

*All Wales Child Protection Procedures
Review Group*

*Grŵp Adolygu Canllawiau Amddiffyn
Plant Cymru Gyfan*



Safeguarding Children and Young People Affected by Domestic Abuse

All Wales Practice Guidance

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Author:	AWCPPRG
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1. Introduction

1.1 Introduction

- 1.1.1 Children who live in households where there is domestic abuse are exposed to significant risk of harm (Children and Young People: Rights to Action: Safeguarding Children: Working Together Under the Children's Act 2004). Section 120 of the Adoption and Children Act 2002 expands the definition of harm, to include 'impairment suffered from seeing or hearing the ill treatment of another' (implementation January 2005). 'Achieving Best Evidence 2002'.

Agencies should apply this practice guidance to all circumstances of domestic abuse. Most domestic abuse is perpetrated by men against women, and this document provides guidance on safeguarding the children who, through being in households / relationships, are aware of or are targeted as part of the abuse. This practice guidance uses gender neutral terms in accordance with Equality Impact Assessment requirements. to the victim/survivor as a non-abuser and the abuser as the abusive partner.. It is acknowledged that domestic abuse is also perpetrated by women against men, within same sex relationships, and between any other family members. The issue of children living with domestic abuse is now recognised as a matter for concern in its own right by both government and key children's services agencies

- 1.1.2 This practice guidance uses the term 'non abusive parents' to describe parents and adults with ongoing primary caring responsibilities for children who are the non abusive partner in the relationship at the time of an incident of domestic abuse.
- 1.1.3 The four central imperatives of any intervention for children living with domestic abuse are:
- To protect the child/ren;
 - To support the non abusive parent to protect themselves and their child/ren;
 - To hold the abusive partner accountable for their actions and provide them with opportunities to change;
 - To promote resilience in children by nurturing the relationship between the non-abusive partner and the child.

2. Context

2.1 Definition

- 2.1.1 Domestic abuse is defined in the All Wales Strategy on Domestic Abuse as:

'The use of physical and/or emotional abuse or violence, including undermining of self confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship.

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, threats to others including children, control over access to money, personal items, food, transportation and the telephone, and stalking.

It can also include violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim/survivor. It can also include violence inflicted on, or witnessed by, children. The wide adverse effects of living with domestic abuse for children must be recognised as a child protection issue. The effects can be linked to poor educational achievement, social exclusion and to juvenile crime, substance misuse, mental health problems and homelessness from running away. Domestic abuse is not a “one-off” occurrence; it is frequent and persistent’.

Thresholds for intervention in cases of domestic abuse continue to be a challenge for all agencies and it is important that thresholds are continually monitored in relevant forums.

2.2 How to use this practice guidance

2.2.1 This practice guidance is for use by all professionals in both statutory and voluntary agencies (the term includes unqualified managers, staff and volunteers) who have contact with children and with adults who are parents / carers, and who therefore have responsibilities for safeguarding and promoting the welfare of children.

2.2.2 This practice guidance provides information for all professionals to support safe practice and ensure an integrated response to the safeguarding of children and young people affected by domestic abuse.

2.2.3 This practice guidance should be read in conjunction with the *All Wales Child Protection Procedures 2008, Safeguarding Children: Working Together under the Children Act 2004* and *Good Practice on Domestic Abuse: Safeguarding Children and Young People in Wales (WAG)*.

2.2.4 See Appendix 2 of this document for examples of abusive behaviours.

3. Recognising and assessing the impact of domestic abuse

3.1 The impact of domestic abuse on children

3.1.1 The risks to children living with domestic abuse include:

- Direct physical or sexual abuse of the child. Research shows this happens in up to 60% of cases; also that the severity of the abuse against the non abusive parent is predictive of the severity of abuse to the children¹;
- The child being abused as part of the abuse against the non abusive parent:
- Being used as pawns or spies by the abusive partner in attempts to control the non abusive parent;
- Being forced to participate in the abuse and degradation by the abusive partner.
- Emotional abuse and physical injury to the child from witnessing the abuse:
- Hearing abusive verbal exchanges between adults in the household;

¹ A study by Bowker, Arbitell and McFerron (1988) found that the more frequent the violence to wives, including physical violence and marital rape, the more extreme the physical abuse of the children. The authors concluded that: "the severity of the wife beating is predictive of the severity of the child abuse".

- Hearing the abusive partner verbally abuse, humiliate and threaten violence;
- Observing bruises and injuries sustained by their non abusive parent;
- Hearing their non abusive parent's screams and pleas for help;
- Observing the abusive partner being removed and taken into police custody;
- Witnessing their non abusive parent being taken to hospital by ambulance;
- Attempting to intervene in a violent assault;
- Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault.
- Negative material consequences for a child of domestic abuse:
- Being unable or unwilling to invite friends to the house;
- Frequent disruptions to social life and schooling from moving with their non abusive parent fleeing abuse;
- Hospitalisation of the non abusive parent and/or their permanent disability.
- Death of a parent/child

3.1.2 Indicators of domestic abuse to be aware of include:

- Child makes direct disclosure
- Child has evidence of injuries
- Running away from home.
- Anxiety or fear-related behaviour or unexplained illness.
- Low self esteem/increased levels of anxiety/depression/self blame
- Anger or fear/shame or apathy
- Aggressive and violent behaviours including bullying
- Lack of conflict resolution skills/lack of empathy for others
- Difficulties with sleeping or eating - failure to thrive.
- Nightmares and intrusive thoughts/images of violence.
- Enuresis
- Absence from school and/or lower achievement at school, difficulty concentrating.
- Injuries that could lead to withdrawal from school activities that involve revealing parts of the body, for example sports.
- Alcohol and substance misuse.
- Pregnancy
- Withdrawal, aggression, behavioural difficulties or holding breath.
- Committing offences
- Difficulties forming relationships with peers
- Self harm
- Missed health or developmental checks.
- Over protectiveness of their non abusive parent and/or siblings.
- Some children may see the abuse as 'normal' and may imitate the actions or behaviour of the abuser in the home environment or socially.
- Eating disorders

3.1.3 The impact of domestic abuse on children is similar to the effects of any other abuse or trauma and will depend upon such factors as:

- The severity and nature of the abuse;

- The length of time the child is exposed to the abuse;
- Characteristics of the child's gender, ethnic origin, age, disability, socio economic and cultural background;
- The warmth and support the child receives in their relationship with their non abusive parent, siblings and other family members;
- The nature and length of the child's wider relationships and social networks; and
- The child's capacity for and actual level of self-protection.

3.2 The impact of domestic abuse on unborn children

3.2.1 30% of domestic abuse begins or escalates during pregnancy², and it has been identified as a prime cause of miscarriage or still-birth³, premature birth, foetal psychological damage from the effect of abuse, hormone levels, foetal physical injury and foetal death⁴. This may prevent women from seeking or receiving proper ante-natal or post-natal care. In addition, where there is abuse, this may affect attachment to the child, more so if the pregnancy is a result of rape by her partner. Routine ante-natal enquiries as made by midwives/health visitors must now include a question on the experience of domestic abuse. Due to the abusers controlling behaviour it is important that these enquiries should always be made away from the abusive partner.

3.2.2 See also Section 4.6 Future Risk of Harm to an Unborn Child in the *All Wales Child Protection Procedures 2008*.

3.3 The impact of domestic abuse on non abusive parents and their ability to parent

3.3.1 The child/ren are often reliant on their non abusive parent as the only source of good parenting, as the abusive partner is likely to have significantly diminished ability to parent well. This is particularly so because domestic abuse very often co-exists with high levels of punishment, the misuse of power and a failure of appropriate self-control by the abusive partner.

3.3.2 Many non abusive parents seek help because they are concerned about the risk domestic abuse poses to their child/ren. However, domestic abuse may diminish a non abusive parent's capacity to protect his/her child/ren. Non abusive parents may either not, or be unable to, acknowledge the abusive relationship, or can become so preoccupied with their own survival within the relationship that they are unaware of the effect on their child/ren.

3.3.3 Non abusive parents subjected to domestic abuse have described a number of physical effects, including frequent accommodation moves, economic limitations, isolation from social networks and, in some cases, being physically prevented from fulfilling their parenting role by the abuser. The psychological impact can include:

² Saving Mother's Lives(2007) CEMACH

³ Gillian Mezey, "Domestic Violence in Pregnancy" in S. Bewley, J. Friend, and G. Mezey (ed.) *Violence against women* (Royal College of Obstetricians and Gynaecologists, 1997)

⁴ Robert Anda, Vincent Felitti, J. Douglas Bremner, John Walker, Charles Whitfield, Bruce Perry, Shanta Dube, Wayne Giles, "The enduring effects of childhood abuse and related experiences: a convergence of evidence from neurobiology and epidemiology", in *European Archives of Psychiatric and Clinical Neuroscience*, 256 (3) 174 – 186 (2006 - available online at: <http://childtraumaacademy.org/default.aspx>)

- Loss of self-confidence as an individual and parent;
- Feeling emotionally and physically drained, and distant from their children;
- Not knowing what to say to their children;
- Inability to provide appropriate structure, security or emotional and behavioural boundaries for their children;
- Difficulty in managing frustrations and not taking them out on their children;
- Inability to support their child/ren to achieve educationally or otherwise;
- Not always able to recognise the impact and affects on their children and in some cases not able to protect their children.

3.3.4 Domestic abuse contributes directly to the breakdown of mental health, and non abusive parents experiencing domestic abuse are very likely to suffer from depression and other mental health difficulties leading to self-harm, attempted suicide and/or substance misuse.

3.4 The abusive partner's ability to parent

3.4.1 Professionals are often very optimistic about men's parenting skills⁵, whilst scrutinising the non abusive parent's parenting in much greater detail. However, research⁶ has found that the abusive partners had inferior parenting skills, including being:

- More irritable;
- Less physically affectionate;
- Less involved in child rearing; and
- Using more negative control techniques, such as physical punishment.

4. Substance misuse and mental ill health

4.1 Non abusive parents

4.1.1 Non abusive parents who experience domestic abuse are more likely to use prescription drugs, alcohol and illegal substances⁷.

