities and other key bodies to cooperate with a view to improving the well being of children in the area of the local authority. It is a necessary part of the fulfilling of these duties that information about children and their families is shared appropriately and therefore the power to share information is implied.

Section 11 of the above act places a duty on certain key bodies to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.

### Children Act 1989

Defines the basis for compulsory intervention into family life. It also provides the legal framework for defining the situations in which local authorities have a duty to make enquiries about what, if any, action they should take they should take to safeguard or promote the welfare of the child.

The Definition of significant harm was updated by the Adoption and Children Act. 2002

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<sup>1</sup> Safety and Justice: The Governments Proposal on Domestic Violence June 2003

Section 47 of the CA1989 gives a duty to the police and Social Care to investigate any reports of harm and require other agencies to share information.

### Domestic Violence Act Crime and Victims Act 2004

#### Key points

- Making common assault an arrestable offence
- Extension of restraining orders to any offence, on conviction or acquittal if there is a continued risk
- Extension of availability of injunctions to same sex couples and couples who have never cohabited
- Breach of non-molestation order is a criminal offence
- New offence of causing death of a child or vulnerable adult
- Statutory domestic violence homicide reviews for adults
- Victims' code of practice and commissioner for victims and witnesses. The code should ensure that domestic violence survivors are given clear information about the whole criminal justice process, from the reporting of an incident through to prosecution and sentencing and regarding the support that is available.

### 1.6 DOMESTIC ABUSE AND THE IMPACT ON CHILDREN

Where there is domestic violence/abuse the implications for the children in the household must be considered. Research evidence indicates a strong link between domestic violence/abuse and all types of abuse and neglect. National statistics confirm that one in two child protection cases show a history of domestic violence/abuse to the mother. Children in violent households are three to nine times more likely to be injured and abused, either directly or while trying to protect their parent.

- Significant harm may result from the adverse psychological effect on children being aware of threats or actual violence between adults, as well as the extra risk of physical injury, either by accident in the midst of a violent incident or by design from a violent adult.
- Children may be greatly distressed by witnessing the physical and emotional abuse of a parent. Both the physical assaults and psychological abuse suffered by adult victims can have a negative impact on their ability to look after their children.
- Prolonged and/or regular exposure to domestic violence/abuse can have a serious impact on a child's development and emotional well being, despite the best efforts of the non-abusing adult to protect the child.

Children may experience a wide range of behavioural, physical and psychological effects that could be short or long term. There are clear links between domestic violence/abuse and child abuse. Health professionals should be alert to the possible impact on children and refer to the Department of Health Good Practice.

*"Domestic Abuse can affect a child's educational opportunities through: Developmental delay; disrupted schooling and truanting; concentration difficulties or memory problems" [DOH handbook 2006]*

Children in domestic abuse situations are more likely to cope with negative fathering, such as fathers being less involved with them, less affectionate and using more negative control techniques such as physical punishment. Hester et al (1996) give research which says that fathers who were perpetrators of domestic abuse were often reported to lack parenting skills or interest in caring for children, to a degree in some cases that was dangerous for the child.

- What children see or hear when their mothers are being abused can include physical violence, emotional abuse and put-downs, threats and intimidation, sexual jealousy and sexual abuse.
- Children may witness the family being kept short of money and experience isolation from family and friends.
- Children typically know far more of what is going on than their parents' think.
- They may be in the next room listening or lying awake in bed, or they may pick up the atmosphere the next day.
- The National Children's Home (NCH) Action for Children study (2002) found that children living with domestic abuse frequently experienced direct physical and sexual assault and that ten per cent had witnessed their mother being sexually assaulted.
- Abusers may involve children in the abuse in a range of ways, such as making them watch or encouraging them to be abusive towards their mothers.

There is a recognised overlap between domestic abuse and child sexual and physical abuse (Mullender, 2000). Some male abusers make threats against the children, or hurt them, to frighten their mother. Many children want to protect their mothers and they may put themselves at risk in the process.

Sometimes children have to leave home, leaving everything behind (clothes, toys, pets, family and friends, school), without understanding why. This may be to go to a refuge that is totally unlike anywhere they have ever lived before or because so many refuges are full, it may include spells in temporary accommodation where there are no special security arrangements. The process of leaving may take many months, or even years, and it may involve leaving and returning several times.

Children can experience severe disruption to their education by frequent moves or having to stay at home to look after mother/siblings or because they are unable to concentrate at school due to their anxiety.

Children also learn that the use of their mother is something that isn't talked about, either at home or outside, which makes it harder for them to seek explanations about all the confusing things that are happening and much harder to ask for help. Often, in a small community, the professionals that one would approach may know the family well or could live nearby; thus victims and their children are reluctant to approach them. Similarly, minority ethnic children may be forced by the violence to leave a supportive community and may face discriminatory attitudes from relevant agencies (Mullender 2000).

It is a myth that children who live with domestic abuse will grow up to abuse, or be abused by their partners. Whilst experiencing domestic abuse in childhood may increase the risk of becoming a violent adult, the process is neither direct nor certain. The majority of perpetrators of domestic abuse come from non-violent backgrounds.

