



4LSCB Practice Guidance

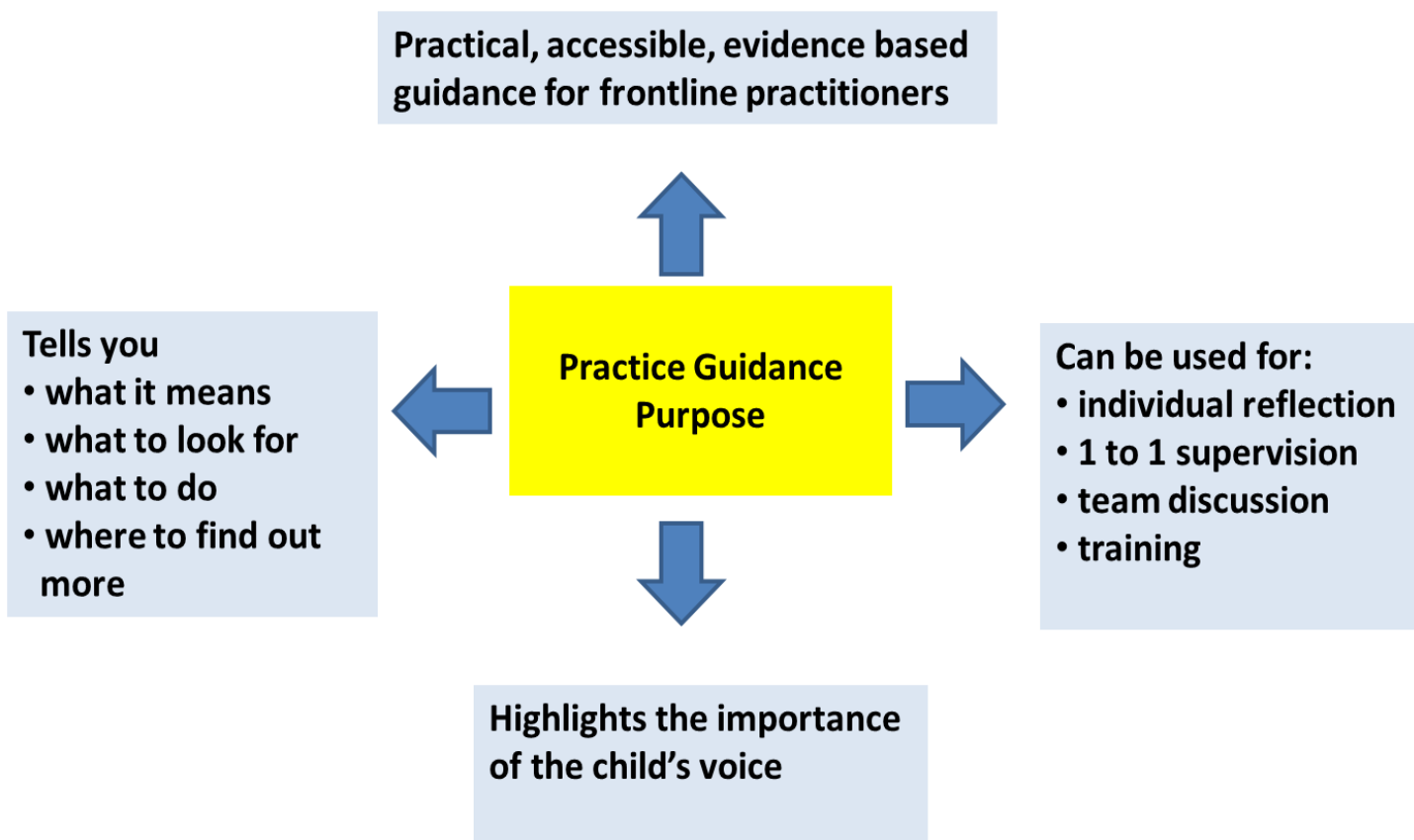
Safeguarding Children Exposed to Domestic Abuse

