

**DOMESTIC ABUSE PRACTICE APPROACH**

**INTRODUCTION**

The Domestic Abuse Practice Approach has been formulated to provide the practitioner with a structured, focussed and stepped framework for assessing cases where domestic abuse is a feature.

The approach is a tool to assist the analysis of risk and child impact when presented with conflicting accounts or a complex family situation.

It highlights the need to be succinct and clear when assessing high risk situations where there are presenting or alleged lethal behaviours and lower risk cases which may conclude with a safe evidence based plan.

The guide is compatible with a ‘menu of options’ approach to intervention using the threshold tool – the Barnardos DV RIM.

The guide is designed to achieve the following practice improvement outcomes:

* Providing a clear link between information gathered and the final recommendation
* Embedding the use of tools across all service areas
* Addressing learning from external inspections, internal and external audits and SCR’s re: ‘getting off on the wrong foot, ‘the rule of optimism’, ‘confirmation bias’, ‘minimisation’ etc
* Evidencing a process which accentuates our level of expertise
* Emphasises a systematic and structured professional judgement approach in line with our social work skills and values
* Helps to identify those cases which require particular attention and highlights those situations and behaviours by the perpetrator which exacerbate risk

We know that domestic violence and abuse will feature in a significant proportion of our cases, particularly those cases that result in Child Protection Plans and Care Proceedings. It is our role to ensure that we have applied a robust and systematic assessment process which will safeguard the child and enable an appropriate plans to be made. We are required to ensure that we take into account and succinctly analyse, all available information which may impact on risk and and balance the outcome with the needs wishes and feelings of the child, including the weight attached professionally to the child’s views.

We have a duty to ensure that our assessments concerning domestic abuse focus on the impact on the child, are based on a combination of static and dynamic risk factors, information gathered and that it is analysed using reasoned professional judgement. We use our social work skills but also need to be aware of the appropriate research base and which evidence based tools will assist us in being as clear as possible regarding the risk.

We need to find the right assessment approach within this framework to match each family dynamic and consider each child’s individual needs in that context. In such a complex landscape it is vital that we adhere as far as possible to an assessment process which can be adapted across different case issues but remains constant in term of its validity and offers credibility.

\* This practice approach is based on Cafcass DA Pathway

**Domestic Abuse - current context**

* 8.2% of women and 4% of men were estimated to have experienced **domestic abuse in 2014/15**, equivalent to an estimated 1.3 million female and 600,00 male victims (**http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06337**)
* A significant proportion of referrals with evidence domestic abuse
* Although some referrals will not evidence or cite domestic abuse, domestic abuse may still be present
* Is there a primary perpetrator or more than one perpetrator?
* Look for gaps in information
* Plan your interviews safely and consider an interview plan
* Update the child's record with actions, intentions and professional judgement

**Begin your hypothesis**

**Question**

* Is there any factual information missing?
* Are additional checks needed?
* Are the current arrangements safe?
* What other agencies are involved?
* Are there any **non molestation or harassment orders** in place? [guidance\_non\_molestation\_and\_harassment\_orders.docx](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5Cguidance_non_molestation_and_harassment_orders.docx)
* Factor any charges, pending prosecutions and convictions into your assessment
* Continue the **'golden thread'** of assessment and analysis from the known static risk factors and assessment received from Referral and Assessment (RAS) or any other transferring team

**Child In Need, Child Protection, Children Looked After, Court Proceedings**

**Referral and Assessment**

* Referral and Assessment engagement with children and their families underpins all future assessment and begins the **golden thread of assessment**
* Use **framing questions** to enable disclosure [framing\_questions.docx](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5Cframing_questions.docx)
* Seek clarity regarding immediate safety and confidentiality
* Use tools where appropriate as a reflective exercise to begin the hypothesis
* Begin to consider the nature, duration and frequency of the domestic abuse and introduce questioning about its impact on individual children in the family
* Always record an initial safeguarding analysis and professional judgement on the file before closure or transfer

**STATIC FACTORS**

Those which are based in the individual's past history and demographics and so are not amenable to change

**Assessment Tools: Plan**

* Information gathering tools for domestic abuse will inform your assessment and be an evidence base for your analysis. These are found **here.**

[barnado\_s\_domestic\_violence\_risk\_identification\_matrix\_\_dvrim\_.pdf](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5Cbarnado_s_domestic_violence_risk_identification_matrix__dvrim_.pdf)

