Bedford Borough Safeguarding Children Board,
Central Bedfordshire Safeguarding Children Board &
Luton Safeguarding Children Board
Working together to safeguard children

Safeguarding Children abused through Domestic Abuse

A joint Protocol with Bedford Borough Safeguarding Children Board, Central Bedfordshire Safeguarding Children Board and Luton Safeguarding Children Board

Contents

Glossary

DA	**Domestic Abuse**
DV	**Domestic abuse**
MARAC	**Multi Agency Risk Assessment Conference**
BBSCB	**Bedford Borough Safeguarding Children Board**
CBSCB	**Central Bedfordshire Safeguarding Children Board**
LSCB	**Luton safeguarding Children Board**
IAT	**Initial Assessment Team**
IDVAS	**Independent Domestic abuse Advocacy Service**
MODUS	**Secure case management system**
DASH	**Domestic Abuse, Stalking and Harassment and Honour Based Violence - Risk Identification, Assessment and Management Model**
PPU	**Public Protection Unit (Bedfordshire Police)**
CAFCASS	**Children and Family Court Advisory and Support Service**
LA	**Local Authority**
ICS	**Integrated Children's Systems (Secure client database)**
ACPO	**Association of Chief Police Officers**
CAADA	**Coordinated Action Against Domestic Abuse**

1. Introduction

1.1 The purpose of this Protocol is to set out the procedure for referrals of Domestic Abuse where children are involved. It also sets out the process for informing Health Visitors and School staff about referred cases. It is important that the timescale within which referrals should be made are kept to in order to ensure the safety and protection of children and their non-abusing parent. Agencies should apply these procedures to all circumstances of domestic abuse. Most domestic abuse is perpetrated by men against women, and this procedure provides guidance on safeguarding the children who, through being in households / relationships, are aware of or targeted as part of the violence. This procedure refers to the victim/survivor as female (**mother**) and the abuser as male as this reflects the majority of cases where there are child protection concerns. However, agencies should apply the guidance to all situations of domestic abuse. Domestic abuse can also be perpetrated by women against men, within same sex relationships, and between any other family members.

1.2 This protocol should be read in conjunction with Bedford Borough Safeguarding Children Board (BBSCB), Central Bedfordshire Safeguarding Children Board (CBSCB) & Luton Safeguarding Children Board (LSCB) Interagency Child Protection Procedures and BBSCB, CBSCB, LSCB, Bedfordshire & Luton Domestic Abuse Partnership Information Sharing protocol, each Local Authorities Child in Need procedures and the Escalation policy.

1.3 The issue of children living with domestic abuse is now recognised as a matter for concern in its own right by both government and key children's services agencies. The link between child physical abuse and domestic abuse is high, with estimates ranging between 30 to 66% depending upon the study. [1]and estimates of sexual abuse ranging from 10% to 30%[2]. Nearly three quarters of children subject of a child protection plan lived in households where domestic abuse occurred. (DOH 2002). In 1998, a study found that 70% of children living in UK refuges had been abused by their father.

1.4 All the five key outcomes for children identified in Every Child Matters can be adversely affected for a child living with domestic abuse, abuse or neglect. Significant harm from the impact of domestic abuse and abuse of (on) an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances.

1.5 The three central imperatives of any intervention for children living with domestic abuse are:

- To protect the child/ren;
- To support the victims of domestic abuse to protect themselves and their child/ren; and
- To hold the abusive partner accountable for their violence and provide them with opportunities to change.

[1] Hester et al (2000): Edleson (1999); Humphreys and Thiara (2002).
[2] McCloskey, Figueredo and Kloss (1995) Roy (1988)

2. Definition

2.1. Domestic abuse is defined by the Home Office 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 family members, regardless of gender or sexuality'.

"The violence can be psychological, physical, sexual, emotional or financial. It can include honour based violence, female genital mutilation and forced marriage. "

2.2 The main characteristic of domestic abuse is that the behaviour is intentional and is calculated to exercise power and control within a relationship.

Examples of these behaviours are:

- Psychological / emotional abuse – intimidation and threats (e.g. about children or family pets), social isolation, verbal abuse, humiliation, constant criticism, enforced trivial routines, marked over intrusiveness.
- Physical violence – slapping, pushing, kicking, stabbing, damage to property or items of sentimental value, attempted murder or murder;
- Physical restriction of freedom – controlling who the mother or child/ren see or where they go, what they wear or do, stalking, imprisonment, forced marriage;
- Sexual violence – any non-consensual sexual activity, including rape, sexual assault, coercive sexual activity or refusing safer sex; and
- Financial abuse – stealing, depriving or taking control of money, running up debts, withholding benefits books or bank cards.

Forced marriage and honour-based violence

2.3.1 Forced Marriage is defined as:

"A marriage in which one or both spouses do not (or in the case of some adults with learning disabilities, cannot) consent to the marriage and duress is involved. Duress can involve physical, psychological, financial, sexual and emotional pressure."

Foreign and Commonwealth Office, Forced Marriage Multi Agency Guidelines June 2009

2.3.2 Children and young people can be subjected to domestic abuse perpetrated in order to force them into marriage or to 'punish' him/her for 'bringing dishonour on the family'.

Whilst honour based violence can culminate in the death of the victim, this is not always the case. The child or young person may be subjected over a long period to a variety of different abusive behaviours ranging in severity. The abuse is often carried out by several members of a family and may, therefore, increase the child's sense of powerlessness and be harder for professionals to identify and respond to.

2.3.3 All staff are required to be familiar with the Multi Agency Practice Guidelines: Handling cases of Forced Marriage, Foreign Commonwealth Office June 2009.

Copies can be obtained from:

www.fco.gov/forced marriage

2.4 **Female Genital Mutilation**

2.4.1 Female genital mutilation (FGM) is a collective term for procedures which include either the partial or total removal of the external genital organs for cultural or other non therapeutic reasons.