September 2012

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Section 1 : How to use this resource



Purpose

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

Links to 4 LSCB Child Protection Procedures

It is designed to complement the guidance contained in the 4LSCB Child Protection Procedures - Section 4.18 on Domestic Abuse at <http://4LSCB.proceduresonline.com/> 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 abuse 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
- The importance of capturing the child's experiences and views in contexts where the safety of the adult 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 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 abuse on children and what works to reduce its impact upon them

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

Victims/survivors of domestic abuse are referred to as female, and perpetrators as male for ease of reading and because it reflects the majority of cases. However, this is not meant to imply that domestic abuse does not occur by women to men or in same-sex relationships.

This resource includes pointers to where you can find further information

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 ABUSE?

1 WHAT DOES THE TERM COVER

'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'.

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.

The term domestic abuse 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'.

Deputy Prime Minister Nick Clegg announced a change to the official definition of domestic abuse on 20 September 2012 as follows:

"The new definition of domestic violence and abuse now states:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

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.” (Home Office Website 20/09/12)

2 HOW PREVALENT IS DOMSETIC ABUSE?

It is difficult to ascertain the precise prevalence of domestic abuse but various research reports, quoted below, estimate that one in three women experiences domestic abuse at some point in their lives perhaps one in 10 in the last year.

- over one million incidents of domestic abuse are recorded by the police each year (one in four of all assaults)
- about 30% of domestic abuse starts during pregnancy
- it can often escalate during pregnancy or after birth
- two in five women who are murdered are killed by a current or ex-partner.

The 2009/10 British Crime Survey stated the risk in domestic abuse was higher for younger age groups with 12.7% of women aged between 16-19 having been a victim in the last year. Younger men were more likely to have experienced domestic abuse than older men. At least 750,000 children a year witness domestic abuse In London 30% of domestic abuse murders are witnessed by children. Domestic abuse has a unique factor of psychological control. It is estimated that the total cost is estimated at around £23 billion

3. WHY DOES IT MATTER TO CHILDREN AND YOUNG PEOPLE?

Traumatic stress symptoms have been identified in children experiencing domestic abuse. 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
- Stuttering
- Increased levels of running away

