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INTER-AGENCY PRACTICE GUIDANCE IN RELATION TO CHILDREN AND DOMESTIC VIOLENCE



Nottinghamshire
SAFEGUARDING
CHILDREN Board



NOTTINGHAM CITY
Safeguarding
Children BOARD

Nottingham City and Nottinghamshire Safeguarding Children Boards

Safeguarding Children Who Are Affected By Domestic Violence and Abuse (DVA) Practice Guidance

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1. INTRODUCTION

1.1 This practice guidance is issued as supplementary guidance to the NCSCB/NSCB procedures and it should be read in conjunction with those procedures.

It replaces the previous practice guidance which was issued in June 2011

1.2 It provides guidance to professionals/practitioners who are dealing with children and young people who may be affected by domestic abuse/violence

1.3 The guidance covers the following areas:

- Principles for dealing with cases where children/young people may be affected by domestic abuse/violence
- Pathways to follow
- Risk assessment processes
- MARAC processes

1.4 This guidance also includes links to a number of websites for further guidance and to the various templates used for risk assessment and safety planning, see [section 8](#).

1.5 DEFINITION of domestic violence and abuse (DVA) Home Office 2013

1.6 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

1.7 This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

1.8 '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.

1.9 'Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim'.

1.10 This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

1.11 Young people under 16 may also experience intimate partner violence. [See Page 10 – Young People at Risk from intimate partner violence.](#)

1.12 The new definition of DVA includes recognition of "coercive control" and this focusses attention on possible patterns of ongoing abuse not just on identifying and responding to individual incidents of violence. This is important because in a long term relationship, well established control reduces the need for actual violence, but

the impact on survivors may continue to be very severe and dangerous violence could occur in the future. Coercive control is likely to have a cumulative effect on children living with domestic abuse. See below.

2. THE IMPACT OF DOMESTIC VIOLENCE AND ABUSE ON CHILDREN

2.1 Although home is where a child may feel safe, children may experience domestic violence both directly and indirectly. When one household member is abusing another, any children within the home are highly likely to suffer mentally and/or physically as a result. The violence is happening within their world and in their home. It is happening between people they feel love and have loyalty towards, who have control over their lives and who are role models for them. Usually this abuse is directed at the female partner in a heterosexual relationship although there may be male victims and abuse within same sex and other family relationships.

2.2 Children who witness domestic violence may suffer emotional and/or psychological maltreatment¹. They may have low self-esteem and experience increased levels of anxiety, depression, anger and fear, poor resolution skills, lack of empathy for others, poor peer relationships and school performance, anti-social behaviour, pregnancy, alcohol and substance misuse, self-blame, hopelessness, shame and apathy, post-traumatic stress disorder – symptoms such as hyper-vigilance, nightmares and intrusive thoughts – images of violence, insomnia, enuresis and over protectiveness of parent and/or siblings. Equally it may not be clear that some children are experiencing DVA if they are self-contained, quiet, achieving and seeking safety in schools and academic success. These children also need help and support to make sense of their lives and to keep them safe.

2.3 The risks and impact to children living with domestic violence include:
(This is not an exhaustive list)

Direct physical or sexual abuse of the child such as:

- being encouraged, enabled or forced to participate in the abuse and degradation by the abusive partner;
- injuries arising from attempting to intervene in a violent assault;
- being accidentally hurt whilst present during a violent assault.

Emotional abuse such as:

- psychological trauma to the child from witnessing the abuse;
- living with fear;
- hearing the abusive partner verbally abuse, humiliate and threaten violence
- observing bruises and injuries sustained by the non-abusing parent;
- hearing the non-abusing parent's distress;
- observing the abusive partner being removed and taken into Police custody;
- witnessing the non-abusing parent being taken to hospital by ambulance.

Negative material consequences for a child of domestic violence such as:

- being unable or unwilling to invite friends to the house;

¹Section 31 Children Act 1989

- frequent disruptions to social life and schooling from moving with the non-abusing parent fleeing violence;
- losing contact with extended family.

3. RESPONDING TO SITUATIONS OF DOMESTIC VIOLENCE AND ABUSE WHERE CHILDREN ARE IN THE FAMILY

- 3.1 **The Child, Young Person or Unborn Baby's Safety is Paramount:** In situations of domestic violence and abuse where the child's needs are in conflict with the wishes of the survivor, protection of the child/ren is paramount.
- 3.2 All practitioners, whether paid or voluntary, in all organisations, where they come in to contact with situations of domestic abuse where children and young people are in the family should:
- be alert to potential indicators of abuse or neglect;
 - be alert to risks to unborn children;
 - be alert to the risks which individual abusers or potential abusers, may pose to children;
 - be alert to the impact on the child of any concerns of abuse or maltreatment;
 - be able to contribute to gathering and analysing information as part of an assessment of the child's needs;
 - communicate across services to ensure children's needs are identified and appropriate support put in place.

See: [Interagency Safeguarding Children Procedures of the Nottinghamshire Safeguarding Children Board \(NSCB\) and the Nottingham City Safeguarding Children Board \(NCSCB\)](#)

- 3.3 There is a further duty in cases of DVA for a lead professional to be identified to undertake a Risk Assessment called DASH RIC (Domestic Abuse, Stalking and Harassment and Honour based violence Risk Identification Checklist) on the survivor/victim aged 16 or over to determine what can be put in place to protect her/him and their children or vulnerable relatives. A Risk Assessment should be undertaken as soon as possible following a disclosure of DVA even where the survivor has indicated that the abusive relationship has ended.
- Where domestic abuse is known to affect a child or young person there should always be a referral to Social Care via the City Domestic Abuse Referral Team (DART) or County Multi-Agency Safeguarding Hub (MASH) through a risk assessment (DASH RIC form)
 - If the Risk Assessment shows the victim to be at High Risk you must immediately refer the case to MARAC (Multi-Agency Risk Assessment Conference) – See link to DASH RIC – [Insert link](#).

