

***DOMESTIC ABUSE:  
SAFEGUARDING  
CHILDREN AND  
YOUNG PEOPLE***

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## **PREFACE**

### **Status of the Document**

The procedures in this document apply to all staff of agencies represented on the Area Child Protection Committees (ACPCs) and Local Safeguarding Children Boards (LSCBs) in the North East of England. Staff of these agencies should:

- Comply with the procedures contained in this document, unless there are exceptional reasons, which should be recorded.
- Take account of the rest of the contents.

ACPCs/LSCBs and their constituent agencies should ensure that any other inter-agency or internal procedures/guidance/protocols are consistent with this document.

### **Principles**

- All children and young people should be safe and able to develop to their full potential.
- The needs of the child or young person are paramount and should underpin all work to safeguard children and young people.
- All children and young people deserve the opportunity to achieve their full potential.
- All children and young people have the right to be safeguarded from harm and exploitation whatever their:
  - Race, religion, nationality, first language or ethnicity
  - Gender or sexuality
  - Age
  - Health or disability
  - Location or placement
  - Criminal behaviour, where this applies
  - Political or immigration status.
- Responsibility for the protection of children and young people must be shared because they are safeguarded only when all relevant agencies and individuals accept responsibility and co-operate with one another.
- Statements or allegations about abuse or neglect, made by children and young people, must always be taken seriously.
- The wishes and feelings of children and young people, which are vital elements in assessing risk and formulating protection plans, must always be sought and given weight, according to the level of understanding of the child or young person.
- During enquiries, the involvement and support of those who have parental responsibility for, or regular care of a child or young person, should be encouraged and facilitated, unless doing so compromises that enquiry or the immediate or long term welfare of the child or young person.

“The basic requirement that children are kept safe is universal and cuts across cultural boundaries. Every child living in this country is entitled to be given the protection of the law, regardless of his or her background. Cultural heritage is important to many people, but it cannot take precedence over standards of childcare embodied in law. Every organisation concerned with the welfare and protection of children should have mechanisms in place to ensure equal access to services of the same quality, and that each child, irrespective of colour or background, should be treated as an individual requiring appropriate care.”

**Victoria Climbié Inquiry Report 2003.**

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## **1. LEGISLATION - MAIN ACTS**

Offences against the Person Act 1861

Police and Criminal Evidence Act 1984

Family Law Act 1996

Housing Act 1996

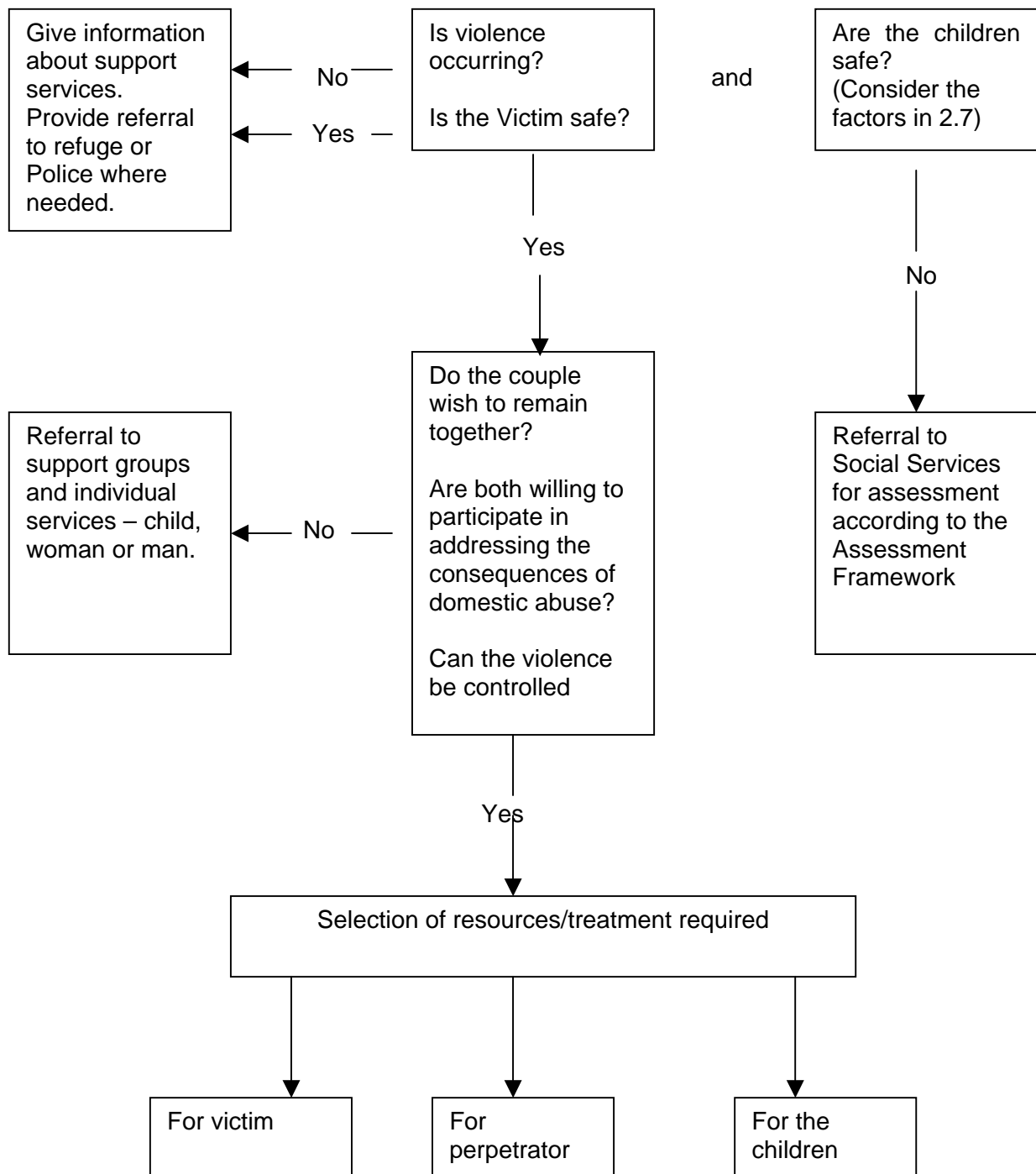
Protection from Harassment Act 1997

See Appendix 1 for further information.

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## 2. INTER-AGENCY PROCEDURES

### 2.1 Flowchart Domestic Abuse



Adapted from Domestic Violence Practice Guidance Teesside ACPCs

## 2. INTER-AGENCY PROCEDURES

### 2.1 Flowchart Domestic Abuse

See Flowchart on previous page.

### 2.2 Information Sharing

Matters of information sharing, confidentiality and data protection are covered in the Government guidance 'What to do if you're worried a child is being abused' (and in the summary version of the same document).

### 2.3 Meaning of Domestic Abuse

There are various definitions of 'Domestic Abuse' (formerly referred to as 'Domestic Violence'). The definition in this document is

'Any violent or abusive behaviour, such as physical assault, sexual abuse, rape, threats and intimidation, humiliating and controlling behaviour, withholding of finances, deprivation, isolation, belittling and constantly criticising, which is used by one person to control and dominate another with whom they have, or have had, an intimate relationship.'

Domestic abuse affects all sections of society, regardless of age, gender, wealth, sexuality and geography. However, it is mainly women who suffer. Domestic abuse can be an important indicator of a child in need or at risk of harm, either of actual physical, sexual and/or emotional abuse from perpetrators or by exposure to the abuse.

### 2.4 Responses to Concerns about Domestic Abuse

Any agency/professional may be the first point of contact for an adult who is suffering from domestic abuse, for example, Accident and Emergency staff, General Practitioners, Teachers, Health Visitors, Police. Practitioners should:

- Be proactive in creating conditions in which the victim can speak privately to a professional without fear of recriminations by the alleged perpetrator.
- Be clear with the victims that the perpetrator does not have the right to abuse them.
- Offer information privately to victims about sources of advice and support and how to access them.
- Refer on to other agencies who can help, if s/he wishes this.
- Clarify with the victim how safe contact can be made in future by agencies.
- Record accurately any information about domestic abuse, including information given by victims and observations of injuries, and of the behaviour of victims or perpetrators.

Regarding a particular incident, attention should be paid to:

- Where the children were.
- Whether they were directly involved.
- Whether any weapons were used or threatened to be used.
- Whether the victim or children were prevented from leaving the house.
- Whether there is damage to the home or belongings.
- Whether pets have been harmed.

Where a practitioner believes that a referral to Social Services is indicated (see 2.5 below) this should be discussed with the victim and every effort made to seek agreement. It is not necessary to have the consent of a parent in order to make a referral to Social Services if

the practitioner has reasonable cause to believe that the child is at risk of significant harm.

## **2.5 Referral to Social Services**

The Children Act 1989 says that a child is in need if:

- he or she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services *or*
- his/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services *or*
- S/he is disabled.

The Act also says that where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm, Social Services are to make enquiries in order to decide if any action needs to be taken to safeguard or promote the child's welfare. It gives the meaning of 'harm' as ill-treatment, which includes physical or sexual or emotional abuse or impairment of health and development (See Appendix 1).

A legislative change brought by the Adoption and Children Act 2002 (implemented February 2005) extends the meaning of 'harm' to include the harm that children suffer by "seeing or hearing the ill treatment of another".

This puts new obligations on all practitioners, when considering the needs of a child and the risk of significant harm, to consider the impact of hearing or witnessing domestic abuse on the child's emotional and psychological well being.

Where a practitioner considers that there is a child who is in need or at risk of significant harm, through domestic abuse, a referral should be made to Social Services.

## **2.6 Social Services Response**

Social Services and other agencies are to work in line with the inter-agency guidance 'Framework for Assessment of Children and their Families' (DOH 2000) and the guidance in 'Working Together to Safeguard Children' (DOH 1999) taking account also of the legislative change in the Adoption and Children Act (2002) as referred to above.

On this basis, it is to be determined whether the child and family are in need of support services and/or whether the child is in need of protection.

Throughout, It should always be considered by all involved, whether a child living with domestic abuse has crossed the threshold from being a child in need of services to promote her/his welfare, to a child who is likely to be at risk of significant harm.

Consideration must be given about how to make initial contact without putting the child and the adult victim at further risk of abuse. Letters should not be sent or messages left. The referrer should be asked for any information they have about safe methods of contact.

Checks should be made to ascertain whether the perpetrator is already engaged with any statutory or voluntary agencies, such as the National Probation Service.

Consideration should be given to liaising with any local specialist Domestic Violence/ Abuse project to check whether they already know any family members and to explore the value of joint work or a referral to that project.

## **2.7 Assessment of Risk**

Assessment of risk to the children, including an unborn child, must be undertaken and continued, from the point of receiving the referral.

Children must be given the opportunity to communicate about their experience of living with domestic abuse.

In assessing the risk posed by the perpetrator, it is important to recognise that research consistently demonstrates that, even in a therapeutic setting, denial and minimisation are frequent hallmarks of men who have been domestically violent. Further, that significant disparities invariably exist between the reports of these men and those of third parties, especially their victims.

