4LSCB Practice Guidance

Safeguarding Children Exposed to Domestic Violence and Abuse

March 2017

Author: Kim Jones (Designated Nurse for Hampshire CCGs) on behalf of the 4LSCB Policy and Procedure Group

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SECTION 1: HOW TO USE THIS RESOURCE

Purpose

This resource provides accessible, practical advice for front-line practitioners across the adult and children's workforce who are working in situations where domestic violence and abuse is known or suspected.

Links to 4 LSCB Child Protection Procedures

It is designed to complement the guidance contained in the HIPS Child Protection Procedures - on Domestic Abuse at https://hipsprocedures.org.uk The points made here do not replace the Child Protection Procedures and professionals should always refer to the procedures for authoritative and detailed guidance on what to do.

Other uses

It is intended that these materials will also be useful in supervision sessions, group/team meetings or training sessions.

Key themes

The materials are based on some important ideas:

- The presence of domestic violence and abuse (DVA) should always be taken as an indicator of the need to assess children's need for support and protection if they live in the same household as the victim and/or perpetrator

- The importance of capturing the child's experiences and views in contexts where the safety of the victim may be seen as the main priority and therefore tend to dominate some people's immediate thinking and action

- Professionals need to remain vigilant for signs of domestic violence and abuse in the child, in the adults and in the home environment

- Effective work in this area is supported by an understanding of what research tells us about the impact of exposure to domestic violence and abuse on children and what works to reduce its impact upon them

- Lessons learnt from Serious Case Reviews: Pathways to harm, Pathways to protection: A triennial analysis of Serious Case Reviews 2011 – 2014 (May 2016)

In addition these materials provide helpful pointers on:

- Managing risk and planning for safety
- Understanding some of the specific issues involved in Honour Based Violence
- Remembering the importance of good information sharing between professionals
- Working where there may be an adult with additional vulnerabilities

We recognise all forms of domestic violence and abuse, including the potential for both women and men to be victims and/or perpetrators and the need to consider individual cases on their own merit.

Reflective Questions for Section 1

1. **When can I set aside time for personal reflection on some of the issues included in this resource?**

2. **Which section would be most relevant for me to discuss within my supervision in light of my practice issues at present?**

3. **How could my team use parts of this resource within our meetings or as part of team development activities?**

SECTION 2: WHAT IS IT HELPFUL TO KNOW ABOUT DOMESTIC VIOLENCE AND ABUSE?

WHAT DOES THE TERM COVER?

The government definition of domestic violence and abuse is:

'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality' This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional (Home Office, 2013)

This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour based violence', female genital mutilation (FGM) and forced marriage (FM).

The main characteristic of domestic abuse is that the behaviour is intentional and is calculated to exercise power and control within a relationship.

Examples of these behaviours are:

- **Psychological / emotional abuse** – intimidation and threats (e.g. about children or family pets), social isolation, verbal abuse, humiliation, constant criticism, enforced trivial routines, marked over intrusiveness.

- **Physical violence** – slapping, pushing, kicking, stabbing, damage to property or items of sentimental value, attempted murder or murder;

- **Physical restriction of freedom** – controlling who the mother or child/ren see or where they go, what they wear or do, stalking, imprisonment, forced marriage;

- **Sexual violence** – any non-consensual sexual activity, including rape, sexual assault, coercive sexual activity or refusing safer sex

- **Financial abuse** – stealing, depriving or taking control of money, running up debts, withholding benefits books or bank cards.

- **Forced marriage and honour-based violence:** Children and young people can be subjected to domestic abuses perpetrated in order to force them into marriage or to 'punish' him/her for 'bringing dishonour on the family'.

Whilst honour based violence can culminate in the death of the victim, this is not always the case. The child or young person may be subjected over a long period to a variety of different abusive behaviours ranging in severity. The abuse is often carried out by several members of a family and may, therefore, increase the child's sense of powerlessness and be harder for professionals to identify and respond to.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

In 2015 the Government introduced new legislation (Serious Crime Act, 2015) creating a new offence of **controlling and coercive behaviour** in an intimate or family relationship. Under that legislation, controlling and coercive behaviour is an offence where it causes someone to fear that violence will be used against them on at least 2 occasions; or causes them serious alarm or distress which has a substantial adverse effect on their usual day-to-day activities.

The term domestic abuse or domestic violence & abuse (DVA) is increasingly used in preference to 'domestic violence' as it has the advantage of reflecting the non-physical abuses referred to above. An alternative term sometimes used is 'intimate partner violence'.

HOW PREVALENT IS DOMESTIC VIOLENCE AND ABUSE?

National Prevalence of DVA

- Each year around 2.1m people suffer some form of domestic abuse – 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population)
- Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse
- Women are much more likely than men to be the victims of high risk or severe domestic abuse: 95% of those going to MARAC (Multi Agency Risk Assessment Conference) or accessing and IDVA (Independent Domestic Violence Advisor) service are women
- Seven women a month are killed by a current or former partner in England and Wales
- On average high-risk victims live with domestic abuse for 2.3 years before getting help
- 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse

Prevalence of DVA in households that include children

An estimated 130,000 children in the UK live in households with high-risk domestic abuse; that is, where there is a significant risk of harm or death.