3.4 Conducting a risk assessment

- Explain purpose to the survivor
- Ensure safe and private space with enough time to complete the form (not in front of the children or the perpetrator).
- It is not safe to use a family member or child to interpret or translate.
- Record any additional concerns and where doubtful about the severity of risk, use professional judgement and record your reasons.

- Use the classification grid on P10 of DASH RIC to determine whether the survivor is at High, Medium or Standard risk.
- The outcome of the classification grid determines what further action needs to be taken.
- If the survivor is at High Risk you must refer immediately to the MARAC (Multi-Agency Risk Assessment Conference) see [section 5](#)

3.5 Using the Nottinghamshire Domestic and Sexual Violence Helpline 0808 800 0340

3.6 The 24 hour freephone helpline is the gateway to services and specialist information for survivors, (including young people) and practitioners. This includes:

- Referrals to refuge accommodation or advice about accommodation options;
- Up to date information about local services, legal issues, immigration and welfare rights

3.7 Survivors calling the helpline will receive a risk assessment, safety planning and referrals to MARAC for survivors at high risk. You may need to leave a message if helpline workers are busy. It is important to state in your message whether your enquiry is urgent and your call will be prioritised.

3.8 The helpline will receive calls from deaf and hearing impaired callers via Text Relay and offers instant phonenumber interpretation through Language Line. Calls are free from landlines and mobile networks EE, 3, Vodafone, Virgin, Orange, T Mobile and O2.

3.9 Child survivors would be referred to Child line for support. Where the Helpline identifies safeguarding concerns they would follow their own agency procedures that link to NSCB/NCSCB.

3.10 **Effective Partnership working**

Complex cases will require involvement of a number of agencies. Practitioner roles should be clear and information shared appropriately. This should be undertaken as a multi-agency care plan as outlined in the Nottinghamshire County "[Pathway to Provision](#)" (check link) and Nottingham City '[Family Support Strategy and Pathway](#)'. Plans should be written and regularly updated.

Both Nottingham City and Nottinghamshire are implementing the **Encompass model**, which is a process which informs schools of domestic violence incidents (involving children) which have been reported to the police by the next working day. The information is communicated to the 'Key Adult' in the school, the Designated Safeguarding Lead. This includes domestic violence incidents that children are involved in or witness, and households in which children live but are not present at the time of the incident. This model enables schools to have more accurate information on the factors impacting on a child's life so that they are more aware of the child's family situation and understand the impact.

3.11 **Asking about domestic violence and abuse**

If domestic abuse has not been disclosed, then prior to completing a risk assessment, practitioners will need to ask whether domestic abuse is happening. This is called Direct or Routine Enquiry. Specialist training is recommended for practitioners using Direct/Routine Enquiry.

See link to Pathway and [Flowchart Appendix 1](#)

4. PRINCIPLES FOR WORK WHERE DOMESTIC ABUSE IS IDENTIFIED

- 4.1 This section outlines some basic principles for work with adult and child survivors of domestic abuse.
- 4.2 **Abusive**, violent and controlling behaviours are unacceptable in all circumstances.
- 4.3 **Roots of domestic violence** lie in gender identity and inequality, gender roles and cultural beliefs. Consequently women are disproportionately affected by domestic abuse. DVA can be understood by recognising that perpetrators believe that they have a right to exert power and control over their partners and children, and believe that they benefit from this behaviour.
- 4.4 **The Child Young Person's or Unborn Babies Safety is Paramount:** In situations of domestic violence and abuse where the child's needs are in conflict with the wishes of the survivor, protection of the child/ren is paramount.
- 4.5 **The views and experiences of the children:** should be sought and included in any assessments and support plans. Survivors may often minimize the extent of the abuse as a result of fear or control.
- 4.6 **Communication** between agencies is essential to identify the impact of the abuse on the children.
- 4.7 **Establishing who is the primary perpetrator?** Screening or further exploration may be required where it is unclear who the primary perpetrator and who is the survivor. For example a survivor may be defending themselves or retaliating against the abuse and this can be violent and can appear to be abuse. Incorrect assumptions can be harmful to children and young people as well as the survivor and staff.
- 4.8 **Taking survivors seriously:** Evidence tells us that it is important to take seriously the survivor's version of events as they will often have a clearer idea of how safe they and their children are than professional making observations. However some survivors do minimize their risks and agencies need to be mindful of this also e.g. some survivors may not feel able to disclose new relationships to professionals or may be fearful of children being taken into care if the extent of abuse is disclosed.
- 4.9 **Develop understanding:** Actions to reduce the risk level from high to medium will not solve the problem of an ongoing pattern of abuse; the solution is to enable the survivor to understand what is happening to them and to manage the abuse longer term.
- 4.10 **Separation from an abusive partner:** is a process, not a single event. However, it is important to ensure that the rule of optimism in supporting the adult victim does not detract from the best interests of children. It is essential to review a chronology of historical events as children may be significantly harmed by ongoing exposure to disruption and instability. It is crucial to engage those affected by domestic violence, and other partners, in continuous risk assessment and safety planning, as interlinked

processes. It is also important to recognize that survivors are at greatest risk when they have left and that they may need support for a number of years.