There is no one typical reaction from children who experience domestic abuse. Children's perceptions and reactions to living with domestic abuse will be influenced, both in the short and longer term by factors such as age, ethnicity, economic status, gender, disability, sexuality and child's resilience. Children within the same family may be affected differently.

### 1.7 RECOGNISING DOMESTIC ABUSE IN CHILDREN

There is much higher incidence of domestic abuse occurring in households where children are identified as experiencing or being at risk of child abuse or neglect. Likewise research has identified a higher incidence of the abuse of animals in household where domestic abuse occurs

It is important to remember that each child will respond to the trauma arising from domestic abuse differently and some may not exhibit any negative effects at, or near the time of an incident. Some of the effects of the impact of domestic abuse include:

- Anxiety or depression;
- Difficulty sleeping, nightmares or flashbacks;
- Starting to wet their bed;
- They may complain of physical symptoms such as tummy aches;
- Feelings of anger, guilt, insecurity, loneliness, being frightened, powerless or confused;
- Nervousness, apprehension and jumpiness;
- Temper tantrums;
- Behaviour as though they are much younger;
- Problems with school, truanting;
- Aggression or alternatively internalising their distress and withdrawing from other people;
- Lowered sense of self-worth/self esteem;
- Withdrawal and isolation from peers;
- Misuse of alcohol or drugs;
- Self-harming by taking overdoses or cutting themselves;
- Eating disorders;
- Psychological trauma from being forced to witness or participate in the physical or sexual abuse of the non abusing parent;
- Confused or ambivalent feelings towards the abuser and the non-abusing parent.

This list is not exhaustive.

### 1.8 THE IMPACT DOMESTIC ABUSE HAS ON UNBORN CHILDREN

Research indicates that about 30% of domestic abuse starts during pregnancy. Where there has been previous domestic abuse in a relationship, it often escalates during pregnancy.

Incidents of domestic abuse towards pregnant women are associated with poor obstetric outcomes in a number of ways, such as:

- Increased rates of miscarriage
- Premature birth
- Low birth weight
- Foetal injury and foetal death.

The mother may be prevented from seeking or receiving proper antenatal or post-natal care. In addition, if the mother is being abused this can affect her attachment to her child, more so if the pregnancy is a result of rape involving her partner or ex partner.

The ante-natal period provides an opportunity for more systematic risk analysis to be undertaken and services provided. It is therefore important that practitioners ask direct questions and demonstrate concern for the health and safety of the pregnant women at a time when they may be very vulnerable.

Accident and Emergency staff, midwives and health visitors can play a key role in:

- Routinely enquiring whether pregnant women are concerned about/ or experiencing domestic abuse
- Providing support and access to information/services.
- Referring the pregnant mother to Social Care indicating a multi agency Pre Birth assessment should be considered.

## 1.9 KEY MESSAGES FROM RESEARCH

- Professional understanding of, and responses, to domestic violence should be informed by the perspectives of children and young people.
- Practitioners need to recognise that domestic violence may be a cause of a range of physical, emotional and behavioural difficulties for children and young people.
- The complex relationship between domestic violence and safeguarding children requires respectful and sensitive handling.
- Children and young people aware of domestic violence have the right to be listened to and need help to understand what is happening.
- Some children and young people cope well despite their experiences of domestic violence.
- Work with perpetrators, though controversial, is an important aspect of reducing domestic violence and its impact on children and young people. (June 2008)
- By Anne Worrall, Jane Boylan et al (taken from SCIE briefing June 2008)

## 2. PROCEDURE

All staff who receive information or have concerns about domestic abuse must establish if there are any children living in the household and a check must be made to the Safeguarding Children's Unit or the Stockport Contact Centre on 0845 644 4314. Then using the domestic abuse screening tool (see below) must consider if it is necessary to make a referral to Social Care as a child in need (as defined in Section 17 Children Act 1989) or a child in need of protection (as defined in Section 47 Children Act 1989).

The Police can often be the first point of contact with families where domestic abuse takes place. The officer attending a reported incident of domestic abuse should identify whether a child was present when the incident occurred, or whether a child is ordinarily resident at the address where it occurred. They should see any child present in the house to assess their immediate safety. The police will always submit a report to their Domestic Abuse Unit.

Further to the above in all incidents of domestic abuse where children are living in the household a notification must be made by the Police Officer to the Police Child Protection Units. The staff in this unit will consult Children's Social Care, who will confirm whether or not the child is known to Social Care already.

Domestic abuse is likely to have a damaging effect on the health and development of children, and it will often be appropriate for these children to be regarded as children in need.

Normally one serious or three concurrent incidents of domestic abuse where there is a child in the household would indicate that Stockport's Children's Social Care should consider carrying out an Initial Assessment of the child and the family.

Any response by Children's Social Care to a referral should be discreet in terms of making contact with victims. Standard letters should not be sent as this could further endanger the victim or their children.