In assessing and managing risk to the child, particular attention should be paid to the following factors:

### ***The Adults***

- A build up of incidents or concerns.
- Severe abuse or severe impact.
- The perpetrator has been violent in previous relationships.
- Substance misuse, including alcohol, by the perpetrator.
- Adult mental health issues.
- A perpetrator who is reportedly obsessively jealous or controlling.
- Whether the perpetrator has ever grabbed the victim by the throat or attempted choking.
- Use of weapons.
- Sexual as well as physical assault.
- Where the woman is pregnant.
- Where an animal has been harmed.
- Where the victim has just left.
- Where the victim is planning to leave.

### **The Child – physical risk**

- The child has been hurt or injured through the domestic abuse, whether or not deliberately.
- The child is restricted in mobility and/or communication due to age or disability.
- The child intervenes in the domestic abuse.
- The child is unborn.

### ***Victim – sexual abuse***

- The victim has been sexually abused, as part of the domestic abuse.

### ***Child – emotional abuse and/or neglect***

- The child's basic needs are not being met.

**Sections 3.8 and 3.9 are also to be taken into account.**

## **2.8 Managing Risk**

Children's views and wishes about their safety and welfare should be listened to and taken into account as far as possible.

Consideration should be given to removing the perpetrator from the family home as an initial means of managing the risk. The perpetrator should be given the opportunity to

access any available local services which will help to address the use of abuse in the longer term.

Workers should attempt to work with the victim on issues of safety and empowerment for themselves and the children, and on placing the responsibility for the domestic abuse on the perpetrator. This may mean helping the parent and children to escape, although this may not be an option, for a variety of reasons.

Working with the victim on empowerment should never override the paramount requirement to protect the children and ensure their welfare. It may become necessary to go against the wishes of the victim, for example, by invoking child protection procedures or taking legal action. It should be made clear that this action is based on an assessment of the children's needs and that the non-abusing adult is not being blamed for the threat posed by the perpetrator of the abuse.

## **2.9 Child Protection Process**

Based on the information available and assessment, it may be decided that it is not necessary to apply child protection procedures. Alternatively, these may be applied at the point of referral or at a later point in the assessment process.

Child protection procedures are to be applied if there is reasonable cause to suspect that a child is at risk of significant harm.

Where child protection procedures are applied, an inter-agency Strategy Meeting/ Discussion is to take place. If it is decided that child protection enquiries (section 47 enquiries) are necessary, these will be undertaken by Social Services, possibly in conjunction with a Police investigation

If the enquiries and assessment show that the child is at continuing risk of significant harm, a Child Protection Conference is to be held. (See local Inter-agency Child Protection Procedures for more information about the child protection process).

## **2.10 Child Protection Conferences**

When domestic abuse is known, or believed, to be an issue, particular care must be taken in arranging Child Protection Conferences and other meetings. All staff should be aware that the safety of the child(ren) and the woman might be at risk before, during and after a Conference.

Consideration should be given to inviting specialist representatives, for example, from any local domestic abuse project, the Probation Service and/or a Domestic Violence Police Officer.

Consideration should be always given as to whether it is in the interests of the child and non-abusing parent/carer to allow a parent or carer, who is a perpetrator of abuse, to attend the Conference.

If the perpetrator is to attend, there is to be safety planning to ensure that the Conference does not provide an opportunity for further intimidation or abuse, or by the provision of information which may lead to further abuse. It may be necessary to be selective about which Conference papers and information a perpetrator of abuse is given.

The business of the Conference should include issues of safe contact arrangements for the child, bearing in mind that perpetrators of abuse may use contact with children to perpetrate further abuse against the non-abusing parent.

The child protection plan should take fully into account the issue of domestic abuse along with all the other welfare and safety issues which may apply. In particular, child protection plans should be based on inter-agency action to support the child and the non-abusing carer, to keep them safe and to manage the behaviour of the perpetrator. It should not rely primarily on unrealistic expectations that the adult victim of abuse can control the behaviour of the perpetrator.

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### 3. INFORMATION TO ASSIST GOOD PRACTICE

#### 3.1 Principles in Relation to Domestic Abuse

All agencies have a responsibility to help the victims of domestic abuse in view of the profound consequences that it has on the lives of individuals, families and communities.

The most effective interventions are those which support the victim and increase choices, building, where appropriate, on positive coping strategies already developed.

It is the responsibility of the community and state institutions, **not** a victim of abuse, to eliminate domestic abuse. The focus of service provision must be to increase the safety of victims, not merely to assess what the victim is doing or not doing.

There is a need to develop appropriate specialist services to meet the needs of children who have witnessed domestic abuse, which can have serious detrimental effects on children's lives.

Domestic abuse cannot remain the responsibility of any single agency. Effective interventions require a co-ordinated multi-agency response.

The development of a framework of co-ordinated, measurable responses, involving all key service areas, is crucial to the promotion of primary, secondary and tertiary prevention.

User involvement is central to the planning, delivery and monitoring of effective services.

#### 3.2 Cost of Domestic Abuse

Domestic abuse has huge cost implications, both monetary and social. Walby (2004) estimates costs which include:

- **Criminal Justice System:** The cost of domestic violence to the criminal justice system (CJS) is around £1 billion a year. This is nearly one-quarter of the CJS budget for violent crime. The largest single component is that of the Police. Other components include prosecution, Courts, Probation, Prison and legal aid.
- **Health Care:** The cost to the NHS for physical injuries is around £1.2 billion a year. This includes GPs and hospitals. Physical injuries account for most of the NHS costs, but there is an important element of mental health care, estimated at an additional £176 million.
- **Social Services:** The annual cost is nearly a £0.25 billion. This is overwhelmingly for children rather than for adults, especially those caught up in the co-occurrence of domestic violence and child abuse.
- **Housing:** Expenditure on emergency housing includes costs to Local Housing Authorities and Housing Associations for housing those homeless because of domestic violence; housing benefit for such emergency housing; and, importantly, refuges. This amounts to £0.16 billion a year.
- **Civil Legal:** Civil legal services cost over £0.3 billion, about half of which is borne by legal aid and half by the individual. This includes both specialist legal actions such as injunctions to restrain or expel a violent partner, as well as actions consequent on the disentangling of marriages and relationships such as divorce and child custody.
- **Economic Output:** Lost economic output accounts for around £2.7 billion a year. This is the cost of time off work due to injuries. It is estimated that around half of the costs of such sickness absences is borne by the employer and half by the individual in lost wages.
- **Human and Emotional Cost:** An additional element is the human and emotional cost. Domestic violence leads to pain and suffering that is not counted in the cost of services.

### **3.3 Extent of Domestic Abuse**

Research indicates that in the vast majority of cases of domestic abuse, it is women who are victims and men who are the abusers

Whilst much of this document refers to domestic abuse in terms of the victim being female and the abuser being male, it is not intended to ignore or minimise the impact on men where they are the victims.

It has been found that abusive behaviour usually escalates over time, and, in particular, escalates when women attempt to leave or in other ways assert their individuality and strength. Some key statistics are:

- 85% of rapists are men known to victims. 61% of rapes are committed indoors usually in the victim's own home ('Concerns about Rape' Home Office Report 1989).
- In England and Wales two women are killed by their present or former partners each week (Crime Statistics 1992).
- Women are assaulted an average 35 times before reporting the incident or leaving (Jaffe et al 1985).
- Of women who are killed most die in the period after they leave (Mullender and Morley 1994).
- 25% of the assaults recorded by the Police are cases of domestic violence. (British Crime Survey 2000).
- The risk of moderate to severe domestic violence appears to be greatest in the period after women have given birth (Mezey & Bewley 1997).

### **3.4 Links between Animal Abuse, Child Abuse and Domestic Abuse**

Children and animals have one thing in common - both are easy to hurt. Where serious animal abuse has occurred in a household it may indicate an increased likelihood that some other form of violence is occurring and that children may be at risk of harm. Violence against pets is also used in some cases to coerce, control and intimidate adults and children to remain in, or be silent about, their abusive situation.

If a child is cruel to animals this may be an indicator, in some cases, that serious neglect and abuse have been inflicted on the child.

The NSPCC found in one study that out of 72 women in a refuge, 86% had animals in their home and in 80% of those homes the reported abuser had been violent to the pets. A study by the RSPCA found a high association between animal cruelty and families identified by Social Services as having child abuse or neglect issues (Canadian Voice for Animals UK).

Advice to professionals working with children and families (NSPCC 2004) is that they should:

- Incorporate questions and be observant about the care and treatment of family pets in assessments of children and their families, as this may provide useful information about family functioning and/or violence within the household.
- Incorporate questions about the behaviour of children or young people towards animals within assessments of children or young people who are harming others.
- Include planning for the safety of animals in the household when planning with women how they, and their children, may become safe.
- Whilst not making any assumptions, consider the possibility that children who are repeatedly harming animals may have been abused themselves or may be living in a climate of violence.

### 3.5 Children and Young People: Experience of Domestic Abuse

A child's experience of being parented can be significantly affected by domestic abuse. For some mothers the physical and emotional effects of domestic abuse can leave them with little emotion to give to their children or can lead to frustrations being taken out on the children. This can be compounded by difficult behaviour of the child, this in turn a possible product of domestic abuse.

Kelly (1999) points out that the abuse of the woman and her daily caring for the children might in some instances be so closely connected that there is an especially powerful impact, for example:

- Children conceived through rape.
- Pregnancies used as a means of control.
- Children joining in the abuse and/or replicating the man's behaviour.

Domestic abuse may be associated with other difficulties and risk factors. For instance, victims of domestic abuse may be more at risk of becoming addicted to alcohol or drugs, or of developing mental health problems, all of which may negatively impact on the quality of care experienced by the child.

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

What children see or hear when their mothers are being abused can include physical violence, emotional abuse and put-downs, threats and intimidation, sexual jealousy and sexual abuse. Children may witness the family being kept short of money and experience isolation from family and friends.

Children typically know far more of what is going on than their parents' think. They may be in the next room listening or lying awake in bed, or they may pick up the atmosphere the next day. The National Children's Home (NCH) Action for Children study (2002) found that children living with domestic violence frequently experienced direct physical and sexual assault and that ten per cent had witnessed their mother being sexually assaulted.

Abusers may involve children in the abuse in a range of ways, such as making them watch or encouraging them to be abusive towards their mothers.

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

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

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

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

Findings about the experience of children in relation to domestic abuse include:

- In the UK 3 million children witness domestic abuse every year (Carrol 1994).
- Between April 2003 and March 2004, 23,084 children stayed in refuges, an increase of 1,619 on the previous year, with the number of women increasing 8 percent to 18,569 (Community Care 2005).
- Where domestic abuse exists, the chance of child abuse is 15 times more likely (McKernan-McKay 1994).
- In one study, in nine out of ten domestic violence incidents, children were either in the same or next room when the violence took place (Hester et al 1998).
- In three out of five cases where children were physically or emotionally abused or neglected the mothers were subject to violence from male partners (Farmer & Owen 1995).
- Domestic violence was a feature of most child protection cases with the worst outcomes for children (Farmer & Owen 1995).
- Several child death inquiries have located the context of men's violence against female partners as central to the death of the child (Mullender and Morley 1994).