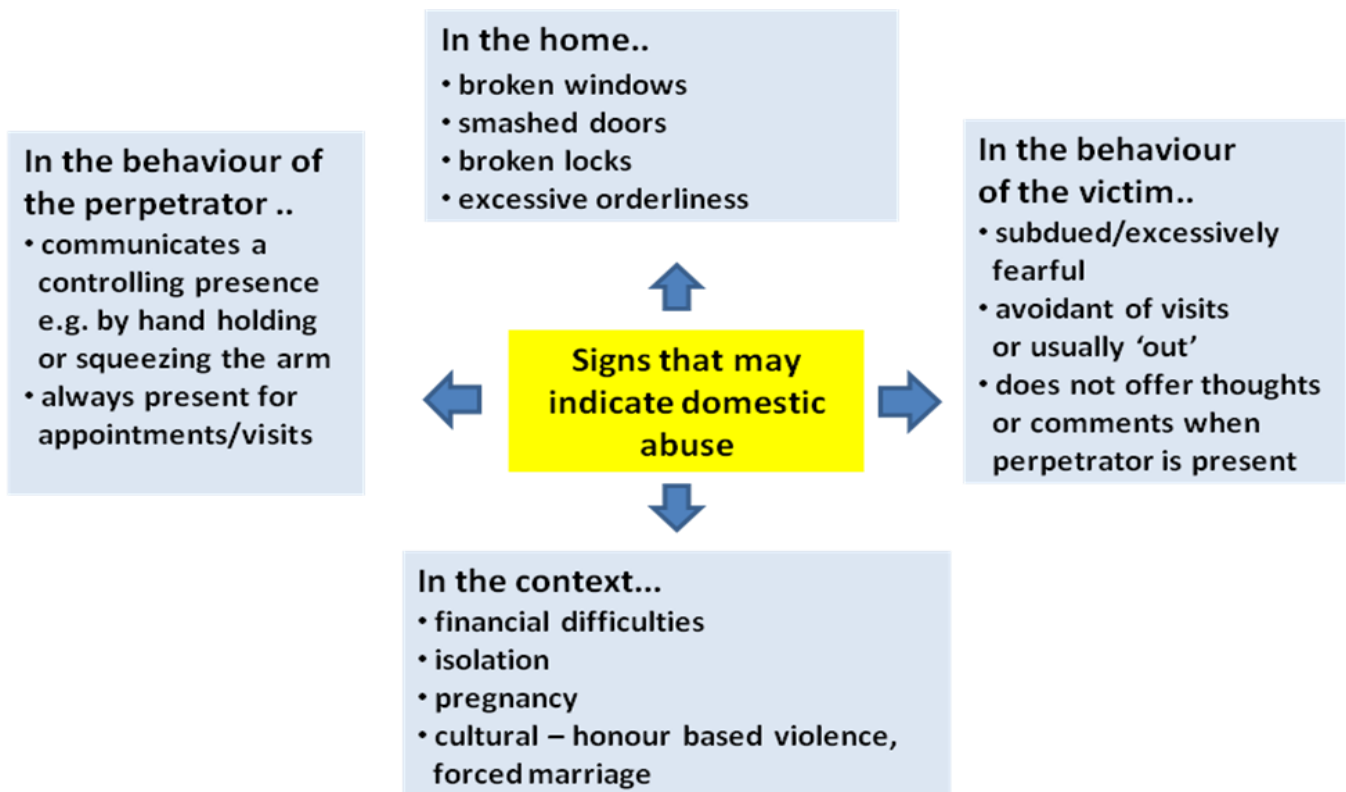
4. HOW CLOSELY LINKED ARE DOMESTIC ABUSE AND CHILD ABUSE

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



1. Unborn Babies – domestic 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. 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.

2. 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 mother, hit by thrown objects, or intentionally threatened or hurt to terrify the mother. 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, including the caregiver's depressed, anxious, fearful or angry mood.

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

3. 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

4. Teenagers (13-18 years)

Young people may be witnessing and experiencing domestic 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.

Section 4: Assessing Risk and Planning for Safety

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 in 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 social care 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
- A pregnant woman is involved in a violent incident
- The victim is assessed as High Risk on a DASH* assessment by the Police or another agency and there is a child in the household
- A Multi Agency Risk Assessment Conference (MARAC) is convened and there are children in the household

*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.

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 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 risk assessment to determine what action is required including consideration of whether a referral to Children's Social Care is indicated.

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?**

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

- Single or up to 3 minor incidents of physical domestic abuse which were short in duration and the victim did not require medical treatment
- 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 indicating remorse and willingness to engage in services to address abusive behaviour.



What you can do if the risk is moderate

- Consult your manager
- Provide single agency family support
- Complete a CAF (if not already completed)
- Complete safety plan with/for victim and child/ren
- Refer perpetrator for intervention if willing
- If CAF refused review risk level with manager

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

- History of minor/moderate incidents of physical violence of short duration
- Victim received minor injury that did not lead to medical attention being sought
- 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
- Abuser attempts to control victim's activities or movements
- 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



What you can do if the risk is moderate to serious

In addition to the actions above:

- Attend a multi agency team around the child (TAC)
- Implement and monitor single agency or joint actions from TAC
- Seek Children's Social Care views on whether this is a Child in Need

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

- 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
- 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
- The DASH assessment indicates the level of risk to be HIGH and there are children in the household.