- 26% of all children are estimated to be exposed to severe domestic abuse between adults in their homes at some point in childhood
- Thousands more live with other levels of domestic abuse every single day.
- 1 in 5 children have been exposed to DVA
- 1/3 of children who witness DVA also experience another form of abuse
- 1 in 5 teenagers have been physically abused by their boyfriend or girlfriend
- Parental alcohol and drug misuse were both recorded as present in over a third of Serious Case Reviews. Parental mental health problems were found in 53% of cases and DVA in 54%

DVA in Southampton in 2015/16:

- 6,161 DVA incidents were reported to the Police; of these half were repeat calls
- 753 high risk DVA referrals (this is where the adult victim is at risk of serious physical harm or death)
- 1,098 children were living with high risk DVA parents last year
- Southampton has very high reporting rates for DVA over twice the national average and an exceptionally high number of children impacted by DVA
- DVA is a significant service driver for Children's Services; 30% of MASH referrals and 77% of child protection plans; as well as almost half of all Early Help cases have DVA as a factor

DVA in Portsmouth in 2015/16:

- 5,053 DVA incidents were reported to the Police; an increase from 4,340 in 2011/12
- 601 cases were discussed at MARAC
- DVA is the largest category of violence in Portsmouth, accounting for 31% of all assaults
- DVA is a significant service driver for Children's Services; 37% (4,881) of MASH referrals and 70% (353) of child protection plans have DVA as a factor.
- 438 (17%) children who had 5 or more contacts with the MASH had at least one contact due to DVA. Of these there was an average 50/50 split where all contacts related to DVA and not all were related to DVA
- Of the families who met the criteria for the Troubled Families programme 42% (n74) had domestic abuse as an identified issue

DVA in Hampshire in 2015/16

DVA in the Isle of Wight in 2015/16

WHY DOES IT MATTER TO CHILDREN AND YOUNG PEOPLE?

Traumatic stress symptoms have been identified in children experiencing domestic abuse in the family. It has been identified as harmful to emotional and behavioural development and cognitive– functioning

Children experiencing domestic abuse are known to be more likely to develop the following problems:

- Reduced educational achievement
- Anti-social behaviour
- Involvement in playground and street violence
- Increased Attention Deficit Disorder

Other commonly recognised difficulties are:

- Increased levels of anxiety and psychosomatic illnesses (headaches)
- Abdominal complaints
- Asthma
- Speech impairment such as stammer/stutter
- Increased levels of running away / missing

HOW CLOSELY LINKED ARE DOMESTIC VIOLENCE AND ABUSE AND CHILD ABUSE?

Research findings estimate that there is a co-occurrence of domestic abuse against women and child abuse

in 40% of cases known to Children's Services. Evidence that domestic abuse is associated with negative outcomes in children has resulted in policies in Australia and the USA which include 'exposure' to domestic abuse as a notifiable form of psychological abuse. In the UK the definition of 'significant harm' to children includes 'impairment suffered from seeing or hearing the ill treatment of another.

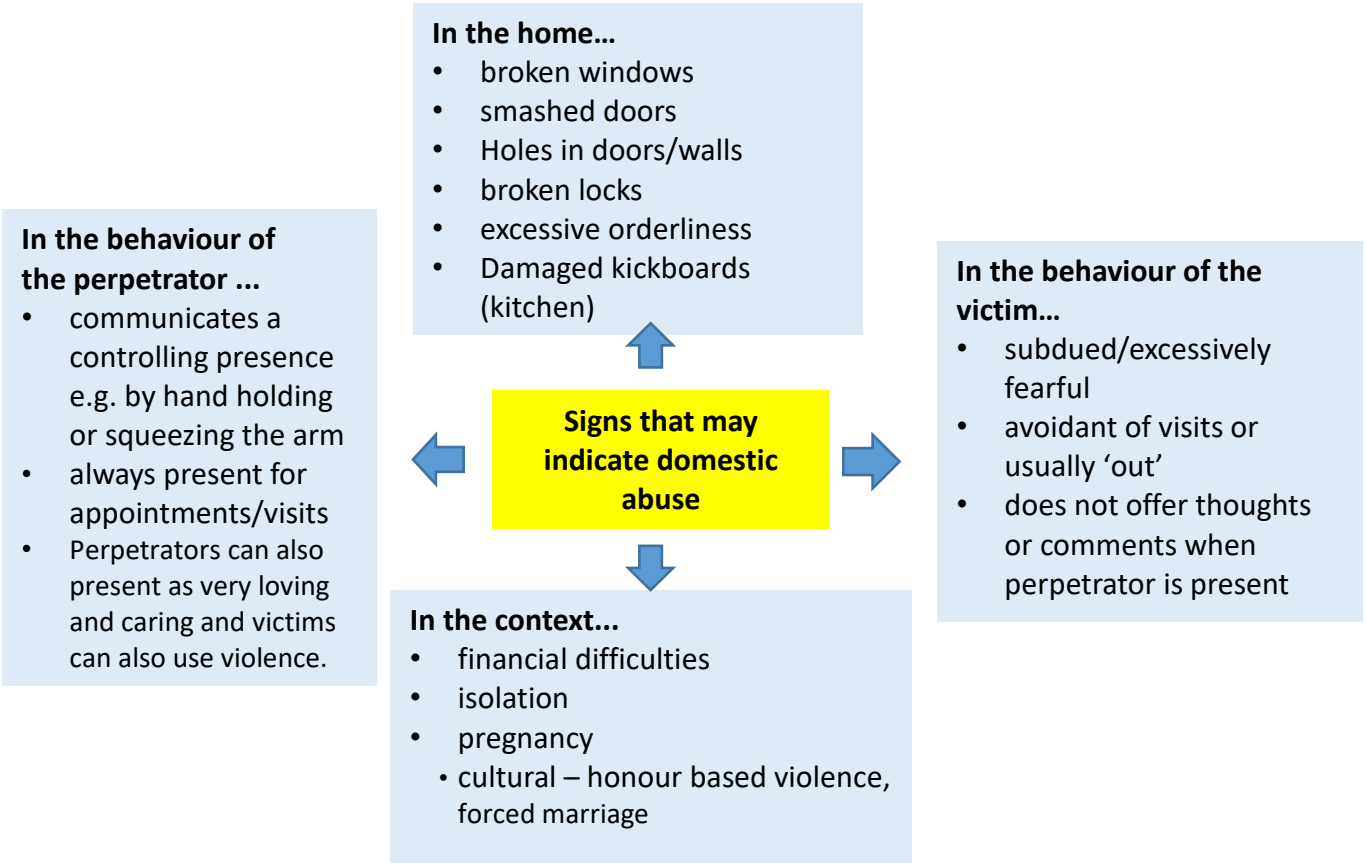
Reflective Questions for Section 2:

1. **Do any aspects of the definition mean you should change your day to day approach or practice in any way?**

2. **What is the prevalence in your caseload and is this typical for your local area?**

3. **Which of the impacts on children do you recognise on children you are working with?**

SECTION 3: WHAT TO LOOK FOR AT DIFFERENT AGES AND STAGES



Unborn Babies – domestic violence and abuse in pregnancy and the postnatal period

Violence against women encompasses physical, sexual, emotional and psychological abuse. It is rarely an isolated event and usually escalates in severity and frequency. In the context of obstetric care it can cause recurrent miscarriage, stillbirths and maternal deaths. Domestic abuse can often escalate during pregnancy or after birth; this can be towards both male and female victims. Physical manifestations during pregnancy and postnatally can be:

- Gynaecological problems, such as frequent vaginal and urinary tract infections and pelvic pain,
- frequent visits with vague complaints or symptoms without apparent physiological cause and recurring admissions
- injuries that are untended and of several different ages, especially to the neck, head, breasts, abdomen and genitals,
- repeated or chronic injuries

There may also be a history of:

- repeated miscarriage or terminations of pregnancy
- stillbirth
- preterm labour/prematurity
- intrauterine growth retardation/ low birth weight
- pre-term labours
- drug or alcohol abuse
- depression or suicide attempts
- unwanted or unplanned pregnancy

- late in take up of antenatal care.

Babies and toddlers (0-3 years)

We know that infants are often directly involved in domestic abuse incidents. They may be held as a shield by the victim, hit by thrown objects, or intentionally threatened or hurt to terrify the victim. Even when they are apparently lying passively in their cots, infants are known to be sensitive to their surroundings and especially to the emotional signals given out by their caregivers, which may include the caregiver being depressed, anxious or fearful of the perpetrator.

At birth, a baby's brain is 25% of its adult weight, increasing to 66% by the end of the first year due to the 'brain growth spurt' which occurs between the seventh month and the child's first birthday. The developing brain is most vulnerable to the impact of traumatic experiences during this time. Research on brain development suggests that exposure to extreme trauma will change the organisation of the brain, resulting in difficulties in dealing with stresses later in life.

Research on attachment in infancy has shown that the more serious the level of partner abuse, the higher the likelihood of insecure, specifically disorganised, attachments. Frightening or frightened behaviour of the caregiver might promote disorganised attachment. Whilst over 70% of infants in 'average' households are generally classified as 'securely attached', over 50% of babies in a sample of mothers who had been the target of domestic abuse were classified as having 'disorganised attachment'. The attachment figure (the mother in these cases) is a source of both fear and comfort and babies are both afraid of, and for, their mothers. In these confusing circumstances, the baby does not develop a consistent or coherent strategy for obtaining help and comfort from its mother

Children (3-12 years)

The likely immediate effects on children are:

- Sleep disturbances, e.g. nightmares, poor sleeping habits and night waking
- Immature or regressed behaviour
- Physical complaints, poor health, headaches, stomach aches
- Emotional distress (crying, irritability, insecurity, hyperactivity)
- Loss of developmental skills (i.e., toileting, language), difficulty concentrating and in some cases post-traumatic stress symptoms
- Aggressive or withdrawn behaviours

The Effects of exposure to domestic abuse on children depends upon:

- Characteristics of the violence itself - one time only or chronic within the family
- Developmental phase of the child
- Proximity to the violence – was it seen or heard or did they witness the aftermath such as mother crying, mother's injuries or medical and police intervention?
- Familiarity with victim and / or perpetrator
- Family and community support immediately available
- Response to violence exposure by family, school, and community resources

Teenagers (13-18 years)

Young people may be witnessing and experiencing domestic violence and abuse within their family or within their own partner relationships. One survey of 1,353 young people found that:

- 75% of girls in a relationship experience emotional abuse, for boys it was 50%
- 25% of girls experienced physical violence, for boys it was 18%
- When all forms of violence/abuse were considered together, one in six girls reported severe levels of violence
- Mobile phones and social networking sites were methods by which girls were subject to coercion and control
- Boys are less aware of the harmful impact of abusive behaviour

The association between childhood experience of abuse/neglect and abusive partner relationships makes it particularly likely that young people in contact with Children's Services will experience such problems. One study of young people known to Children's Services (for child protection) found nearly all the girls and nearly half of the boys reporting some degree of dating violence. Young mothers report having experienced physical violence, sexual pressure and force, reporting their partner's controlling behaviour often increased after the birth.

Reflective Questions for Section 3:

1. **Do you recognise the age-related risks and impact of DVA on children you are working with?**

2. **Is your assessment and response to the needs of children exposed to DVA age-appropriate?**

SECTION 4: ASSESSING RISK AND PLANNING FOR SAFTEY

When responding to incidents of domestic abuse, professionals should always find out if there are any children in the household or any children who would normally live or visit the household. Professionals should exercise considered judgement in determining whether it is safe to leave the scene of the incident without having seen the children and should only do so if they have fully assessed the risk involved.

A referral to Children's Services should always be considered where:

- The child made the original call (usually to the Police)
- The child has been injured
- The child has been used as a shield
- The child has witnessed significant DVA
- A pregnant woman is involved in a violent incident
- The victim is assessed as High Risk on a DASH* (assessment by the Police, yourself or another agency)
- A Multi Agency Risk Assessment Conference (MARAC) is convened and there are children in the household (or in Southampton a High Risk DVA referral to MASH or MARAC has been made – although one referral for high risk DVA covers adults and children)

* The Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) Risk Identification and Assessment Model is a multi-agency tool used across the 4 LSCB areas. This is a victim focus model which identifies the risk to the victim as Standard, Medium or High. See the LSCB website or Safelives website for a DASH form and guidance for professionals on completing a DASH.