### **3.6 Children and Young People: Effects of Domestic Abuse**

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

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

Whilst reliable research evidence on the long-term effect of living with domestic abuse is sparse, enough is known to be concerned. While many children will survive violent childhoods, and grow into loving and socially productive adults, it is just as likely that the damage caused by living in violent families is internalised as depression, withdrawal, or self destructive behaviours.

An analysis of 118 studies of psychosocial outcomes of children exposed to domestic violence found that there was a significant association between exposure to domestic violence and child problems. Group comparison studies showed that children who had witnessed domestic violence had significantly worse psychosocial outcomes relative to children who had not. Children who had witnessed domestic violence had similar outcomes to those of physically abused children (Kitzmann 2003).

Children show distress in their own ways, depending on their age and developmental stage. They may have physical, emotional, learning, behavioural or developmental problems, and their educational performance and achievement may also be affected. These symptoms can easily be misdiagnosed or wrongly assessed as illness, permanent learning difficulties or naughtiness (Mullender 2004).

Whilst recognising each child's individual circumstances, effects on children can include:

- Growing up in an atmosphere of fear, tension, intimidation and confusion.
- Feelings of fear and vulnerability which cause high levels of anxiety.
- Low self-esteem, a lack of security and a lack of self-confidence.
- Feelings of guilt, shame, and a sense of responsibility for their parent's suffering.
- Feeling responsible for the abuse and blaming oneself.
- Sleep disturbances, bed wetting, eating disorders.
- Internalisation of feelings, becoming passive, withdrawn and depressed, alternatively, externalisation through aggressive or disruptive behaviour.
- Assuming an increased responsibility (particularly older children and girls) to protect and reassure the mother or siblings.
- Poor health and development.

The important consideration is how each individual child has suffered, responded and coped.

To quote Wolfe (et al 1986) "It appears that children can recover from the impact of parental conflict ... provided that the violence is eliminated and proper support and opportunities for recovery are provided"

### **3.7 Children and Young People: Considerations when Assessing Need and Risk**

(Note also 2.7 'Assessment of Risk' and 3.9 'Children: Key Problems and Protective Factors'.

#### **Physical injury:**

- Young children or those with a disability are at greater risk of physical injury during violent incidents because they are less able to get out of the way.
- Children may be used as a 'shield' during violence.
- Children may be deliberately injured or hurt as a means of exerting control over the victim of domestic abuse.
- Where weapons are used in violent incidents the risks of injury to the child could well be heightened.
- Whilst substance abuse or misuse can never be an excuse for domestic abuse, its presence can often be a disinhibitor, and therefore increase the likelihood of physical injury to the child.
- If the woman and/or child is prevented from leaving the room/house in which the violence is taking place the risks are heightened.
- The more severely the woman is abused, the greater the risk to the child (it is important not to rely solely on visible injuries as many perpetrators are careful to inflict injuries on areas of the body that are not visible).
- The more frequent the episodes of domestic violence, the greater the risks.
- Central to all incidents of domestic abuse are issues of control and power - men who choose to exert control and power through abuse are as likely to inflict this on children as they are on women.

**Emotional abuse:** "The persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development." (Working Together to Safeguard Children' DOH 1999)

- Using children to get or give information about the non-abusing parent.
- Instilling fear through looks, actions, gestures.
- Property destruction.
- Being violent to the non-abusing parent, being violent towards pets.
- Controlling access to the non-abusing parent, peers, other adults, grandparents, relatives, social networks etc.

- Using children as a bargaining chip to exert power and control over the non-abusing parent.
- Withholding basic needs, for warmth, affection and security, and living in an atmosphere of fear, terrorisation, uncertainty, and oppression.
- Children being made to feel responsible for the abuse against the non-abusing parent because of their own actions or responsible for her protection.

**Neglect:** “The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development.” (Working Together to Safeguard Children, DOH 1999)

- The withholding or misuse of money within the family can lead to children receiving an insufficient diet or inadequate clothing.
- Opportunities for stimulation through play being unreasonably withheld.
- Children may have their education disrupted.
- Children’s health needs may go unmet.
- Growth faltering may indicate poor nutrition or that the child is experiencing a hostile emotional environment at home.
- The child may have no available adult to adequately protect her/him from the effects of domestic abuse.

**Sexual abuse:** There is little research evidence on the correlation between domestic abuse and sexual abuse of children, however if it is accepted that sexual abuse is an abuse of power and control, then the potential connections between sexual abuse and domestic abuse can be seen.

- Where sexual abuse of a victim by their partner is a feature of domestic abuse, the existence of sexual abuse of the child should always be considered.
- Exposure of children to acts of rape, sexual assault and inappropriate sexual behaviour is abusive.
- Acts of violence and threats may be used to terrorise mothers and victims into silence and compliance.

### **3.8 Children and Young People: Key Problems and Protective Factors**

(Note also 3.8 above and 2.7 ‘Assessment of Risk’).

Children's ability to cope is related to their age, gender and individual personality. It is also related to a sense of self-esteem and self-confidence, feeling in control and capable of dealing with change, and having a range of approaches for solving problems. Such traits are fostered by secure, stable and affectionate relationships and experiences of success and achievements.

The key problems and protective factors in relation to key stages in children's lives are given by Cleaver, Unel and Aldgate (2000) endorsed by the Department of Health in 'Children's Needs - Parenting Capacity: The Impact of Parental Mental Illness, Problem Alcohol and Drug Use, and Domestic Violence on Children's Development'.

#### **Key problems for the unborn child:**

- Foetal damage as a result of physical violence, this may include-foetal fractures, brain injury and organ damage.
- Spontaneous abortions, premature birth, low birth weight and still-birth.

#### **Protective factors for the unborn child:**

- Good regular antenatal care.
- Adequate nutrition, income support and housing for the expectant mother.

- The avoidance of viruses', unnecessary medication, smoking and severe stress.
- Support for the expectant mother of at least one caring adult.
- An alternative safe and supporting residence for expectant mothers.
- Good information and support to enable them to make appropriate choices.

**Key problems for children 0-2 years:**

- Violence during pregnancy may have caused neurological and physical damage to the baby.
- Babies may be neglected physically and emotionally to the detriment of their health and development.
- A mother's possible depression and impaired ability to parent due to experience of domestic abuse may result in inappropriate responses, which lead to faulty attachment.

**Protective factors for children 0-2 years:**

- The presence of an alternative or supplementary caring adult who could respond to developmental needs of the baby.
- Efficient income support and good physical standards in the home.
- A regular supportive help from primary health care team and/or social services or other support systems.
- An alternative safe and supportive residence for mother and child.

**Key problems for children 3-4 years:**

- Children are placed in physical danger and may get in the way when violence is occurring.
- Children may have their needs neglected.
- Children may be subject to direct physical violence themselves.
- Their cognitive development may be delayed through difficulties, lack of stimulation, disorganisation and failure to attend pre-school facilities.
- Children may learn inappropriate behavioural responses through witnessing domestic abuse.
- When parents' behaviour is unpredictable and frightening, children may display emotional symptoms similar to those of post traumatic stress disorder.
- Children may be at risk because they are unable to tell anybody about their distress.
- Children may take on responsibilities beyond their years.

**Protective factors for children 3-4 years:**

- The presence of an alternative consistent caring adult who can respond to the cognitive and emotional needs of the child.
- Sufficient income support and good physical standards in the home and an alternative safe and supportive residence for mothers subject to violence and threats of violence.
- Regular attendance at pre-school facilities.
- Regular supportive help to family from Primary Health Care Team and Social Services.
- An alternative safe and supportive residence for mother and child.

**Key problems for children 5-9 years:**

- Children may be at increased risk of physical injury and show symptoms of extreme anxiety and fear.
- Academic attainment is negatively affected in children's behaviour and problems may be present at school.

- Children may develop poor self-esteem and may blame themselves for what is happening in their family.
- Inconsistent parental behaviour may cause anxiety and faulty attachments.
- Unplanned separation can cause distress and disrupt education friendship patterns.
- Children feel embarrassed and shame over parents' behaviour and as a consequence they too curtail friendship and social interaction.
- Their social interaction may be curtailed by the isolating tactics of the abusive person
- Children may take on too much responsibility for themselves, their parents and younger siblings.

**Protective factors for children 5-9 years:**

- The presence of an alternative consistent caring adult who can respond to the cognitive and emotional needs of the child.
- Sufficient income support and good physical standards.
- Regular supportive help from Primary Health Care Team and Social Services where appropriate.
- Regular attendance at school.
- Sympathetic, empathic and vigilant teachers.
- A supportive older sibling - older siblings can offer significant support to children in situations of domestic abuse.
- A friend - children who have at least one mutual friend have been shown to have high self worth and lower scores on loneliness than those without.
- Social networks outside the family, especially with a sympathetic adult of the same sex.
- Belonging to organised out of school activities including homework clubs.
- Being taught different ways of coping and being sufficiently competent to know what to do when parents are incapacitated.
- An ability to separate either psychologically or physically from the stressful situation has also been shown to act as a protective factor.
- An alternative safe and supportive residence for mother and child.

**Key problems for children 10-14 years:**

- Children may have to cope with puberty without support.
- They are at an increased risk of psychological problems.
- They fear being hurt.
- They are at an increased risk of actual injury.
- Their education may suffer because they find it difficult to concentrate and their performance may be below expected ability.
- They may reject their families and have low self-esteem.
- They may be cautious of exposing family life to outside scrutiny.
- Friendships are restricted.
- Children fear the family will be broken up.
- They feel isolated and have no one to turn to.
- They are at increased risk of emotional disturbance and conduct disorders including bullying.
- There may be an increased risk of sexual abuse in adolescent boys.

**Protective factors for children 10-14 years:**

- Sufficient income and good physical standards in the home.
- Regular medical and dental checks including school medicals.
- Regular attendance at school.
- Sympathetic, empathic and vigilant teachers.
- Belonging to organised out of school activities.

- A mentor or trusted adult with whom a child is able to discuss sensitive issues.
- An adult who assumes the role of champion is committed to the child and is consistent in acting on their behalf.
- Children may be in denial of their own needs and feelings.
- A mutual friend - research suggests that positive features in one relationship can compensate for negative qualities in another; a mutual friendship is associated with feelings of self worth.
- The acquisition of a range of coping strategies and being sufficiently competent to know what to do when they have to fall upon their own resources.
- An ability to separate either psychologically or physically from the stress of the situation.
- Information on how to contact relevant professionals and a contact person in the event of a crisis.
- Unstigmatised support from relevant professionals.
- An alternative safe and supportive residence for mothers and children.

### **Problems for children age 15 and over:**

- Teenagers have inappropriate role models.
- They may be at greater risk of accidents.
- They may have problems related to sexual relationships.
- They may fail to achieve their potential.
- They may be at increased risk of school exclusion and have poor life chances due to exclusion and poor school attainment.
- They have low self-esteem.
- Increased isolation from both friends and adults outside the family.
- They may use aggression to solve problems and emotional problems may result from self blame and guilt and lead to increased risk of suicidal behaviour and vulnerability to crime.
- They may form addictive behaviours as a response to many of the above.

### **Protective factors for children age 15 and over:**

- As outlined in the previous stage of development ages 10-14 years.