- 4.11 **Confidentiality:** All professionals need to be aware of their agency's boundaries to confidentiality and to be clear about their roles and responsibilities. Evidence suggests that some people will go to extraordinary lengths to obtain information or access to their family. The repercussions of a breach of confidentiality, no matter how small, could put members of the family and professionals in extreme danger.
- 4.12 **Support for Non-Abusing Parent:** When there are concerns about the safety of children as a consequence of DVA, it is important to support the non-abusing parent in order to prevent further harm to them and their children and to repair the damaged parent child bond. The parent may be experiencing:
- Inability to protect or provide security for the child from the perpetrator or extended family
 - Loss of self-confidence as an individual and parent.
 - Feeling emotionally and physically drained, and distant from the children.
 - Not knowing what to say to the children.
 - Inability to provide appropriate structure or emotional and behavioural boundaries for the children.
 - Difficulty in managing frustrations and not taking them out on the children.
 - Inability to support the child/ren to achieve educationally or otherwise.

The non-abusing parent may need support to fully protect their child/ren from experiencing or witnessing the abuse, however the coercive control that a survivor is exposed to may make it very difficult to reach out for, or make use of, the help available.

- 4.13 **Early intervention:** since DVA generally escalates in severity over time it is always preferable to identify and intervene as early as possible to limit the harm to survivors and their children. Therefore, even if children are not requiring safeguarding at this time (i.e. below Social Care threshold) coordinated support and education needs to be offered to help the survivor and child make sense of the situation. Practitioners should encourage the survivors to ring the 24 hour free phone Helpline for support and advice. The practitioner should also use the available tools for Child In Need assessment [Early Help Assessment Form](#) (Nottinghamshire County Council) or [Common Assessment Framework](#) (Nottingham City)

Information Sharing: It is vital that practitioners work together and share information.

Practice for Work Where Domestic Abuse Is Identified

- 4.14 **Routine/Direct enquiry:** It is always good practice to ask about DVA regardless of your assumptions – create opportunities to be with the survivor alone to enable you to talk safely - examples of helpful questions are:

How are things in your relationship? How does your partner feel about you coming here? Do you ever feel threatened or scared?

- 4.15 **Safety Planning:** should be offered in all cases. This provides survivors with strategies for keeping themselves and their children safe. Safety planning empowers

the person to identify ways in which they can be safer even though they may still be experiencing abuse. You can access a sample safety plans for adults, young people and children on this link www.equation.org.uk. Seek advice and support from specialist agencies on safety planning.

- 4.16 **Information Sharing:** Responsible information sharing plays a key role in enabling organisations and professionals to protect people affected by domestic violence. Practitioners failing to share information, or doing so inappropriately, can put survivors at serious risk. In order to bring enhanced safety and protection to people affected by domestic violence, professionals need to work within the law, making pragmatic case by case decisions, and balance the risks of information sharing with the potential benefits. Where possible, practitioners will obtain consent to share information with other agencies. If consent is not forthcoming and the child is at risk of harm then consent is not required. The [NSCB/NCSCB interagency safeguarding children's procedures](#) provide further guidance on information sharing and issues around consent
- 4.17 **Accurate and Secure Record Keeping:** Accurate documentation and record keeping have an important role in responding to DVA and may provide cumulative evidence of abuse. Protect electronic documents and devices with passwords or other encryption. Lock away files. Do not travel around with paperwork containing survivors' addresses or other details. See procedures link
- 4.18 **Recording plans and reasons for decisions:** Safeguarding interventions should be planned and written down. Outcomes should also be recorded and plans amended accordingly. If several agencies are involved a joint plan should be constructed, shared and monitored. It is also important for practitioners to record their reasons for decisions to show why decisions are made and actions taken to evidence practice. E.g. Practitioners overriding consent to share information or not with partner agencies, or deciding to close a case.
- 4.19 **Awareness and skills training:** all managers and front line practitioners should prioritise training on domestic and sexual violence in order to identify indicators, understand how to respond, complete risk assessments and be familiar with survivor and children's options and referral routes. Managers have a key role in supporting colleagues to problem solve complex cases. This training is available free. See: www.equation.org.uk
- 4.20 **Access to Legal Aid:** There are exceptions to Legal Aid rules where domestic abuse can be demonstrated. See: www.equation.org.uk

Practice with Children and Young People Affected By Domestic Abuse

- 4.21 **Keeping the focus on the child/ren:** Whilst support for the parent/carer is vital for the long term safety of the child/ren it is also vital to keep child well-being central to any assessment or planned intervention. It is important that a worker is identified to talk to the child and see them apart from their parent /carer. A key professional should be identified to co-ordinate services for that child.
- 4.22 **Talking to children about domestic abuse:** Children may be reluctant to share information about their experience but it is important to work with children directly to establish how they are feeling about the abuse, to reassure them that it is not their

fault or the fault of the non-abusing parent, to believe their story and to help them rebuild the relationship with the survivor. Domestic abuse has a profound impact on the relationship between the child and non-abusing parent. Practitioners should seek to repair this vital relationship. Seek advice about communication with children who do not have speech.

- 4.23 **Child protection from domestic abuse:** If the threshold is reached where a child has suffered or is likely to be at ongoing risk of significant harm, then the child protection procedures will be implemented and a multi-agency child protection plan put in place to safeguard the children in the family as per NSCB / NCSCB procedures. In most cases this will mean the abuser being forced to leave or the non-abusing parent and children leaving the family home. On the rare occasions where the separation of children from the non-abusing parent is necessary, this must be because it is assessed to be in the immediate best interests of the children or if the risk is too great in the long term.

- 4.24 **Survivors arriving from another area with a child subject to a Child Protection Plan (CPP) is the same as [Movement of Children Subject to a Child Protection Plan](#) between Local Authority Areas.**

The NSCB / NCSCB procedures include guidance on ensuring a seamless transition of care in such circumstances. It must be recognized that times of transition or victims attempting to leave violent relationships pose an increased level of risk and communication and partnership working are essential to support families through these events.