In addition, where adults display intimidating or threatening behaviour towards professionals and there are children living in the household, the impact on the children of this type of behaviour should always be considered within the assessment of risk.

Babies under 12 months old are particularly vulnerable to abuse. Professionals, who become aware of an incident of domestic violence and abuse in a family with a child under 12 months old (even if the child was not present) or in families where a woman is pregnant, should always complete a DASH risk assessment to determine what action is required. The professionals must also consider whether a referral to Children's Services is indicated as highlighted above.

Assessing Risk of DVA on Children, Victims, and Perpetrators

There is also a growing recognition that assessing risk and responses for children must be set in the context of a clear understanding of the risks to the victim and the perpetrator. Thus, a whole family risk assessment is required

DVA and the Impact on Children

DVA does not affect all children in the same. The impact of DVA on children varies by:

- The types, frequency, and severity of tactics used by the DVA perpetrator
- The age, gender, and development stage of the child
- The presence of other risk and protective factors (including the behaviour of the victim
- Additional care and support needs of parents or children

This range of findings indicates the need for workers not only to identify when DVA is present, but also to assess and consider all of the following:

- Specifics of the DVA perpetrator's particular pattern of violent and coercive behaviours
- The complexities at times to identify the primary perpetrator and respond appropriately where both parties may have used violence
- Impact of DVA on the child and victim
- The child's relationship with the non-offending caregiver
- Protective factors in the child, adult victim, community, or DVA perpetrator

DVA and the Impact on Parenting

It is widely recognised that DVA often co-exists with **multiple and complex needs** including parental mental health and substance misuse issues, but also other factors. The Triennial report on Serious Case Reviews notes that "there is cumulative risk of harm to a child when different parental and environmental risk factors are present in combination or over periods of time. This includes DVA, parental mental ill-health and alcohol or substance misuse, but it also includes other risks such as adverse experiences in the parents own childhoods, a history of violent crime, a pattern of multiple consecutive partners, acrimonious separation and social isolation." These complex cases with multiple risks and vulnerabilities require a multi-agency response, and all relevant factors need to be considered in a whole family risk assessment and response.

In addition, the Triennial report also notes that 'family members might also be covering up abuse or neglect. Balancing parental support, building on resilience and progress, while maintaining an attitude of respectful uncertainty is a challenge. Treating parents with openness and respect allows professionals to build a trusting relationship within which challenge can be made. This includes an attitude of professional curiosity which requires professionals to think beyond the usual remit of their own professional role and to consider, holistically, the circumstances of the child and family".

DVA Victims as parents

As a group, DVA victims as parents are not significantly different from non-victims as parents. Multiple published studies did not identity differences between groups of abused and non-abused victim in terms of their parenting practices.

Parenting by DVA victims may be directly sabotaged or indirectly undermined by DVA perpetrators whose tactics may include:

- Interfere with childcare arrangements, visitation, or Child Protection/Social Care plans
- Tell the children they do not have to follow house rules (or school plans, health plans, etc.) of the other parent
- Result in injuries, stress, isolation, and/or economic vulnerability, which compromise adult victims' parenting
- Undermine victims' ability to address their own issues of substance abuse, mental health issues, etc. For example, DVA victims may abuse substances as a way of coping with the physical and emotional pain of DVA victimisation and need support to address these issues.

As also noted in the Triennial report on Serious Case reviews, professionals need to recognise the extreme difficulty for any victim living in a situation of DVA to effect change, including the difficulties of moving out of a controlling relationship. Professionals need a deeper understanding of the impact of

cursive control on victims and should be trained in order to understand the actions and responses of victims including their parenting behaviours. DVA should not be seen solely in terms of violent incidents, but consideration should be given to the ongoing contexts of coercive control and the impact of these on parent and children".

DVA Perpetrators as Parents

Unlike DVA victims, DVA perpetrators may differ from parents in general. Research suggests;

- DVA perpetrators are much more likely to abuse their children physically
- They are up to four times more likely to abuse their children sexually

DVA perpetrators' violent and controlling behaviour can harm children by:

- Physically harming the children
- Endangering the children through neglect
- Psychologically terrorising the children
- Coercing the children to participate in the abuse of their non-offending parent or other adult caretakers
- Preventing or undermining adult DV victims' care of the children
- Undermining the ability of statutory services and community agencies to intervene and protect the children.

DVA perpetrators may also impact children negatively by:

- Creating role models that perpetuate violence
- Undermining DVA victims' parental authority
- Retaliating against DVA victims for efforts to protect children
- Sowing divisions within their families
- Using children as weapons against DVA victims

DVA perpetrators may exhibit a broad range of parenting capacities:

- They may range from neglectful to rigid and/or authoritarian parents.
- Some may see their children and partners as extensions of themselves or objects they own, as opposed to vulnerable, individuals who are deserving of care and dignity in their own right.
- Other perpetrators may desire to be good parents. This may afford opportunities for professionals to engage DVA perpetrators in making positive changes.

Safety planning with victims

Professionals should use a pro forma or guidance to provide advice to help the victim develop a personal safety plan. Safety planning needs to begin with an understanding of the victim's views of the risks to themselves and their child/ren and the strategies they have in place to address them.

Separation from the abusive partner

While ultimately separation from the abusive partner may be seen as a 'solution' for both the victim and to protect children, it is very important to recognise that the intention and act of separation significantly

heightens risks of harm to both the victim and their children. If separation is the intention of the victim this must be carefully supported and planned. Professionals must be aware of not being overly optimistic with regards to the victim's ability to sustain changes/separation.