### **3.9 Victims: Experience of Domestic Abuse**

Victims die from domestic violence or can experience severe and permanent physical damage and serious effects on mental health. Many women experience psychological effects including loss of self-respect, low self-worth, feelings of hopelessness, depression, loss of confidence, dependence on the perpetrator and minimisation of, or even denial of, the violence (Kirkwood, 1993).

Physical assaults typically involve slapping, punching, kicking, biting, hitting with objects, hair pulling, burning etc. Physical injuries which result from assaults include bruises, cuts and abrasions particularly facial injuries, fractures, loose teeth, internal injuries and miscarriages. Particularly indicative of domestic violence are injuries to breast and abdomen, also hand and forearms (often resulting from the victim trying to shield their face and head). Sexual abuse, including rape, can be a further dimension.

Victims who live in situations of ongoing domestic abuse live in a state of tension, unable to relax or feel safe and in control of their lives. The abuser will actively seek to undermine their partners sense of themselves and their confidence, belittling and humiliating them and blaming her for the abuse.

Pregnancy can be a trigger for domestic violence to begin or intensify and injuries are particularly likely to the breast, chest or abdomen. Both a woman victim and her unborn child are at risk.

“Murder by a partner or ex-partner is the extreme end of the spectrum of domestic violence. It is also a very important, but often overlooked, cause of maternal and child morbidity and mortality” (DOH 1998).

Domestic violence is rarely a one-off event. Attacks tend to escalate in frequency and severity over time and homicide may be the end result of long-term, escalating domestic violence.

Many women find it difficult to approach agencies for help, feeling they will not be believed or will be blamed and that the violence will escalate further if anyone is told. Women are also fearful of losing their children if it becomes known that domestic abuse is occurring.

Many abusers threaten to kill their partner if they try to leave and, in fact, of partners who are killed by ex-partners, a large proportion are killed at the point of leaving or shortly afterwards.

### **3.10 Victims in particular groups**

**Black and minority ethnic women:** Victims from these communities may be particularly wary of reporting domestic abuse because they fear racial discrimination. For some victims the religious or cultural values of their community oppose divorce and they may be unable to reject such deep beliefs and isolate themselves and their children from their own community.

Access to services is limited for some by language barriers. (Adequate interpretation by properly trained staff is crucial, with extreme care not to use anyone who may know the family. Women should be given the choice of a female interpreter if possible).

**Refugee women and asylum seekers:** Many refugee and asylum seekers face the impact and disruption of displacement and the trauma of having left their homes, often at short notice. Many will have been victims of war and related trauma such as rape, torture and witnessing the killing and torture of friends and relatives.

It is likely that domestic abuse will be kept secret. In some cultures or for religious reasons people are disgraced if they leave their partners. Others fear the isolation and shame from their communities. Further, victims who are unsure about their immigration status and whose status is dependent upon the ‘head of the household’ may feel that there is no choice but to suffer domestic abuse in silence.

**Young adults:** Young adults are likely to be at greater risk of domestic abuse than any other age group. They may be living in a situation where a parent is being abused. They may be subject to domestic abuse at the hands of their boy/girlfriends – which may include emotional abuse, pressure to have sexual contact, rape and physical abuse. Young people who are homeless often cite domestic abuse as a direct or indirect reason.

**People with disabilities:** Some people may have become disabled as a result of the violence. Some may be dependent on an abusive partner in terms of their personal care. Women with sensory disabilities are at particular risk in situations which are already extremely threatening. These women are often invisible to professionals as they may not be physically or intellectually able to seek support. They may be reluctant to leave the home which has been adapted to their needs and is close to their support and friends.

**Young women involved in prostitution:** Young women involved in prostitution have often experienced abusive backgrounds; many have been subject to domestic abuse, either directly or indirectly. Women subjected to domestic abuse and other childhood abuse may be so traumatised by these events that their low self-esteem renders them vulnerable to coercive and abusive situations as they progress into adulthood.

**Lesbians:** There are a number of reasons, linked mainly to discrimination, why many women do not 'come out' as lesbians until later in life. Women may be in violent relationships when they begin this process of 'coming out'. Lesbians may also approach services as a result of violence within a same sex partnership.

### 3.11 Female Victims: Stages of Domestic Violence

The question most frequently asked by outsiders is 'Why does the victim stay?' This question implies culpability or failing on the part of the victim in abusive relationships and shifts the focus away from the abuser and the question which should be asked 'Why is the perpetrator brutal towards someone they supposedly love?'

Victims react initially to an incident of domestic violence with shock and disbelief, wanting to forget and believing this to be an isolated event caused by stress or some other trauma. Perpetrators often initially beg forgiveness and promise it will not happen again. Victims may blame themselves and promise to do better.

A violent relationship unfolds in time; it is only in retrospect that the first incident(s) can be identified as the beginning of a pattern. Women may stay because they:

- Want their relationships to work and hope their partner will change.
- Fear reprisals from their partner (grounded in fact, as they are more at risk of physical harm in the period after they have left).
- Lack money or housing.
- Want their children to have two parents at home.
- Believe they should stay together for the sake of the children.
- Feel shame, guilt and responsibility for the violence.
- Are not aware that help is available.
- May have religious or familial beliefs that condemn a person for leaving.
- Do not have personal or social supports.
- Fear losing their children.

Many victims do leave violent relationships eventually, but the process of leaving is often a long and painful one. Kelly suggests there are six stages of domestic violence and describes the movement of any particular victim through these stages as "Anything from astonishingly swift to agonisingly slow".

**Stage 1 - Managing the situation:** The first experience of violence is a crisis for the relationship. Although some victims end the relationship at this point, the majority do not. They find or accept an explanation for the incident. They develop strategies to manage the situation and incidents.

**Stage 2 - Distortion of perspective/reality:** Gradually more and more of daily life and thought processes are affected. Managing anxiety, trying to make sense takes up energy and attention, often involving her taking responsibility. Coping increasingly focuses on trying to do and not do certain things, or defiantly acting in certain ways knowing the consequences. Either approach means repeated abused can be understood by the victim and others as yet again their responsibility.

**Stage 3 - Defining abuse:** It is often only after a number of assaults that victims define the abuse as violence. This is not just about using the word violence but locating herself as someone being victimized and the man as someone who is an abuser. This has to include some level of responsibility being placed with the abuser and events understood as a recurring feature

**Stage 4 - Re-evaluating the relationship:** Once the relationship is understood as one in which abuse/violence occurs, a re-evaluation process begins. The possibility of leaving

temporarily or permanently, of engaging processes to contain violence, becomes easier to contemplate. Decisions take place in a changed context of meaning.

**Stage 5 - Ending the relationship:** Most victims make many attempts to end violent relationships and the reasons for returning include believing his promises to change, the absence of acceptable practical alternatives, pressure from others and the absence of effective protection.

**Stage 6 - Ending the violence:** Contrary to popular myth, ending a relationship does not ensure an end to violence – it actually places the victim at greater risk of serious or even fatal assault.

### **3.12 Men: As Victims of Domestic Abuse**

Men can also be victims of domestic abuse. Men can find this a very difficult fact to disclose, due to embarrassment and thinking they may not be believed. Professionals need to have an understanding of this.

The victim experience of men tends not to include the ongoing fear that women victims have. The British Crime Survey 1996 found that men who had experience of domestic violence said that they were not worried or concerned by it.

When working with men who are experiencing domestic abuse, where there are children, the principle of supporting the non-abusing parent remains.

### **3.13 Men: As Perpetrators of Domestic Abuse**

A man's abuse of his female partner is an intensely emotive topic. The earliest theories of men's violence against women focused on personalities or individual characteristics of the perpetrator and/or the victim in an attempt to understand the cause.

Interpretations of domestic abuse as being related to substance misuse, poor impulse control, emotional deprivation, childhood abuse or poor communication skills, led to professional intervention that was at best, ineffective, and at worst, highly dangerous. These beliefs underpin the view that the abusive behaviour is not in itself, the problem, but rather a symptom of some other underlying problem.

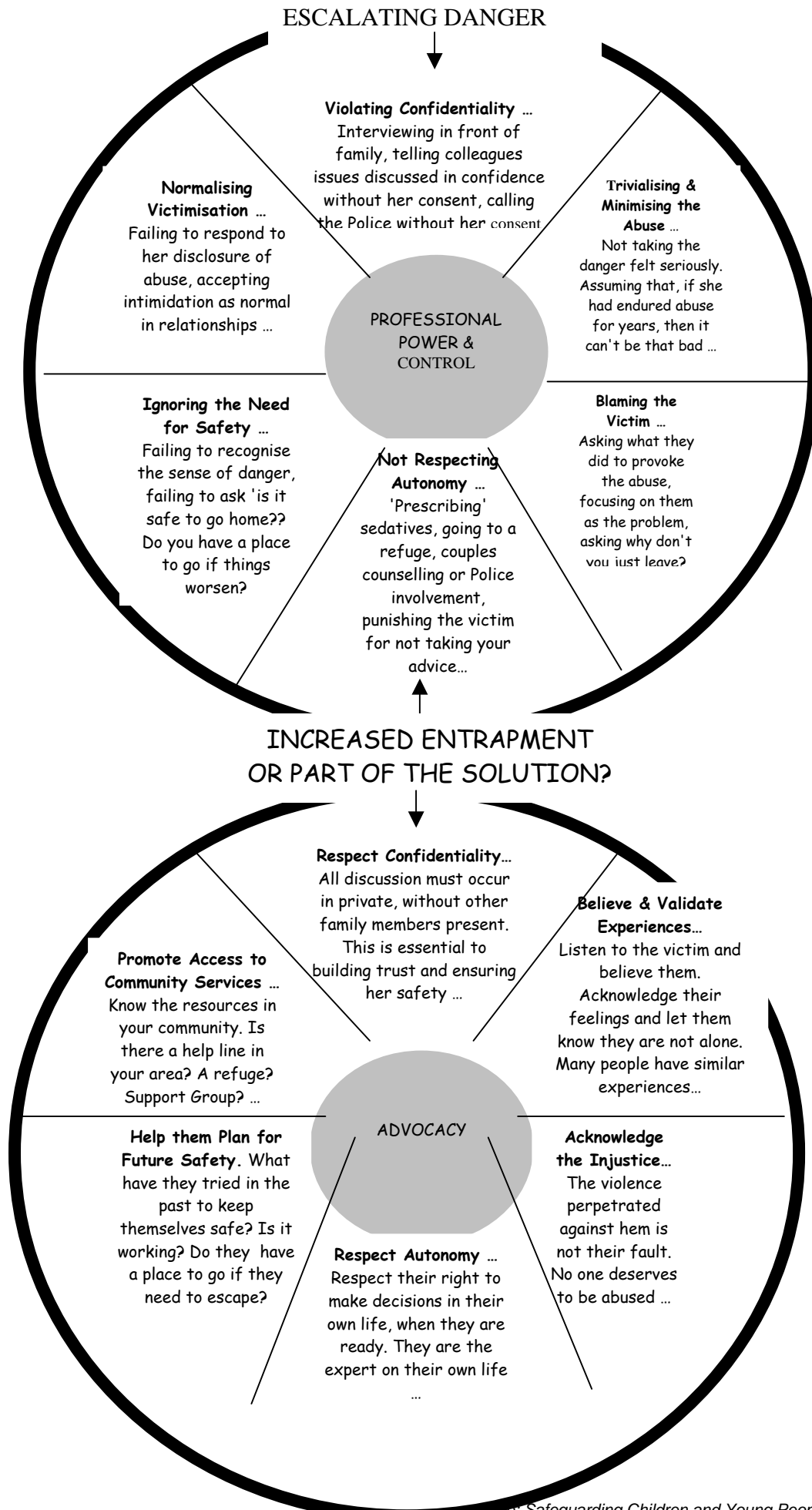
There is strong evidence that the roots of domestic abuse lie not in pathology, stress or family conflicts but in men's domination and control over women. The abusive behaviours characteristic of men in violent relationships are best described as control tactics, ways of instilling fear and coercing compliance.