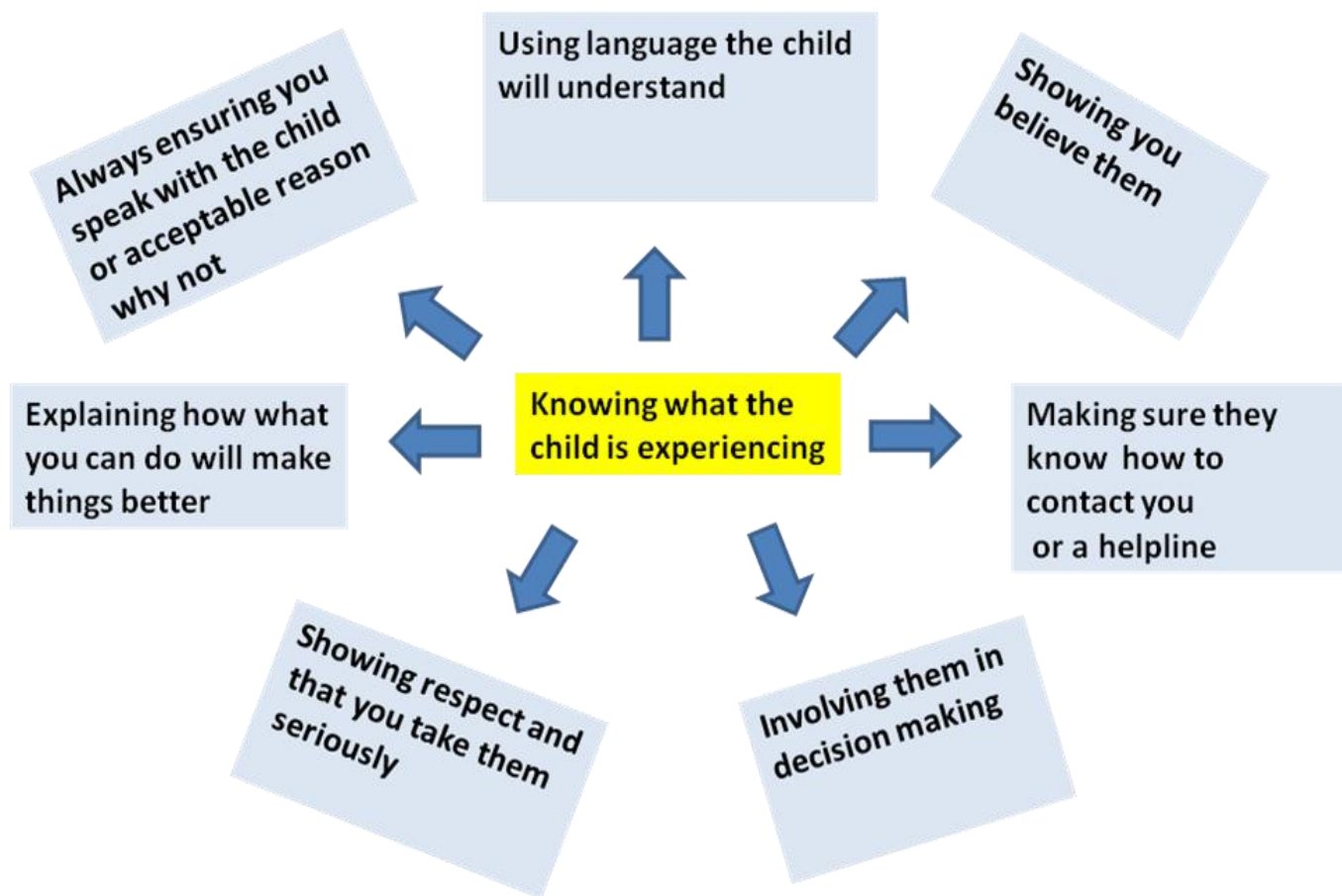


What you can do if the risk is serious

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

- Refer for assessment and planning led by CSC
- Refer for a Multi Agency Risk Assessment Conference (MARAC)

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



Children first and foremost want their parents to be happy and their family safe. They may not know what the problems are but are aware that when substance misuse, domestic 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