A full history must be obtained as soon as possible from the previous Social Care service that developed the CPP. Practitioners need to fully understand all the known and potential threats to the child including any posed by the current carer(s) or members of the household, family or significant adults.

- 4.25 **A trilogy of risk (mental health or learning disability, substance and alcohol misuse, domestic and sexual violence):** has been identified in a number of Serious Case Reviews. In these cases the abusive adult relationship is likely to include dependencies and chaotic behaviour. The complexity of these issues makes it very difficult for parents to make positive changes in their behaviour even when they know it is harming their child. Dependence on substances and alcohol, poor mental health and learning disability can be used by perpetrators to control and confuse their victims making it very difficult for them to maintain a focus on their child or their own well-being.

Children exposed to a number of parental risk factors may be in touch with several agencies at the same time. It is vital that practitioners work together and share information. Adult support workers must “Think Family” and consider the needs and safety of dependent children as part of their assessments. Where they identify concerns they must consult the NSCB procedures and if necessary seek specialist advice or refer to the County MASH (Multi- Agency Safeguarding Hub) or CityDART (Domestic Abuse Referral team)

Specific Considerations:

- 4.26 **Young people at risk from intimate partner violence:** Increasingly, agencies are becoming aware of teenage victims of intimate partner violence. The survivor may think the abuse is normal and inevitable, and may not recognize the risks they are living with. Low self-esteem leads some young people to believe they deserve abusive treatment from their partner. Easy access to pornography and social media is increasing the vulnerability of young people to an increase in sexual expectations from peers. They may also be sexually exploited or part of gang culture where control of girls and boys through sex and violence is part of a criminal culture.

Safeguarding teenage victims of DVA should be given the same consideration as the abuse of younger children. It may be more difficult to protect a teenager but this is no reason to ignore opportunities to conduct assessments, share information and intervene where appropriate. Education about healthy relationships, internet safety and gender is essential to equip young people to make real choices and protect themselves from danger. Where this understanding has not been achieved through family or school, practitioners must help vulnerable young people to understand the choices they are making and the alternatives available. Specialist support is available through Women's Aid Young Persons Violence Advocates who use the Young Person's Risk Identification Checklist for assessment

- 4.27 **Girls affected by urban street gangs:** These girls and young women may not identify themselves as part of a gang and they may not recognize their risks. However, evidence shows they could be at risk from multiple perpetrators and agencies may not recognize the level of coercion they are subject to. Young survivors should be referred to specialist services and great care should be taken with any information disclosed.
- 4.28 **Girls and boys at risk of sexual exploitation:**
See [Nottinghamshire and Nottingham City Safeguarding Children Boards Good Practice Guidance on Child Sexual Exploitation](#)
- 4.29 **Female Genital Mutilation (FGM)**: is illegal in this country, and it is illegal to take a child elsewhere for FGM. Any suspected cases should be reported to Police and Social Care. Children should have medical attention to improve their physical health after FGM and receive support to understand what has happened. Historical cases often come to light during pregnancy where there may be severe complications arising from the FGM. This is an opportunity to put in place protection for the next generation of girls.
- 4.30 **Child Contact with abusing parent/ perpetrator:** In many cases, where the abusive partner is also father to the victim's children, the survivor, despite a decision to separate from the abusive partner, may believe that it is in the children's best interests to see their father. Others may be compelled by the Courts in private law proceedings to allow contact as Courts usually rule that children should grow up knowing both parents (unless there is good reason to refuse contact). Non-abusing parents can be most vulnerable to serious violent assault in the period after separation. Contact can be a mechanism for the abusive partner to locate the non-abusing parent and children and continue the abuse. If this is the case contact can be stopped by Social Workers with legal advice from the local authority. Practitioners should also assess whether contact is safe for the child and the survivor. Practitioners should support survivors in this situation to seek legal advice as to how manage contact safely.

- 4.31 **Young people who harm:** This group of young people have a dual need for support as possible survivors of domestic abuse and help to understand the consequences of their emerging abusive behaviour. It is important to support those that they are harming and identify that they are beginning to use coercive and controlling behaviour and abuse. Early Intervention may prevent further abuse from taking place. Referral to the Early Help Unit County / Children and Families Direct City can bring additional support.

Practice in Work with Survivors

- 4.32 Adult survivors disclosing DVA will have developing self-awareness about the level of risk to themselves and their children of living with domestic abuse. One of your roles may be to support a survivor to recognise the abuse in the perpetrators actions, and understand what is happening to them and the impact on their family.

It may be helpful to recognise that not all survivors respond to intervention or offers of help in the same way and practitioners need to take this into account

- **Self-identified survivors:** already recognize the abuse that they and their children are experiencing and will approach agencies for help with exploring their options and making themselves safer.
- **Agency identified survivors:** some may not recognize that they are in an abusive relationship and the impact on their children. A key element of work with this group is to enable them to understand what they are experiencing and the benefits of being in a healthy relationship. Others haven't previously referred themselves because they are too scared, or they feel that their needs are too complex to be helped. These concerns should be taken seriously and addressed through safety planning and a coordinated approach. Additionally some survivors may not be aware of what is available to them or how to access services.
- **Survivors who are still in a relationship with the perpetrator:** In this situation practitioners must take a risk based approach to intervention whilst also recognise that the child/ren need an outcome that is understood and supported by the non-abusing parent. The survivor may need support to recognise what a healthy relationship is and whether it is possible with the perpetrator. They also need to understand what their options are.

In most circumstances the best outcome for the child is for the child to remain with the non-abusing parent. Work to ensure that they both have a good understanding of domestic abuse, and its impact on them and their relationship will need to be undertaken.