Contributing factors include:

- Living in a patriarchal society where there have been few negative consequences for men's use of abuse against partners.
- Until recently, many traditional laws and religions permitted or encouraged men's abuse of their wives.
- An unequal social structure, which is based upon male privilege.
- Domestic abuse having been viewed as a 'women's issue' and accorded little status and few resources.

Above all else – domestic abuse is deliberate behaviour, by the perpetrator, which is used to obtain and sustain power and control over the victim.

### 3.14 Practitioners: Are We Part of the Problem?



### **3.15 Practitioners: Responding to Domestic Abuse**

It is recognised that professionals work in a context where services, for children, for women and for men, are under-resourced. The Equal Opportunities Commission (2005) says that services to prevent or deal with domestic violence should be available in an appropriate form for all those who need them, however, achieving this will involve a significant expansion of services.

At a local level, all agencies should display posters about domestic abuse and have information readily available about sources of help, for example, leaflets and survivor cards.

Agencies should ensure that training takes place about domestic abuse and that opportunities are provided for practitioners to improve their knowledge base.

#### ***All practitioners working with children and families should ....***

Ask themselves:

- What are my beliefs in relation to domestic abuse?
- Where have these beliefs come from?
- Can I understand some of the implications of living with domestic abuse?

Recognise that domestic abuse is a serious problem.

Be familiar with and follow their organisation's procedures and protocols for promoting and safeguarding the welfare of children and know whom to contact in their organisation to express concerns about a child's welfare.

Ensure that opportunities for training, in relation to domestic abuse, are taken up.

Draw on the knowledge base and expertise of domestic abuse specialists and develop their own knowledge base and expertise.

Recognise that, for victims living with violent and abusive partners, protection of their children is often a prime concern, although professionals may not necessarily perceive a victim's actions as protective. Professionals may be at risk of assuming that victims may be unable to protect their child/children. Increasingly, however, supporting non-abusive parents to be safe is considered the most positive approach in child protection where domestic abuse is an issue.

Have an understanding of the 'Framework for the Assessment of Children in Need and their Families', which underpins the processes of assessing needs, planning services and reviewing the effectiveness of service provision at all stages of work with children and families. (The dimensions of the Connexions Service 'APIR Framework' are based on those in the Assessment Framework.)

Consider what contribution they can make to an assessment or provision of services in respect of the domains outlined in the 'Framework for Assessment'.

Record full information about the child(ren) at first point of contact, including named, address(es), gender, date of birth, names of those with parental responsibility (for consent purposes) and primary carers if different and keep this information up to date. (In schools, this information will be part of the pupil's record).

Record all concerns, discussions about the child, decisions made, and the reasons for those decisions. The child's records should include an up-to-date chronology, and details

of the lead worker in the relevant agency – for example, a Social Worker, GP, health visitor or teacher.

Follow up concerns, follow up oral communications to other professionals in writing and ensure the message is clear.

Consider available support services.

Consider whether it is necessary to refer to Social Services (see Section 2 – ‘Inter-agency Procedures’).

When referring to Social Services, include any available information about the child’s development and their parents’/carers’ ability to respond to their needs within the context of their wider family and environment.

### **3.16 Practitioners: Helping a Child or Young Person to talk about Domestic Abuse**

All practitioners who work with children who are suffering from the effects of domestic abuse should develop a child centred approach in listening to children.

Children show distress in their own ways, depending on their age and developmental stage. Children may have physical, emotional, learning, behavioural or developmental problems due to domestic abuse, also their educational performance and achievement may be affected. These symptoms can easily be misdiagnosed or wrongly assessed as illness, permanent learning difficulties or naughtiness (Mullender, 2000).

A Home Office paper (2004) about tackling domestic violence stresses the importance of all professionals working with children, including Teachers, Social Workers, Health Visitors, Psychologists and Doctors, to find safe and confidential ways of asking children what is really wrong and to recognise violence at home as one of the common reasons for problems in children’s lives.

Communication with any particular child should be in a way that is appropriate to his or her age, understanding and preference. This is especially important for disabled children and for children whose preferred language is not English.

In talking with a child, it is important that professionals do not do anything that may jeopardise a Police investigation, such as asking child leading questions or attempt to investigate allegations.

Practitioners should always show that what the child is saying is being taken seriously and they should try to find ways to get appropriate help – straight away if the danger appears to be current.

In talking with a child, the following, whilst not a check list, should be taken into account:

- Ensure the environment is safe, secure, private, and quiet.
- Ensure that the child is aware that information may need to be passed on and others consulted.
- Always take what the child says seriously.
- Listen without judging, expressing shock or making critical comments.
- Assess the child on an individual basis, observing the child’s verbal and non-verbal behaviour, taking into account the child’s own resilience and coping skills.
- Consider the developmental age of the child - what is appropriate for a teenager, would not be appropriate for a 3 year old.
- Ensure that the child’s wishes and views are taken into account at all times.
- Emphasise that domestic abuse is not the norm, that it is unacceptable and there is never an excuse.

- Ensure that the child knows they are not to blame for the abuse.
- Make the child aware where the responsibility for the abuse lies - with the abusive partner.
- Encourage the child to communicate with the non-abusing parent (some parents stay because they believe it is in the best interests of the child, however, this may not be what the child wants).
- Think of ways to help the child to share their thinking, wishes and feelings.
- Rehearse with the child the risks and benefits of telling others - possibly members of the extended family who may be supportive.
- Encourage any hobbies or strengths that the child may have, for example, schoolwork, swimming etc in which they may find a release, thus helping to build their self esteem, and encouraging resilience.
- Encourage friendships with peers.
- Determine what action you can take.
- Provide the child with clear information, for example, Childline, Women's Aid advice line, Police, Social Services Department, Black Women's Projects, etc.
- Consider helping the child to make a 'safety plan' (see 3.18).

Obtaining answers to the following will assist in determining the extent and urgency of the situation:

- How recently did the abuse occur?
- What happened during the most recent incident?
- Might the child be returning to a potentially violent situation? For example, is the child concerned about what might happen today/tonight/tomorrow?
- How often does violence occur?
- Have the Police been involved?
- What happened?
- Are weapons threatened or used?
- What does the child do when the violence is happening?
- Has the child intervened?
- Where were the child's siblings during the abuse?
- Has the child been hurt during incidents of domestic violence?
- Who else was involved?

Important messages for the child include:

- Children have rights, which include the right to be safe and be cared for in a secure environment.
- Children are not responsible for adult violence.
- The best way they can help is to find somewhere safe, away from the violence.

With the agreement of the child (if they are of an age to understand) practitioners should consider approaching the non-abusing parent, discreetly, and without alerting their partner, to offer support and advice.

It is important to continue to offer support to the child. The responsibility of doing so will sometimes feel overwhelming, but often, simply by offering a listening and supportive role, the child will feel empowered.

Practitioners should discuss the situation with their Manager or Named Person for child protection in their agency. If necessary, in order to seek advice, there could be discussion with peers or senior colleagues in other agencies, without identifying the child.

If it is thought that a referral needs to be made to Social Services, the inter-agency procedures in Section 2 are to be followed.

### **3.17 Practitioners: Safety Planning with a Child or Young Person**

Working with a child could include aiming to develop a personal safety plan with that child. Caution must be exercised in this area. The goal is to ensure the child is as safe as possible during a violent episode and that their actions do not escalate violent behaviour or draw the focus to them.

Safety planning with children is **not** an alternative to taking other appropriate action such as referral to Social Services or the Police. An appreciation of the dangerousness of the situation for the child, derived from talking with them about past experiences, is an essential starting point.

The child needs a simple way, which a practitioner can devise with them, to help her/him get out of a dangerous situation and get to safety. Children cannot stop abuse, although they often try by distracting the perpetrator or directly intervening in a violent episode. The best thing they can offer their mother and the family is to get out of the way.

The following strategies might be considered:

- Encourage the child to develop his/her safety plan with his/her non-abusive parent.
- Have the child identify a room or place in the house, where they feel safe, preferably one with a lock on the door. The first step is for the child to get out of the room where the violence is occurring.
- Ascertain with the child where they have access to a telephone to contact the Police, where the perpetrator cannot see him.
- With young children, teach them how to contact the Police. Make sure the child knows his/her name and address.
- Role-play calling the Police with the child.
- Rehearse with the child what s/he will say to the Police - something simple such as "someone is hurting my mummy/daddy".
- Tell the child to leave the phone off the hook after s/he has dialled 999. (All 999 calls are recorded, so if the child is phoning from home, the Police will have a taped record of the incident. Leaving the phone off the hook also means that if the Police try to ring back to verify the call, the perpetrator cannot be alerted).
- Help the child to identify a person s/he can trust, on whom to call on for help in an emergency.
- With older children, help them to devise a safety plan with their younger siblings.
- Above all, continue to emphasise that the best and most important thing they can do for themselves and their non-abusive parent is not to try to defend them physically, but to get out of the way and seek help.

Using a child centred approach will help to empower the child who has already experienced many situations where they have felt powerless.

For the school aged child, Teachers and other education personnel are in an excellent position to identify and support children in these situations.

It is important that such work is age/maturity level appropriate

### **3.18 Practitioners: Individual work with children and young people**

Once domestic abuse has been identified and disclosed, children may need direct support to help them cope and move on from what has or is happening. Support work for children includes, for example, counselling, play therapy, life story work etc. on a one-to-one basis or as part of group work. These interventions are often conducted in parallel with support work with the mother.

The aim of direct work with children is to enable them to cope appropriately with the abuse they have heard or witnessed. The benefits include the chance for each child to obtain

permission to talk about what has happened at home; ventilate their pent-up feelings about the abuse and its effect on their family; receive reassurance that it was not their fault and rebuild their self-esteem.

Groups have an added benefit of helping children discover that they are not alone in having had bad experiences.

Mullender (2004) stresses that practitioners who conduct one-to-one sessions or group work with children should always be trained on how to effectively and appropriately undertake this work. They need training on domestic violence that encompasses the abuse of power and control within intimate relationships, the manipulative patterns, threats and intimidation employed by perpetrators to conceal the abuse and the coping strategies women and children use to survive.

### **3.19 Practitioners: Helping a Woman to talk about Domestic Abuse**

Services should be sufficiently flexible to take account of the unique circumstances of each abused woman, whilst also being sufficiently standardised to provide a similar response to similar circumstances.

Domestic abuse may come to light in a variety of ways. It may be through women seeking help directly or indirectly or as a response to enquiry.