- 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

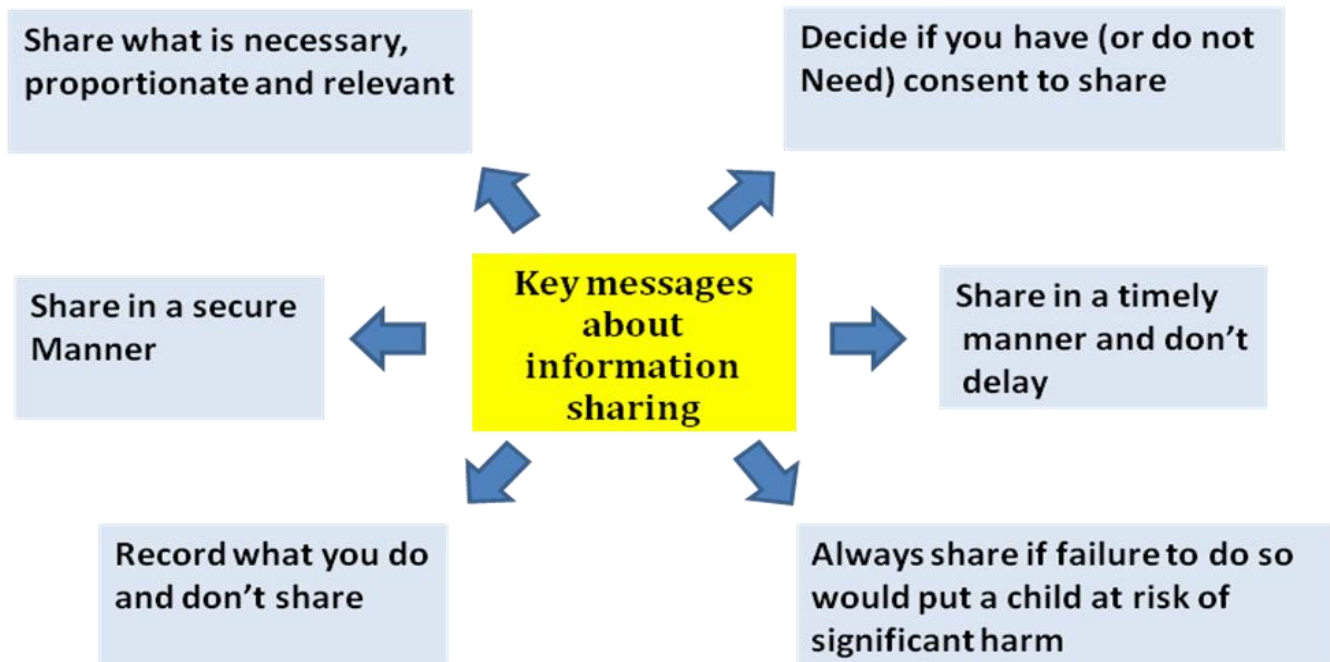
Key messages to communicate to children and young people:

- 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

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 in the checklist above?

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](#) (Section 1.7 of the 4LSCB Online Child Protection Procedures at <http://4LSCB.proceduresonline.com/>)

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 Social Care Services, there must be clarity about who in the family is aware that a referral is to be made. Any response by Children's Social Care 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

[Flowchart of key questions for information sharing](#)