[Domestic Abuse - what we need to know tool.doc](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5CDomestic%20Abuse%20-%20what%20we%20need%20to%20know%20tool.doc)

[Assessment of Coercive control.docx](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5CAssessment%20of%20Coercive%20control.docx)

[safe\_contact\_indicator.docx](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5Csafe_contact_indicator.docx)

[safelives\_dash\_guidance.doc](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5Csafelives_dash_guidance.doc)

[safelives\_dash\_tool.doc](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5Csafelives_dash_tool.doc)

* State on case record which assessment tools you will be using and be clear as to why they are appropriate for this particular family situation
* Are there complementary tools which will assist your understanding of the case
* Relate all enquires back to the impact on the child
* Using tools is a collaborative, transparent, evidence based and structured approach to assessment. Tools do not provide the evidence without contextual analysis of the specific dynamic risk factors.

**Assessment tools: Note**

* Domestic violence and abuse exists on a spectrum and each case will have a different pathology, assessment approach and final outcome.
* The **impact on the child** ( [impact\_on\_the\_child\_of\_domestic\_abuse.docx](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5Cimpact_on_the_child_of_domestic_abuse.docx) ) will vary according to the **resilience (** [resilience\_-\_definition.docx](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5Cresilience_-_definition.docx) ) and adversity factors present. Parenting capacity may also be affected
* Look for exacerbating risk factors within the information gathered
* Look for the protective and strengths based factors which will diminish risk
* Is an intervention for the child appropriate.

**Domestic abuse factors to consider**

**PRACTICE NOTE**

Consider signposting for victim/survivor if appropriate. Male victims may wish to be referred to the **Respect Website** where there is supportive information and where you can find a toolkit for working with male victims

**Factors which indicate a raised risk**

**Laura Richards - Domestic Abuse, Stalking and Honour Based Violence (DASH)**

* The separation is recent
* There is a pattern of coercive control alleged (note this is now a prosecutable offence)
* The victim is evidently afraid
* The perpetrator was previously abusive in another relationship
* There is abuse in the childhood history
* Mental health concerns
* Substance misuse
* There is a high level of aggression
* Presence of stalking behaviours and 'jealous surveillance'
* Escalating pattern of violence
* Lethal behaviours, strangulation, sexual violence, use of weapons.
* Threats to kill. NB all threats must be taken seriously until sufficiently assessed to reduce the potential threat level.
* Suicidal ideation
* Separation was not mutual (e.g. perpetrator feels wronged)
* Features of honour based violence/radicalisation

**DYNAMIC FACTORS**

Those which can change through treatment, interventions or the passage of time. These include information from the person's current attitudes and beliefs

**Lethality**

* The **Safe Lives DASH risk identification checklist** ([safelives\_dash\_tool.doc](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5Csafelives_dash_tool.doc)) - will identify any high risk lethal behaviours - use where domestic abuse has been identified. The actuality of the abuse needs to be measured for present impact and to establish recency of abuse. **Here** is the guidance for the use of this tool. [safelives\_dash\_guidance.doc](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5Csafelives_dash_guidance.doc)
* Consider need for MARAC referral
* Assess any high risk behaviours with reference to immediate and future risk with specific regard to the impact on both victim and child
* You are considering whether there is a potential for safe and arrangements for the child, including spending time with any alleged perpetrator and whether any intervention may reduce the risk sufficiently. The answer maybe NO

**Coercive behaviour**

**Coercive behaviour**

* Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim. Coercive control involves repeated, ongoing , intentional tactics which are used to limit the liberty of the victim. Those tactics may or may not necessarily be physical. They can be sexual, economic, psychological, legal, institutional, or all of these. By deploying these tactics the abuser can create a world where the victim is constantly monitored or criticised and every move and action checked. Victims often describe coercive control as not being ‘allowed’, or having to ask permission, to do everyday things; and being in constant fear of not meeting the abusers expectations or complying with their demands. The term walking on eggshells is often used.

**Controlling Behaviour**

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

Note - be alert to the possible presence of controlling behaviours and always consider the power dynamic within the relationship

**Benchmarking**

* The information gathered from the family interviews child/checks/tools, should be benchmarked against the **Barnardo’s Domestic Violence Risk Indicator Matrix**.