4.1.2 For a non abusive parent experiencing domestic abuse, alcohol and drugs can represent a wide range of coping and safety strategies. Non abusive parents may have started using legal drugs prescribed to alleviate symptoms of an abusive relationship. Non abusive parents may turn to alcohol and drugs as a form of self-medication and relief from the pain, fear, isolation and guilt that are associated with domestic abuse. Alcohol and drug use can help eliminate or reduce these feelings and therefore become part of how s/he copes with the abuse⁸.

4.1.3 Non abusive parents can be coerced and manipulated into alcohol and drug use. Abusive partners may often introduce their partner to alcohol or drug use to increase their dependence on him/her and to control their behaviour⁹. Furthermore, any attempts by the non abusive parent to stop their alcohol or

⁵ Hester and Radford (1996)

⁶ Holden and Ritchie (America, 1991)

⁷ J. Jacobs, *The Links between Substance Misuse and Domestic Violence: Current Knowledge and Debates* (London: Alcohol Concern, 1998)

⁸ The Stella Project, *Separate Issues Shared Solutions – Report from the Launch of the Stella Project* (Greater London Alcohol and Drug Alliance and Greater London Domestic Violence Project, 2003)

⁹ *ibid.*

drug use are threatening to the controlling partner and some abusers will actively encourage the non abusive parent to leave treatment.

- 4.1.4 Non abusive parents in abusive relationships are also at risk of sexual exploitation. Non abusive parents working in prostitution may be subjected to domestic abuse through their relationship with their 'pimps'; these relationships will invariably be based on power, control or the use of violence.
- 4.1.5 The double stigma associated with being both a victim/survivor of domestic abuse as well as having a substance use problem may compound the difficulties of help-seeking, particularly for black and minority ethnic non abusive parents.
- 4.1.6 Mental health problems such as depression, trauma symptoms, suicide attempts and self-harm are frequently 'symptoms of abuse' and need to be addressed alongside the issues of substance use and domestic abuse.
- 4.1.7 The relationship between a non abusive parent's alcohol and drug use and/or mental ill health problems and their experiences of domestic abuse may not (or not all) be linked. Assessment and interventions for these non abusive parents therefore need to be conducted separately, although as part of the same care plan, and at the same time. Substance misuse can affect a non abusive parent's ability to engage with Child Protection intervention and additional support may be required at this time.

4.2 Abusive partners

- 4.2.1 Abusers may use their own or their partners' alcohol or drug use as an excuse for their violence. An abusive partner may threaten to expose a non abusive parent (or teenager's)'s use. They may be the supplier and they may increase the level of dependence by increasing the non abusive parent's dependence on drugs¹⁰.
- 4.2.2 Despite the fact that alcohol, drugs and violence to women and non abusive partners often coexist, there is no evidence to suggest a causal link. In addition, no evidence exists to support a "loss of control caused by intoxication" explanation for domestic abuse - research and case examples show that abusive partners exert a huge amount of power and control regardless of intoxication.
- 4.2.3 Even when physical assaults are only committed whilst intoxicated, abusive partners are likely to be committing non-physical forms of abuse when sober. It should never be assumed that by working with an abusive partner's substance use the abusive behaviour will also be reduced. In fact, the abuse may increase when substance use is treated. Similarly, it should not be assumed that treating a domestic abuser's mental ill health will necessarily reduce their abusive behaviour – again, the abuse may increase.
- 4.2.4 Therefore, work with an abusive partner should comprise separate assessments and interventions for domestic abuse, substance misuse and/or mental ill health. The intervention outcomes are more likely to be positive if the domestic abuse, substance use and/or mental ill health are addressed at the same time.

5. Barriers to disclosure

5.1 Barriers to disclosure for non abusive parents

¹⁰ Holly Taylor, Making the links between domestic violence and substance misuse – an evaluation of service provision in Tower Hamlets (Tower Hamlets Domestic Violence Team, 2003)

5.1.1 There are many reasons why a non abusive parent will be unwilling or unable to disclose that they are experiencing domestic abuse. Usually it is because they fear that the disclosure (and accepting help) will be worse than the current situation and could be fatal. A non abusive parent may:

- Minimise their experiences and/or not define them as domestic abuse (this view could be culturally based);
- Be unable to express their concerns clearly (language can be a significant barrier to disclosure for many women);
- Fear that their child/ren will be taken into care;
- Fear the abusive partner will find them again through lack of confidentiality;
- Fear death;
- Believe their abusive partner's promise that it will not happen again (many non abusive parents do not necessarily want to leave the relationship, they just want the abuse to stop);
- Feel shame and embarrassment and may believe it is their fault;
- Fear sharing the degradation of the abuse;
- Feel they will not be believed;
- Not have sufficient information/knowing where to go for help;
- Fear that there will not be follow-up support, either because services are just not available or because they will meet with institutional discrimination;
- Fear the abuser will have them detained;
- Fear that they will be isolated by their community;
- Fear they will be deported;
- Fear that the abuser's status will be exposed and that they will be punished with an escalation of abuse;
- Be scared of the future (where will they go, what will they do for money, whether they will have to hide forever and what will happen to the children);
- Be isolated from friends and family or be prevented from leaving the home or reaching out for help;
- Have had previous poor experience when they disclosed.

5.1.2 Some non abusive parents are simply not ready. It is therefore important to keep asking the question.

5.2 Barriers to disclosure for children

5.2.1 Children affected by domestic abuse often find disclosure difficult or go to great lengths to hide it. This could be because the child is:

- Protective of their non abusive parent;
- Protective of their abusing parent;
- Protective of the family unit, including fear that family will split up.
- Extremely fearful of the consequence of sharing family 'secrets' with anyone. This may include fears that it will cause further violence to their non abusive parent and/or themselves;
- Being threatened by the abusing parent;

- Fearful of being taken into care;
- Fearful of losing their friends and school;
- Fearful of exposing the family to dishonour, shame or embarrassment;
- Fearful that their non abusive parent (and they themselves) may be deported.
- Unaware of where to go for help.

5.2.2 See Appendix 4 Communicating with a Child.

6. Enabling disclosure (LA Children’s Services departments, health and education/schools professionals)

6.1 Enabling disclosure for children and non abusive parents

- 6.1.1 Where a professional is concerned about / has recognised the signs of domestic abuse, the professional can approach the subject with a child or a non abusive parent with a framing question. That is, the question should be ‘framed’ so that the subject is not suddenly and awkwardly introduced. It is important to create an atmosphere of trust and rapport when facilitating disclosures.
For examples professionals may wish to refer to Calder, Harold and Howarth in their book ‘Children Living with Domestic Violence’ (2004)
- 6.1.2 The welfare of the child is paramount and the professional should explain the limits of confidentiality and his/her safeguarding responsibilities. It is important to gain informed consent wherever possible to respect the right to a private life¹¹. If consent is withheld information can only be shared with other agencies if it is proportionate and necessary to prevent crime or protect the rights of the victim and/or children. (Achieving Best Evidence 2004)
- 6.1.3 In general, information from a victim/survivor indicating that they are experiencing domestic abuse should not be shared with the abusive partner. In situations where the victim/survivor gives permission, assessing agencies must ensure this is informed consent.
- 6.1.4 Like all service users, individuals who experience domestic abuse are entitled to a confidential service. The importance of confidentiality is enhanced by the fact that adults and children may be at risk of further abuse if the abusive person becomes aware that the victim has spoken about the abuse to an outside agency.
- 6.1.5 In addition, the victim/survivor may not wish other family members to know they have disclosed information about the abuse, or for other professionals to be told about the abuse. This information should not be shared without the victim’s/survivor’s permission. It may become necessary to discuss with the victim/survivor what other professionals need to know, once an initial or core assessment has been initiated. Again the issue of establishing informed consent should be appropriately considered.
- 6.1.6 However, it should be made clear that confidentiality cannot be guaranteed when it directly conflicts with immediate risk to the safety of children, in chronic

¹¹ Article 8 Human Rights act 1998, page 46 ‘What to Do If You Are Worried a Child Is Being Abused.

situations where the cumulative effects of the abuse are felt to be unacceptable or where there is any risk to life.

6.1.7 Effective sharing of information is crucial in child protection. Section 115 of the Crime and Disorder Act 1998 provides the statutory framework for the sharing of information. The Children Act 1989 also requires agencies to share information (s.47 ss.9 and ss.11) when enquiries are being made under section 47 of the Act, to determine whether children are suffering significant harm or likely to suffer significant harm.

6.1.8 Professionals should not press the child for answers, instead:

- Listen and take seriously what the child says;
- Reassure the child/ren that the abuse is not their fault, and it is not their responsibility to stop it from happening;

6.2 Enabling disclosure for an abusive partner

6.2.1 Professionals should be alert to and prepared to receive and clarify a disclosure about domestic abuse from an abusive partner. Professionals may have contact with an abuser on their own (e.g. a GP or substance misuse or mental health service) or in the context of a family (e.g. to a school, accident and emergency unit, maternity service or LA children's services departments).

6.2.2 Professionals should consider the implications before seeking to enable or clarify a disclosure from an abusive partner, taking into account their own safety and the safety of any child/ren and the non abusive parent.

6.2.3 If the abuser states that domestic abuse is an issue, or the professional suspects that it is, the professional should:

- Establish if there are any children in the household and, if so, how many and their ages;
- If there are children, tell the abuser that children are always affected by living with domestic abuse, whether or not they witness it directly;
- Explain the limits of confidentiality and safeguarding responsibilities;
- Consider whether the level of detail disclosed is sufficient. If not, the professional may need to ask clarification questions such as those set out in Appendix 7 Working with abusive partners;
- Be clear that abuse is always unacceptable and that abusive behaviour is a choice;
- Be respectful, affirm any accountability shown by the abuser, but do not collude.

6.2.4 The professional should act to safeguard the child/ren and/or their non abusive parent by:

- Informing their line manager and their agency's nominated safeguarding lead immediately and make a referral in line with the All Wales Child Protection Procedures 2008.

6.2.5 Professionals should be aware that the majority of abusive partners will deny or minimise domestic abuse. See Appendix 7 Working with abusive partners.

