- 1. Why did we choose domestic abuse?
- Changes to legislation from the Domestic Abuse Bill
- Domestic abuse as a feature in CSPRs and cases reviewed in previous audits
- The volume of domestic abuse contacts and referrals

Children and unborn babies may suffer directly and indirectly if they live in households where there is domestic abuse.

Domestic Abuse is likely to have a damaging effect on their health and development.

<u>Domestic abuse chapter</u> | <u>Derby and</u> <u>Derbyshire Domestic Abuse and Sexual Violence Strategy</u>



2. The audit found that children suffering from domestic abuse were identified in several ways. Around half were referred following an incident attended by police. Of the rest, most were identified via disclosures to other services e.g. health visiting or those already working with Children's Services for other reasons. Routine enquiry was strong in maternity and health visiting, but less so where adults presented at A&E with injuries.

Information sharing around identification was strong, and response to referrals was timely and appropriate.

7 There were cases in both local authorities where parents withdrew support for police and social care intervention. Consideration of the level of risk this implies should be carefully considered, and how the multi-agency partnership can continue to support the family following withdrawal of social care support (either due to engagement or closure) needs to be clearly defined identifying roles, responsibilities and next steps.

There were a few cases in this audit and in previous audits where there was a lack of agreement between professionals around closure, in these cases use of the <u>Dispute Resolution and Escalation Policy</u> should be considered.

6. There were no examples of cases where the voice of the child was not considered, however as in previous audits it was felt that the impact of the child's voice could be stronger, and practitioners should consider how the voice of the child could be better reflected around outcomes and improvements, ensuring that this is triangulated with other evidence

5. Engagement with victims was much stronger than perpetrators. There were examples of in depth understanding of difficulties and reframing nonengagement as a support need; strong analysis and understanding of the reasons behind limited

engagement supported engagement and improvements.

Practitioners and managers should consider how to improve support to perpetrators, including referral to and engagement with support/education programmes.

3. In most cases, domestic abuse was a feature of previous relationships as well as childhood experience. There was evidence of good practice around understanding the lived experiences of parents and how that impacted how they framed their current situation.

Practitioners should ensure any support work with the family involves recognition of healthy relationships and breaking the generational cycles of domestic abuse, helping parents and carers to recognise how their behaviour and communication impact on the emotional wellbeing of the children.

4. In most cases one or both parents had issues with mental health and around half had issues with substance misuse, predominantly alcohol. In some cases, domestic abuse overshadowed other presenting issues including substance misuse and poor parental mental health; assessment tools such as GCP and DVRIM could have been better utilized to provide a holistic view of the family.

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