It is illegal in England and Wales and has been since the introduction of the Prohibition of Female Genital Mutilation Act 1985. The Female Genital Mutilation Act (2003) replaced the 1985 Act and now makes it an offence for girls and women to be taken out of the country for the purposes of performing this procedure elsewhere, or arranging for this to happen.

Female Genital Mutilation is more common than many people recognise both in this country and many others, worldwide. It is not required by any major religion and is a harmful and dangerous practice that can cause long term physical as well as psychological trauma.

For additional information on Safeguarding Children and Young People from FGM see BBSCB, CBSCB & LSCB's; Interagency Child Protection Procedures, Chapter 7.

3. Families with additional vulnerabilities

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

- **Culture:** the culture amongst some communities means that it is often more difficult for those experiencing domestic abuse to admit to having relationship problems. This is because a failed relationship is often seen as being the fault of one party and they will be blamed for letting down the family's honour. In some cultures, a separation or a failed relationship is frowned upon. Difficulties maybe compounded due to problems in seeking help due to language and interpreting issues.
- **Immigration status:** children and their parents/carers may have an uncertain immigration status, which could prevent them from accessing services. The parent/carer may also be hesitant to take action against their partner for fear of losing their right to remain in the UK. In some cases, women/men have received threats of deportation from their partner or extended family if they report domestic abuse and have had their passports taken from them.

  Similarly, children may have had their passports taken away from them and may fear that they and/or their mother could be deported if they disclose domestic abuse in the family.
- **Recent trauma:** families of all kinds of backgrounds, irrespective of their race or religion, could have suffered a traumatic history and/or a disrupted family life and may need support from professionals. Immigrant families can also require support to help them integrate their culture to that of the host country.
- **Language / literacy:** children and their mothers may face the additional challenge to engaging with services in that English is not their first language. When working with

these children and families, professionals should use professional interpreters who have a clear Criminal Records Bureau check; it is not acceptable to use a family member or friend, and members of the extended community network should also be avoided wherever possible.

- **Social exclusion:** children and their families may also face additional vulnerabilities as a result of social exclusion. The British Crime Survey indicates that people who are currently on a low income and/or not owning their own home are more likely than those on a higher income and/or homeowners to have experienced incidents of domestic abuse. This can include women with no recourse to public funds.
- **Temporary accommodation:** many families live in temporary accommodation. When a family moves frequently, they may be facing chronic poverty, social isolation, racism or other forms of discrimination and the problems associated with living in disadvantaged areas or in temporary accommodation. These families can become disengaged from, or may have not been able to become engaged with, health, education, social care, welfare and personal social support systems
- **Disability:** children and/or mothers with disabilities/difficulties (physical and/or learning) may be especially vulnerable in situations where the abuser is also their primary carer, and some refuges may lack appropriate facilities to respond and/or support their particular needs. The British Crime Survey consistently shows that disabled people are much more likely to experience domestic abuse than non disabled people.
- **Lesbian, gay, bisexual and transgender people:** may also be especially vulnerable, and issues such shame, stigma, mistrust of authority (particularly the police) fear of having children taken away because of incorrect stereotyping, "outing" etc can lead to the abuse / violence being hidden and unreported. There are also issues around safe havens for transgender people and their children, and some women's refuges may not accept men who have not fully transitioned.
- **Gypsies and Travellers:** Gypsies and travellers are part of a community that have been moving around in Bedfordshire for hundreds of years[3]. They are known to have reduced life expectancy, high rates of disability and a range of chronic health conditions[4]. In addition women from this community suffer from domestic abuse over a longer period[5] thus increasing the negative impact on any children in the family.
- **Mental Health:** Abused women are at least three times more likely to experience depression or anxiety disorders than other women. One-third of all female suicide attempts and half of those by Black and ethnic minority women can be attributed to past or current experiences of domestic abuse. Women who use mental health services are much more likely to have experienced domestic abuse than women in the general population. 70% of women psychiatric in-patients and 80% of those in secure settings have histories of physical or sexual abuse. Children who live with domestic abuse are at increased risk of behavioural problems and emotional trauma, and mental health difficulties in adult life

[3] Independent Commission (2002)
[4] Haton M (2004) The health and site needs of the transient gypsies and travellers of Leeds. www.grtleeds.co.uk
[5] Clark (2009)

- **Drugs and Alcohol misuse:** Unfortunately, it is very common for parental alcohol misuse and parental domestic abuse to co-exist within the same families. Further, there are usually many other problems also present in these families (for example, use of illicit or prescription drugs, mental health problems, unemployment or social exclusion and deprivation). The type of problems that are experienced, and how this can make children and young people feel, are very similar regardless of the risky environment in which the child or young person lives. In other words, problems can arise in the areas of health, education performance, relationships, family environment, parenting and emotions. However, a common finding is that it can often be the aggression and disharmony that is present, rather than problem drinking itself, which causes more disruption for children and young people and increases the risk of harm.
- **Pregnancy:** In almost a third of cases domestic abuse begins or escalates during pregnancy and it is associated with increased rates of miscarriage, premature birth, foetal injury and foetal death. The mother may be prevented from seeking or receiving proper ante- natal or post-natal care. In addition if the mother is being abused this can effect her attachment to her child, more so if the pregnancy is a result of rape by their partner. Legally, if a miscarriage is caused by abuse, the assailant can be charged under S.58 of the Offences against the Person Act, "using an instrument with intent to cause a miscarriage If a baby is born prematurely as a result of an assault, and then dies, the assailant may be charged with manslaughter