7. Young people in a domestic abuse relationship

- 7.1 Young women aged 16 to 24 years are most at risk of being victims of domestic abuse, but 16 and 17 year olds still come under the remit of child protection rather than domestic abuse.
- 7.2 Young women under the age of 18 (in some cases teenage mothers) should receive support and safeguarding in line with the Children Act 1989 and Children Act 2004.
- 7.3 For young women aged over 18, professionals should follow their local Protection of Vulnerable Adults (POVA) procedure, if appropriate.
- 7.4 Professionals who come into contact with young people (teachers, school nurses, sexual health professionals, GPs etc) should be aware of the possibility that the young person could be experiencing domestic abuse within their relationship.
- 7.5 Professionals with concerns that a young woman / teenage mother is being abused within a relationship should use this practice guidance, adapting it to focus on the circumstances and locations in which the young woman / mother meets her partner (e.g. choosing safer venues, locations and make use of peer groups to meet, being able to identify trigger points which lead to domestic abuse and practicing safe ways to leave and go home etc).

8. Abusive partners and children / young people

Professionals responding to abusive partners or children/young people should act in accordance with the severity of the abuse.

8.1 Working with people who abuse their partners

- 8.1.1 The primary aim of work with people who abuse their partners is to increase the safety of children and the non abusive parent. A secondary aim is to hold the abusive partner accountable for their abusive behaviour and provide them with opportunities to change.
- 8.1.2 People who abuse their partners will seek to control any contact a professional makes with them or work undertaken with them. Most abusive partners will do everything they can to avoid taking responsibility for their abusive behaviour towards their partner and their child/ren.
- 8.1.3 Where an abusive partner is willing to acknowledge their abusive behaviour and seeks help to change, this should be encouraged and affirmed. Such abusers should be referred to appropriate programmes, which work to address the cognitive structures that underpin controlling behaviours. Professionals should not refer for anger management, as this approach does not challenge the factors that underpin the abusive partner's use of power and control.
- 8.1.4 Professionals should never agree to accept a letter or pass on a message from an abusive partner.

- 8.1.5 Complementary work between an abusive partner and a non abusive parent should only be considered where a thorough risk assessment has taken place. If subject to an accredited programme, this must have been completed. Working with abusive partners in isolation will heighten the risk to non abusing partners. The wishes of the victim/survivor are paramount.
- 8.1.6 People who abuse their partners should be invited to joint meetings with the non abusive parent only where it is assessed that it is safe for this to occur in discussion with the chair of the meeting.

8.2. Children and young people who abuse family members

- 8.2.1 Some children and young people of both genders may direct abuse towards their parents or siblings.
- 8.2.2 Professionals should refer a child who abuses to LA children's services departments in line with the *All Wales Child Protection Procedures 2008*.

9. Responding to domestic abuse

9.1 Professionals' responsibilities

- 9.1.1 Professionals will work with many people who are experiencing domestic abuse and have not disclosed. Research suggests that women usually experience an average of 35 incidents before reporting it to the police¹².
- 9.1.2 Professionals should offer all children and women, accompanied or not, the opportunity of being seen alone (including in all assessments) with their choice of a male/female practitioner, wherever practicable, and asked whether they are experiencing or have previously experienced domestic abuse. Professionals should be aware of the controlling nature of abusive relationships and that it may be difficult for the victim to be seen alone.
- 9.1.3 Professionals in all agencies are in a position to identify or receive a disclosure about domestic abuse. Professionals should be alert to the signs that a child or non abusive parent may be experiencing domestic abuse, or that a partner may be perpetrating domestic abuse.
- 9.1.4 Professionals should never assume that somebody else will take care of the domestic abuse issues. This may be the child, non abusive parent or abusing partner's first or only disclosure or contact with services in circumstances, which allow for safeguarding action.
- 9.1.5 Professionals must ensure that their attempts to identify domestic abuse and their response to recognition or disclosure of domestic abuse do not trigger an escalation of violence.
- 9.1.6 In particular, professionals should keep in mind that:
- The issue of domestic abuse should only ever be raised with a child or non abusive parent when they are safely on their own and in a private place; and
 - Separation does not ensure safety; it often at least temporarily increases the risk to the child/ren or non abusive parent.

¹² Yearnshire (1997)

- 9.1.7 Professionals should be alert to the fact that allegations of domestic abuse may be made against individuals whose work brings them into contact with children and/or vulnerable adults. In these circumstances, professionals should refer to Section 4.3 of the *All Wales Child Protection Procedures 2008*.
- 9.1.8 Professionals should be aware of their own and colleagues safety. (See Section 17)

9.2 Information sharing

Professionals receiving information about domestic abuse should explain that priority will be given to ensuring that the child/ren and their non abusive parent's safety is not compromised through the sharing of information.

If there is concern about the risk of significant harm to the child/ren, then every professional's overriding duty is to protect the child/ren. When a non abusive parent leaves an abusive situation, the abusive partner must never be given the address or phone number of where the non abusive parent is staying. It is important to note that risk increases at the point of breakdown and separation. This is the most dangerous time for many non abusive partners. Risk is variable as it can go up as well as down.

10. Assessment and Intervention

10.1 Information gathering and disclosure

- 10.1.1 Professionals should validate and support children and non abusive parents who disclose by:
- Listening to what the child / non abusive parent says and taking what s/he says seriously;
 - Explaining the need to make sure that s/he and others in the family are safe. This will mean by sharing information with professionals who can help the child/ren and/or non abusive parent to stay safe (limits of confidentiality).
 - Reassuring the child/ren that the abuse (directed towards the non abusive parent and possibly also the child/ren) is not their fault, and it is not their responsibility to stop it from happening.
 - Give the child/ren several telephone numbers, including local police, local domestic abuse advocacy services (please refer to locally produced information), LA children's services departments and relevant regional and national services (See Appendix 12 Telephone numbers and websites).
- 10.1.2 See Appendix 4 Communicating with a child.
- 10.1.3 Professionals in agencies other than LA children's services departments, health and education / schools should only attempt to enable disclosure, or further disclosure, if they have been properly trained to do so and are supported by their agency's policies, procedures and safeguarding children arrangements. If these requirements are met, the professional should see Section 6 of this guidance. Enabling Disclosure (LA children's services departments, health and education/schools professionals).
- 10.1.4 Whether or not a child or non abusive parent discloses, when a professional becomes aware of domestic abuse in a family, in order to assess and attend

to immediate safety issues for the child/ren, non abusive parent and professional, the professional should establish:

- The nature of the abuse;
- If there are other children in the household. If so, the number of children, their age and whether they have special needs (young children and those with special needs are especially vulnerable because they do not have the ability to implement safety strategies and are dependent on their non abusive parents to protect them);
- Whether the non abusive parent's partner is with them, and where the children are;
- What a child or non abusive parent's immediate fears are;
- Whether there is a need to seek immediate assistance; and
- Whether the child/ren and the non abusive parent have somewhere safe to go.

10.1.5 The professional should:

- Where there has been disclosure, support the child and/or non abusive parent by taking what she/he says seriously;
- Make an immediate decision, where possible, about whether a child or non abusive parent requires treatment or protection from emergency services;
- Where there has been disclosure, ask the child and/or non abusive parent what strategies she/he has for keeping him/herself safe (if any). See Section 15.2 Safety Planning;
- Record the information and the source of the information;
- Discuss the information / concerns with the agency's nominated safeguarding lead and the professional's line manager and agree responsibility for making a referral;
- Use all known information about the family to assess the risk of harm to a child and his/her non abusive parent.
- The assessed risk will also assist the professional, the agency's nominated safeguarding children lead and the line manager in deciding what action to take in relation to the abuser.

10.1.6 In assessing risk, professionals should bear in mind the range of tools available. Guidance provided both within the body of this procedure and attached in the form of appendices are intended to assist professionals in undertaking risk assessment and risk management in the area of domestic abuse. In a bid to provide as much guidance as possible, this document includes an appendix focusing on Risk assessment and risk management attached at Appendix 10.

10.1.7 It is recognised that sexual abuse can be a factor in domestic abuse. A Sexual Assault Referral Centre (SARC) should be used when appropriate and available. Victims/survivors of sexual assault will be looked after sensitively and sympathetically and can access counselling support and medical check ups for infection and for prevention of pregnancy. Forensic samples can be taken and stored and these can be used if and when a report is made to the

police. Many victims/survivors are happy for a report to be made to the police immediately but others require time and support before making this decision.

Statutory Agencies Response to Domestic Abuse

11. Police response

- 11.1 The priorities of the police service in responding to domestic abuse are as follows:
- To protect the lives of both adults and children who are at risk as a result of domestic abuse.
 - To investigate all reports of domestic abuse.
 - To facilitate effective action against offenders so that they can be held accountable through the criminal justice system.
 - To adopt a proactive multi-agency approach in preventing and reducing domestic abuse.
- 11.2 “The police are often the first point of contact with families in which domestic abuse takes place. When responding to incidents of abuse, the police should find out whether there are any children living in the household. They should see any children present in the house to assess their immediate safety. There should be arrangements in place between police and LA Children’s Services to enable the police to find out whether any such children are the subject of a child protection plan. The police are already required to determine whether any court orders or injunctions are in force in respect of members of the household. It is good practice for the police to notify social services promptly when they have responded to an incident of domestic abuse and it is known that a child is a member of the household. If the police have specific concerns about the safety or welfare of a child, they should make a referral to LA Children’s Services citing the basis for their concerns. It is also important that there is clarity about whether the family is aware that a referral is to be made” Safeguarding Children: Working together Under the Children Act 2004 (WAG) Section 9:52.
- 11.3 Police will pro-actively investigate all incidents that fall within the definition of domestic abuse, including the gathering of all evidence that could support a successful prosecution. The main focus for the first officers attending is to protect the victim/survivor, including any children that are present. Where children are present in the household, the police will notify LA Children’s Services of the incidents attended. Each notification will include a risk assessment in relation to all circumstances of the incident not only related to children.
- 11.4 The draft Police All Wales Domestic Abuse Principles (yet to be agreed) include a recommendation that there should be one agreed generic risk assessment tool in place to ensure that a corporate and consistent approach is applied to the risk management process with defined and agreed levels of intervention for each level of risk. This agreed tool should be used prior to all referrals to social services.
- 11.5 Response officers attending incidents should establish who has parental responsibility or care responsibilities for all children in the household and

ensure that all available evidence is captured in line with the Minimum Standards of Investigation. Such evidence may include injuries to the victim, condition of the scene of the incident, the condition and presentation of any children, house-to-house enquiries and identification of similar incidents. Photographs will be obtained of the scene and the victim/survivor wherever possible.