Refuge addresses should not be disclosed by any agency and the PO Box number should be used in all correspondence.

Refuge telephone numbers can be given to victims of domestic abuse.

### Screening Tool

There is a recognition that children may suffer from witnessing or hearing the ill treatment of another in circumstances of domestic abuse. There is a need to balance the information and use your professional judgement as to whether the child is suffering or likely to suffer significant harm and the need for a referral to Children's Social Care.

The following screening tool is intended to help with this session.

A referral must always be made to Children's Social Care in the following situation:

- A child was injured.
- A child or children present have a Child Protection plan (in which case the key worker or their manager should be informed immediately).
- A child was involved in the assault, for example used as a physical barrier or tried to intervene.
- The woman who was assaulted is pregnant.
- A child's behaviour may be affected as a result of seeing or hearing the ill treatment of another.

A referral to Social Care should be considered in the following situations:

- A child was left unattended as a result of domestic abuse.
- A child has seen or heard the ill treatment of another.
- There is previous information relating to domestic abuse or child welfare concerns.

If you are unsure as to whether a referral should be made to Children's Social Care, you must consult with your agency lead for safeguarding children. Consultation is also available from the Common Processes Team, the Contact Centre or the Early Intervention Team managers

## 2.1 CONFIDENTIALITY

The need for confidentiality and sensitive handling of information regarding families who have escaped domestic abuse are different to the needs of families who are living with domestic violence and abuse.

Whilst co-operation between agencies is vital, it is very important that client confidentiality is maintained, and information sharing takes account of potential risks to the safety of both family members and workers.

Perpetrators of domestic abuse have been known to go to great lengths to obtain information on the whereabouts and movements of ex-partners who have left them, including impersonation of social workers and police officers.

The need to share information when a child is in need of protection overrides all other considerations.

Detailed guidance about information sharing for practitioners working with children and young people can be found on the Every Child Matters website [www.ecm.gov.uk](http://www.ecm.gov.uk)

## 2.2 GOOD PRACTICE WHEN ASSESSING DOMESTIC ABUSE CASES

All agencies have a responsibility to help the victims of domestic abuse in view of the profound consequences that it has on the lives of individuals, families and communities. The most effective interventions are those which support the victim and increase choices, building, where appropriate, on positive coping strategies already developed.

*It is the responsibility of the community and state institutions, not an abused woman, to eliminate domestic abuse. The focus of service provision must be to increase the safety of victims, not merely to assess what the victim is doing or not doing. (A Boyle Scie 2008)*

Any professional providing services for children in need should ensure that there have been specific enquiries to assess whether domestic abuse is occurring.

Practitioners should ensure that their contribution to the initial or core assessment includes appropriate information about the impact of domestic abuse. There should be specific clarity about any sensitive information that may place the children or parent at risk of significant harm and any restrictions to whom it may be shared.

Any key questions should be asked directly wherever possible about the domestic abuse whilst ensuring it is a safe environment.

Abusive partners should be interviewed by Children's Social Care where an initial or core assessment is being undertaken unless to do so would place the child or woman or

practitioner at risk of serious harm. Specific advice and support should be sought from the Police or other agencies to ensure that all appropriate information is obtained.

All practitioners should be mindful of their responsibilities for the safety of themselves, colleagues within their own agency and other organisations. If a judgement is made at any stage of intervention that identifies a risk of serious harm to a practitioner from an abusive adult, appropriate advice must be sought within his or her own organisation.

Additionally, if a safety plan is established for practitioners in respect of the risk from a service user, explicit advice must be obtained to clarify under what circumstances this information would be shared with other agencies that may be unaware of the risk.

### 2.3 PROFESSIONAL AWARENESS

Domestic abuse may have an impact on everyone who comes into contact with the family including workers, who should bear in mind the likely effect that any aggression may have on their professional judgement. Supervision is vital to ensure that workers keep a child focus and are aware of the potential for minimising or an over-optimistic view regarding the potential for change within the aggressive partner. The following points will assist practitioners undertaking an assessment and help them make decisions about the risk to the child and to the person experiencing the violence.

All staff should have awareness of what domestic abuse is the wide range of abuse it encompasses and the impact of the power exerted over the adult and child victims.

- Workers need to ensure that they remain child focused and are aware of the potential for minimisation or an over-optimistic view.
- Where workers are experiencing fear or intimidation from an abusive adult, this information should be used as a diagnostic tool and applied to the risk assessment of the children.
- Workers should be aware that victims who are subject to domestic abuse invariably experience a loss of self-esteem and confidence. They may also become socially isolated and believe they are mentally ill. Exposure to abuse can result in victims being diagnosed as suffering from a variety of mental health problems including anxiety, depression and post traumatic stress.
- Workers should give the opportunity for those who have experienced domestic abuse to talk about their experiences without the abusive partner being present or within hearing.
- Workers should be clear about what information can be kept confidential and what cannot be kept confidential and make sure that service users are aware of this.
- Workers should respect the non-abused adult's rights to make decisions and help them take control of the situation, for example working towards developing an appropriate safety plan.
- Workers should always ensure that the children's welfare comes first and be aware of any conflict of interest.
- Workers should be aware of resources available in order to give information, discuss options and provide active support.
- If a victim is remaining in, or returning to an abusive situation workers should help them to think through an emergency plan and ensure they are aware of the possible implications for the child. In some situations this may include intervention under child protection procedures.