- **Teenage relationships/pregnancies:** Teenage relationship abuse often is hidden, because teenagers typically: have little experience of relationships; can be under pressure from their peers to act cool; and have 'romantic' views of love. Communication technologies are an important component of teenage relationships. A significant minority of teens say their partners use mobile phones or the internet to control, humiliate and threaten them. Teenagers who are experiencing relationship abuse can view it as something to put up with, or will normalise the issue, telling themselves that 'it's just the way things are'. There is also a powerful element of peer pressure, which encourages girls to think that they'd prefer to have a boyfriend who hits them than no boyfriend at all. Teenagers also have a lack of understanding of the consequences of relationship abuse, and will tell themselves 'it's not that bad' or 'it's ok – it's just messing around'. Teenagers will rarely voluntarily confide in anyone about abuse – least of all their parents – as they are likely to feel ashamed, guilty and scared. So talking to them is crucial. Boys are often told that in order to be a man they must be powerful, strong and in control. In relationships, this control can manifest itself as either psychological or emotional – as abuse threats, possessiveness, jealousy and physical violence. Most boys who abuse their partner are in denial about their actions and don't consider themselves abusers. Boys are often shocked by the consequences of their behaviour on their partners, and don't actually want to become violent and controlling men. Awareness is crucial to stopping this pattern. Boys can be victims too and it is important to make sure they do not feel alienated and this issue is not ignored.

4. The impact of domestic abuse

4.1 The impact of domestic abuse on children

4.1.1 The risks to children living with domestic abuse include:

- Direct physical or sexual abuse of the child. Research shows this happens in up to 60% of cases; also that the severity of the violence against the mother is predictive of the severity of abuse to the children[3];
- Direct sexual abuse of the child. Studies identify domestic abuse as one of the strongest indicators of interfamilial sexual abuse with reported levels of sexual abuse in between 10 and 30% of cases sampled.[6]
- The child being abused (harmful effect on a child) as part of the abuse against the mother:
    - Being used as pawns or spies by the abusive partner in attempts to control the mother;
    - Being forced to participate in the abuse and degradation by the abusive partner.
- Emotional abuse and physical injury to the child from witnessing the abuse:
- Hearing abusive verbal exchanges between adults in the household;
- Hearing the abusive partner verbally abuse, humiliate and threaten violence;
- Observing bruises and injuries sustained by their mother;
- Hearing their mother's screams and pleas for help;
- Observing the abusive partner being removed and taken into police custody;
- Witnessing their mother being taken to hospital by ambulance;
- Attempting to intervene in a violent assault;
- Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault.
- Negative material consequences for a child of domestic abuse:
- Being unable or unwilling to invite friends to the house;
- Frequent disruptions to social life and schooling from moving with their mother fleeing violence;
- Hospitalisation of the mother and/or her permanent disability.

4.1.2 Children who witness domestic abuse suffer emotional and psychological maltreatment. They tend to have;

- Low self-esteem
- Experience increased levels of anxiety, depression, anger and fear, aggressive and violent behaviours, including bullying
- Lack of conflict resolution skills
- Lack of empathy for others

[6] Paveza (1988) reported daughters of domestic abuse perpetrators to be 6.5 times more likely to be victims of father perpetrated sexual abuse than other girls. McCloskey, Figueredo and Kloss (1995) identified sexual abuse in 9.6% of cases where there was domestic abuse compared to 0.5% of control cases. Roy (1988) Found sexual abuse reported by 28% of girls whose fathers where violent to the mother.

- Poor peer relationships
- Poor school performance
- Anti-social behaviour
- Pregnancy,
- Alcohol and substance misuse,
- Self blame,
- Hopelessness,
- Shame
- Apathy,
- Post traumatic stress disorder – symptoms such as hyper-vigilance, nightmares and intrusive thoughts – images of violence,
- Insomnia,
- Enuresis and
- Over protectiveness of their mother and/or siblings.

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

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

4.1.4 30% of domestic abuse begins or escalates during pregnancy[7], and it has been identified as a prime cause of miscarriage or still-birth[8], premature birth, foetal psychological damage from the effect of abuse on the mother's hormone levels, foetal physical injury and foetal death[9]. The mother may be prevented from seeking or receiving proper ante-natal or post-natal care. In addition, if the mother is being abused this may affect her attachment to her child, more so if the pregnancy is a result of rape by her partner. An exploration of the possible impact on the unborn child shows the foetus is at risk of injury because violence towards women increases both in severity and frequency during pregnancy, and often involves punches or kicks directed at the women's abdomen. Such assaults can result in a greater rate of miscarriage, still or premature birth, foetal brain injury and fractures. Domestic abuse is also associated with

[7] Gynneth Lewis and James Drife, *Why Mothers Dies 2000-2002 – Report on confidential enquiries into maternal deaths in the United Kingdom* (CEMACH, 2005).
[8] Gillian Mezey, "Domestic Abuse in Pregnancy" in S. Bewley, J. Friend, and G. Mezey (ed.) *Violence against women* (Royal College of Obstretricians and Gynaecologists, 1997).
[9] Robert Anda, Vincent Felitti, J. Douglas Bremner, John Walker, Charles Whitfield, Bruce Perry, Shanta Dube, Wayne Giles, "The enduring effects of childhood abuse and related experiences: a convergence of evidence from neurobiology and epidemiology", in *European Archives of Psychiatric and Clinical Neuroscience, 256 (3) 174 – 186* (2006 – available online at: http://childtraumaacademy.org/default.aspx)

women's irregular or late attendance for ante-natal care. Poor attendance may be the result of low self esteem and depression or due to an abusive partner controlling and restricting women's use of medical services. Please see Appendix 7 (Health Practitioners Domestic abuse Identification and Referral Pathways, Guidance notes and flow chart). Once born, the baby continues to be at risk of injury. For example, the infant may be in his or her mother's arms when an assault occurs. A young child's health and development may also be compromised when violence results in the mother having difficulty in concentrating, becoming depressed, or self medicating. When domestic abuse undermines the mother's capacity to provide her infant with a sense of safety and security it can impact on the attachment process. Finally, domestic abuse may influence a young child's social relationships, increasing their outbursts of anger, peer aggression and other behaviour problems. (Working Together 2010 9.23)