It is helpful to use the DASH RIC form to develop an understanding of the level of risk to the survivor and children. It is important to develop an understanding of the pattern of abuse and to recognise where the greatest risk is coming from. For example there may be other abusive adults involved. Separation as a means of protection can be unhelpful because it may not be sustained, in such cases practitioners need to remain involved. Advice may be sought from specialist agencies on how to approach this. In every case the child/ren's safety must take precedence over adult concerns.

Separation is often the most dangerous time for survivors and children and safety during this time must be a priority.

In such circumstances multi-agency co-ordination and risk assessment is essential and any plans for work with survivors, children or perpetrators should be undertaken as part of a joint co-ordinated plan as outlined in the Pathway to Provision. A key worker must be identified to lead and co-ordinate the multi-agency plan.

- 4.34 **Understanding the impact on children:** Assessment should ensure that parents understand the impact of domestic abuse (see [Section 2](#)). There may be an emerging understanding from the survivor of the impact of living with domestic abuse on their children and they will need support to rebuild their relationships with their children and help them come to terms with their experience. E.g. It is not their fault. Support to a parent or carer will have a positive impact on their child/ren.
- 4.35 **Challenging parents / carers to make changes for the benefit of their child/ren:** Reflective supervision should be used for cases where parents seem to lack capacity or motivation to change. Also where parents / carers use manipulation or disguised compliance in response to challenges
- 4.36 **Complex needs:** Survivors who use drugs or alcohol and or have poor mental health or learning disability may have additional barriers to disclosing and getting help, such as No Recourse to Public Funds. Joint work with specialist agencies is essential as risks to children increase in such circumstances. Some perpetrators will convince their victims that previous criminal records or substance use will result in their disclosure not being believed or their children being removed. It is good practice to reassure the survivor that this is not the case.
- 4.37 **Survivors disclosing sexual assault or rape:** There are specialist agencies that can assist the survivor to report a sexual assault or rape and will support them through the medical examination and police interview stages which can be very stressful. Contact the Nottinghamshire 24-hour free phone Domestic and Sexual violence helpline for links to counselling, support, and the Topaz Centre (Sexual Assault Referral Centre). Survivors accessing Topaz can self-refer and do not have to report to the police.
- 4.38 **Male Victims:** Men may experience DVA from a family member, male or female partner. They may also be subject to forced marriage by their family. Disclosure may be very difficult as male victims may have specific barriers as a result of their experience²so it is important that survivors are taken seriously.

However, screening for primary perpetrators, should always be conducted. It is important to be clear when a survivor is retaliating or defending themselves of their children against a male perpetrator. Evidence suggests that 50% of men who disclose domestic abuse may be the primary perpetrator, so it is good practice to use the Equation male victims screening tool to give you confidence that you are working with a genuine survivor. See Equation website www.equation.org.uk. Failure to do this can put the genuine survivor and any children at risk.

Services for men are provided separately from women's services to protect survivors' safety and promote confidence in the various services. Support for men at High Risk is available from Equation and for Medium and Standard risk from Victim Support. Male survivors should also be encouraged to ring the national Mens Advice Line

² David Gadd 2002

Good Practice to Ensure Equal and Appropriate Access to Support

- 4.39 Some survivors and children face additional barriers to identification and support and it is helpful for colleagues to understand the impact of some of the following key issues:

Practitioners should consider referring to interpretation / translation or specialist services for survivors whose first language is not English or where there are communication difficulties or physical or learning difficulties

- 4.40 **Forced Marriage (FM)**: where an individual female or male is coerced into marrying without giving consent. Those most at risk are young, disabled and LGBT people. They may be taken abroad for the marriage. Perpetrators of FM may believe the forced marriage is in the best interests of the wider family or the individual victim, but FM is a form of domestic abuse and a breach of human rights. Loyalty to family and culture as well as violence and abuse may be brought to bear to prevent disclosure. Great care will be required to protect a person threatened with FM because there may be a number of perpetrators conspiring together and willing to use violence to achieve their objectives. Forced Marriage Protection Orders and refuge accommodation is available. As well as local specialist services and Police, there is help and advice available from the Forced Marriage Unit in the Foreign Office.
- 4.41 **'Honour' Based Violence (HBV)**: where an individual female or male is threatened with violence, assaulted or murdered for acting outside the wishes of family or community and accused of bringing dishonor or shame to their family or community. As with FM great care will be required to protect a person threatened with HBV because there may be a number of perpetrators conspiring together. Always seek advice from specialist agencies such as the Nottinghamshire 24 hour Freephone Domestic and Sexual Violence Helpline and Nottinghamshire Police Public Protection Unit.
- 4.42 **Immigration and no recourse to public funds**: A foreign national who settles in the United Kingdom on the basis of marriage or an unmarried partnership to someone already present and settled here must normally live with their partner or spouse for a probationary period of 2 years before applying for Indefinite Leave to Remain (ILR) in the United Kingdom. During this time they have No Recourse to Public Funds such as Housing Benefit. If the marriage or partnership breaks down during that period due to domestic violence the survivor can apply for ILR before the 2 year probationary period ends. Specialist support is often needed to obtain the evidence of DVA and to find a place of safety during the time it takes to make and process the ILR application. Where there are children, limited finance from City/County Social Care is available in this interim period. See: [Rights of Women](#)
- 4.43 **Disability and life limiting illness**: People with disabilities are more likely to be victims of domestic violence and abuse by their partners or family members than are

the rest of the population. This may be physical abuse, verbal abuse, sexual abuse, neglect, overdosing or withholding medication, stealing money, immobilization, financial abuse and denying necessary equipment. Agencies which provide services for people with disabilities need to have awareness and be given education and training about domestic violence. Where abuse is suspected a safety measure might be to insist on a network of personal care attendants, instead of relying on one or two paid personal care attendants or relatives to provide these services. Vulnerable adults affected by domestic abuse should be offered support to access both domestic abuse services and [safeguarding services](#) (Nottinghamshire County Council) & [safeguarding services](#) (Nottingham City). Where capacity is an issue this may need to be explored in more detail – seek advice from specialist services.