- Workers should be aware that when separated the abusive partner may well apply for contact to the children in order to further abuse their partner and potentially the children. Where contact is appropriate the need for supervised contact should be considered and the impact on the child assessed.
- Remember that the reported incident is unlikely to be the first, research shows that women are assaulted an average of 35 times before reporting the incident or leaving (Safety and Justice briefing).

## 2.4 SAFEGUARDING CHILDREN AND YOUNG PEOPLE

Where agencies/professionals become aware that children are living in a household in which serious or persistent domestic abuse is taking place, the matter should be referred to Children's Social Care.(See Screening toolkit for guidance).

The police are often the first point of contact with families experiencing domestic abuse. When responding to incidents, the police should determine whether there are any children living in the household.

The police should refer to Children's Social Care those families experiencing one serious incident when children in the house have three lesser incidents of domestic abuse within 12 months always when a child in the household has a Child Protection Plan, and always if the woman is pregnant. It is as well to note that each incident should be considered in its own merit and therefore should agencies be in doubt of how serious a case is, a referral should always be made to Social Care Services, where a decision will be made whether to carry out an Initial Assessment

Children's Social Care will then need to consider whether to undertake an initial assessment on the basis that the children may be `in need` of support. This may then lead to the need for a strategy discussion with the police and a Section 47 Investigation if child protection concerns are evident (see flowchart).

If the Section 47 Investigation concludes that children are at risk of significant harm either resulting from physical injury, neglect, or impairment to their emotional and psychological development, a Child Protection Conference may be convened.

Whether or not the Conference decides to make a Child Protection Plan, it should consider how the non-violent parent might be supported and what specific services the children and family might need. If appropriate this could be via a Child-in-Need plan (Stockport LSCB Safeguarding Children Handbook, 2007, section 4). The conference should also consider the need to refer the non-violent parent to Multi Agency Risk Assessment Conference (MARAC) (see Section2.8).

## 2.5 HONOUR BASED VIOLENCE

Honour based violence is the term used to describe murders in the name of so-called honour, sometimes called 'honour killings'. These are murders in which predominantly women are killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame.

Honour based violence cuts across all cultures and communities, and cases encountered in the UK have involved families from Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European communities. This is not an exhaustive list.

A child who is at risk of honour based violence is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member.

Professionals should respond in a similar way to cases of honour violence as with domestic abuse and forced marriage (i.e. in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments etc). See Stockport LSCB Safeguarding Children handbook, 2007, section 10.8 for more information.

*When receiving a disclosure from a child, professionals should recognise the seriousness / immediacy of the risk of harm.*

*For a child to report to any agency that they have fears of honour based violence in respect of themselves or a family member requires a lot of courage, and trust that the professional / agency they disclose to will respond appropriately. Specifically, under no circumstances should the agency allow the child's family or social network to find out about the disclosure, so as not to put the child at further risk of harm.*

*Professionals should not approach the family or community leaders, share any information with them or attempt any form of mediation. In particular, members of the local community should not be used as interpreters.*

All multi-agency discussions should recognise the police responsibility to initiate and undertake a criminal investigation as appropriate.

## 2.6 RISK ASSESSMENTS IN DOMESTIC ABUSE CASES

The list of risk factors below should be used sensitively. It is important that a trusting and safe environment is created before entering discussion about safety and the risk of harm being faced. Discussion about risk factors also opens up the opportunity to discuss what (if any) protective factors there are and if any safety plans have been implemented or considered.

All agencies working with Domestic Abuse need to be aware of risk of further harm faced by victims and their children and what their responsibilities are to ensure their safety.

### 2.6.1 TO ASSIST IN ASSESSING RISK THE FOLLOWING ISSUES SHOULD BE CONSIDERED

- Has there been an escalating pattern of abuse of power?

Evidence is that the best predictor of an incident is that an incident has happened before. (Walby and Myhill 2000 study reported 35 % of cases have a second incident within 5 weeks of the first).

All forms of controlling behaviour needs to be looked at such as:

- Financial/ Economic
- Sexual
- Physical attacks or threats of violence
- Use of the children as weapons
- Threats to harm child
- Ridiculing victim in front of children
- Undermining authority with children
- Blaming children's behaviour on the victim.
- Ridiculing, name calling and undermining in general.
- Preventing social interaction.