4.1.5 Children in middle childhood, who live with domestic abuse, continue to be at risk of being physically injured. Injuries may occur when the child is caught in the cross-fire or when trying to intervene to protect their mother. There is also evidence to link domestic abuse with elevated levels of child sexual abuse. Witnessing domestic abuse affects children's emotions and behaviour and can lead to temper tantrums and aggression which are directed at family and peers, and cruelty towards animals. Exposure to domestic abuse is also associated with children being more anxious, sad, worried, fearful and withdrawn, than children who are not exposed. Some children cope with the stress and fear of violence by seeking to escape. During middle childhood this may be through fantasy and make-believe, or by withdrawing into themselves, or seeking a place of safety. Experiencing domestic abuse and seeing parents unable to control themselves or their circumstances may result in feelings of helplessness and confusion. Children may blame themselves for their parent's violence and feel inadequate and guilty when unable to stop the violent episode or prevent its reoccurrence. (Working Together 2010 9.24)

4.1.6 Adolescents exposed to domestic abuse may live in constant fear of violent arguments, being threatened, or actual physical violence being directed at a parent (usually the mother) or themselves. The likelihood of being physically injured continues. Furthermore, in a recent survey of 13 to 17-year-old girls in intimate relationships, one in six girls said they had been hit by their boyfriends (4% regularly) and one in sixteen said they had been raped. Experiencing domestic abuse has a serious emotional impact: feelings can include fear, sadness, loneliness, helplessness and despair, and anger. In the home anger may be focused on both parents, towards the abuser for inflicting the violence and towards the victim for accepting the behaviour. Witnessing the abuse of a parent or experiencing intimate partner violence may result in adolescents exhibiting behavioural problems, both at home and in school, which have an impact on friendships and educational progress. Education can suffer when adolescents stay home to protect their parent or themselves from an abusive partner. Friends are highly valued by teenagers as confidants and sources of support, but behavioural difficulties may jeopardise friendships. Many adolescents cope with the stress of domestic abuse by distancing themselves from their family or friends. They may withdraw emotionally through music, reading or participating in on-line virtual worlds, or physically by spending long periods out of the home, or running away. (Working Together 2010 9.25)

4.2 The impact of domestic abuse on parenting

4.2.1 Domestic abuse very often co-exists with high levels of punishment, the misuse of power and calculated self-control by the abusive partner. Parents/carers in an abusive relationship may have diminished ability to parent well.

4.2.2 Many mothers seek help because they are concerned about the risk domestic abuse poses to their child/ren. However, domestic abuse may diminish a mother's capacity to protect her child/ren and mothers can become so preoccupied with their own survival within the relationship that they are unaware of the effect on their child/ren.

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

- 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, security or emotional and behavioural boundaries for the children;
- Difficulty in managing frustrations and not taking them out on the children; and
- Inability to support the child/ren to achieve educationally or otherwise.
- Health issues, fro example miscarriages, mental health issues.

4.2 4 Professionals are often very optimistic or fail to take into account the man's role as a parent, whilst scrutinising the mother's parenting in much greater detail. However, research[10] has found that the abusive partners had inferior parenting skills, including being:

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

5. The impact of substance misuse and mental health

5.1 Mothers

5.1.1 Mothers who experience domestic abuse are more likely to use prescription drugs, alcohol and illegal substances.

5.1.2 For a mother experiencing domestic abuse, alcohol and drugs can represent a wide range of coping and safety strategies. Mothers may have started using legal drugs prescribed to alleviate symptoms of a violent relationship. Mothers may turn to alcohol and drugs as a form of self-medication and relief from the pain, fear, isolation and guilt that are associated with domestic abuse. Alcohol and drug use can help eliminate or reduce these feelings and therefore become part of how she copes with the abuse.

[10] Holden and Ritchie (America, 1991)

5.1.3 Mothers can be coerced and manipulated into alcohol and drug use. Abusers may often introduce their partner to alcohol or drug use to increase her dependence on him and to control her behaviour. Furthermore, any attempts by the mother to stop her alcohol or drug use are threatening to the controlling partner and some abusive men will actively encourage mothers to leave treatment.

5.1.4 Mothers in abusive relationships are also at risk of sexual exploitation. Mothers working in prostitution may be subjected to domestic abuse through their relationship with their 'pimps'; these relationships will invariably be based on power, control or the use of violence.

5.1.5 Mental health problems such as depression, trauma symptoms, suicide attempts and self-harm are frequently 'symptoms of abuse' and need to be addressed alongside the issues of substance use and domestic abuse.

5.1.6 The relationship between a mother's alcohol and drug use and/or mental health problems and her experiences of domestic abuse may not (or not all) be linked. Assessment and interventions for these mothers therefore needs to be conducted jointly between Children Social Care an Adults Social care.

5.1.7 Studies have found that a perpetrators use of alcohol or drugs is likely to result in more serious injury to partners than if they had been sober.

5.2 Abusive partners

5.2.1 Abusers may use their own or their partners' alcohol or drug use as an excuse for their violence. An abuser may threaten to expose a mother (or teenage girl)'s use. He may be her supplier and he may increase her dependence on him by increasing her dependence on drugs.

5.2.2 Despite the fact that alcohol, drugs and violence to women often coexist, there is no evidence to suggest a causal link. In addition, no evidence exists to support a "loss of control caused by intoxication" explanation for violence - research and case examples show that abusers exert a huge amount of power and control regardless of intoxication.