They may be seeking information regarding their legal position as a parent in relation to matters of residence or contact. They may want advice and guidance regarding their housing rights, benefit entitlement or the availability of alternative accommodation. Women may be seeking advice on how to save their relationship and get the abuse to stop.

Victims may present themselves, or their children, to agencies for assistance with concerns that are not overtly related to domestic. It is important to maintain an awareness of the possibility of its occurrence, as it can often be the underlying problem.

It is never easy for victims seeking help in situations of domestic abuse. Admitting a partner has perpetrated abuse is very difficult. Asking for help can leave the victim feeling vulnerable and powerless and this should be recognised by the person helping them.

Agencies should consider introducing the issue of domestic abuse into their standard assessment process. The Department of Health (2004) gives a model, saying that all health professionals should practise selective enquiry, that is, asking patients directly about their experiences, if any, of domestic violence where there are concerns or suspicions. Further, that routine enquiry (asking *all* people who are using the service direct questions about their experiences, if any, of domestic violence regardless of signs or suspicions) should be considered in a number of different settings, particularly primary health care and in relation to maternity and mental health services. Such a model forms the basis for providing victims who are experiencing abuse with information about the local specialised services available.

The Department of Health says that the vast majority of women (both those with experience of abuse and those who have not experienced abuse) find being asked about abuse acceptable. Further that routine enquiry uncovers significant numbers of previously hidden cases of domestic violence and that repeated enquiry at a number of consultations increases the likelihood of disclosure, adding that many women will not disclose abuse without being directly asked and reporting that they want to be asked. Health professionals reported that their perceptions about which women were free from abuse were often incorrect.

Professionals need to understand how women who experience domestic abuse are likely to respond to interventions. In domestic abuse situations it is important to empower people in addressing the issues and adapt practice that is sensitive to their experiences of life as well as their experience of abuse.

Empowering people is also normally the best way to protect their children. A positive supporting and respectful response to mothers is likely to have a follow on effect that they will feel safe and respond more positively to their children's needs.

The first response can begin the process of empowerment.

Guidance in interviewing a person in this situation includes the following 'do's' and 'don'ts'.

**DO:**

- Find out what **they** want.
- Offer the choice of an appropriate worker to conduct the interview(gender/race/culture /disability) - if possible.
- Ensure privacy - use a separate room or adapt existing space for maximum privacy.
- Make clear the limits of confidentiality.
- Find out where she is in relation to the process of abuse; has it just started, is it intermittent, has it been happening for a long time.
- Take what is being said seriously and convey this.
- Ask open ended and non-threatening questions.
- Give reassurance.
- Let them know they aren't the only one.
- Outline options – be clear and open.
- Acknowledge any injury but don't presume the cause.
- Explain why personal questions are being asked.
- Rehearse with them the implications if they are not ready to leave.
- Give practical advice and information on housing options, benefits, legal safeguards, and protection of her children.
- Give appropriate written information e.g. Housing leaflet, Domestic Violence services, Women's Aid card.
- Agree with them a safe contact point (don't presume they can be contacted at their home).
- Check out the safest way of maintaining contact.
- Remember to consider one's own safety and that of colleagues.
- Find out if they are safe and if their children are safe.
- Remember that their children may be children in need and may be in need of protection.
- Remember that most often the best way of protecting children is by supporting and empowering the non-abusing parent.
- Offer to help her develop a crisis plan.

**DO NOT**

- Ignore the possible needs of their children.
- Ignore one's own intuition, if there is suspicion that a person is being abused or children are at risk.
- Insist on joint sessions with the perpetrator or 'couple work'.
- Fob the victim off if they come for help.
- Be flippant or cynical.
- Ask them what they did to provoke the abuse or the attacks.
- Focus entirely on what they alone can do in the situation.
- Give up on them because they are not taking the actions you think they should take.
- Give the perpetrator their address or phone number, if the victim has left the home
- Pass on messages or facilitate contact with the perpetrator in any way.

- Make choices or decisions for them, or push them to make a decision if they are frightened or unsure.

When contacting a victim about possible domestic abuse, ensure this is undertaken in a way which will not put them or their children at any risk.

If visiting the victim's home, ascertain wherever possible prior to doing so, whether they want to be seen alone or with their partner. Often, if a violent partner is present the victim is likely to deny there is any problem.

Professionals need to recognise that the time may not be right for them to leave a violent partner, or if they do, they may go back many times.

Practitioners should encourage a victim facing domestic abuse to take control of their life, by focusing on their strengths and what they can do to make positive changes.

### **3.20 Practitioners: Safety Planning with a Victim**

A safety plan is a simple, concrete plan devised with the victim to help them and their children get out of a dangerous situation and reach safety. It is based on the belief that the victim's priority is to keep themselves and their children as safe as possible when violence is threatened or has erupted. Most victims can accurately detect the signals that violence is likely to erupt, and plan accordingly.

In developing a safety plan with a victim, explore the following:

- Can they identify a public phone, or a neighbour they can trust, to call the Police, or seek help?
- Might it be possible to develop signals to trusted friends and neighbours which would alert them to the need for assistance - curtain arrangements, lighting sequence, etc.?
- Can they carry a list of emergency contact numbers with them at all times, e.g. Women's Aid, Community Projects, etc.?
- Can they save enough money for a taxi, or a bus, if they need to leave the home, and have that money accessible at all times?
- Can they identify where they will go if they need to leave home?
- Can they acquire an extra set of keys for the house/car and keep them accessible?
- Can they put together a set of clothes for themselves and the children, and keep them in the same place for easy access?
- Can they keep all-important documents (child benefit book, cheque book, children's birth certificates, benefit books etc.) together and easily accessible?
- Can they talk to her children, to find out how they feel about what is happening in their lives?

These simple, concrete steps will help the woman in beginning to take some control.

### **3.21 Practitioners: Working with a Man who Perpetrates Domestic abuse**

It has been found that that professionals dealing with situations of domestic violence can marginalise men. Mullender and Morley 1994) point to studies of child protection enquiries and reports for court where the reports gave a lot of attention and detailed information on mothers, however, the men concerned, who were usually suspected of killing or harming the child, were largely invisible.

Marginalising or avoiding men in the context of domestic abuse means avoiding challenging, but necessary, interactions with men, and an absence of honesty and frankness in professional contact with them. It means that practitioners avoid men who are known to be violent, leaving the mother alone in protecting herself and her children. It also

means professionals exerting authority over the woman if the child is hurt in an incident of domestic violence, but failing to exert any authority over the man.

O'Hara (1994) argues that child protection professionals, whether male or female, should not be expected to deal with potential violence alone, that inexperienced staff should not be allocated to such cases and workers should not make home visits or participate in meetings with violent men, without another worker present. If practitioners are to confront men who abuse, the implications for their personal safety and the safety of the women and children involved need to be considered.

In cases where domestic violence is a factor, the primary focus of intervention is on assessing and managing the risk posed by the man and holding him accountable for his abusive and violent behaviour.

Consideration should be given to removing the perpetrator from the family home as an initial means of managing the risk he poses. He should be given the opportunity to access services, e.g. through referral to specialist services to help him to address his use of violence in the longer term.

If a violent man is unwilling to engage in any structured work in order to address his use of violence, the focus of intervention should be on identifying the risks he poses and ensuring effective intervention by all agencies involved in order to secure the safety of the woman and children.

In assessing the risk posed by the perpetrator, it is important to remember that men's accounts of their violence invariably minimise their actual behaviour. Many men see violence as a legitimate way of dealing with their female partners, therefore it is vital that any interventions aimed at changing abusive behaviour are challenging, confronting and do not allow men to avoid any of the responsibility for their behaviour.

Minimisations and denial, which are often the products of shame, embarrassment and guilt, serve to protect self-esteem. Enabling perpetrators to acknowledge the extent of their violent and abusive behaviour and to recognise that this is intentional behaviour, designed to obtain and maintain control within relationships, is an important initial step in managing the risk posed to children and women.

Professionals need to be aware that men will tend initially to be over optimistic about their ability to change. They will tend to see their use of violence as a series of isolated incidents rather than as part of a system of abusive, controlling behaviour. They will invariably struggle to acknowledge their widespread use of emotionally abusive tactics in order to control their partner.

The process of change for male perpetrators is invariably a long and difficult one, involving a considerable level of self-examination. Access to group work programmes, delivered by appropriately trained staff, is beneficial.

For further information see 'Domestic Violence: Perpetrator Programmes and Associated Women's Services: Principles and Minimum Standards of Practice' (2005).

### **3.22 Practitioners: Consideration of Own Safety**

Working with victims and children experiencing domestic abuse raises concerns about professional safety and vulnerability. Advice to practitioners is:

- Take steps to protect yourself.
- Don't be afraid to share your concerns as they may affect your ability to assess risks to the child and victim.
- If you are worried about your own safety discuss the situation with colleagues or your manager
- Visit with a colleague
- Ensure your colleagues always know your whereabouts.

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## **APPENDIX 1: LEGISLATION – FURTHER INFORMATION**

### **1. Children Act 1989 Section 17**

A child is defined as 'in need' by Section 17 of the Children Act (1989) if:

- he or she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services *or*
- his/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services *or*
- S/he is disabled.

### **2. Children Act 1989 Section 47**

Where a local authority has reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

'Harm' is defined as ill treatment, which includes sexual abuse, physical abuse and forms of ill-treatment which are not physical, for example:

- emotional abuse *or*
- impairment of health (physical or mental) *or*
- impairment of development (physical, intellectual, emotional, social or behavioural)

This may include seeing or hearing the ill treatment of another (s120 Adoption and Children Act 2002).

### **3. Domestic Abuse: Criminal Law (from Women's Aid website)**

#### ***Police powers under the law***

The Police are a key 24 hour agency for women experiencing domestic violence, perhaps the first port of call in emergency. Circular 60/90 instructs Police that the 'immediate duty is to secure the protection of the 'victim' and any children, and then to consider action against the offender'. (HMSO, 1990). Each Police officer has the discretion to use his/her powers to intervene, arrest, caution or charge an abusive man. They do not need a warrant to arrest someone who they suspect is about to commit an arrestable offence nor do they need to witness an assault.

The Police have the same powers to deal with domestic violence under common law, the 'Offences Against the Person Act 1861' or the 'Police and Criminal Evidence Act 1984' as they do in any other criminal assault or offence.

Arrestable offences for which the Police can take action include:

- Assault occasioning actual bodily harm (ABH)
- Unlawful wounding or inflicting grievous bodily harm (GBH)
- Rape, attempted rape or indecent assault
- Attempted murder
- Threats to kill
- Criminal damage and public order offences.

Until very recently the criminal justice system has paid little attention to the needs of victims and children experiencing domestic violence. While many people have sought help from

the Police in an emergency, often unsuccessfully, for other calling the Police is not the first option, and is often only a last resort after repeated attacks.

Many abused victims are ambivalent about calling the Police: they fear they will not be believed or taken seriously. Black victims, in particular, are less likely to call the Police if they fear racism against themselves or their partner.

The recognition of the need for changes in Police practice to both domestic violence and rape led to the first Home Office Circular in 1986, followed in 1990 by a much more substantial Circular to Chief Constables. Now all 43 Forces have explicit force policies on domestic violence Units (or Domestic Violence liaison officers in some areas) have been set up around the country.