Are there any factors currently that might increase the risk:

- **Separation and Child Contact Issues** – Women trying to end relationships frequently become victims of serious injury, attempted and actual homicide – statistically this is the most dangerous time. Post separation domestic abuse often occurs as a result of child contact arrangements.
- **Pregnancy/New Birth** – Domestic abuse often starts or intensifies in pregnancy, and men who are violent during pregnancy are considered highly dangerous. Research shows 30% of Domestic Violence starts during pregnancy, and existing violence often escalates during it.(Mezey 1997)
- **Escalation** – Domestic abuse tends to increase in severity and frequency over time, especially if the perpetrator's behaviour is not challenged in any way.
- **Community Issues and Isolation** – Isolation and reduced access to help and support can combine to increase risk. Needs may centre around being deliberately cut off from friends or family, disability, difficulties in speaking or reading English, living in an isolated community (e.g. Black or minority ethnic, rural, traveller, gay or transgender, or insecure immigration status).
- **Stalking** – Persistent calling, texting, following or harassing in any way that is experienced by the victim as harassment, regardless of the intention of the perpetrator, all indicates heightened risk.
- **Sexual Assault** – Those who are sexually assaulted are often subjected to more serious injury, and the offenders tend to be more dangerous. Sexual assault is one of the most consistent indicators of repeat victimisation and potentially lethal violence.

#### 2.6.2 ADDITIONAL RISK FACTORS:

- Has the perpetrator threatened or has abused the children?
- Is there an issue of abuse of pets?
- Is the perpetrator showing jealous and controlling behaviour?
- Are there any concerns regarding the perpetrators mental health status?
- Are drugs or alcohol a feature?
- Have there been any suicide attempts? (victim or offender)
- Has the perpetrator made any threats to kill?
- Have there been any incidents of strangulation?
- Has any weapons used/access to weapons?
- Are there any financial problems?
- Does the victim feel unsafe on day to day basis?

- Is there an indication of imminent risk to the victim?
- Is the perpetrator behaving in a way that indicates he feels he has lost everything and now has nothing to lose?
- Has perpetrator any convictions of violence?
- Is the perpetrator preoccupied with the behaviour of the previous partner coupled with a lack of awareness or sustained interest in the children?
- Does the perpetrator believe the victim to be responsible for his loss of control?
- Have there been incidents falling into the category of domestic abuse when contact to the children has taken place.
- Is the perpetrator known to other agencies?

### 2.6.3 FACTORS RELATING TO THE PERPETRATOR THAT MAY DECREASE RISK

- The perpetrator is aware or shows some awareness of the impact of the abusive behaviour on all those affected including the children and can empathise with current perspectives taken.
- The perpetrator accepts responsibility for his behaviour and can talk about this at depth; it is necessary to distinguish someone who has the words to impress without the internalised belief system necessary to change behaviour.
- The perpetrator is willing to undertake a programme of work to confront and challenge his behaviour with the intention of achieving change. He is willing to do this and to be assessed before contact to the children can be considered in other than very limited or controlled circumstances.
- The perpetrator is aware of the need and consents to the sharing of information about him with any other agency involved in supporting the other parent and the children.

#### Actions when interviewing perpetrator:

- Prior to interview Social Care Staff should always consider undertaking a joint visit with the Domestic Abuse Police Officer.
- Consideration should always be given about assessing capacity to change and support should be offered to facilitate family cohesion. (See Relate advise number for information).
- In domestic abuse cases checks should always be made with relevant Domestic Violence Unit's and full criminal records should be obtained.
- It is essential to take a detailed history of relationships and consider whether enquiries should extend to previous partners. If there are objections to this it may be necessary to seek directions from the court.
- Exercise caution and test out whether any admission of responsibility is matched by actions willingness to engage in work to change behaviour before arranging contact with child.

### 2.7 SAFETY PLANNING FOR PRACTITIONERS

Safety planning for women and children is an important element of all interventions to safeguard children experiencing domestic abuse.

All assessments should include a judgement on existing safety planning and recommend any alteration. Building up a plan can help women and children take control, increase their options and ensure a greater degree of safety than previously experienced

Practitioners developing a safety plan should understand the women's views of the risks to herself and the children and the strategies she has in place to address them. Practitioners should establish whether the woman will remain with the abusive partner. If she is to remain, an explicit understanding must be obtained as to whether she wants her abusive partner spoken to by practitioners.

Where there is evidence of a risk of further violence, a safety plan involving a woman and a child remaining with her abusive partner should only be agreed where it is judged safe by the agencies to discuss the concerns about the violence with the abusive partner.

There are a range of services available to promote the safety of domestic abuse victims. These are coordinated via the MARAC system as outlined below.

## 2.8 MULTI AGENCY RISK ASSESSMENT CONFERENCE (MARAC)

Where the risk to an adult in a household is identified as a high risk of homicide or serious harm, a Domestic abuse Multi Agency Risk Assessment Conference (MARAC) should be arranged. This conference would consider what measures have been put in place, and what measures are required to protect the safety of the adult.

*The use of a MARAC will be specific to adults who are at high risk of homicide or serious harm.*

### Aims of the MARAC

- To **share information** to increase the safety, health and well being of victims – adults and their children;
- To determine whether the perpetrator poses a **significant risk** to any particular individual or to the general community;
- To construct jointly and implement a **risk management plan** that provides professional support to all those at risk and that reduces the risk of harm;
- To **reduce repeat victimisation**;
- To improve agency **accountability**; and
- **Improve support** for staff involved in high-risk Domestic Abuse cases.