5.2.3 Even when physical assaults are only committed whilst intoxicated, abusers are likely to be committing non-physical forms of abuse when sober. It should never be assumed that by working with an abuser's substance use the violent behaviour will also be reduced. In fact, the violence may increase when substance use is treated. Similarly, it should not be assumed that treating an abuser's mental ill health will necessarily reduce their violent behaviour – again, the violence may increase.

5.2.4 Therefore, work with an abuser should take account separate assessments and interventions for violence, substance misuse and/or mental ill health. The intervention outcomes are more likely to be positive if the violence, substance use and/or mental ill health are addressed at the same time.

6. Barriers to disclosure

6.1 Barriers to disclosure for adults/teenagers

6.1.1 There are many reasons why an adult/teenager will be unwilling or unable to disclose that they are experiencing domestic abuse. Usually it is because they fear that the disclosure (and accepting help) will be worse than the current situation and could be fatal. They may:

- Minimise their experiences and/or not define them as domestic abuse
- Be unable to express their concerns clearly (language, communication, disabilities, difficulties can be a significant barrier to disclosure for many adults/teenagers);
- Fear that their child/ren will be taken into care;
- Fear the abuser will find them again through lack of confidentiality;
- Fear death;
- Believe her abuser's promise that it will not happen again (many do not necessarily want to leave the relationship, they just want the violence to stop);
- Feel shame and embarrassment and may believe it is their fault;
- Feel they will not be believed;
- Fear that there will not be follow-up support due to lack of service provision.
- Fear the abuser will have them detained and/or have them deported;
- Fear that they will be isolated by their community;
- Fear that the abusers behaviour will be exposed resulting in an escalation of violence;
- Fearful of the consequences of leaving (where will they go, what will they do for money, whether they have to hide forever and what will happen to the children);
- Be isolated from friends and family or be prevented from leaving the home or reaching out for help;
- Have had previous poor experience or unsatisfactory response when they disclosed.
- **Some women are simply not ready. It is therefore important to keep asking the question.**

6.2 Barriers to disclosure for children

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

- Protective of their mother;
- Protective of their abusing parent;
- Extremely fearful of the consequence of sharing family 'secrets' with anyone. This may include fears that it will cause further abuse to their mother and/or themselves;
- Being threatened by the abusing parent;
- Fearful of being taken into care;
- Fearful of losing their friends and school;
- Fearful of exposing the family to dishonour, shame or embarrassment;
- Fearful that their mother (and they themselves) may be deported;

- Communication, language and/or disability;
- Lack of support networks;
- Feel it is their fault;
- Belief that the abuse is normal – acceptance of the abuse;
- Parenting role for younger siblings;
- Fear of not being believed

6.2.2 See Appendix 2 Communicating with a child.

7. Enabling disclosure

7.1 Enabling disclosure for children and adults

7.1.1 Where a professional is concerned about / has recognised the signs of domestic abuse the professional can approach the subject with a child or a mother with a framing question. That is, the question should be 'framed' so that the subject is not suddenly and awkwardly introduced.

- **For talking to adults please see Appendix 3.**
- **For talking to children please see Appendix 2.**

7.1.2 The professional should explain the limits of confidentiality and his/her safeguarding responsibilities. For more information about confidentiality and sharing information, please access the Joint BBSCB, CBSCB , LSCB, Bedfordshire Domestic abuse Partnership & Luton Community Safety partnership Information Sharing Protocol to Safeguard Children & Victims of Domestic Abuse at www.bedfordshirelscb.org.uk or www.lutonlscb.org

7.2 Enabling disclosure for an abusive partner

7.2.1 Professionals should be alert to and prepared to receive and clarify a disclosure about domestic abuse from an abusive partner / father. Professionals may have contact with a man on his own (e.g. a GP or substance misuse or mental health service) or in the context of a family (e.g. to a school, accident and emergency unit, maternity service or LA children's social care). He may present with a problem such as substance misuse, stress, depression or psychosis or aggressive or offending behaviour – without reference to abusive behaviour in his household / relationship.

7.2.2 Professionals should consult the Multi agency safeguarding protocol/practice guidance for front line staff and first line managers to help with understanding and responding to uncooperative and confrontational families on the publications page of www.bedfordshirelscb.org.uk or www.lutonlscb.org (LSCB Guidance for working with violent and intimidating or inaccessible families) before seeking to enable or clarify a disclosure from an abusive partner, taking into account their own safety and the safety of any child/ren and their mother.

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

- Establish if there are any children in the household and, if so, how many and their ages;
- If there are children, tell the man that children are always affected by living with domestic abuse, whether or not they witness it directly;
- Explain the limits of confidentiality and safeguarding responsibilities;
- Consider whether the level of detail disclosed is sufficient. If not, the professional may need to ask clarification questions such as those set out in Appendix 4 Working with abusive partners;
- Be clear that abuse is always unacceptable and that abusive behaviour is a choice;
- Be respectful, affirm any accountability shown by the man, but not collude.

7.2.4 The professional should act to safeguard the child/ren and/or their mother by:

- Informing their line manager and their agency's nominated safeguarding children adviser;
- Respond to the child/ren and their mother in line with all sections in this procedure; and
- Respond to the abusive partner in line with all sections in this procedure.

7.2.5 Professionals should be aware that the majority of abusive partners will deny or minimise domestic abuse.

8. Responding to domestic abuse

8.1 Professionals' responsibilities

8.1.1 Professionals will work with many adults who are experiencing domestic abuse and have not disclosed. Research suggests that women usually experience an average of 35 incidents before reporting it to the police[14]. Agencies should therefore incorporate routine enquiry about domestic abuse into their practice to enable victims the opportunity to disclose.

8.1.2 Professionals should offer all children and adults, accompanied or not, the opportunity of being seen alone (including in all assessments) with a female practitioner, wherever practicable, and asked whether they are experiencing or have previously experienced domestic abuse.