- 11.6 Specialist domestic abuse officers will take appropriate action in line with the level of risk identified. All incidents should be investigated based on the guiding principles of the National Policing Improvement Agency (NPIA) Guidance Manual, Association of Chief Police Officers (ACPO) Guidance on Risk Management and the All Wales and Co-ordinated Action Against Domestic Abuse (CAADA) procedures. Policies of individual forces should comprehensively incorporate these documents and should work alongside associated policies such as those relating to child abuse investigation.
- 11.7 Multi Agency Risk Assessment Conference (MARAC) procedures should form part of domestic abuse policy (See Appendix 9). They should ensure compliance with the updated (April09) CAADA model and include a robust review system.

12. Probation Trust

- 12.1 Wales Probation Trust (WPT) has a significant role to play in Safeguarding Children and Young People affected by Domestic Abuse within its remit of protecting the public and reducing re-offending. As a public protection organisation, WPT prioritises the enhancement of victim safety, and ensures that arrangements are in place to identify domestic abuse perpetrators and those at risk of domestic abuse for whom it has statutory or public safety responsibilities, and to address and limit the offending behaviour of perpetrators.
- 12.2 WPT has issued Professional Practice Directions to address domestic abuse and safeguarding in line with this practice guidance and relevant sections of the All Wales Child Protection Procedures 2008.
- 12.3 In managing perpetrators of domestic abuse, the focus of offender management is on reducing the risk of harm posed by the offender through a combination of treatment, control or monitoring either directly (when empowered by the Court) or through inter-agency liaison. There are a range of structured interventions available dependent on the level of risk to victims posed by the perpetrator. Court mandated programmes include the Integrated Abuse Programme (IDAP), which focuses on non-controlling behaviour strategies and enhanced victim empathy. This intervention is delivered with a framework of interagency risk assessment, and management, separate victim contact and core group work.
- 12.4 WPT is a key contributor to MARACs with lead managers nominated to represent the organisation in every Local Delivery Unit across Wales. The safety of children and young people is a key consideration and driver in all domestic abuse work and staff awareness to relevant practice and procedures and skills in intervention is regularly reviewed to maintain a clear focus on this area of work.

13. LA Children's Services departments

- 13.1 Children's Services departments should respond to a referral of a child at risk of domestic abuse in line with this practice guidance and the relevant sections of the *All Wales Child Protection Procedures 2008*. Where there is a need to prioritise safeguarding and consent is not forthcoming, consideration should be given to dispensing with the need for the families consent for agencies making a referral.
- 13.2 Professionals will assess the child and their family using the Framework for the Assessment of Children in Need and their Families (DH, 2000), taking into account such factors as the:
- Nature of the abuse;
 - Risks to the child posed by the abuser;
 - Risks of serious injury or death;
 - Abuser's pattern of assault and coercive behaviours;
 - Impact of the abuse on the non abusive parent;
 - Impact of the abuse on the child;
 - Impact of the abuse on parenting roles;
 - Protective factors; and
 - Outcome of the non abusive parent's past help-seeking.

14. Health services

- 14.1 Health service professionals, including all Primary Care Services, should respond to domestic abuse in line with this practice guidance, the relevant sections of the *All Wales Child Protection Procedures 2008* and the government guidance: *Responding to domestic abuse: A handbook for health professionals* (DH, 2005). Maternity services, including Health Visitors, have a particular role when booking in and monitoring pregnant women and children up to the age of 5 years. See also the "*Antenatal Routine Enquiry Domestic Abuse. A Training Programme. Routine Enquiry for Domestic Abuse – An All Wales Pathway*"

15. LA education / schools

- 15.1 Schools and educational staff need to be alert to the signs of pupils who are living in a domestic abuse environment. Such indications may be truancy and non attendance, significant changes in behaviour and uncharacteristic emotional outbursts. Pupils may also become disorganised in their work and lose items of equipment.

It is important that school and LEA staff is aware of the implications that domestic abuse has on children and families. Pupils who have witnessed domestic abuse may have significant behavioral problems; have low self-esteem which may affect their ability to learn. They may exhibit behavioral problems such as being withdrawn, isolated and have poor relationships with peers. They may have changes in behavior such as becoming the bully or being bullied, have emotional outbursts, may truant from school or have poor attendance. Pupils may become disorganised with their work, may be unable to complete tasks and perhaps lose items of equipment. Schools and LEA staff may be made aware of families suffering domestic abuse via the

Domestic Abuse MARAC. It is essential that staff recognise that children may require extra support in school when they have this experience.

16. Safeguarding

16.1 Child in Need /Child protection planning

16.1.1 Any planning for child/ren's safety should be undertaken in line with part 3 of the the AWCPP 2008 As soon as a professional becomes aware of domestic abuse within a family and there is a child in need or a child in need of protection, a referral should be made to LA Children's Services.

16.1.2 Safety planning for non abusive parents and children is key to all interventions to safeguard children in domestic abuse situations. All immediate and subsequent assessments of risk to child/ren and their non abusive parent should include a judgement on the family's existing safety planning. Emergency safety plans should be in place whilst assessments, referrals and interventions are being progressed.

16.1.3 In some cases which reach the highest threshold and where there is a significant risk of harm to the child/ren, the emergency safety plan / strategy should be for the child/ren and, if possible, the non abusive parent, not to have contact with the Abusive partner.

16.1.4 Professionals who have been appropriately trained in agencies other than police, LA children's services departments, health and education / schools professionals and specialist domestic abuse services should be supported by their agency's policies, procedures on safeguarding children. It should be agreed with statutory agencies who should complete the safety plan. If these requirements are met, the professional should follow section 15.2 below.

16.2 Safety planning with non abusive parents

16.2.1 Professionals may use the proforma in Appendix 6 Safety planning with non abusive partners to help the non abusive parent develop a safety plan. Safety planning needs to begin with an understanding of the non abusive parent's views of the risks to themselves and their child/ren and the strategies they have in place to address them.

16.3 Remaining with an abusive partner

16.3.1 A key question is whether a non abusive parent plans to remain in the relationship with the abusive partner. If they do, professionals should assess the risk of harm to the children, to decide whether the risks of harm to the children can be managed with such a plan. It is important to be aware that information from a range of agencies will inform this decision in line with safeguarding procedures.

16.3.2 If the non abusive parent is choosing not to separate, ongoing support should be offered. Professionals should make all reasonable efforts to engage the abusive parent and refer them to an appropriate programme.

16.3.3 Professionals need to consider with the non abusive parent the actions required if there is a need to contact the abusive partner to ensure the non abusive parent's and the children's safety. Specifically, professionals should

not tell the abuser what the allegations are before having developed a safety plan for this with the non abusive parent and children.

16.3.4 If professional addressing concerns with the abusive partner will put the non abusive parent and children at further risk, then the professional and the non abusive parent should plan for separation.

16.3.5 See also Section 8 Abusive partners and children / young people.

16.4 Separation

16.4.1 If a non abusive parent wants separation, professionals need to ensure that there is sufficient support in place to enact this plan and the option of an appropriate place of safety has been considered. Specifically, professionals should be aware that separation itself does not ensure safety, it often, at least temporarily, increases the risk to the child/ren or non abusive parent.

16.4.2 The possibility of removing the abusive partner rather than the non abusive parent and child/ren should be considered first, and early liaison with the housing department is therefore important. See Appendix 11 Legal and housing options.

16.4.3 The obstacles in the way of a non abusive parent leaving an abusive partner are the same as those which prevent non abusive parents from disclosing the domestic abuse in the first place – fears that the separation will be worse than the current situation or fatal. See section 5.1 Barriers to disclosure for non abusive parents.

16.4.4 Professionals need to be aware that separation may not be the best safety plan if the non abusive parent is not wholly committed to leaving, and in consequence may well return.

16.4.5 Where a professional and a non abusive parent disagree about the need for separation, the professional's task is to convey to the non abusive parent that their reasons for wanting to stay are understood and appreciated. However, if the threshold of significant harm is considered to be reached in respect of the child/ YP, the professional must make a referral to the LA children's services department in line with the *All Wales Child Protection Procedures 2008*.

17. Contact (LA Children's Services departments, legal and specialist agencies and CAFCASS Cymru)

17.1 Many non abusive parents, despite a decision to separate, believe that it is in the child/ren's interest to see their abusive parent. Others are compelled by the courts to allow contact.

17.2 Non abusive parents can be most vulnerable to serious abusive assault in the period after separation. Contact can be a mechanism for the abusive partner to locate the non abusive parent and children.

17.3 Children can also be vulnerable to abusive assault as a means of hurting their non abusive parent. Abusive partners may use contact with the child/ren to hurt the non abusive parent by, for example, verbally abusing the non abusive parent to the children or blaming them for the separation. Thus, through

contact the child/ren can be exposed to further physical and/or emotional and psychological harm.

- 17.4 Professionals supporting separation plans should consider at an early point the non abusive parent's views regarding post-separation contact. The professional should clearly outline for the non abusive parent the factors which need to be considered to judge that contact is in the child's best interests.
- 17.5 Professionals should also speak with and listen to each child regarding post-separation contact. Professionals should complete an assessment of the risks from contact to the non abusive parent and child/ren.
- 17.6 Where the assessment concludes that there is a risk of harm, the professional must recommend that no unsupervised contact should occur until a fuller risk assessment has been undertaken by an agency with expertise in working with people who abuse their partners
- 17.7 Professionals should ensure non abusive parents know where they can access information regarding their legal rights if an abusive partner makes a private law application for contact. This will normally be via a solicitor practicing family law.
- 17.8 If there is an assessment that unsupervised contact or contact of any kind should not occur, professionals can make their views known to the Court by putting them in writing and giving them to the victim/survivor so that the victim can give them to their solicitor or to the Court but only after the professional has consulted with their manager and/or a lawyer.
- 17.9 Professionals should ensure that any supervised contact is safe for the non abusive parent and the child/ren, and reviewed regularly. The child/ren's views should be sought as part of this review process.