Support to be provided through the MARAC system, and by agencies within the Safer Stockport Partnership and the Domestic Abuse Forum through outreach and services already established/provided within Stockport.

## 2.9 ASSESSING THE IMPACT OF DOMESTIC ABUSE USING THE COMMON ASSESSMENT FRAMEWORK (CAF)

The Common Assessment Framework is an assessment tool that helps practitioners develop a shared understanding of a child's needs, so that they can be met more effectively. This approach promotes working with parents, the co-ordination of services at an early stage and seeks to avoid reaching crises point.

A parent may identify with a practitioner the need for services from different agencies and agree that the use of a CAF would help.

Domestic abuse may or may not be identified at an early stage by the parent who is requesting services to help them and their children. Alternatively a parent may identify the need for services and support after the perpetrator has left the household.

If domestic abuse is identified at any point during the completion of the CAF, practitioners will need to work with the parent to explore the impact on the outcomes for the children and the need for services.

The use of the CAF to assess the needs of children experiencing domestic abuse should only be undertaken where:

- There is explicit agreement of the parent;
- The impact of the domestic abuse is not causing the child's health or development to be significantly impaired;
- The impact of the domestic abuse is not causing them to experience or be at risk of significant harm.

## 2.10 HOW THE POLICE CAN HELP

Police are often the first point of contact and they (or any other agency that becomes aware of domestic abuse) should ensure the safety of the victim and:

- Find out whether there are any children living in the household or if the victim is pregnant.
- The Police officer should see any children present in the house to assess their immediate safety;
- Take into consideration what the impact is on the welfare of the children;
- Provide the victim with information on local support services and refuge details, taking into account any ethnic or cultural issues (i.e. National Helpline, local specialist agencies/help-lines, Woman's Aid, Victim Support – details available from local domestic abuse forums).

Police have Domestic Abuse Units and Domestic Abuse Officers and other members of staff who can give advice.

The Police are already required to determine whether any court orders or injunctions are in force in respect of members of the household. The officer should make an assessment and if they have specific concerns about the safety or welfare of a child, they should make a referral to Children's Social Care Services.

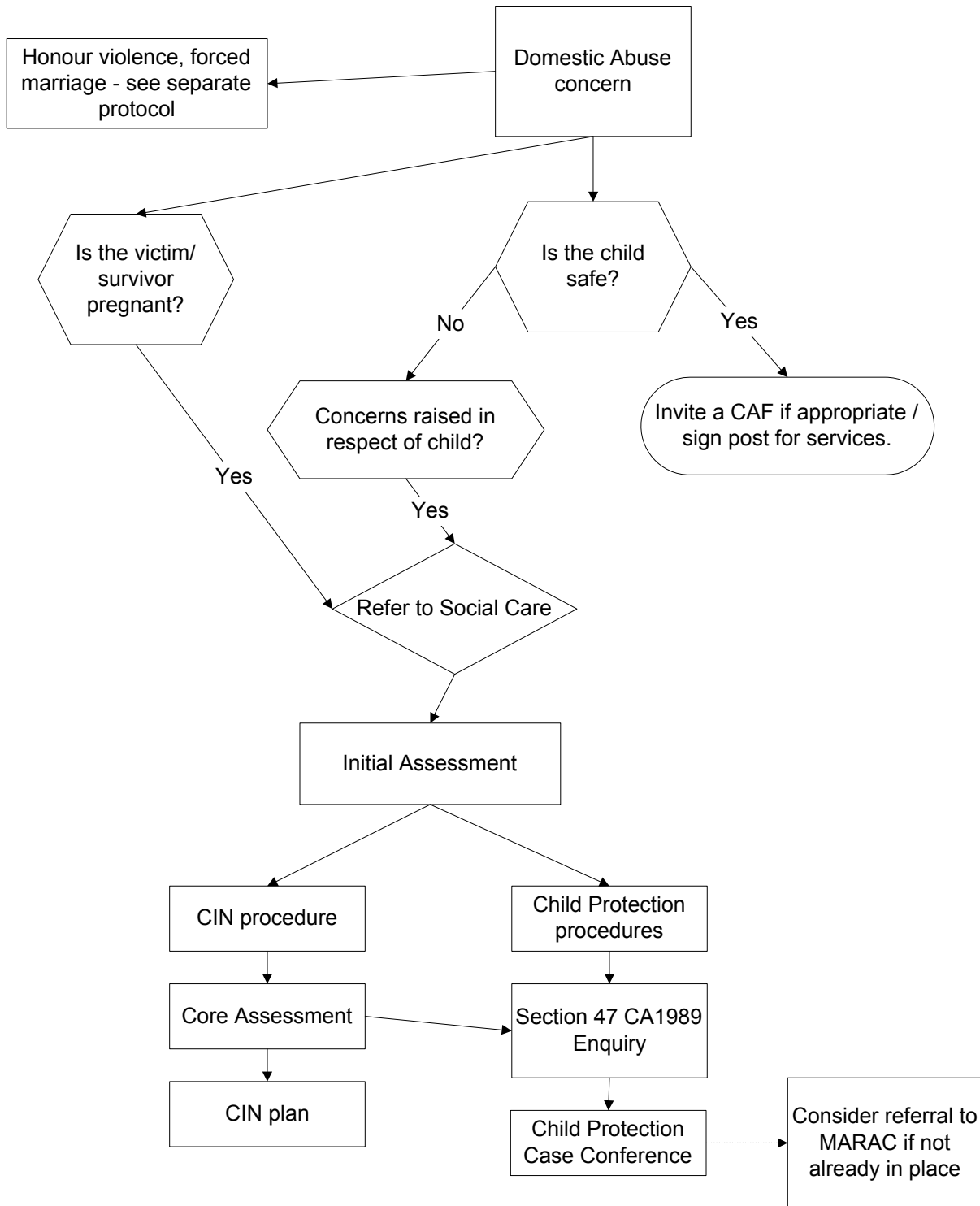
The Police have Child Protection Units and are there to protect the welfare of children who are victims of emotional, physical or sexual abuse or neglect. Where it is necessary and appropriate the person responsible for the abuse will be arrested.