8.1.3 Professionals in all agencies are in a position to identify or receive a disclosure about domestic abuse. Professionals should be alert to the signs that a child or mother may be experiencing domestic abuse, or that a father / partner may be perpetrating domestic abuse.

8.1.4 Professionals should never assume that somebody else will take care of the domestic abuse issues. This may be the child, mother or abusing partner's first or only disclosure or contact with services in circumstances which allow for safeguarding action.

8.1.5 Professionals must ensure that their attempts to identify domestic abuse and their response to recognition or disclosure of domestic abuse do not trigger an escalation of violence.

8.1.6 In particular, professionals should keep in mind that:

- The issue of domestic abuse should only ever be raised with a child or mother when they are safely on their own and in a private place; and
- Separation does not ensure safety and it often at least temporarily increases the risk to the child/ren or mother.

Disclosure and/or recognition

8.3.1 Professionals in all agencies are likely to become aware of domestic abuse through:

- Disclosure prompted by the professional's routine questioning or identification of signs that domestic abuse could be taking place;
- Unprompted disclosure from a child, mother or abuser; or
- Third party information (e.g. neighbours or family members).

8.3.2 Information from the public, family or community members must be taken sufficiently seriously by professionals in statutory and voluntary agencies. Recent research evidence indicates that there was evidence of past or present domestic abuse in the living circumstances of over half of the children. Most examples included physical violence towards or between partners but in two cases there was no evidence of violence, instead abusive control was exercised by the husband over his wife. Fleeing domestic abuse was given as a reason for some children being continually on the move. Later sections of the chapter, discussing parental cooperation, outline how violent partners were often also hostile to professionals. Indeed domestic abuse, substance misuse and parental mental ill health are difficult to discuss in isolation since they form the backdrop to many of the themes elaborated in this chapter, including the sections which follow (Cleaver et al 1999; forthcoming) (Understanding Serious Case Reviews and their Impact - Biennial Analysis of Serious Case Reviews 2005 – 2007)

8.3.4 Information could also come in the form of information shared by another agency or group, which a professional decides to respond proactively to because s/he becomes concerned that the agency or group which shared the information is not responding appropriately to support the child/ren and/or their mother.

8.3.5 Agencies / community and other groups should create a supportive environment by ensuring that:

- Staff receive domestic abuse training appropriate to their professional role (i.e. basic, enhanced, advanced), via Local Safeguarding Children Board training; and/or the Bedfordshire or Luton multi agency domestic abuse training.
- Information about domestic abuse may be available in a range of languages and different formats, giving information about domestic abuse, inviting children and mothers to seek help and giving contact details of local support services; including the telephone numbers for local police community safety units, local domestic abuse advocacy services (please refer to locally produced information), LA children's social care, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000).

- Where interpreters are employed to translate, they are professionals (with clear Criminal Records Bureau checks) not family members, children or friends.

8.3.6 Agencies should incorporate routine enquiry about domestic abuse into health, social care and police assessments. Routine enquiry has been effective in increasing disclosure, and evidence suggests that victims of domestic abuse are more likely to disclose if they are asked directly. Pregnancy is an opportune time, and wherever possible, all women should be seen alone at least once during the antenatal period to enable disclosure more easily. When routine questioning is introduced, this must be accompanied by the development of local strategies for referral to a local multi-disciplinary support network to whom the woman can be referred if necessary[11].

9. Assessment and Intervention

9.1.1 All professionals should validate and support women and children who disclose domestic abuse by:

- Taking the report seriously
- Assessing the immediate safety issues and ensuring an immediate and longer term safety plan
- Sharing information appropriately and referring to other agencies

9.1.2 Bedfordshire Police Public Protection Unit will have the responsibility for evaluating the level of risk relating to the victim. The welfare of the child is paramount and if an officer has obvious concern in respect of child protection issues, then police powers of protection under the Children Act must be considered.

9.1.3 It is recognised and acknowledged that CAFCASS have an important role in ensuring the safety and well-being of children involved in family proceedings. It is therefore important that CAFCASS has access to information regarding a family's background to assist in the preparation of reports for both public and private proceedings in the Family Courts.

9.2 Thresholds and interventions - Risk to children

9.2.1 As previously detailed, the issue of children living with domestic abuse is now recognised as a matter for concern in its own right by both government and key children's services agencies. The link between child physical abuse, emotional abuse and domestic abuse is high. Therefore, where a practitioner has knowledge of domestic abuse where children or pregnancy is present, the Bedford Borough or Central Bedfordshire Intake & Assessment Teams or Luton's Initial Assessment Team must be notified to ensure that appropriate interventions are implemented;

- **Low to moderate risk of harm identified**

Where it is assessed that the potential risk of harm to a child is low to moderate it is likely that a child will require identification or have been identified as being a child with additional needs via the Common Assessment Framework and both the child and the family are likely to require family support interventions offered by an agency.

[11] Saving Mothers Lives 2003-2005. Confidential Enquiry into Maternal and Child Health 2007

- **Moderate risk of harm identified**

Where it is assessed that the potential risk of harm to a child is moderate or above it is likely that a child will require identification or have been identified as being a child with additional needs via the Common Assessment Framework and both the child and the family are likely to require family support interventions offered by more than one agency co-ordinated by a lead professional.

- **Serious risk of harm to a child identified**

In all such cases a formal referral to Central Bedfordshire Children's Specialist Services or Bedford Borough Vulnerable Children Services or Luton Initial Assessment Team will be required and an assessment under section 47 enquiries undertaken. Protective factors are likely to be very limited and the threshold for significant harm is reached.

This will also include all cases where there has been a referral to MARAC and there are children in the household.

9.3 Multi Agency Risk Assessment Conference

Documents to be noted: Bedford Borough, Central Bedfordshire and Luton MARAC Information Sharing Protocol & Bedford Borough, Central Bedfordshire and Luton MARAC Operating Protocol.