- 4.44 **Lesbian Gay, Bi-sexual, Transgender (LGBT):** Abuse in same sex relationships is rarely reported to the Police even though anonymous surveys show that gay men experience DVA with similar frequency to that of women in hetero-sexual relationships and lesbians also disclose significant levels of DVA. In responding to disclosures from LGBT survivors, extra care should be taken to protect confidential lifestyle information where possible, and to demonstrate equal access to the law and to support of all kinds. It is important to screen survivors/victims to establish who the primary perpetrator is as for male victims. There is specialist support available from The Health Shop Women's Aid (and Equation referred through the MARAC). The national LGBT Broken Rainbow helpline 0800 999 5428 may also be helpful.
- 4.45 **Older people:** experiencing DVA may have lived with this for many years and have been routinely and successfully controlled by their partner. They do not appear in large numbers in Police data but this is likely to be because of low reporting rather than low prevalence. The survivor is likely to feel very isolated and shamed by the abuse. As well as safety planning, risk assessment and support to engage in criminal proceedings, older survivors may need long term support to rebuild their lives and relationships with family members etc. Where an older person has mental capacity issues both safeguarding and domestic abuse should be discussed to give the widest opportunity for support. It is unhelpful to approach this from only one perspective.

Good Practice with Perpetrators

- 4.46 It is useful to understand more about the type of perpetrator in the case. Some examples are outlined below:
- 4.47 **Adult Perpetrators:** agencies are beginning to develop a more sophisticated understanding of perpetrators and it is helpful to recognise who we are working with as it will impact on how to safeguard the survivor and children.
- 4.48 **Serial perpetrators:** move from partner to partner, they may retain their relationships with a number of partners at the same time, and be a father to a number of children and young people impacting on their safeguarding. It is important to look for other survivors and children associated with this perpetrator.
- 4.49 **Enduring perpetrators:** remain in a relationship with one survivor over a long period of time; the abuse may have begun as violent, but in later years will have become completely controlling. No longer needing to use physical violence to exert control, but the survivor is still living with abuse and its impact on them. The impact on the

survivor may include mental ill health, alcohol and substance misuse as a form of self-medication. In these types of relationship the survivor may retaliate with violence or defend themselves and it may not be clear at first who the primary perpetrator is. It is important to understand the pattern of abuse over time to identify the perpetrator, survivor and the impact of the abuse on the whole family including children and grandchildren.

- 4.50 **Multiple perpetrators:** may be part of a family group or 'gang' and may be involved in forced marriage or honour based violence or coercion or sexual exploitation. Survivors in this situation may believe themselves to be at too great a risk of harm to contact agencies which they perceive as unable to protect them. Practitioners should act with extreme care when working with this group of survivors as any breach of confidentiality could put them at further risk. It is vital to understand who all the potential perpetrators may be; this can include mothers-in-law and other women in the family, as well as fathers and other male relatives. The survivor disclosing to you will be the best judge of their own risk.

It is vital to plan carefully the safest sequence of events when seeking to deal with multiple perpetrators. It is important to discuss this with the survivor and maintain confidentiality and ensure co-ordination between agencies.

- 4.51 **Holding perpetrators to account:** frequently the perpetrator disappears from agency view, and all the responsibility for a child's safety is focused on the non-abusing parent. To enable a greater focus on the perpetrator and a recognition that a survivor can't make them and their children safe without support, practitioners should work with the police and civil law to hold perpetrators to account and make them more visible in the protection of the child. It is helpful to recognize that perpetrators may threaten their partner or children with helping agencies such as social care, telling survivors that children will be taken into care if they see what happened. Survivors need to develop confidence in services before they are able to get the help that they need.

- 4.52 **Professional safety:** Perpetrators will often seek to manipulate and/or intimidate practitioners. They may also pose a direct risk to staff. Perpetrators may encourage practitioners to collude with them in blaming or dismissing the survivor. Practitioners need to plan how to manage these risks and prepare well for any contact with perpetrators, involving colleagues where there are concerns. It may be helpful to discuss feelings of apprehension and fear with specialist colleagues or managers.

5. MULTI-AGENCY RISK ASSESSMENT CONFERENCE (MARAC)

- 5.1 The purpose of the MARAC is to develop a multi-agency response to improve the safety of the survivor and children and to hold perpetrators to account. MARAC supports but does not supersede child protection procedures or statutory obligations. However the views and information shared at MARAC must be taken into account as part of safeguarding assessments.
- 5.2 MARACs are multi-agency meetings with a standing membership that share information about High Risk Domestic Violence cases. The MARAC meetings are held fortnightly and attended by representatives from all partners engaged in responding to DVA. There are three Nottinghamshire MARACS covering

Nottingham, North Nottinghamshire and South Nottinghamshire. The MARAC holds a brief discussion (10 minutes) to determine the risks for each case and the wishes of the survivor, and then agencies volunteer actions to reduce further risk and support long term safety of the survivor and any children or vulnerable adults in the family. Actions are logged and reviewed for completion. All actions are completed by practitioners as soon as possible and always within 14 days unless circumstances prevent this happening, in which case an alternative must be provided and reported to the next MARAC meeting.

Details to refer to or contact MARACs in Nottingham/shire can be found on the [DASH RIC form for Domestic Abuse and Risk Assessment](#).

See [Equation](#) for MARAC Operating Protocol and Information Sharing Agreement.

6. CIVIL AND CRIMINAL JUSTICE PROCESSES

6.1 There are a number of processes whereby the Police and other agencies can protect children and families from Domestic Abuse.