([barnado\_s\_domestic\_violence\_risk\_identification\_matrix\_\_dvrim\_.pdf](file:///C%3A%5CUsers%5Chsmith%5CDownloads%5Cbarnado_s_domestic_violence_risk_identification_matrix__dvrim_.pdf))

* Assess where the identified risks and protective factors appear on the matrix?
* Bring your evidence together and record your professional judgement on the case plan. Keep in mind the ‘**golden thread’**.
* How does this translate with regard to the potential for safe arrangements

**Childs Views**

* Have you captured the experiences of the child in relation to witnessing domestic abuse?
* Wishes and feelings should be balanced with the emotional welfare of the child over time when considering contact and child arrangements.

**Note on Typologies**

Work regarding typologies for domestic violence perpetrators exists but should be used cautiously in assessment and analysis. Each family context is different and risk should be determined by structured professional judgement. The information gathered through this approach can be used to guide treatment planning and risk management and allows for a ‘logical, visible, and systematic link between risk factors and intervention’ (Kropp 2008). Categorisation is rarely able to be defined without explanatory evidence based assessment which is both risk and impact focussed. All conflict should therefore be considered on a dynamic continuum using the domestic violence risk identification matrix (DVRIM) to consider all relevant factors to produce an holistic overview of risk. For reference, two examples of the generally accepted typologies are:

1. Gender and types of intimate partner violence: A response to anti-feminist literature review Michael P.Johnson in Aggression and Violent Behavior 16 (2011) 289-296

**Coercive Controlling Violence** involves the combination of physical and/or sexual violence with a variety of non-violent control tactics, such as economic, emotional abuse, the use of children, threats and intimidation, invocation of male privilege, constant monitoring, blaming the victim, threats, escalation of violence.

**Violent resistance** - many victims of intimate terrorism can respond with violence of their own. For some, this is an instinctive reaction to being attacked and often cited as self defence or a reaction of last resort by the woman victim.

**Situational couple violence (SCV)** - SCV that is not part of a general pattern of coercive control, but occurs when couple conflicts become arguments that turn to aggression - perpetrated by men and women. SCV can occur as a result of life crisis events and vary in intensity and frequency dependent on the relational couple dynamic.

**Separation Instigated Violence** - specific to the separation situation.

1. Typologies of Male Batterers: Three subtypes and the differences among them - Amy HoltzworthMunroe and Gregory L Stuart Psychological Bulletin 1994 Vol 116 No 3 476-497

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| --- | --- | --- | --- |
| **DESCRIPTION** | **GENERALLY VIOLENT;**Moderate to severe marital violence including psychological and sexual abuse. More extra-familial aggression and criminal activity. Substance abuse. Possibly antisocial personality disorder or psychopathy. | **BOERDERLINE DYSPHORIC**Moderate to severe partner abuse, including psychological and sexual abuse. Generally confined to the family though some extra-familial and criminal behaviour may be present. | **FAMILY ONLY**Least likely to be violent outside the home and to have little psychopathology or personality disorder or passive dependent personality disorder. |
| Severity of Violence | Moderate to High | Moderate to High | Low |
| Psychological/sexual abuse | Moderate to High | Moderate to High | Low |
| Extra familial violence | High | Low to moderate | Low |
| Criminal Behaviour | High | Low to moderate | Low |
| Personality Disorder | Anti social or psychopathy | Borderline or schizoid | None or passive dependent |
| Alcohol Drug Abuse | High | Moderate | Low to moderate |
| Depression | Low | High | Low to moderate |
| Anger | Moderate | High | Moderate |

**Before concluding your Assessment**

• Ensure the **golden thread** is visible from the beginning to the end of your assessment.

Check that all the earlier and subsequently identified risk factors are included in your analysis.

**Go back to the beginning of the case file and check.**

**Structure your analysis**

* Summarise the nature, duration and frequency of the domestic abuse.
* Refer to the tools you have used and describe what they have told you in relation to the domestic abuse.
* If lethal behaviours have been identified, be clear as to how you have assessed these in the context of ongoing risk.
* What is the specific risk to the partner and child/ren?
* Balance risk against the protective and resilience factors.
* What is the residual risk in the context of the arrangements for the child?
* What are the reasons for your recommendation?

**Arrangements for the child**

* Is spending time with the alleged perpetrator a potential recommendation? Check you have referred to the safe contact indicator.
* Is the child's living situation safe?
* Is an intervention required in order to achieve safe and beneficial outcome
* Consider threshold, does child require intervention via CIN, CP or PLO planning
* If safe arrangements are possible without an intervention, can you offer a structured, stepped down plan in cases where domestic violence has been assessed as low in terms of ongoing risk to the ex partner and child.