The Triennial Report (2016) that covers all Serious Case Reviews (following significant harm or death to a child) covers findings and learning points from all Reviews over the last 3 years. Therein it states:

- Any parental separation carries the potential for harm to the children involved; this is particularly the case where there is acrimony in the separation
- Family law courts should consider the impact on the child of any contested proceedings, contact arrangements, or parental allegations and counter-allegations: the children will always be victims in such battles, and their rights and needs should always come before those of either parent;
- Acrimonious separation and contested proceedings may be warning indicators of possible future serious or fatal harm to the children.
- Controlling behaviour may continue to pose risks to mothers and children, even following separation.

Remaining with an abusive partner

A key question is whether a victim plans to remain in the relationship with the abusive partner. If so, professionals should assess carefully the risk of harm to the children, to decide whether the risks of harm to the children can be managed with such a plan. Consideration should be given in the assessment to determine if the victim is being subjected to controlling and/or coercive behaviour by the abusive partner. Professionals must consider if the victim is in a position to make realistic and safe plans about the relationship, this must include ensuring that the perpetrator is aware that they are accountable for their acts.

If the victim is choosing not to separate, then the abusive partner will need to be involved in the assessment and intervention. Professionals should make all reasonable efforts to engage them and refer them to an appropriate perpetrator programme.

Professionals need to consider with the victim the actions required prior to contacting the abusive partner to ensure their and the children's safety. Specifically, professionals should not tell the perpetrator what the allegations are before having developed a safety plan for this with the victim and children. In cases where there is bi-directional abuse professionals should consider formulating a plan for both victims/perpetrators.

If a professional addressing concerns with the abusive partner will put the victim and children at further risk, then the professional and the victim should seek advice and support from a specialist DVA expert, such as an IDVA (Independent Domestic Violence Advocate). Local perpetrator services may also provide expert advice and accept referrals to assess and engage perpetrators.

Safety planning with children and young people

As soon as a professional becomes aware of DVA within a family, they should undertake Safety Planning with children and young people, the victim according to their age.

Safe Enquiry

When speaking to adults or children exposed to DVA, professionals must follow the principles of 'safe enquiry' including taking protective measures to ensure that any discussions with potential victims of abuse and their children are conducted in a safe environment, away from the alleged perpetrator. Understand that victims of abuse may be reluctant to disclose what is happening to them, but that the conversation may be helping them to understand their situation better and build up trust. Assess and manage the risks of DVA in safeguarding circumstances; understanding the impact of coercive and controlling behaviour may inhibit disclosure or revealing the extent of abuse. Use risk assessment tools e.g. DASH risk form and take any immediate protective measures including safety planning. Understand and follow your local DVA, and adult & child safeguarding procedures & referral routes, including how these routes or pathways inter-connect. Keep good records of discussions and seek specialist help and advice where needed.

Reflective questions for Section 4:

1. **In what ways do you take what children have said into account in your assessment of risk?**
2. **What proportion of the families you are working with show risk in the moderate, moderate to serious and serious categories? Is there a need to review and update the level of assessed risk?**
3. **How do you check that the actions you have planned are a good match to the assessed level of risk?**
4. **Have you taken into account the learning points from the Triennial Serious Case Review report as described in this section?**

What you would see if the risk to the child is moderate?

- Adult victim is experiencing some forms of coercive control; the DASH risk assessment is low; there are early signs of abuse or risk of abuse for example occasional intense verbal abuse
- Children were not present or not drawn into the incident
- Victim's relationship to the child is nurturing, protective and stable
- Abuser accepts responsibility for the abuse indicting remorse and willingness to engage in services to address abusive behaviour.

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- Provide single agency family support
- Contact the Early Help hub to determine if referral and support is appropriate
- Complete safety plan with/for victim and child/ren – advise the victim to consider DVA specialist support
- Refer perpetrator for intervention if willing

What you would see if the risk to the child is moderate to serious?

- Adult victim has history of minor/moderate incidents of physical violence of short duration and/or experiences coercive control and DASH risk assessment is standard or medium
- Evidence of intimidation/bullying behaviour to victim but not towards the child/ren
- Destruction of property
- Family, relatives, neighbours report concerns regarding the victim and children
- Intense verbal abuse
- Indicators of coercive controlling behaviour by abuser
- Children were present in the home during the incident but did not directly witness it
- Mental health issues for victim or abuser
- Substance misuse for victim or abuser
- Victim's relationship to the child is nurturing, protective and stable and despite abuse was not prevented from attending to the child/ren's needs

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In addition to the actions above:

- Call MASH to seek views on whether this is a child in need or safeguarding referral or
- Contact Early Help hub for support or
- Make referral for DVA support
- Implement and monitor single agency or joint agency actions

What you would see if the risk to the child is serious?

- DASH risk assessment is high risk
- Incidents of serious and/or persistent physical violence increasing in severity, frequency and duration
- Victim and/or children indicate that they are frightened of the abuser
- Clear indications of serious coercion or controlling behaviour
- Victim required medical attention or explanation for injuries implausible
- Requests for police intervention
- Incidence of abuse occur in presence of children
- Threat of harm to children/and or adult victim
- Physical assault on a pregnant woman
- Abuser has history of domestic abuse in previous relationships
- Mental health issues for victim or abuser
- Substance misuse by victim and/or abuser
- Strong likelihood of emotional abuse of children e.g. may display behaviour problems/ self -harm
- Abuser suspected of physically abusing child/ren
- Minimisation by abuser, lack of remorse/guilt
- Previous high risk DVA referral to MASH or MARAC.