6.2 These include:

- Non-Molestation Orders – this injunction aims to prevent known perpetrators from harassing or abusing survivors
- Domestic Violence Protection Orders – This is a police civil power to remove an alleged perpetrator from a survivor’s home
- Domestic Violence Disclosure Scheme – This police power allows the Police to disclose historical abuse to current partners in certain circumstances
- Forced Marriage Protection Orders – protect potential victims from being harassed or taken out of the country
- The Stalking and Harassment Act – Civil and criminal basis for conviction for stalking and harassment
- Sanctuary Schemes – physical security with support in a survivor’s home

For more information about these processes see [Equation](#)

7. GLOSSARY

Abbreviation	In full
CPP	Child Protection Plan
DART	Domestic Abuse Referral Team (City)
DASH RIC	Domestic Abuse, Stalking and Harassment and Honour based violence Risk Identification Checklist
DVA	Domestic Violence and Abuse
FGM	Female Genital Mutilation
FM	Forced Marriage
HBV	Honour Based Violence
ILR	Indefinite Leave to Remain
LGBT	Lesbian Gay, Bi-sexual, Transgender
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub (County)
NCSCB	Nottingham City Safeguarding Children Board

NSCB	Nottinghamshire Safeguarding Children Board
NSAB	Nottinghamshire Safeguarding Adult Board
NCSAB	Nottingham City Safeguarding Adult Board
Specialist agencies	Third sector specialist DVA agencies such as Women's Aid or Equation or Rape Crises

8. IMPORTANT WEB LINKS EMBEDDED WITHIN THE DOCUMENT

NSCB Procedures - http://nottinghamshirescb.proceduresonline.com/core/core_contents.html

[DASHRIC with Classification grid and MARAC referral form](#)

Pathway to Provision - <http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/>

Nottingham City Family Support Strategy and Pathway - <http://www.nottinghamcity.gov.uk/ics/index.aspx?articleid=14713>

Referral Pathway - <http://www.equation.org.uk/service-directory-2/>

Information Sharing - http://nottinghamshirescb.proceduresonline.com/core/p_info_sharing.html

Equation (Training) - <http://www.equation.org.uk/professionals/training/>

NSCB – Movement of Children - http://nottinghamshirescb.proceduresonline.com/core/p_ch_fam_moving_across_la.html

Female Genital Mutilation - http://nottinghamshirescb.proceduresonline.com/guides/p_fem_gen_mutil.html

NSCB & NCSCB – Child Sexual Exploitation - <http://nottinghamshirescb.proceduresonline.com/guides/guides.html>

Nottinghamshire County Council - Early Help Assessment Form - <http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/early-help-assessment/>

Nottingham City – Common Assessment Form - <http://www.nottinghamcity.gov.uk/ics/index.aspx?articleid=2545>

Forced Marriage - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/35530/forced-marriage-guidelines09.pdf

No Recourse to Public Funds - http://www.rightsofwomen.org.uk/pdfs/Legal/Domestic_violence_immigration_law_and_NRPF.pdf

NSAB – Safeguarding Services - <http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/safeguardingadults/procedure-and-guidance/>

NCASB – Safeguarding Services - <http://www.nottinghamcity.gov.uk/ncaspb>

Additional Useful Links

Duluth Models Power and Control, Equality. Abuse of Children, Nurturing Children - <http://www.theduluthmodel.org/training/wheels.html>

List of specialist services - <http://www.equation.org.uk/service-directory-2/>

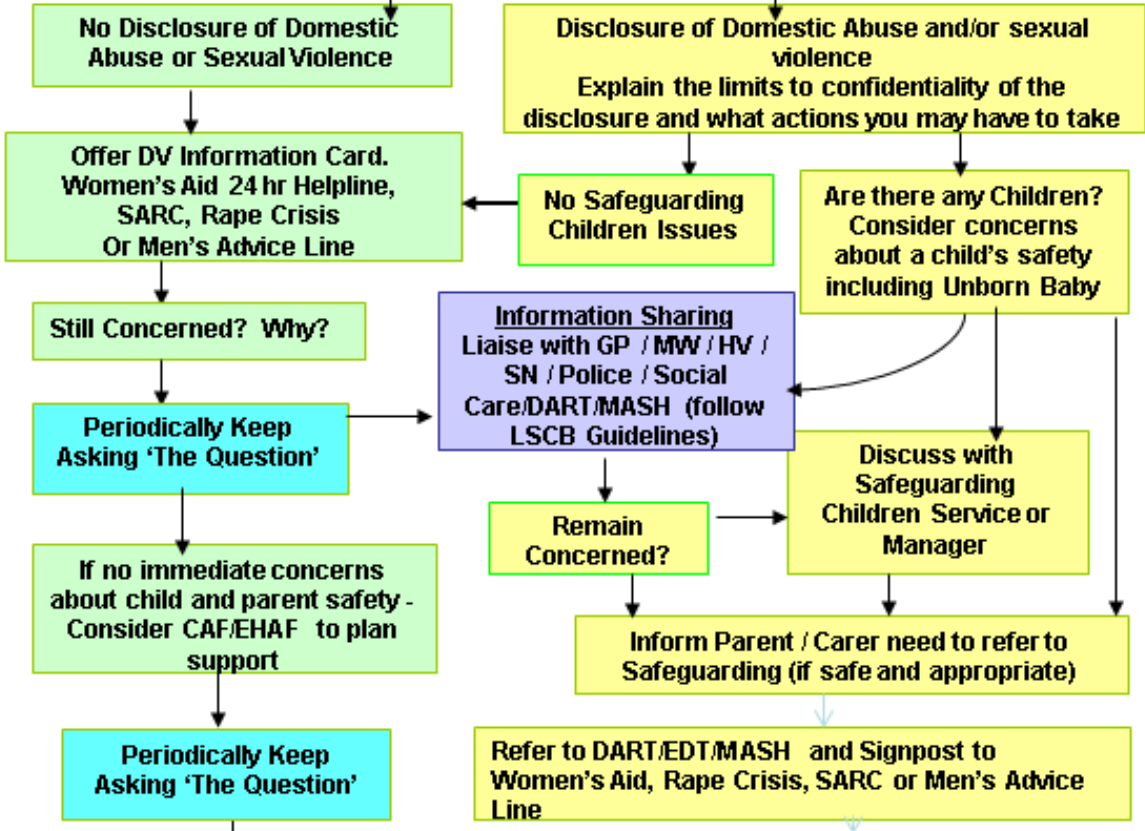
Male screening tool - <http://www.equation.org.uk/professionals/ndvf-library/working-with-men-experiencing-domestic-abuse/>