18. Staff safety

- 18.1 Professionals are at risk whenever they work with a family where one or more family members are abusive.
- 18.2 Professionals should:
 - Be aware that domestic abuse is present but undisclosed or not known in many of the families they work with;
 - Ensure that they are familiar with their agency's safety at work policy;
 - Not undertake a visit to a home alone where there is a possibility that an abusive partner may be present, nor see an abusive partner alone in the office;
 - Avoid putting themselves in a dangerous position (e.g. by offering to talk to the abuser about the non abusive parent or being seen by the abuser as a threat to their relationship);
 - Ensure that any risk is communicated to other agency workers involved with the family.
- 18.3 Managers should ensure that professionals have the appropriate training and skills for working with children and their families experiencing domestic abuse; and use supervision sessions both to allow a professional to voice fears about

abuse in a family being directed at them; and also to check that safe practice is being followed in all cases where domestic abuse is known or suspected.

N.B ALL PROFESSIONAL ORGANISATIONS SHOULD ENSURE THAT THEIR STAFF HAVE THE APPROPRIATE TRAINING AND FOLLOW THEIR OWN INTERNAL HEALTH AND SAFETY POLICIES.

Appendix 1: Prevalence and profile of domestic abuse in the UK

- The majority of domestic abuse involves heterosexual males abusing their female partners or ex-partners i.
- 16% of violent crimes reported to the British Crime Survey (2005/06) were classified as domestic abuse, with similar figures for the previous years ii.
- Of all the violent crimes investigated by the British Crime Survey (which excludes some categories such as child sexual assault and trafficking) domestic abuse is consistently the violent crime least likely to be reported to the police iii.
- On average over the years between 1995 and 2006, two women per week in England and Wales were killed by a partner or ex-partner iv.
- Women are at greatest risk of being killed at the point of separation or after leaving a violent partner, and 76% of domestic homicides occur after separation v.
- Non fatal domestic abuse and stalking also continue or increase after separation for many women. According to the British Crime Survey, about 20% of domestic abuse incidents are experienced after the relationship has ended vi.
- 30% domestic abuse begins or escalates during pregnancy vii.
- 16 – 24 year olds are at greatest risk of suffering domestic abuse viii.
- A significant proportion of perpetrators are also misusing drugs and/or alcohol, although research suggests that most perpetrators are not drug addicts or alcoholics. Of those who are, there is evidence that they use abusive behaviour as much when sober if not more than when under the influence of drugs or alcohol ix.
- In 2002, nearly three quarters of children on the subject of a child protection plan lived in households where domestic abuse occurs x.
- In relationships where there is domestic abuse, children witness about three-quarters of incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse is also more likely to happen in these families xi.
- Where there is abuse of a woman by a male partner there is sometimes also child physical and sexual abuse involving the same abusive partner. Estimates of the overlap vary but range from 40-60% xii.
- Domestic abuse causes 16% of homelessness xiii.
- An audit in Greenwich found that 60% of mental health service users had experienced domestic abuse, and a separate survey of women using mental health services in Leeds found that half of them had experienced domestic abuse xiv.

- A 2003 survey from the BBC found that 29% of men and 22% of women felt that domestic abuse was acceptable in some circumstances xv.
- Many children living with domestic abuse may be at risk of significant harm xvi.
- At least 750,000 children in England and Wales were living with domestic abuse xvii.
- A study of 2,869 young adults indicated that 26% had witnessed violence between their parents at least once, and for 5% the violence was frequent and on-going xviii.
- Studies have found that 85% and 86% of adults have indicated that their children are either in the same or adjoining rooms during an incident of domestic abuse xix.
- There are very real dangers for children exposed to domestic abuse, there is also wide variation in children actually witnessing or hearing the violence xx.
- Children living with domestic abuse are also more likely to be directly physically or sexually abused. Between 30% and 66% of children who suffer physical abuse are also living with domestic abuse xxi.
- Domestic abuse in pregnancy is seen as a form of 'double intentioned violence' xxii.
- There is more extensive injury to breasts and abdomen for women who are pregnant xxiii.
- The Confidential Maternal and Child Health Enquiry in England and Wales indicates that 30% of domestic abuse began during pregnancy xxiv.
- Women subjected to domestic abuse in pregnancy were four times more likely to miscarry than women who were not abused xxv.
- Babies living with domestic abuse are subject to high levels of ill health, poor sleeping habits and excessive screaming xxvi.
- Children of pre-school age tend to be the group who show the most behavioural disturbance xxvii.
- Older children and young people are more likely to show the effects of disruption in their school and social environments, particularly if they are the ones who are constantly 'on the move' xxviii.
- One third of all female suicide attempts can be attributed to current or past experience of domestic abuse xxix, and 50% of women of Asian origin who have attempted suicide or self-harm are domestic abuse survivors. xxx.
- NCH found that children living with domestic abuse frequently experienced direct physical assault, and in fact 10% had witnessed their non abusive parent bring sexually assaulted xxxi.
- The majority of children know their non abusive parent is being abused, although non abusive parents often believe that they do not xxxii.

- Between 1994 – 2004 29 children in 13 families were killed as a result of contact arrangements xxxii
- Examination of an NSPCC team’s case files revealed that in at least a third of 111 cases accepted for service (related to child abuse) domestic abuse was also an issue. When the researchers introduced a more detailed focus on domestic abuse in their work, which made it easier for children to talk about domestic abuse, and to be heard, this percentage rose to two-thirds xxxiv.
- Non abusive parents were seen as secondary perpetrators, for failing to protect, even where they were the referrers. Deregistration was likely to be swift in cases of domestic violence, although the non abusive parent was unlikely to be in a position to protect the child xxxv.
- Of the 120 notifications of child death or serious injury made to the Department of Health each year, a large proportion of fathers & step fathers have a history of violence towards female partners xxxvi
- The Teen Abuse Survey of Great Britain 2005 established a clear link between girls experiencing domestic abuse and being abused by their boyfriends. The survey identifies that more teenage girls in Wales have been forced into sex than anywhere else in the UK xxxvii

Children who witness domestic abuse or live within a domestic abuse environment suffer emotional and psychological maltreatment¹³. A study on the direct effects of domestic abuse on children found that 35-50% of those children in households where there is domestic abuse meet the criteria for emotional or behavioural disorders, they are also more likely to have depression and/or an inability to mix with their peers¹⁴, compared to 5-10% of children not exposed to domestic abuse¹⁵. In 90% of violent incidents of domestic abuse to their non abusive parents, children were in the same or next room¹⁶.

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Appendix 2: Examples of abusive behaviours

- 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, burning/scalding, damage to property or items of sentimental value, attempted murder or murder;
- Physical restriction of freedom – controlling who the non abusive parent 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; and
- Financial abuse – stealing, depriving or taking control of money, running up debts, withholding benefits books or bank cards.

Appendix 3: Families with additional vulnerabilities

All professionals should understand the following issues that children and their non abusive parents may face, and take these into consideration when trying to help them:

- **Culture:** the culture amongst some communities means that it is often more difficult for women to admit to having marital problems. This is because a failed marriage is often seen as being the woman's fault, and she will be blamed for letting down the family's honour. In some cultures, a woman may not be in a position to divorce her husband. If the husband does not want to comply with this, he can prevent giving a religious divorce to his wife.
- **Immigration status:** children and their mothers may have an uncertain immigration status, which could prevent them from accessing services. Where there are cases of no access to public funds, consideration should be given to referring to LA Children's Services under Section 17 the Children Act 1989. The mother may also be hesitant to take action against her partner for fear of losing her right to remain in the UK. In some cases, women have received threats of deportation from their partner or extended family if they report domestic abuse and have had their passports taken from them.

Similarly, children may have had their passports taken away from them and may fear that they and/or their mother could be deported if they disclose domestic abuse in the family.

- **Language / literacy:** children and their non abusive parent may face the additional challenge to engaging with services in that English is not their first language. When working with these children and families, professionals should use professional interpreters who have a clear Criminal Records Bureau check; it is not acceptable to use a family member or friend, and members of the extended community network should also be avoided wherever possible.
- **Temporary accommodation:** many families live in temporary accommodation. When a family moves frequently, they may be facing chronic poverty, social isolation, racism or other forms of discrimination and the problems associated with living in disadvantaged areas or in temporary accommodation. These families can become disengaged from, or may have not been able to become engaged with, health, education, social care, welfare and personal social support systems
- **Disability:** children and/or non abusive parents with disabilities may be especially vulnerable in situations where the abuser is also their primary carer, and some refuges may lack appropriate facilities to respond to their particular needs. The British Crime Survey consistently shows that disabled people are much more likely to experience domestic abuse than non-disabled people. Some Refuges provide specialist facilities for the disabled with support.
- **Social exclusion:** children and their families may also face additional vulnerabilities as a result of social exclusion. The British Crime Survey indicates that people who are currently on a low income and/or not owning their own home are more likely than those on a higher income and/or homeowners to have experienced incidents of domestic violence. This can include women with no recourse to public funds. Lesbian, gay, bisexual and transgender people may also be especially vulnerable, and issues such as shame, stigma, mistrust of authority (particularly the police), fear of having children taken away because of incorrect stereotyping, "outing" etc can lead to the abuse / violence being hidden and unreported. There are also issues around safe havens for transgender people and their children, and some women's refuges may not accept men
- **Pregnancy:** it should be acknowledged an individual's vulnerability increases during pregnancy and risks should be carefully considered (see 3.2).
- **Economic recession:** it may be pertinent to consider additional financial pressures.

See also Section 4 Child Protection in Specific Circumstances in the *All Wales Child Protection Procedures 2008*.