Local arrangements between Police and Children's Social Care should be followed to enable the Police to establish whether any such children are the subjects of a Child Protection Plan.

## REFERENCES – READING MATERIAL

- Anne Worrall, Jane Boylan et al (taken from SCIE briefing June 2008)
- 'Working Together to Safeguard Children 2006
- Home Office 2004 'Tackling Domestic Violence: Providing support for children who have witnessed domestic violence' A. Mullender
- Home Office 2004 'Tackling Domestic Violence: the role of health professionals
- Mezey, G.C. and Bewley, S. 1997 'Domestic Violence and Pregnancy'. British Medical Journal, 314
- Mullender A. and R. Morley eds 1994 'Children Living with Domestic Violence: Putting Men's Abuse of Women in the Child Care Agenda' London: Whiting and Birch.
- Mullender A. et al 2000 'Children's Needs, Coping Strategies and Understanding of Woman Abuse'.
- NCH 1994 'Action for Children: The Hidden Victims'. NSPCC
- Walby S. University of Leeds 2004 'The Cost of Domestic Violence'
- British Crime Survey 2001

APPENDIX 1: FLOWCHART



## APPENDIX 2: SIGNPOSTING

Information contained within Stockport Domestic Abuse Forum Information Booklet

What to do if you need help:

In an emergency always dial 999

Local Police on: 0161 872 5050

Stockport Domestic Violence Unit: 0161 429 0849

Victim Support

Newbridge House

28 Tamworth Street

Stockport. SK1 2PB

Telephone (12Hr): 0161 477 9597

Stockport Women's Aid

- Stockport Women's Aid: call/txt 0161 477 4271
- Manchester DV Helpline (12Hr):0161 636 7525
- National DV Helpline(24Hr):0808 2000 247

Outreach Service

Call or text 0161 477 4271 for a chat with any of our outreach team.

Relate

Telephone (24Hr): 0161 442 2443

Stockport Homes

Telephone (12Hr): 0161 4324101

Telephone (24Hr): 0161 4772626

Probation

Telephone (12Hr): 0161 429 0010

Stockport Women's Centre

Services Offered

Contact Details:

STOCKPORT WOMEN'S CENTRE

TELEPHONE: 0161 355 4455

e-mail [admin@stockportwomenscentre.co.uk](mailto:admin@stockportwomenscentre.co.uk)

Broken Rainbow

Support for lesbian, gay, bisexual and transgender (LGBT) people experiencing domestic violence.

Broken Rainbow LGBT Domestic Violence Service (UK) defines domestic violence and abuse as:

Telephone: 08452 60 44 60

Mondays to Fridays 9am–1pm and 2pm–5pm Staffed by LGBT people.

Elder Abuse

In the UK the free phone number is 0808 808 8141 while in the Republic of Ireland it is 1800 940 010.

Telephone (12Hr): 0808 808 8141

Local Safeguarding Children's Unit

The telephone number is 0845 644 4313

this number is for emergencies only, out of normal office hours: 0161 718 2118

### Kooth Counselling Service

The service is accessible online, 24 hours a day, seven days a week.

Postal Address

Kooth.com

c/o Xenzone

The White House

118 Gatley Road

Gatley

Cheshire

SK8 4AD

Men's Advice Line

Call: 0808 801 0327

Email: [info@mensadviceline.org.uk](mailto:info@mensadviceline.org.uk)

Visit: [www.mensadviceline.org.uk](http://www.mensadviceline.org.uk)

Paws for Kids

Paws for Kids

P.O. Box 329

Bolton

BL6 5FT

Tel/Fax 01204 698999

Services for Young People:

### Central Youth Outreach Services

Central Youth, 15 Grand Central Square, Stockport. SK1 3TA. Tel: 0161 480 9600

[www.centralyouth.org.uk](http://www.centralyouth.org.uk).