The Circular reminded officers that the primary duty was to protect the victim and any children and then consider what action should be taken against the offender. Immediate protection could include referring or taking her to a refuge, as well as liaison with statutory and voluntary agencies for long term support.

The 'Protection from Harassment Act 1997' introduces new measures for protection under both the criminal and civil law, and also provides a new link between criminal and civil law. The provisions include two new criminal offences: the offence of criminal harassment and a more serious offence involving fear of violence. If convicted of either of these offences, there is an additional measure for protection: a restraining order can also be granted by the court, prohibiting the offender from further similar conduct.

The immediate arrest and removal of the abuser by Police will often be helpful in providing many victims and children with much needed 'breathing space' and time to consider what they should do. Proceeding with prosecution may not, however, always be in their best interests. There are a number of practical and emotional difficulties, and prosecution does not guarantee protection or safety in the long term as there may be increased danger of reprisals from a vengeful partner or ex-partner.

Effective action under the criminal law may also be undermined by civil proceedings which can force victims to have contact with violent partners via the children, and by an uncoordinated approach across the criminal and civil courts.

### ***Advantages of Criminal Law***

- State takes action: not left to victim.
- Victims can feel that the violence is taken more seriously.
- Abuser can be arrested immediately and easily and can be held in custody for short periods.
- Abuser can be punished/removed from circulation for a certain period.
- There is a clear indication of who is at fault.
- Bail conditions can be more powerful than an injunction (but have limited duration).
- Proceedings have a symbolic value - domestic violence is not acceptable.
- No problems with costs, or access to legal aid.

### ***Disadvantages of Criminal Law***

- Victim is 'passive' witness - the situation is out of their control.
- Proceedings are held in open Court.
- Intended to punish the perpetrator, not protect the victim.
- The prosecution process can take a very long time.
- Victims might not want the perpetrator prosecuted for a number of reasons (see above).

- Court personnel attitudes: lack of understanding of nature and dynamics of domestic violence.
- There is a risk of increasing the threat and danger to the victim and any children.

#### 4. Domestic Abuse: Crown Prosecution Service

Guidance (2005) to the Crown Prosecution Service (CPS) regarding domestic violence, reflects an increased emphasis on the safety of victims and children and contains new sections on enhancing a victim's ability to give evidence including the use of special measures and the introduction of reporting restrictions. Emphasis is placed on more effective evidence-gathering, safer bail conditions and practical guidance on how to proceed if a victim withdraws support for the case.

The revised policy has been designed to account for a major change in the way the CPS handles cases. The responsibility for deciding to charge a suspect in all but the most minor cases now rests with the CPS.

CPS prosecutors are encouraged to think imaginatively about the charge - perhaps charging for witness intimidation when the defendant pressures their partner to drop the case, false imprisonment when a victim is prevented from leaving their home or sexual charges in forced marriages.

CPS prosecutors are to ask for other evidence to be gathered by the Police such as 999 tapes, photos of the scene and injuries, medical statements, forensic evidence and perhaps suggest bail conditions that restrict access to the victim but also allow them more freedom by not only keeping the offender away from the home but also other locations such as schools or family addresses.

#### 5. Domestic Abuse: Civil Law (from Women's Aid website)

Over the last 20 years, the need for a better protection from domestic violence under the civil law has been highlighted through a number of reports and enquiries; research has shown that injunctions and protection orders were more often breached than not, and that enforcement was virtually impossible.

Abused women face a number of problems within the legal process: access to legal representation; lack of specialist services or interpreters for Black and ethnic minority women; the trauma of the court process; the lack of training for court staff on the impact of domestic violence on women and children and the reasons why many women stay with or return to a violent partner.

A review of the law by the Law Commission led to recommendations for change, supported by many statutory and voluntary bodies, and eventually the introduction of the 'Family Law Act 1996', Part IV in October 1997.

Part IV of the 'Family Law Act 1996' provides a single set of remedies available in all Family Courts including the High Court, County Court and Family Proceedings (Magistrates) Court. There are two main types of orders under the Act: **occupation orders**, which regulate the occupation of the family home and **non-molestation orders**, for protection from all forms of violence and abuse.

Eligibility for orders under the 'Family Law Act 1996' Part IV depends on the type of order, and the relationship between the applicant and the other party (the respondent). The Act considerably extends the categories of people who may seek protection. It introduces the new concept of 'associated persons'.

Non-molestation orders reproduce and extend the previous powers of the courts to make orders prohibiting a person (the respondent) from molesting another person associated with them or any relevant child.

An occupation order regulates the parties' occupation of their present, former or intended home and replaces all previous legislation. An occupation order may take a number of forms, including for example enforcing the applicant's right to remain in the house or restricting the respondent's right to occupy the house. Occupation orders may be granted under five different sections of the Act depending on the nature of the relationship between the parties and whether the applicant has an existing right to occupy the home.

The Court must consider a number of different criteria in deciding whether to make an occupation order including the respective housing needs and resources, the respective financial resources, the likely effect of the order on the health and safety, and well-being of the parties or any relevant child, the conduct of the parties in relation to each other and otherwise.

The Act also introduces the 'balance of harm' test, which in some cases will oblige the Court to make an order. In applications by those entitled by legal rights to occupy the home, it is mandatory for the court to apply the test, the results of which override other criteria.

The court can also make ancillary orders to occupations orders, imposing obligations on either party with regard to repairs and maintenance, discharge of rent or mortgage, or other payments, as well as use or care of possessions or furniture.

A court may take 'ex parte' non-molestation or occupation orders (without the normal period of notice to the respondent of the proceedings) if it considers it just and convenient to do so.

A court may accept an undertaking unless a power of arrest would (normally) be attached, i.e. where (physical) violence has been used or threatened.

Powers of arrest must be attached to one or more provisions of a non-molestation or occupation order where the respondent has used or threatened (physical) violence against an applicant or any relevant child unless the applicant or child is adequately protected without a power of arrest.

The Act makes a number of other new provisions including: a specific amendment to the 'Children Act 1989' which enables the court when making an emergency protection or interim care order, to make an order to exclude the suspected abuser from the house; a provision for children under 16 may also apply for orders if given a leave of court to do so; new powers to transfer joint tenancies into one party's name, a remedy not previously available for (heterosexual) cohabitants.

The strengths of Part IV are that it will enable a much larger group of applicants who have been abused, threatened or assaulted by someone with whom they are living or have (or have had) a family-type relationship to gain access to a uniform package of protective remedies in both magistrates and county courts; measures for enforcement have also been strengthened. The legislation is now more accessible for users, as well as advisers and legal professionals.

Its weaknesses are, firstly, the loopholes in eligibility: the legislation does not extend to those who have never lived with their abusers, except where there has been a formal promise of future marriage, or if there is a child for whom both are parents or have parental responsibility; equally homosexual partners can only apply for occupation orders if s/he has existing rights to occupy the home (i.e. is a tenant or owner).

Secondly, the impact of certain amendments to the new law will not be clear until tested under case law; in particular the reintroduction of the conduct of the parties as a criterion may mean conduct not related to matters of safety and protection from violence may be a factor when considering whether or not to make an order; equally the fairness of the 'balance of harm test' will also depend on interpretation.

Lastly, improved protection from violence may depend crucially both on access to Legal Aid, and to its effective enforcement by the Police and the courts.

## **6. Domestic Abuse: Housing Law (from Women's Aid website)**

The 'Housing Act 1996' has made a number of major changes to the provision of public and private rented accommodation. Parts VI and VII of the Act affect decisions about who is housed in the social rented sector and are of particular relevance for women and children experiencing abuse.

The legislation has removed any automatic link that existed between being homeless under the law, and being given permanent housing. Under previous legislation, people who were unintentionally homeless and in priority need were offered permanent accommodation. Now Part VII gives local authorities a number of temporary duties.

The local authority has a temporary, but renewable, two year duty to house certain applicants, people who fit all the following criteria: homeless or threatened with homelessness; eligible for assistance; in priority need; not intentionally homeless; unable to access other 'suitable accommodation'; and who have a local connection with the area.

The duty to provide permanent accommodation has been removed. To obtain permanent accommodation, the applicant must apply through the council's waiting list (housing register) under Part IV of the Act.

The Act has broadened the definition of homelessness for women experiencing domestic violence from just those living in the home. In the 'Housing Act 1996', domestic violence is defined as violence or threats of violence from a person who is associated with the person under threat. An 'associated person' is defined in the Code of Guidance to the Act (and the definition is the same as under Part VI of the 'Family Law Act 1996').

Homeless people are in 'priority need' for accommodation if they are pregnant, have dependent children, are vulnerable, or are threatened with homelessness as a result of an emergency.

Once the local authority has established that the applicant is homeless and in priority need, it must then decide if s/he is homeless intentionally, and if she has a local connection. They may refer to another local authority with which at least one member of the household has a connection, provided that no one in the household runs a risk of domestic violence in the other area.

A local authority can fulfil its duties to homeless applicants by temporarily housing them in its own accommodation or by giving advice and assistance to help applicants secure access to private rented accommodation, if it is satisfied that suitable accommodation is available in its area.

The prohibition of the use of local authorities' permanent self contained housing for more than two years out of any three therefore makes more likely that those rehoused by a local authority under the homeless legislation may be placed in the worst housing on run down estates. Women and children seeking rehousing because of domestic violence should therefore apply through Part VI of the Housing Act to be put on the housing register to

access permanent accommodation either through nomination to a housing association or from a local authority's housing stock.

Part VI of the Act determines who will get access to permanent accommodation in the social rented sector through the housing register. It requires local authorities to decide who does and who does not qualify for rehousing. People who must qualify are unintentionally homeless people in priority need. Asylum seekers and people from abroad who are subject to immigration control will not qualify. The local authority allocations scheme must give 'reasonable preference' to a number of groups including people who are unintentionally homeless (or threatened with homelessness) and in priority need.

The Code of Guidance gives guidance to local authorities on how they should implement the Housing Act 1996. It does not have force of law but local authorities should have regard to it in exercising their functions relating to homelessness and the prevention of homelessness. It makes a number of specific references to the needs of women and children experiencing domestic violence including good practice recommendations on making enquiries, injunctions, local connection and referrals to another area, women's refuges, the vulnerability of women without children who are at risk of violence.

For women with joint tenancies, it is now possible to apply under Part IV for the tenancy to be transferred to the woman's sole name, and this then can, if she wishes, enable her to use her existing tenancy to access alternative safe accommodation either through a transfer or through an exchange. It is also possible to arrange reciprocal transfers between local authorities, that is, where two authorities each agree to house a woman from the other area in one of their empty properties.

There are also a number of exchange mechanisms by which women experiencing domestic violence may be able to access new safe accommodation.

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## APPENDIX 2: POLICE RESPONSE TO DOMESTIC VIOLENCE

The Police define domestic violence as 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been, intimate partners or are family members regardless of gender'

Domestic violence is distinguished from other crimes by the complex relationship that may exist between the victim and the perpetrator. The Police and its partner agencies will deal with these issues sensitively in order to deal effectively with offences.