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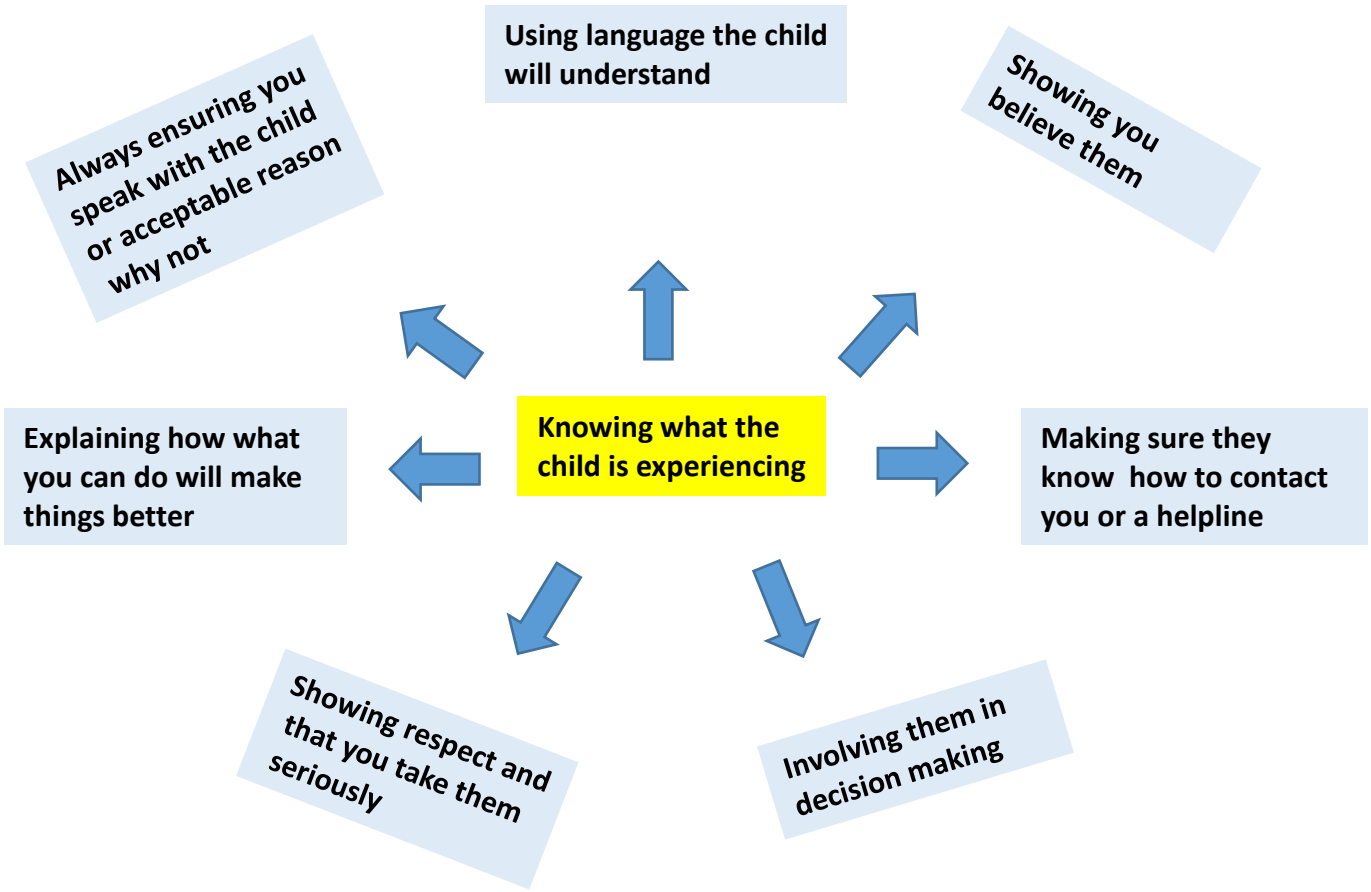
If analysis of what you see indicates that adult victim and/or child is suffering or at risk of suffering significant harm...

- Call the Police if urgent assistance is needed
- Make a high risk DVA and child safeguarding referral (one referral form with DASH risk assessment) to MASH
- Referral to MASH

SECTION 5: WHY IS IT IMPORTANT TO UNDERSTAND THE CHILD'S EXPERIENCE?

CONSIDER HOW YOU WILL COMMUNICATE WITH CHILDREN WHO ARE UNABLE TO VERBALISE DUE TO AGE OR DISABILITY



Children first and foremost want their parents to be happy and their family safe, understanding the child and victims lived experience is a fundamental step to understanding the risk and protective factors present within the family environment. They may not know what the problems are but are aware that when substance misuse, domestic violence and abuse and mental health problems occur within their family then unpredictability of parents' moods and behaviour leaves them confused and fearful. Children in these circumstances are likely to be feeling sad, isolated, lonely, to experience problems making friends and may have to take on a carer's role.

Failure to properly communicate with the children in the family may be a major barrier to children and young people getting the help they need. Parents may show a shared desire to protect one another, elements of secrecy and shame and these can combine to make it hard for the parents to talk to their children. This makes it difficult to identify and support the particular needs of the children in this context.

Children's accounts of receiving professional help in these contexts have highlighted specific concerns about how communication with them has let them down. This list of concerns can helpfully be turned around into a checklist for what professionals should aim to achieve in their communication with children:

- Always seek to speak with and listen to the children – if this does not happen record why it was acceptable not to in the circumstances
- Speak using language they can/will understand or consider an interpreter
- Let them know you believe them
- Explain to them how what you can do will make things better not worse

- Show them respect and that you take them seriously
- Involve them in decision making
- Make sure they know how to contact you and to contact a helpline
- Consider non-verbal cues and behaviours especially for children who are unable to verbalise due to the age, understanding or disability

Key messages to communicate to children and young people:

- Abuse is NEVER your fault
- You are not alone
- You have the right to feel safe
- It is good to ask for help
- You should never try and intervene if there is violence happening

Sample Questions and Lead-ins for Interviewing Children about DVA

- **Assess the pattern of the DVA perpetrator's abusive conduct.** What happens when your parents (the adults) fight? Does anyone hit, shove, push? Does anyone yell? Does anyone throw things or damage property? Has anyone used an object as a weapon? Tell me about the last big fight between them? Have you ever been made to take sides?