Appendix 4: Communicating with a child

ONLY TO BE USED BY SUITABLY QUALIFIED AND TRAINED PROFESSIONALS

When talking with and listening to a child about domestic abuse professionals should:

- Never promise complete confidentiality – explain your responsibilities; that if you are concerned that they are not safe that you will need to tell someone else.
- Do promise to keep the child informed of what is happening;
- Give the child time to talk and yourself time to understand the situation from the child's perspective;
- Be straightforward and clear, use age appropriate language;
- Encourage the child to talk to their non abusive parent about his/her experience – as appropriate;
- Emphasise that the abuse is not the child's fault;
- Let the child know that s/he is not the only child experiencing this;
- Make sure that the child understands it is not his/her responsibility to protect his/her non abusive parent, whilst validating the child's concern and any action s/he may have taken to protect their non abusive parent;
- Do not assume that the child will hate the abusive partner, it is likely that s/he may simply hate the behaviour;
- Allow the child to express their feelings about what s/he has experienced;
- Recognise that children will have developed their own coping strategies to deal with the impact of domestic abuse. Some of these may be negative in the longer term for the child, but where they are positive they should be drawn on to develop safety strategies for the future;
- Do not assume that the child will consider themselves as being abused;
- Do not minimise the abuse;
- Give the child information about sources of advice and support s/he may want to use.

Appendix 5: Clarification questions for a non abusive parent

ONLY TO BE USED BY SUITABLY QUALIFIED AND TRAINED PROFESSIONALS

Non abusive parents are usually too afraid or uncomfortable to raise the issue of domestic abuse themselves. So be prepared to ask sensitively, but directly:

- Can you tell me what's been happening?
- You seem upset, is everything all right at home?
- Are you frightened of someone / something?
- Did someone hurt you?
- Did you get those injuries by being hit?
- Are you in a relationship in which you have been physically hurt or threatened by your partner?
- Have you ever been in such a relationship?
- Do you ever feel frightened by your partner or other people at home?
- Are you (or have you ever been) in a relationship in which you felt you were badly treated? In what ways?
- Has your partner destroyed things that you care about?
- Has your partner ever threatened to harm your family? Do you believe that he would?
- What happens when you and your partner disagree?
- Has your partner ever prevented you from leaving the house, seeing friends, getting a job or continuing in education?
- Does your partner restrict your access to money or access your Child Benefit or allowances?
- Has your partner ever hit, punched, pushed, shoved or slapped you?
- Has your partner ever threatened you with a weapon?
- Does your partner use drugs or alcohol excessively? If so, how does he behave at this time?
- Do you ever feel you have to walk on eggshells around your partner?
- Have the police ever been involved?
- Have you ever been physically hurt in any way when you were pregnant?
- Has your partner ever threatened to harm the children? Or to take them away from you?

Appendix 6: Safety planning with non abusive partners¹⁷

ONLY TO BE USED BY SUITABLY QUALIFIED AND TRAINED PROFESSIONALS

By raising the issue of domestic abuse, we create opportunities to explore ways in which non abusive partners and children can be safe. A safety plan is a semi-structured way to think about steps that can be taken to reduce risk, before, during and after any violent or abusive incidents. It is important to stress that although a safety plan can reduce the risks of abuse they cannot completely guarantee non abusive partners and children's safety.

Non abusive partners should not keep the safety plan where it may be discovered by the abusive partner. This is a tool to aid good practice and can be adapted accordingly.

Developing a safety plan

Non abusive partners experiencing domestic abuse will already have survival strategies they find effective. It is essential to acknowledge these and use them as guidance for your work. A safety plan is about allowing non abusive partners to identify the options available to them within the context of their current circumstances. Some questions to ask in drawing up a safety plan:

- Who can you tell about the abuse who will not tell your partner/ex-partner?
- Do you have important phone numbers available e.g. family, friends, refuges, police? Do your children know how to contact these people?
- If you left, where could you go?
- Do you ever suspect when your partner is going to be abusive? e.g. after drinking, when he gets paid, after relatives visit
- When you suspect they are going to be abusive can you go elsewhere?
- Can you keep a bag of spare clothes at a friend's or family member's house?
- Are you able to keep copies of any important papers with anyone else? e.g. passport, birth certificates, benefits book.
- Which part of the house do you feel safest in?
- Is there somewhere for your children to go when the partner is being abusive (don't run to where your children are as your partner may harm them as well)?
- What is the most dangerous part of your house to be in when your partner is abusive?
- Have you discussed with your children a safety plan for what they need to do during an incident (do not intervene, get away and get help)?

¹⁷ Adapted from the Stella Project's *Domestic Violence, Drugs and Alcohol* Toolkit.

Personal safety plan for non abusive partners?

This safety plan has been adapted from a variety of existing plans. It should be used with non abusive partners who are escaping domestic abuse. Remember it may not be safe for non abusive partners to fill in the plan and take it with them. Always offer to keep any information or documentation on your premises. Drug and alcohol agencies may wish to ask additional questions about how them or their partner's substance use is affecting the domestic abuse they are experiencing. There are currently less services for male victims.

Suggestions for increasing safety - In the relationship

- I will have important phone numbers available to my children and myself.
- I can telland
.....
about the abuse and ask them to call the police if they hear suspicious noises coming from my home.
- If my children are hurt, I will tell.....
- If I leave my home, I can go (list four places):
.....Or.....
..... or
- I can leave extra money, car keys, clothes, and copies of documents
with.....
- When I leave, I will bring.....
- To ensure safety and independence, I can: keep change for phone calls with me at all times / keep my mobile phone on me at all times; open my own savings account; rehearse my escape route with a support person; and review safety plan on(date).
- When the abuse begins which areas of the house should I avoid? e.g.
bathroom (no exit), kitchen (potential weapons)
.....

Suggestions for increasing safety - when the relationship is over

- I can: change the locks; install steel/metal doors, a security system, smoke detectors and an outside lighting system.
- I will inform.....
and
that my partner no longer lives with me and ask them to call the police if she/he is observed near my home or my children.
- I will tell people who take care of my children, and my children themselves, the names of those who have permission to pick them up. The people who

have permission are:.....
and.....

- When I make phone calls I can use 141 so my number cannot be traced.
- I can tell..... at work about my situation and ask to screen my calls.
- I can avoid shops, banks, and..... that I used when living with my abusive partner.
- If I feel down and ready to return to a potentially abusive situation, I can call.....for support.

Important phone numbers

Police..... Helpline.....

Friends..... Refuge.....

Items to take checklist

- Identification
- Birth certificates for me and my children
- Benefit books
- Medical cards for me and my children (e.g. children's "red books", school immunisation records etc)
- Phone card, mobile or change for a pay phone
- Money, bankbooks, credit cards
- Keys – house / car / office
- Keys to a friend or relative's house
- Medicine or medication for me and my children
- Drivers licence
- Change of clothes for me and my children
- Passport(s), Home Office papers, work permits, national insurance numbers
- Divorce papers and legal orders
- Lease / rental agreement, house deed
- Mortgage payment book, current unpaid bills
- Insurance papers

- Address book
- Pictures, jewellery, items of sentimental value
- Children's favourite toys and/or blankets
- Any proof of abuse, notes, tapes, diary, crime reference numbers, names and numbers of professionals who know.

APPENDIX 7: Working with the abusive partners

1. Asking questions

Appropriately trained practitioner's responses to any disclosure, however indirect, could be significant for encouraging responsibility and motivating an abusive partner towards change.

If the abusive partner presents with a problem such as drinking, stress or depression, for example, but does not refer to their abusive behaviour, these are useful questions to ask:

- How is this drinking / stress at work / depression affecting how you are with your family?
- When you feel like that what do you do?
- When you feel like that, how do you behave?
- Do you find yourself shouting / smashing things?
- Do you ever feel violent/abusive towards a particular person?
- It sounds like you want to make some changes for your benefit and for your partner / children. What choices do you have? What can you do about it? What help would you like to assist you to make these changes?

If an abuser responds openly to these prompting questions, more direct questions relating to heightened risk factors may be appropriate:

- It sounds like your behaviour can be frightening. What happens when you get angry with your partner or your family? Do you ever shout? Have you ever frightened your partner and/or your children?
- Have you ever hit your partner, or pushed them around? What (specific) abuse have you used? When did you first physically touch your partner in anger? What's the worst thing you've done in anger? Have you ever assaulted or threatened your partner with a knife or other weapon? What has been the most recent violence/abuse?
- How are the children affected? Have you abused / assaulted your partner in front of the children? Were they present in the house?
- Have the police ever been called to the house because of your behaviour/ actions?
- Do you feel unhappy about your partner seeing friends or family – do you ever try to stop? Did / has your behaviour changed towards your partner during pregnancy?

- What worries you most about your behaviour? Are you aware of any patterns – is your abuse getting worse or more frequent? How do you think alcohol or drugs affect your behaviour?

The information you gather will be the basis for your assessment about how best to manage the risk issues presented and what kind of intervention is required – to reduce the risk and enhance the safety plan for partners.

2. Responding to disclosures from abusive partners-

GOOD PRACTICE GUIDANCE

- Be clear that domestic abuse is always unacceptable;
- Be clear that abusive behaviour is a choice;
- Affirm any accountability shown by the abusive partner;
- Be respectful and empathic but do not collude;
- Be positive, abusive partners can change;
- Do not allow your feelings about the abusive behaviour to interfere with your provision of a supportive service;
- Be straightforward; avoid jargon;
- Be clear about the assessment of risk to the children and the consequences of this should the abuse continue;
- Be very clear that children are always affected by experiences and living with domestic abuse, whether or not it is directly witnessed;
- Be clear in the message that domestic abuse is about a range of abusive behaviours, not just physical violence (see definition);
- Be aware that minimisation, justification and blame will be embedded into the continuation of abusive behaviour within relationships.
- Abusive behaviours are not contained within one relationship. Research has evidenced that they will continue in subsequent relationships.
- Be aware of the barriers to acknowledging abuse and seeking help (i.e. shame, fear of child protection process, self-justifying anger);
- Be clear about the consequences of continued abuse – criminal charges, losing partner, family, friends, losing liberty etc.

3. Risk management with abusive partners

Where the non abusive parent is indicating that they wish the abusive partner to be involved in their and the child's life, consideration should be given to the appropriate intervention, which may include referral to a suitable perpetrator programme. Any work must include safety planning and safety plans for partners and children must be independently negotiated.

When the abusive partner indicates that he / she is worried about behaviour, and is ready to take responsibility of the need to change, then partner safety plans must be agreed independently prior to the programme commencing. This might occur in situations where there is likely to be a delay in starting such work; it should only be undertaken after consultation with the agency offering the perpetrator programme.