9.3.1 Agencies have a responsibility to identify High Risk cases of Domestic Abuse and to refer these cases to the Multi Agency Risk Assessment Conference Process (MARAC)

9.3.2 Where domestic abuse is identified or disclosed, staff should complete a DASH risk indicator checklist. If the checklist indicates a case is high risk then the case must be referred to MARAC. High Risk cases are defined as those cases which result in a score of 14 or more on completion of the DASH risk Indicator Checklist. They can also include those cases which prompt significant concern in professionals and which, in their professional judgement warrant intervention and support from multiple agencies.

9.3.3 All agencies should have a named MARAC representative who can provide further guidance on assessing and referring cases to MARAC.

9.3.4 For additional information see Appendix 8 Multi Agency Risk Assessment Conference, Luton Borough Council website and the Luton MARAC Operating Protocol

9.4 **Independent Domestic abuse Advisor Service**

9.4.1 The DASH Risk Indicator Checklist can also be used to identify individuals who may benefit from the services of an Independent Domestic abuse Advisor (IDVA). As their name suggests IDVA's, though hosted by Victim Support are independent of any agency or organisation and can provide help and support to high risk, adult victims of domestic abuse both male and female.

9.4.2 A score of 10 or more on the DASH risk indicator checklist, indicates that an individual will meet the criteria for IDVA involvement though as with MARAC referrals cases made on the basis of professional judgement can also be accepted.

9.4.3 Referrals or enquiries should be made via the IDVA Team Leader by emailing: idva.bedfordshire@victimsupport.org.uk

9.4.4 Clients who disclose abuse but who do not meet the criteria for IDVA support should be referred to other appropriate support such as Luton Women's Aid

10. Police Response to domestic abuse referrals

10.1 Police Officers who attend domestic abuse incidents where there is a child /children/vulnerable adult residing in the household, will inform the parent/carer/vulnerable adult that details of the incident will be shared with partner agencies in accordance with these procedures. The Officer will complete a Crime or Non Crime Domestic abuse Report indicating this information including full details of the age(s) of the child/children/vulnerable adult; date of birth, and school attended where applicable and details of the family GP. The Officer will then forward the DA Report to the Domestic abuse Unit/Referral Team who will risk assess the referral.

10.2 Police Officers must indicate in the summary of the DA Report where a parent/guardian refuses to provide details of the family GP.

10.3 Where there are child protection issues, the officer on the case must complete a form 745 Child at Risk before going off duty and this must be emailed to the Public Protection Unit Support Team.

10.4 Upon receipt of the DA Report the Public Protection Unit will make a referral to the relevant Children's Services as soon as possible

10.5 Bedford Borough, Central Bedfordshire or Luton Borough Children Social Care will be notified by the Police of every incident of domestic abuse where there is a child /children under the age of 18 years resident in the household.

10.6 The Vulnerable Adult Protection Officer/Unit will be responsible for referring any victim details or concerns they have about any vulnerable adult to the relevant Adult Social Care Service by fax as above.

10.7 Bedfordshire Police Public Protection Unit will have the responsibility for evaluating the level of risk relating to the victim. The welfare of the child is paramount and if an officer has obvious concern in respect of child protection issues, then police powers of protection under the Children Act must be considered.

10.8 The risk indicator tool (appendix 1) relates to the adult victim and is an indicator only of the level of perceived risk of serious harm or death. It should be clear from the outset that there is no expectation that those completing the initial risk indicator section will have high levels of knowledge about domestic abuse and its analysis. Even amongst researchers, academics and those working in the field of domestic abuse there is an acceptance that risk analysis is not an exact business. Risk analysis is more about balancing information with previous practice, knowledge and experience and then making a judgment about whether there is a possibility that a person is at risk of serious harm. Therefore, it is highly likely that some medium risks will be considered by the referrer as very high/high risk and vice versa. The referrer should not be overly concerned of the absence of precise information, but should provide all relevant information

10.9 Bedford Borough Council, Central Bedfordshire Council or Luton Borough Council's Children Social Care will determine the level of risk to the victim and the child(ren) undertaking an assessment as appropriate and by liaising with the Public Protection Unit and other agencies to establish the level of risk to a child(ren)

10.10 The nominated representative within Bedfordshire/Luton Community Health Services has responsibility for identifying and allocating the report/referral to the relevant Health Visitor/Midwife.

11. Cultural/Diversity Issues and Sensitivity

11.1 There is a need for cultural/diversity awareness and sensitivity when dealing with survivors of domestic abuse. Support needs and victim's opinions may differ for various reasons, including religion, language, culture, and insecure immigration status and/or service access issues. For example, not all refuges cater for all victims of domestic abuse regardless of their religion or culture and there are particular financial barriers to some people with insecure immigration status from escaping violent partners.

11.2 Sometimes victims from minority communities and victims who reside in isolated areas will face similar difficulties in terms of being socially isolated. In some communities there may be additional barriers to victims seeking support and breaking the silence around domestic abuse (e.g. experience of and fear of racism, homophobia or other discrimination). **A victim may be particularly isolated, either due to the physical location of the home or because she/he has become isolated from the support of friends, family and the wider community. This isolation may increase the risk of escalation of violence or (attempted) murder.**

11.3 For this reason, any victim who reports to the Police in these circumstances could be considered very high risk.

12. Contact (LA children's social care, specialist agencies and CAFCASS)

12.1 Many women, despite a decision to separate, believe that it is in the child/ren's interest to see their father. Others are compelled by the courts to allow contact.

12.2 Mothers 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 mother and children.

12.3 Children can also be vulnerable to violent assault as a means of hurting their mother. Men who abuse their partners may use contact with the child/ren to hurt the mother by, for example, verbally abusing the mother to the children or blaming her for the separation. Thus, through contact the child/ren can be exposed to further physical and/or emotional and psychological harm.