- **Assess the impact of the DVA on the adult victim.** Has anyone gotten hurt or injured? Is your parent afraid? How do your parents act after a bad fight? Have you seen the police or anyone come over because of their fights? Have you seen injuries or damaged property?

- **Assess the impact of the DVA on the children.** Have you been hurt by any of their fights? What do your brothers or sisters do during a fight? Are you ever afraid when your parents fight? How do you feel during the fight? After the fight? Do you worry about the violence? Do you talk to anyone about the fights? Do you feel safe at home? Have you ever felt like hurting yourself or someone else?

- **Assess the children's protective factors.** Where do you go during their fights? Have you tried to stop a fight? What happened? In an emergency for your parent or yourself, what would you do? Whom would you call? Have you ever called for help? What happened?

- **Assess lethality and the child's knowledge of danger.** Has anyone needed to go to a doctor after a fight? Do you the adults use guns or knives? Do you know where the gun is? Has anyone threatened to hurt someone? What did the person say?

- **Support children's protective strategies and respond to their concerns and their fears**. Ask children what they did and praise them for any and all protective strategies they used. For example, you might say "That's good that you hid in the closet. That's good that you went to the baby's room and talked to her". Praise them for talking about the violence to an adult (the other parent, you, the teacher).

NOTE: Also consider opportunities for children to communicate such as 'Helping Hands' which teaches children how perpetrators can be a risk factor sometimes but a protective factor others times. Questions must also allow for children to have to an opportunity to speak positively about their parents.

SUPPLIMENTARY CHILD RISK ASSESSMENT QUESTIONS:
When completing the DASH Risk Assessment, you should consider also completing the Child Risk Assessment questions described below.

This asks 6 additional questions as follows:

- Has the child directly intervened or witnessed any incidents of DVA and/or been physically injured in the course of any incidents of DVA?
- Has (the perpetrator) made any threats or attempts to abduct the child?
- Are there any emerging concerns about the impact the abuse is having on children? (consider factors such as poor school attendance, bed wetting, signs of significant distress)
- Are there any additional factors related to child/children that would increase their level of vulnerability to the abuse? (e.g. child/children has a disability, child is not the perpetrators)
- Is any member of the household at risk of forced marriage or honour based violence?
- Professionals – Do you have any concern as a professional about minimisation of the abuse by parent/s and/or lack of parental engagement with support services?

These questions are taken with thanks from Tower Hamlets Risk Assessment (2015).

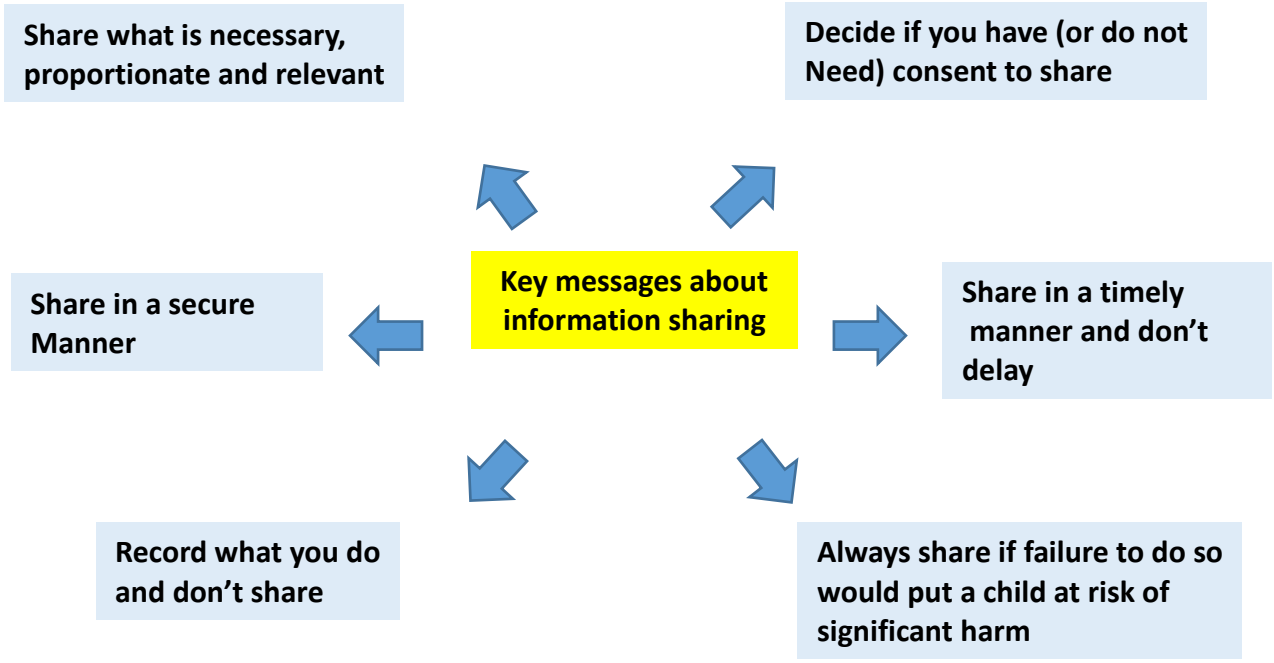
Reflective question for Section 5:

1. **What would you need to do to ensure you are achieving the good communication with children as set out above?**

2. **Are you considering a 'whole family' risk assessment and response to DVA?**

3. **Are you aware of local referral pathways and specialist DVA support available?**

SECTION 6: WHAT YOU NEED TO REMEMBER ABOUT INFORMATION SHARING



Clarity about information sharing is essential and all agencies, including all refuge projects and non-statutory services, should ensure that in sharing information they do so in line with agreed 4LSCB local protocols - see **Information Sharing and Confidentiality Procedure** at 4LSCB procedures online

Professionals must ensure that their efforts do not trigger an escalation of abuse. This may mean raising the issue with the child or adult victim only when they are safely on their own. It is always essential in contact with children and parents to be realistic and honest about the limits of confidentiality.