Additionally, before undertaking any safety planning / risk management work with an abusive partner, professionals should ensure that the partner is aware of what is being proposed, and that there is confidence that such work will not compromise safety. Best practice directs separate independent support for partners in abusive relationships.

In referring abusive partners to abuser programmes, agencies should assure themselves as to the quality and appropriateness of the programme. Abuser programmes should always be integrated with associated support services and with specialist child protection services. Abusive partners may also be referred to specialist child protection services (e.g. working with children subject of child protection plans and their families).

e.g. – IDAP – Integrated D. A. Programme	}	Criminal
CDVP – Community Domestic Violence Programme	}	Justice
	}	Programme

Caring Dads	- NSPCC	}	- Voluntary
Choose to change	- Relate	}	Programme

Appendix 8: Honour based violence (including forced marriage and female genital mutilation)

Honour based violence (including forced marriage and female genital mutilation)

Children and young people can be subjected to domestic abuse 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/survivor, 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. Therefore the recommendation is that people should seek urgent advice with regard to an application for indefinite leave to remain.

(Recognise that this is an ongoing issue of concern and an unsolved public policy)

Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community. It is not a form of violence but the reason or motive given or assumed for violence. It is a fundamental abuse of human rights, and should be viewed as a child protection issue.

It manifests itself in a diverse range of ways and includes forced marriage and female genital mutilation.

The definition of forced marriage accepted by HM Government and other statutory agencies is "a marriage conducted without the valid consent of one or both parties where duress is a factor".

Forced marriage is contrary to UK law (Matrimonial Causes Act 1973).

Forced marriage (Civil Protection) Act 2007

Female genital mutilation is also contrary to UK law (Female Genital Mutilation Act 2004).

Honour based violence sits within the wider framework of violence against women although it also includes male victims/survivors. Whilst it can sit within the framework of domestic abuse as much of the violence does originate from intimate partners and the immediate family, further violence can be instigated by extended family and members of the community who support the family's actions or collude in or perpetrate the violence on behalf of the family.

A notable number of victims of reported honour based violence and forced marriage in the UK are under 18 years old.

As with adults, honour based violence manifests itself in a diverse range of ways with children and young people including forced marriage, rape, physical assaults, kidnap, threats of violence (including murder), female genital mutilation or witnessing violence directed towards a sibling or another family member. Female genital mutilation is almost exclusive to females under 18 years and it can result in severe physical and psychological injuries.

This highlights honour-based violence as a child protection matter where children are at risk of significant harm through physical, sexual, psychological and emotional abuse.

Honour based violence, including forced marriage and female genital mutilation, is perpetrated against adults and children for a number of reasons including:

- Controlling unwanted behaviour and sexuality (including perceived promiscuity; being gay, lesbian, bi-sexual or transgender)
- Protecting family honour
- Responding to family, community or peer group pressure
- Strengthening family links
- Protecting perceived cultural and/or religious ideals (misguided or dated)
- Retaining wealth, property or land within the family
- Preventing unsuitable relationships
- Assisting claims for residence and citizenship in the UK
- Perceived immoral behaviour including:
 - Inappropriate makeup or dress
 - Possession and/or use of a mobile phone
 - Kissing or showing other forms of intimacy in public
 - Rejecting a forced marriage
 - Being a victim of rape or other serious sexual assault
 - Inter faith relationships
 - Seeking a divorce

The above list is not exhaustive.

The commission of crimes against victims can be accompanied by forms of controlling behaviour including:

- House arrest
- Excessive restrictions
- Denial of access to any form of telephone, internet, contact with friends or outside the immediate family
- Denial of access to passports, birth certificates, bank accounts and other forms of official documentation

The Welsh Assembly Government published its three-year action plan on 3rd June 2008 and has provided statutory guidance for health, education and social services **multi agency practice guidelines: handling cases of forced marriage**. Statutory guidance for police will come from National Government, as there are no devolved policing powers with the Welsh Assembly Government. A forced marriage sub group of the All Wales Domestic Abuse Working Group will be responsible for providing advice on implementation of the action plan.

Appendix 9: Domestic Abuse Multi-Agency Risk Assessment Conferencing (MARAC)

See Section 4.11.2 of the *All Wales Child Protection Procedures 2008*

Domestic Abuse Multi-Agency Risk Assessment Conferencing (MARAC)

Multi-agency risk assessment conferencing (MARAC) is a process to address the safety and protection of those most at risk from serious assault or murder as a result of domestic abuse. Effective protection of victims and their children is a multi agency responsibility and this conference to facilitate the risk assessment process is attended by a partnership of criminal justice agencies, other statutory bodies and the voluntary support sector.

The MARAC process is a way of moving the responsibility for addressing domestic abuse from the victim to a broad group of agencies.

In many high risk situations, victims/survivors may adopt an increasingly passive stance and an acceptance of their situation without the possibility of change, leading to them being unlikely to seek help. The MARAC is a vital tool in addressing their safety.

The MARAC meeting combines up to date risk information with a comprehensive assessment of a victim's/survivor's needs linking those directly involved to the provision of appropriate services for the victim/survivor, children and abusive partner.

The aims of the MARAC are to:

- Share information to enhance the safety, health and well being of victims/survivors, adults and their children;
- Raise awareness of the impact of domestic abuse on children;
- Agree and implement a risk management plan;
- Reduce repeat victimisation;
- Determine whether the abusive partner poses a significant risk to any particular individual or to the general community;
- Reduce domestic homicide and abuse;
- Prevent child abuse;
- Ensure agency accountability;
- Provide support for staff members and professionals involved in high risk domestic abuse cases.

The MARAC may recommend a referral to LA children's services to ensure all safeguarding issues are addressed. Similarly at any point in the LA children's services assessment process a MARAC may be recommended and arrangements must be in place to share information between the two processes.

Research shows that children experiencing domestic abuse can be affected in every aspect of their functioning - safety, health, school attendance, educational achievement, economic well-being and emotional and social development. In the most extreme cases children are at risk of serious injury or death.

MARAC partner agencies recognise the overlap between domestic abuse and the abuse of children. The legal definition of harm to children has been extended to include those living in households where domestic abuse is taking place.
Amendment, Section 120, Adoption & Children Act 2002.

Appendix 10: Risk assessment and risk management

There are a number of 'tools' being piloted nationally for risk assessment in relation to domestic abuse, but it may not be possible to create a single tool for all agencies, and the following general guidance is taken from a number of sources which explore areas of risk and protective factors in relation to abusive partners, victims/survivors (usually the child's non abusive parent), and children.

There are a range of tools available. The NSPCC model is widely used throughout Wales. CAF/CASS have created their own domestic abuse assessment framework [www.cafcass.gov.uk], and a useful model has been developed in the voluntary sector by Barnardos: '*Assessing the risks to children from domestic violence*'. This highlights nine areas for assessment: the nature of abuse; the risk to the children posed by the abusive partner; risks of lethality; abusive partner's pattern of assault and coercive behaviours; impact of the abuse on the woman; impact of the abuse on the children; impact of the abuse on parenting roles; protective factors; the outcomes of the woman's past help-seeking.

Warnings have been raised about making risk assessment an interrogation around a 'checklist', which closes down trust, rather than a dialogue, which opens up the discussion about abuse. Issues such as threats to kill, jealous and controlling behaviour, sexual abuse and isolation are not easily assessed without good, open communication. The pioneering Duluth Domestic Abuse Intervention Project recommends structuring dialogue around three questions:

- Do you think your partner will seriously injure you or the children? What makes you think that? If not, why not?
- What was the time you were most frightened or injured by them?
- Are things getting worse? Describe the pattern of the abuse (frequency, type severity, escalation).

The other areas highlighted as significant in understanding the risks posed by the abusive partner may also emerge through these questions. Establishing the protective strategies, which have been used to date, can also flow from it. In this process, abusive partner risk assessment can be used to establish a supportive relationship between practitioners and women/men affected by domestic abuse, while still keeping a focus on issues which are of crucial importance in protecting children.

Police guidance suggests that the purpose of risk assessment should be:

- to assess current and future risks to the woman and any children
- to prevent escalation
- to prevent re-victimisation
- to enable the risk to be safely managed
- to enable the appropriate intervention and safety strategies to be implemented

ADDITIONAL RISK FACTORS:

- previous abuse of partners
- abuse of pets
- jealous & controlling behaviour
- mental health
- alcohol
- drugs

- suicide attempts (victim or offender)
- threats to kill
- strangulation
- weapons used / access to weapons
- financial problems
- victim feels unsafe on day to day basis
- indication of imminent risk to the victim

Appendix 11: Legal and housing options

Practitioners should have a working knowledge of the various legal options that are available to victims/survivors of abuse. They should always refer non abusive parents to specialist advice services such as the Citizens Advice Bureau (CAB), a law centre or specialist solicitor, Women's Aid or Independent Domestic Violence Advisors (IDVA's) and the police. This is not an exhaustive list and professionals should contact their area domestic abuse co-ordinators for a local list of specialist agencies.

Practitioners should never give legal advice to a non abusive parent as this is not their role. It is helpful for practitioners to have an understanding of the options that are available in their locality but they should always refer the victim/survivor to a specialist agency for legal advice.

Domestic abuse is contrary to both civil and criminal law. There is a considerable body of legislation relating to it and that is summarised below.

1. Civil Law

The most significant pieces of legislation to cover this area are The Family Law Act 1996 Part IV and The Housing Acts 1985 and 1996.

The Family Law Act is designed to provide remedies for victims/survivors of domestic abuse and allows for the making of orders to keep an abusive partner away from the victim/survivor, and also to ensure that the victim can remain in their own home with the abuser being excluded from it. The victim/survivor and the abusive partner do not have to have been married to each other in order to make use of this legislation and it can be used in the case of many different forms of relationship. If an Order has been made a power of arrest can be added to it, allowing the police to arrest the abusive partner without a warrant in certain circumstances.

The victim/survivor will have to attend court with her representative in order to obtain an Order under this legislation and the abusive partner is entitled to be present for that hearing. The Court can be asked to make special arrangements to ensure the safety of anyone attending Court in these circumstances. The Court will hear evidence on behalf of the victim/survivor who is the applicant and can hear evidence from the abusive partner if they wish to say anything. The Court will then decide whether an Order has to be made. The victim/survivor will be given full advice by their representative as to the evidence that will be needed to support the case and the arrangements that can be made to ensure their safety at Court.