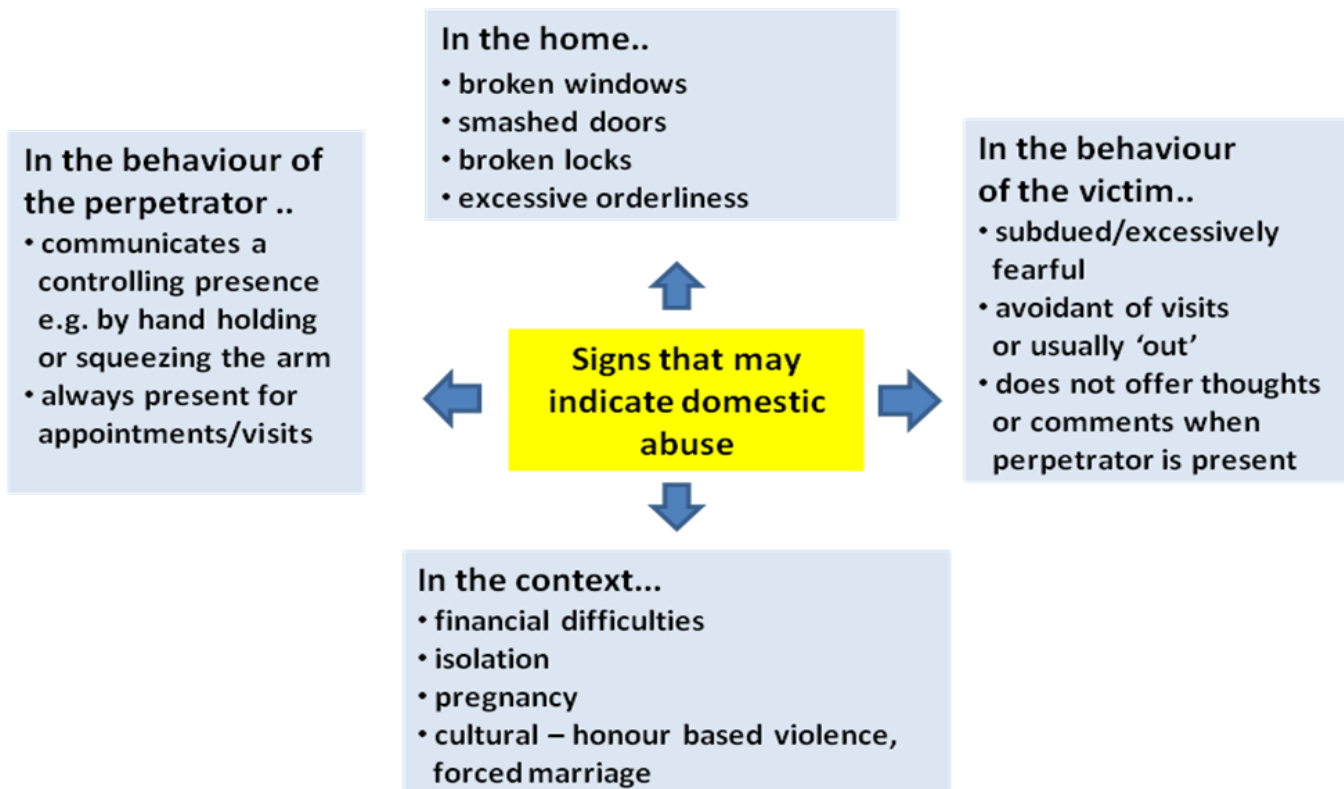
[Information Sharing Guidance for practitioners and managers \(DCSF 2008\)](#)

[Government guidance Information Sharing: Pocket guide \(DCSF 2008\)](#)

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 vulnerable adults



The definition of a vulnerable adult is a:

'A person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

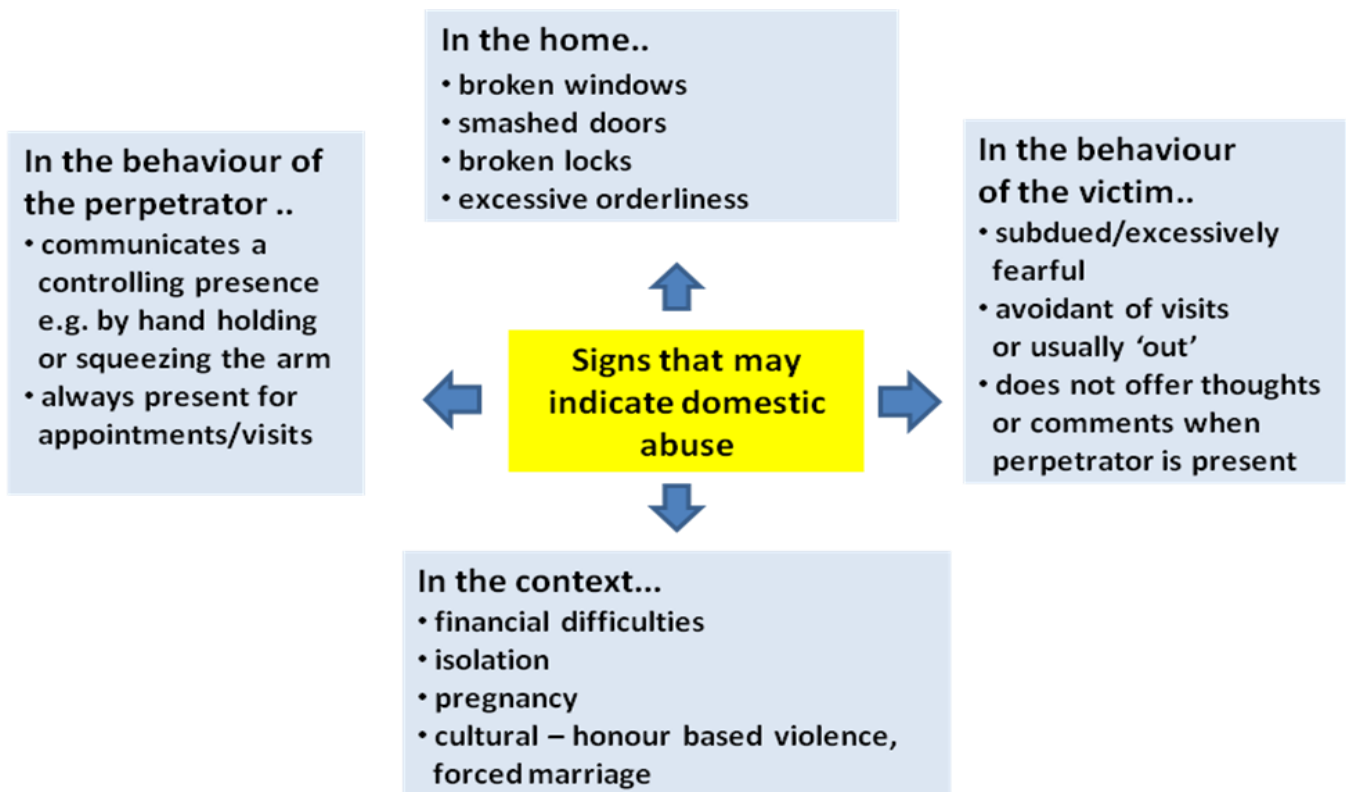
It is important to recognise that Vulnerable Adults may be the victims of Intimate Partner Violence themselves or be affected by it occurring within their household, This is likely to have a serious effect on their physical and mental well being. Where Vulnerable Adults are victims of domestic abuse they will need support to maintain their personal safety. Factors that increase vulnerability will be physical and learning disabilities, mental capacity issues or substance misuse.

Factors that may further increase vulnerability are:

- Pregnancy
- Financial difficulties
- Isolation
- Ethnicity – honour based violence, forced marriage

One key response to the risks for Vulnerable Adults is the Multi Agency Risk Assessment Conference (MARAC) process - a multi-agency response to ensuring that the highest risk victims of domestic abuse are protected through well co-ordinated planning, action and review.

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

Women 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 woman 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 she is living at home, it is important to make some plans for the future in case she has 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:

<http://www.homeoffice.gov.uk/publications/crime/3-steps-escaping-dv/?view=Standard&pubID=979904>

Sources of the data used in this resource:

The studies quoted in this resource are drawn from government publications including the Department of Health and from the Research in Practice Publication, ‘Children Experiencing Domestic Violence: A Research Review’ by Nick Stanley (2011) www.rip.org.uk. For further details of any sources please e-mail david.hogg@portsmouthcc.gov.uk

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