Youth Ear, Counselling Services

For further information, contact Youtheart on 07799095569

### Mental Health

Sound Minds – youth project for young people age 13 -16

Youthful Minds – youth project for young adults age 16 – 25

25 Covent Garden, Stockport SK1 3AX

Tel: 0161 477 1598

Youth Centres

Adswold: Neston Grove, Stockport. SK3 1PK

0161 483 2927

Brinnington: Hereford Road, Brinnington. SK5 8EY

0161 406 8783

Cellars: Thornfield Road, Heaton Moor. SK4 3LD

0161 442 8741

Cheadle Hulme: Church Rd, Cheadle Hulme.

0161 483 2927

Gatley: Gatley Hill Hse. Church Rd. Gatley.

0161 483 2927

Hazel Grove: Jackson Lane. Hazel Grove. SK7 3JY.

0161 483 2927

Marple: Marple Ridge College. Hibbert Lane.  
0161 449 2241  
Offerton: Dialstone Cnt, Lisburne Ln, Offerton. SK2 7LL.  
0161 474 2241  
Reddish: Dalkeith Rd, Reddish. SK1 3TA.  
0161 480 3068  
Werneth: George Ln, Bredbury. SK6 1DJ  
0161 430 6720  
Woodbank: Turncroft Ln, Offerton, Stockport.  
0161 430 0964

## **Pre-birth**

Maternity Services in Stockport  
Contact  
Midwife via delivery Suite 0161-419-5553  
Specialist Midwife 0161-419-5455 Mobile 07876230812  
Email [Eileen.Maloney@stockport.nhs.co.uk](mailto:Eileen.Maloney@stockport.nhs.co.uk)

National Centre for Domestic Violence  
Tel: 08709 220704  
Freephone: 08009 207020

Web: [www.ncdv.org.uk](http://www.ncdv.org.uk)  
email: [office@ncdv.org.uk](mailto:office@ncdv.org.uk)

National Centre for Domestic Violence  
Suite 129  
456 - 458 Strand  
London  
WC2R 0DZ

PO Box 999  
Guildford  
Surrey  
GU1 9BH

Stockport Youth Offending Team  
Phone 476 2876  
Fax 476 2858  
1<sup>st</sup> Floor Owl House,  
59-61 Great Underbank,  
Stockport, SK1 1NE

## Age Concern Stockport

Please contact Anne Smith  
Age Concern Stockport  
Commonweal  
56 Wellington St. Stockport SK1 3AQ  
Tel: 0161 480 1211

## Solicitors

Know your legal rights in situations of domestic abuse

Solicitors can provide Legal Advice in respect of applications to Court as follows:

- Occupation Orders - Removal of perpetrator from home so victim can return.
- Non-Molestation Orders - Preventing the perpetrator from using or threatening violence, harassing and pestering the victim and instructing anyone else to do so.
- Legal Costs - victims may be eligible for public funding and an assessment of the victim's financial position would be carried out.

Contact Details: Please see Yellow Pages for details of local solicitors

## National Support Services

If someone is in immediate danger, dial 999

0808 2000 247 Free phone 24 Hour National Domestic Violence Helpline

(run in partnership between Women's Aid and Refuge)

### Women's Aid

Women's Aid is the national domestic violence charity that co-ordinates and supports an England-wide network of over 500 local services working to end domestic violence against women and children.

Women's Aid websites for women and children:

[www.womensaid.org.uk](http://www.womensaid.org.uk)

[www.thehideout.org.uk](http://www.thehideout.org.uk)

### Refuge

Refuge is the country's largest single provider of specialist accommodation and support to women and children escaping domestic violence. Refuge provides safe, emergency accommodation through a growing number of refuges throughout the country and offers individual and group counselling for abused women and children, and community based outreach services for women including specialist services for minority ethnic communities.

Contact

[www.refuge.org.uk](http://www.refuge.org.uk)

## Specialist help lines

### Jewish Women's Aid

0800 591203 freephone helpline

[info@jwa.org.uk](mailto:info@jwa.org.uk)

### Southall Black Sisters

02085719595 [www.southallblacksisters.org.uk](http://www.southallblacksisters.org.uk)

A not for profit organisation established in 1979 to meet the needs of black (Asian and African-Caribbean) women.

### Imkaan

020 8453 1566

[www.imkaan.org.uk](http://www.imkaan.org.uk)

National charity specialising in domestic violence, especially Asian women

[www.stoplookgo-evergreen.org.uk](http://www.stoplookgo-evergreen.org.uk) Bi-lingual website for Chinese community

### Asian Women's Resource Centre

020 8961 6549

MALE (Men's Advice Line & Enquiries) 0845 064 6800

## Other useful numbers

Samaritans 08457 909090  
www.samaritans.org.uk  
The National Child Protection Helpline 0800 800500  
www.nspcc.org.uk

This is a free, confidential service for anyone concerned about children at risk, including children themselves run by the NSPCC. The service offers counselling, information and advice.