The Housing Acts allow alterations to be made in tenancy agreements where there is evidence that domestic abuse has occurred. This legislation can be used by those representing the victim/survivor to safeguard the tenancy of their home, even where the tenancy is in the name of the abusive partner. It is good practice to invite housing officers to meetings arranged to draw up safety plans for non abusive partners so that all options are fully explored.

A legal adviser will provide the victim/survivor with information about all the options available to her and the most effective combination of Orders to meet her need. Advice can also be given about how to access legal funding for those applications.

2. Criminal Law

An abusive partner may be committing a number of criminal offences and the police are under a duty to take positive action when investigating domestic abuse offences. For an arrest to be made and a prosecution to succeed, there will need to be a complaint and evidence of a criminal offence provided. (There can be no arrest or prosecution where no criminal offence has taken place.) The complaint does not necessarily have to be from the victim/survivor. In certain circumstances, where there is sufficient evidence, the police can proceed against an abusive partner even if the victim/survivor is not prepared to make a complaint.

Once a complaint has been made to the police, their actions will be dictated by the severity of the offence alleged to have been committed and their duty to protect the victim/survivor and the public. This may involve an immediate arrest of the perpetrator but this will not always be the case and the victim/survivor and any professionals involved will need to include the police in discussions about how to safeguard the victim/survivor and their family pending any Court hearings.

If an abusive partner is charged with criminal offences then they will be brought before the Court for trial. Unless they plead guilty to the offence evidence will have to be given to support the allegations against them and this may involve the victim/survivor in giving evidence to the Court. All Courts have systems to protect the victim/survivor during their time at Court and professionals can liaise with the victim/survivor to ensure that they are aware of the arrangements that have been made to protect them.

The outcome of the proceedings will depend upon the strength of the evidence before the Court and the severity of the crime committed. If convicted the abusive partner could be sent to prison or sentenced to a community based sentence in which case there may be restrictions imposed upon his movements or behaviour after the proceedings have finished. There are also subsidiary Orders that can be made in certain types of cases which will affect his ability to work in particular fields or engage in particular activities. If offenders are classed as violent offenders, potentially dangerous, have been convicted of sex offences or have to register as sex offenders then they may be managed under Multi Agency Public Protection Arrangements (MAPPA).

If the abusive partner is not convicted of an offence then they will walk free immediately the hearing concludes and practitioners should plan with the victim/survivor and their representatives to ensure they are safe in that event.

3. Role of Specialist Domestic Violence Courts (SDVC's) and Independent Domestic Violence Advisors (IDVA's)

Specialist Domestic Violence Courts (SDVC's) are a co-ordinated response to domestic abuse combining both criminal justice and non-criminal interventions, and form a multi agency response that creates greater victim safety and brings abusive partners to account. There are SDVC's throughout the UK (almost 100) following a successful evaluation of two pilot programmes (Caerphilly and Croydon). The key features are: specially trained magistrates in dealing with domestic abuse, separate entrances, exits and waiting areas so that victims/survivors don't come into contact with the abusive partners, cases clustered on a particular day or fast-tracked through

the system, limiting the likelihood of further incidents, tailored support and advice from Independent Domestic Violence Advisors (IDVA's). Where available, Independent Domestic Violence Advisors (IDVA's) are trained specialists whose goal is the safety of domestic abuse victims/survivors. They focus on high to very high-risk referrals. Other key features of their role are: Crisis Intervention: working from the point of crisis with a referral and offering intensive support to help assure their short and long term safety; Risk: the service is based on assessment and understanding of risk and its management; Independence: from both the justice system and local government, in order to focus on safety, providing support, and impartial advice on safety options and multi agency working on behalf of the victim/survivor. All IDVA's can gain a nationally recognised professional qualification (caada.org.uk/).

4. Housing options

Victims/survivors of domestic abuse need to consider their housing options for both the short and longer term. If a non abusive partner feels they are unable to remain at the family home at least temporarily, the following options could be considered. Note the options of removing the abusive partner as outlined above should always be made known to the non abusive partner. Independent Domestic Violence Advisors (IDVA's) are a good source of advice and support regarding housing options.

Refuges

Refuges provide safe, emergency temporary accommodation for men, women and children who need protection from abuse. The workers in the refuges can provide information, advice and support. They can give practical assistance with benefit claims, court appearance etc. However, facilities such as kitchens, bathrooms, and sitting rooms are shared.

The All Wales Domestic Abuse Helpline provides general advice and support, and can give advice on refuges and availability.

Staying with family and friends

Depending upon the circumstances this may be an appropriate short term option. However victims would need to be mindful that such arrangements can break down very quickly often leaving the victim with nowhere to live. Such arrangements can also often make it easier for the victim to be found by the perpetrator.

Target hardening

Some local authorities, agencies or local charities provide target hardening to make the homes safer thereby enabling victims of domestic abuse to stay in their own homes. Some examples include changing or fitting locks, providing alarms and CCTV, fixing damaged properties and providing a risk assessment of the property so that measures can be put in place. Specialist domestic abuse agencies routinely make referrals to their local providers (details available via the All Wales Domestic Abuse Helpline).

Making a homelessness application

Local authorities have a duty to assist victims of domestic abuse if they are satisfied that ;

It is not reasonable for them to continue to occupy accommodation even though there may be legal entitlement to do so, if it is probable that

occupation will lead to domestic abuse, other violence or threats of such violence which are likely to be carried out;

- Against the applicant
- Against the person who usually resides with the applicant, or against any person who might reasonably be expected to reside with the applicant.

If the local authority consider that it is not reasonable for the applicant to continue to occupy the accommodation then they must provide an offer of temporary accommodation. Such arrangements can include a Women's Aid / BAWSO refuge, bed and breakfast or leased accommodation. Applicants can choose to be placed in a refuge out of area. However, some refuges may not be able to assist applicants who are deemed to have high support needs e.g. Drug and alcohol issues due to the vulnerability of other clients in the refuge.

Waiting times in temporary accommodation will vary considerably between authorities before an offer of permanent accommodation is made. This timescale will be dependant upon the applicants area of choice and the property size required.

The housing service will decide whether it is reasonable to expect a victim/survivor of domestic abuse to continue to occupy their present accommodation, whether the victim/survivor is in priority need and whether the local authority has a duty to provide temporary accommodation. Each case will be assessed on an individual basis.

The local authority may offer temporary accommodation while the case is being investigated. If the local authority then decides that the victim/survivor is homeless, has a priority need and there is a duty, self-contained Stage 2 accommodation may be offered. However, in many cases this may be out of the area.

Waiting times in temporary accommodation are lengthy. It may be over two years before an offer of permanent family sized accommodation can be made. It is therefore important to try and get as much information as possible about the local situation.

To prevent victims/survivors of domestic abuse being asked to visit housing options immediately, a senior case worker can be contacted and details of the case given. A homeless application can be completed and faxed to the caseworker. However, if there is an immediate threat of domestic abuse, an appointment must be made with the assessment team that day.

Management transfers

A management transfer may be an option if the non abusive partner is a sole tenant and the abusive partner lives elsewhere. Each case will need to be considered on an individual basis. Advice about legal remedies and specialist support agencies, as outlined above, should be given to enable the non abusive partner to take any necessary steps to protect themselves and their family while they are waiting for a transfer (it must be noted that there is a target for re-housing management transfer cases).

Immigration issues

Professionals need to ensure that they have a firm understanding of issues around families with no recourse to public funds and how they can work with these victims/survivors, especially in relation to access to Legal Aid and Housing.

No recourse to public funds (NRPF): Domestic abuse and the two year rule

People from abroad who enter or stay in the UK on the basis of marriage or relationship to a spouse/partner who is settled in the UK or is a British citizen are initially given limited leave to remain. They are subjected to a probationary period, at the end of which, with the support of their spouse or partner who is settled in UK, they can apply for indefinite leave to remain. This probationary period was extended to two years in 2003.

During the probationary period, the partner from abroad is restricted from recourse to public funds. However, if the marriage or relationship breaks down due to domestic abuse during the probationary period, the partner from abroad may apply for settlement if they meet the criteria for Indefinite Leave to Remain under the Domestic Violence Rule (Paragraph 289A of the Immigration Rules). Fear that they will be deported is a factor that inhibits people in such situations from disclosing. Abusive partners often use this fear as a tool of control.

In such situations, practitioners should seek advice from support agencies as to any women's eligibility to apply under the domestic abuse concessions to the rule. It must be noted that this is a very lengthy process.

Appendix 12: Telephone numbers and websites

Police: Emergency 999

Police Domestic Abuse Units can be contacted via each of the Police Force Headquarters listed below:

Dyfed Powys Police: 0845 330 2000

Gwent Police: 01633 838111

North Wales Police: 0845 607 1001 (Welsh)
0845 607 1002 (English)

South Wales Police: 01656 655555

All Wales Domestic Abuse Helpline: 0808 801 0800

NSPCC Wales Helpline: 0808 100 2524

Legal Services Commission - to identify local Family Law Practices
www.communitylegaladvice.org.uk : 0845 345 4345

Black Association of Women Step Out (BAWSO): 24 hour telephone 0800 731 8147

Victim Support: 0845 303 0900

The Dyn Project (for male victims and information on male refugees): 0808 801 0321

Respect (for men who want to change their behaviour & information on Freedom Programmes for men): 0845 122 8609

Childline: 0800 1111

Honour Network: 0800 599 9247

Forced Marriage Unit: 0207 008 0151

Henna Foundation: 02920 496920

Welsh Refugee Council: 02920 489800 www.welshrefugeecouncil.org

Welsh Womens Aid Groups
(All Wales Groups): 02920) 390 874 www.welshwomensaid.org

Tai Hafan: 01267 225555 www.tai-hafan.co.uk

Tros Gynnal: 029 2039 6974 www.trosgynnal.org.uk

Action for Children: 0300 123 2112 www.actionforchildren.org.uk

Barnardos: www.barnardos.org.uk

NSPCC: 020 7825 2775 www.nspcc.org.uk