Practitioners often need to assess whether and how to share personal information with other professionals about domestic abuse victims, about their children and about perpetrators. Lawful and responsible information sharing can be vital to help keep victims and their children safe, to carry out risk assessment, to provide support and advocacy services and to help bring perpetrators to justice.

In practice, consent should always be sought if possible and safe to do so, although the individual practitioner needs to take an independent decision on whether sharing information is necessary and permitted by law to address the safety of the individual or individuals.

If consent is not obtained, disclosures can still be made under the Data Protection Act (DPA), the Human Rights Act (HRA) and the Caldicott Guidelines. Decisions to disclose must:

- be reached on a case-by-case basis;
- be based on a necessity to disclose;
- ensure that only proportionate information is disclosed in light of the level of risk of harm to a named individual or a known household in each case; and
- be properly documented at the time a disclosure decision is made, identifying the reasons why the disclosures are being made (i.e. what risk is believed to exist), what information will be disclosed and what restrictions on use of the disclosed information will be placed on its recipients.

When a referral is made to Children's Services, there must be clarity about who in the family is aware that a referral is to be made. Any response by Children's Services to such referrals should be discreet, in terms of making contact with the adult victim in ways which will not further endanger them or their children.

Information sharing tools

See - Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government, 2015).

Reflective questions about Section 6:

1. **How familiar are you with your organisation's guidance/policy/procedures on information sharing?**

2. **Can you state three key points from the above guidance?**

SECTION 7: TAKING ACCOUNT OF THE NEEDS OF ADULTS WITH COMPLEX OR ADDITIONAL NEEDS

The definition of adult safeguarding issued under the Care Act, published in October 2014 states that 'adult safeguarding means protecting an adults' right to live in safety, free from abuse and neglect'. Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing or is at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect (S.14.2).

The Care Act specifically identifies domestic and sexual abuse as examples of 'abuse or neglect' covered by the Act.

It is recognised that a significant proportion of people who need safeguarding support do so because they are experiencing DVA. It is important that professionals recognise this overlap and join risk assessment and responses together where DVA involves a victim or perpetrator with additional care needs.

The additional impacts of DVA on people with care and support needs may include (LGA & ADASS, 2015)

- increased physical and/or mental disability
- reluctance to use essential routine medical services or to attend services outside the home where personal care is provided
- increased powerlessness, dependency and isolation
- feeling that their impairments are to blame
- increased shame about their impairments, for example in relation to personal care.

Research has mainly been carried out with women and this is shown that:

The links between child safeguarding and DVA, where there is parental additional needs such as mental ill-health and substance misuse is well known. It is important that professionals working with children are aware of the additional risks and vulnerabilities that may be prevalent amongst some parent/carers and where to get advice about 'vulnerable adults' as well as referral pathways to safeguarding adults. In most areas there is a join-up of DVA and adult services that ensures additional and complex needs of parents/carers are identified and supported as part of a whole family response.

Refer to your local LSCB for area specific guidance for professionals on DVA, referral pathways

SECTION 8: ISSUES TO BE AWARE OF WHERE THERE IS HONOUR BASED VIOLENCE

Honour Based Violence (HBV) or 'honour' crime is an act of violence explained by the abuser as being committed in order to protect or defend the 'honour' of the family/community. These crimes include:

- Domestic and Sexual Abuse
- Forced Marriage
- Sexual Harassment
- Social rejection and other forms of controlling and abusive practices carried out by the extended family or community members

Victims may experience HBV if they are accused of not conforming to traditional cultural and religious expectations, including, for example:

- Wearing make-up or western clothing
- Having a boyfriend or being seen alone with a male who is not a family member
- Pregnant outside of marriage
- Having a relationship with someone from a different religion or nationality
- Rejecting a forced marriage
- Rumours / being seen acting inappropriately

In HBV, the risks can be high as there may be many abusers in the extended family or community networks who may be more organised in the harassment or abuse of women. Other people in the family or community may pressure the victim to return to abusive situations or fail to support them.

What you can do

- Make clear that you understand how difficult it can be for a victim to leave an abusive relationship, having to overcome cultural or religious pressures from family and community members, and concerns over her immigration status and access to support.

- You should, if necessary, make arrangements for her to have access to an independent interpreter.

- If they are living at home, it is important to make some plans for the future in case they have to leave as a result of violence and abuse. Details of what this might involve are available in the Home Office leaflet for BME women and children "Three steps to escaping violence against women and girls" available at: 3-steps-escaping-dv

Reference List

- Care Act (2014)
- Children Act (1989)
- DASH Assessment. Available from: *safe lives webpage*
- Data Protection Act (1998)
- Directors of Adult Social Services and Local Government Association (2015). *Adult safeguarding and domestic abuse: A guide to support practitioners and managers*.
- HM Government (2015). *Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers.*
- Home Office (2013). *Information for Local Areas on the change to the Definition of Domestic Violence and Abuse.*
- Home Office (2012). *Three steps to escaping domestic violence.* Available from 3-steps-escaping-dv
- Human Rights Act (1998)
- Serious Crime Act (2015)
- Sidebotham, P. *et al* (2016). *Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014*. Department for Education.
- Stanley, N (2011). Children Experiencing Domestic Violence: A Research Review. *Research in Practice.* Available from: Children experiencing research review.
- Tower Hamlets (2015). *MARAC information pack for professionals*. Available from: MARAC-information-Pack-for-Professionals-FINAL-Mar-15
- HIPS Procedures online. Available from: https://hipsprocedures.org.uk