Stella toolkit - [http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/stella-project-toolkit-\(2007\).aspx](http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/stella-project-toolkit-(2007).aspx)

APPENDIX 1

**DOMESTIC ABUSE & SEXUAL VIOLENCE?
FACE THE FACTS & ASK 'THE QUESTION'
ROUTINE AND DIRECT ENQUIRY**

Ask the question
Document when you ask the question and the response



Give Information Safely

Nottinghamshire DV Helpline Number
0808 800 0340

SARC/Topaz Centre 0845 600 1588

Women's Aid National 24 hr Helpline
0808 2000 247

Nottingham Rape Crisis 0115 941 0440

Men's Advice Line 0808 801 0327
999 in Emergency

Best Practice Always talk to the survivor alone

- Never pressure a survivor to leave partner
- Discuss and ensure a safety plan is in place
- Use Risk Indicator Checklist. Reinforce options
- Explain the role of expert agencies
- Give local or National Helpline number
- Advise dialling 999 in an emergency
- Always use a professional interpreter if English is not first language. Never use family members or a client's friend
- Always ensure complex Domestic Abuse cases are brought to supervision for discussion
- Document all contacts, when asking 'The question', disclosures, actions, observations etc.

THE ROUTINE ENQUIRY ASK 'THE QUESTION'
RESEARCH INDICATES SURVIVORS WANT TO BE ASKED IF THEY ARE EXPERIENCING DOMESTIC ABUSE

“About one in four women in the UK will experience domestic abuse at some point in their lives. We also know that domestic abuse sometimes starts for the first time in pregnancy. Are you experiencing domestic abuse?” “We ask all women this question routinely”.

Does your partner do or say things of a sexual nature that makes you feel bad or that physically hurt you?

“Has your partner ever hit you?” “Are you afraid at home?” “How does your partner react when they are angry / under the influence of alcohol?” “What happens if you disagree with your partner?”

“You seem quiet?” “How are things?” “How are things at home?” “How are things with your partner?” “Are you feeling well supported?” “How is your partner coping?” Are they looking after you?” “How does your partner respond when you say how you feel?”

That’s a nasty bruise/scratch. How did that happen?” “Is everything alright at home?” “Can you talk about it?” “I am wondering if someone has hurt you”.

“You seem a bit down/quiet, is everything OK? How are you feeling?” “Is something happening at home?”

No Disclosure

The survivor should be offered a ‘domestic abuse information’ card or leaflet (Free From Fear card for women and men’s Advice Line card for men) and/or Topaz Centre or Rape Crisis numbers

A response such as “I don’t need that” warrants a reply such as “Good but perhaps you could hold onto it so that if someone in the family, a neighbour or friend talks to you about this you could use it then.”

If this is likely to cause safety issues where the perpetrator may find the card, then say “Good but, you know where you can find information should you or someone you know is affected by violence.”

Disclosure

If a survivor responds positively to enquiry about domestic abuse and/or sexual violence it is important to be non-judgemental and offer support.

E.g. “I am sorry to hear that you are living with abuse and violence. You have shown great courage in disclosing this information”. “Do you know about the services available to help you? “What might be helpful to you?” “Who do you know who can support or help you?”

Complete Risk Indicator Checklist (RIC) if appropriate to local area. **Inter-Agency Practice Guidance In Relation to Children and Domestic Violence NCSCB and NSCB 2014**

Emphasise local and National 24hr Domestic Violence Free Phone Help Line Number, Men’s Advice Line or local SARC.

“Would you like me to phone them for you or arrange a meeting for you?”

Safety Plan

The client **must not** inform the perpetrator of any intended plans. **Emphasise this is for client’s safety**

Discuss how the written information you give to a client, and the personal items discussed in the safety plan, can be kept safe from the perpetrator. This may entail the worker holding information on behalf of the woman.

The safety plan should include;

- Identifying a safe place to go to (Friend/Relative/Police Station)
- Money for the phone, bus or taxi.
- Extra set of keys for the house or car
- Birth/marriage certificates, benefits/rent books, passports.
- Address book/ list of emergency numbers
- Children’s favourite toys/ photos/ mementoes
- Essential medication
- Making plans for pets
- Clothes
- Baby food / nappies, etc

Men can also be victims of domestic abuse, and there can be domestic abuse in same sex, bi-sexual and transgender relationships. However, the majority of victims of domestic abuse are women.

Domestic Abuse is a health issue and healthcare staff should be aware of the extent and seriousness of this problem.

Women living with domestic abuse are:

- 9 times more likely to abuse drugs
 - 15 times more likely to abuse alcohol
 - 3 times more likely to be diagnosed as depressed or psychotic
 - 5 times more likely to attempt suicide
- (Stark & Flitcraft)