The relationship between the parties does not make the offences any less serious nor less real. Police officers attending such incidents will consider the vulnerability of the victim. They will not attempt conciliation. Officers will investigate any allegations thoroughly, ensuring that appropriate use is made of all legal powers. The arrest and detention of the perpetrator will be a primary consideration where lawful and proportionate in the circumstances.

Whether or not an arrest is made, the Officer dealing will update the incident on the force computerised incident screen, including the reasons for any action taken.

Police action will include a prompt response and will take into account the impact of repeat abuse.

When there are children who reside with the victim officers attending will notify Police Child Protection Units/Officers.

### Action

Reports of domestic violence incidents are created as 'high priority' in accordance with Police call grading instructions. Detailed guidance is available to ensure that the outcome of every domestic violence incident is recorded fully and accurately. This record contains the details of the victim, the alleged offender and their relationship. The record also contains details of the incident and details of any children who reside with the victim. Every victim is offered the opportunity of referral to a domestic violence support agency.

- Supervisors ensure that all aspects of Police instructions are complied with as part of their routine quality check process.
- Police communications centre staff further ensure that all aspects of instructions have been adhered to before finalising the computerised incident record.
- District/Area Command Crime Managers will ensure adherence to Force Policy.
- There is a separate Police domestic violence database to which all information is transferred.
- Each victim is assessed as to the level of risk they are seen to be in: standard, increased or high.
- The Police contact every victim by letter if it is safe to do so, and offer advice and referral to a domestic violence support agency. The victim is also informed as to the level of risk they are perceived to be at.
- If a victim is assessed as being at high risk, that information is attached to the victim's address on the force computer system. This information is automatically highlighted should any further calls come from that address.
- Details of any civil injunction obtained by the victim are added to the address history on the force computer system.

District/Area Command Crime Managers are represented on the local multi agency Domestic Violence Fora.

## APPENDIX 3: USEFUL CONTACTS

### 1. Citizen's Advice Bureau

CAB provide free, confidential and impartial advice to victims of domestic violence on issues ranging from legal aspects to the benefits system. They will also have details of local solicitors who specialise in matrimonial and emergency injunction work.

### 2. NSPCC National Society for the Prevention of Cruelty to Children [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

The NSPCC is a national voluntary organisation, which exists to prevent and protect children from suffering significant harm as a result of ill treatment. There is a **24 Hour National Free Phone Helpline (0800 800 500)** for anyone concerned about a child at risk. The Helpline pass on all referrals requiring further investigation to Social Services and/or the Police, as appropriate. The NSPCC Child Protection Teams in the North East provide a range of services under local service agreements with agencies such as Health and Social Services Departments.

### 3. Relate [www.relate.org.uk](http://www.relate.org.uk)

Relate provides a service for marital and couple counselling. It does not provide a therapeutic response or direct intervention to chronic or severe domestic violence, but can engage with partners whose disrupted relationship has resulted in an isolated violent episode, where partners are seeking to address the root cause of their relationship problem.

Relate  
Mea House  
Ellison Place  
Newcastle Upon Tyne  
NE1 8XS  
Tel: 0191 2329109

Relate  
Central Administration  
West Lodge  
West Crescent  
Darlington  
DL3 7PS

### 4. Samaritans

The Samaritans provide a community based befriending service for everyone going through a personal crisis that is at risk of suicide.

Whilst the Samaritans does not provide a therapeutic response to domestic violence, no direct advocacy or intervention, it does offer a listening service to those experiencing domestic violence to discuss their feelings in complete confidence.

Branches in:

- Darlington
- Durham
- Hartlepool
- Middlesbrough (for Teesside)
- Sunderland
- Ashington (for Northumberland)
- Newcastle (for Northumbria)

Phone: 08457 90 90 90 for information about any of the above branches.

## 5. **Victim Support** [contact@victimsupportnewcastle.co.uk](mailto:contact@victimsupportnewcastle.co.uk)

Victim Support is a national organisation, which offers support, advice and practical help to victims of crime through a network of trained staff and volunteers.

Many victims of crime are automatically referred to Victim Support by Northumbria Police. Domestic violence is excluded from the automatic referral system, but operates on a policy of referral by consent. Anyone suffering domestic violence can contact Victim Support directly – they do not have to report to the Police. Other agencies also make referrals to Victim Support.

Victim Support offers women:

- Information and advice
- An outreach service to women in the community
- Help in accessing emergency accommodation
- Personal support
- Help with Criminal Justice Issues
- Assistance in making application for Criminal Injuries Compensation
- Specialist help for particular crimes such as rape and sexual assault
- Referral to other agencies

## 6. **Witness Service**

Witness Service provides a free and confidential face-to-face service to prosecution and defence witnesses alike at both the Crown Court and Magistrate Court.

## 7. **Women's Aid/Refuges** [info@womensaid.org.uk](mailto:info@womensaid.org.uk)

Women's Aid is a key voluntary agency for women (and their children) who experience physical, emotional and/or sexual violence in their relationships. Women's Aid services are based on 4 main principles:

- The importance of the abused woman's perspective in the provision of support services.
- The need to empower women and enable them to regain control of their own lives.
- The provision of confidential services for women run by women.
- The value of mutual support of other women who have similar experiences.
- A commitment to caring for the emotional, developmental, and educational needs of children affected by domestic violence.

Services provided are:

- Emergency temporary accommodation to women aged 16 years and over, with or without children, with 24 hour direct access.
- Advice service offering basic housing, legal and welfare rights advice.
- Confidential telephone support/advice, which women can contact directly and confidentially.
- Outreach services offering counselling, women's groups, resettlement support.
- Advocacy and support work or children's support for refuge based children.
- Inter-agency liaison and advocacy.
- Training and awareness raising on issues of domestic violence.

Women's Aid does not:

- Work with abusers.
- Offer a service to women experiencing harassment from neighbours.
- Always accommodate women with alcohol or drugs related problems, or mental health problems.
- Accommodate women who are violent themselves.

### **PANAH: Black Women's Refuge**

Panah is a Black women's refuge and outreach service. It is a confidential service developed and managed by staff, by Black women for Black women. Panah works with Black women with or without children, fleeing or threatened with domestic violence. This violence may be physical, emotional, social or a combination of these.

Panah provides:

- Safe and secure temporary accommodation
- A service that caters to the specific cultural, linguistic and religious needs of women and children
- Practical and emotional advice and ongoing support to residents and ex-residents.
- Telephone advice line during office hours
- 24 hour referral line
- Outreach support to women in the community
- Advice on benefits, housing, health, education, immigration and legal issues
- Children's Services co-ordinator to provide support to children within Panah.

### **Women's Aid/Refuge Contact Points (including PANAH)**

#### **Durham Women's Refuge**

Durham  
County Durham  
0191 386 5951

#### **Gateshead Women's Service and Refuge**

Gateshead  
Tyne-and-Wear  
0191 477 9309 Advice Line

#### **Hartlepool Refuge**

Hartlepool  
0797 331 598 (H) 24hr Mobile

#### **Middlesbrough Refuge**

Middlesbrough  
Teeside  
01642 225 969

#### **Middlesbrough**

#### **My Sister's Place Women's Advice Centre**

Middlesbrough  
Cleveland  
01642 241864

#### **Newcastle Women's Aid**

Newcastle-upon-Tyne  
Tyne-and-Wear  
0191 265 2148

#### **North Tyneside Women's Aid**

Whitley Bay  
Tyne-and-Wear  
0191 251 3305

#### **Northumberland Women's Refuge**

Northumberland  
01670 820 199

#### **Panah**

Newcastle-on-Tyne  
Tyne & Wear  
0191 284 6998

#### **Redcar and Cleveland Women's Aid**

Redcar  
Cleveland  
01642 490 917

**South Tyneside Women's Aid**

Tyne-and-Wear

0191 454 8257

**Durham Nor care**

Torrential House

Durham

01207 582 797

**Middlesbrough**

**Women's Support Network DV**

Middlesborough

Cleveland

01642 851 561

**Stockton Refuge (North Tees Women's Aid)**

Stockton-on-Tees

01642 553 323

**Wear side Women in Need**

Sunderland

Tyne-and-Wear

0191 415 1506

**Darlington and District**

**Family Help**

Women's Refuge

01325 364486

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## BIBLIOGRAPHY/FURTHER READING

Canadian Voice for Animals UK [www.canadianvoiceforanimalsuk.org](http://www.canadianvoiceforanimalsuk.org)

Carrol, J. 1994 'The protection of children exposed to marital violence', *Child Abuse Review*, 3, 6-14.

Cleaver H., Unell I. and Adgate J. 1999 'Children's needs – Parenting Capacity'.

Community Care 2005 17-23 February.

Department of Health 1998 'Why Mothers Die'.

Department of Health 1999 'Working Together to Safeguard Children'.  
[www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health 2000 'Framework for the Assessment of Children in Need and their Families'. [www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health 2003 'What to do if you're worried a child is being abused'.  
[www.dh.gov.uk](http://www.dh.gov.uk)

Farmer, E. and Owen, M. 1995 'Child Protection Practice: Private Risks and Public Remedies' London: HMSO.

Hester, M., Kelly, L. and Radford, J. eds 1996 'Women, Violence and Male Power' Buckingham: Open University Press.

Hester, M. and Pearson, C. 1998 'From Periphery to Centre – Domestic Violence in Work with Abused Children' Bristol: Policy Press.

Home Office 1989 'Concerns about Rape'.

Home Office 1996 'British Crime Survey'.

Home Office 2004 'Tackling Domestic Violence: providing support for children who have witnessed domestic violence' A. Mullender.

Home Office 2004 'Tackling Domestic Violence: the role of health professionals'.

Jaffe, P., Wolfe, D.A., Wilson, S.K. and Zap, L. 1985 'Critical issues in the assessment of children's adjustment to witnessing family violence', *Canada's Mental Health*, 33 4, 14-19.

Kelly L. Domestic Matters Project, University of North London.

Kirkwood, C. 1993 'Leaving Abusive Partners' London: Sage

McKernan-McKay 1994 "The Link between Domestic Violence and Child Abuse: Assessment and Treatment Considerations." *Child Welfare* 73 1 p29-39.

Mezey, G.C. and Bewley, S. 1997 'Domestic Violence and Pregnancy'. *British Medical Journal*, 314

Mullender A. and R. Morley eds 1994 'Children Living with Domestic Violence: Putting Men's Abuse of Women in the Child Care Agenda' London: Whiting and Birch.

Mullender A. et al 2000 'Children's Needs, Coping Strategies and Understanding of woman Abuse'.

NCH 1994 'Action for Children: The Hidden Victims'.

NSPCC 'Understanding the links - child abuse, animal abuse and domestic violence'  
[www.nspcc.org.uk/inform](http://www.nspcc.org.uk/inform)

Respect 2003 Statement of Principles and Minimum Standards of Practice for Domestic Violence Perpetrator Programmes and Associated Women's Services.

Tees Health Authority/Teesside ACPCs 2001: 'Domestic Violence Practice Guidance'.

Wally S. University of Leeds 2004 'The Cost of Domestic Violence'  
[www.womenandequalityunit.gov.uk](http://www.womenandequalityunit.gov.uk)

Wolfe et al 1986 'Child Witnesses to Violence between Parents' Journal of Abnormal Child Psychology 145(1) pp 95-104.

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