12.4 Professionals supporting separation plans should consider at an early point the mother's views regarding post-separation contact. The professional should clearly outline for the mother the factors which need to be considered to judge that contact is in the child's best interests.

12.5 Professionals should also speak with and listen to each child regarding post-separation contact.

12.6 Professionals should complete an assessment of the risks from contact to the mother and child/ren.

12.7 Where the assessment concludes that there is a risk of harm, the professional must recommend that no unsupervised contact should occur until a fuller risk assessment has been undertaken by an agency with expertise in working with men who abuse their partners.

12.8 Professionals should advise mothers of their legal rights if an abusive partner makes a private law application for contact. This should include the option of asking for a referral to the Children and Family Court Advisory and Support Service (CAFCASS) Safe Contact Project. See http://www.cafcass.gov.uk/.

13.9 If there is an assessment that unsupervised contact or contact of any kind should not occur, professionals should ensure that this opinion is brought to the attention of any court hearing applications for contact.

12.10 Professionals should ensure that any supervised contact is safe for the mother and the child/ren, and reviewed regularly. The child/ren's views should be sought as part of this review process.

13. Abusive partners / children

Professionals responding to abusive partners or children should act in accordance with the severity of the violence.

13.1 Working with men who abuse their partners

See also section 7 Enabling disclosure and appendix 4 Working with abusive partners.

13.1.1 The primary aim of work with men who abuse their partners is to increase the safety of children and their mothers. A secondary aim is to hold the abusive partner accountable for his violence and provide him with opportunities to change.

13.1.2 Men who abuse their partners will seek to control any contact a professional makes with them or work undertaken with them. Most abusive partners will do everything they can to avoid taking responsibility for their abusive behaviour towards their partner and their child/ren.

13.1.3 Where an abusive partner is willing to acknowledge his violent behaviour and seeks help to change, this should be encouraged and affirmed. Such men should be referred to appropriate programmes which work to address the cognitive structures that underpin controlling behaviours. Professionals should avoid referring for anger management, as this approach does not challenge the factors that underpin the abusive partner's use of power and control.

13.1.4 When a mother leaves a violent situation, the abusive partner must never be given the address or phone number of where she is staying.

13.1.5 Professionals should never agree to accept a letter or pass on a message from an abusive partner unless the mother has requested this.

13.1.6 Joint work between an abusive partner and a mother should only be considered where the abusive partner has completed an assessment with an appropriate specialist agency.

13.1.7 Men who abuse their partners should be invited to joint meetings with the mother only where it is assessed that it is safe for this to occur.

13.2 Children who abuse family members

13.2.1 Children and young people of both genders can direct violence or abuse towards their parents or siblings. The hostile behaviour of children who abuse in this way may have its roots in early emotional harm, for which the child will need support and treatment.

13.2.2 Professionals should refer a child who abuses to LA children's social care in line with BBSCB & CBSCB & LSCB Interagency Child Protection procedures.

14. Staff safety

This section must be read in conjunction with the Multi agency safeguarding protocol/practice guidance for front line staff and first line managers to help with understanding and responding to uncooperative and confrontational families on the publications page of www.bedfordshirelscb.org.uk/www.lutonlscb.org (LSCB Guidance for working with violent and intimidating or inaccessible families)

14.1. Professionals are at risk whenever they work with a family where one or more family members are violent.

14.2 Professionals should:

- Be aware that domestic abuse is present but undisclosed or not known in many of the families they work with;
- Ensure that they are familiar with their agency's safety at work policy;
- Not undertake a visit to a home alone where there is a possibility that a violent partner may be present, nor see a violent partner alone in the office;
- Avoid putting themselves in a dangerous position (e.g. by offering to talk to the abuser about the mother or being seen by the abuser as a threat to their relationship);
- Ensure that any risk is communicated to other agency workers involved with the family.

14.3 Managers should ensure that professionals have the appropriate training and skills for working with children and their families experiencing domestic abuse; and use supervision sessions both to allow a professional to voice fears about violence in a family being directed at them; and also to check that safe practice is being followed in all cases where domestic abuse is known or suspected.

Appendix 1 – ACPO- DASH Risk Assessment

CURRENT SITUATION THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT. THE QUESTIONS HIGHLIGHTED IN BOLD ARE HIGH RISK FACTORS. TICK THE RELEVANT BOX AND **ADD COMMENT** WHERE NECESSARY TO EXPAND.	YES ☑	NO ☑
1. Has the current incident resulted in injury? (please state what and whether this is the first injury)	☐	☐
2. Are you very frightened? Comment:	☐	☐
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)….. might do and to whom) Kill: Self ☐ Children ☐ Other (please specify) ☐ Further injury and violence: Self ☐ Children ☐ Other (please specify) ☐ Other (please clarify): Self ☐ Children ☐ Other (please specify) ☐	☐	☐
4. Do you feel isolated from family/ friends i.e. does (name of abuser(s)…..) try to stop you from seeing friends/family/Dr or others?	☐	☐
5. Are you feeling depressed or having suicidal thoughts?	☐	☐
6. Have you separated or tried to separate from (name of abuser(s)….) within the past year?	☐	☐
7. Is there conflict over child contact? (please state what)	☐	☐
8. Does (…..) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done)	☐	☐

CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section)	YES	NO
9. Are you currently pregnant or have you recently had a baby (in the past 18 months)?	☐	☐
10. Are there any children, step-children that aren't (…..) in the household? Or are there other dependants in the household (i.e. older relative)?	☐	☐
11. Has (…..) ever hurt the children/dependants?	☐	☐
12. Has (…..) ever threatened to hurt or kill the children/dependants?	☐	☐
DOMESTIC ABUSE HISTORY	YES	NO
13. Is the abuse happening more often?	☐	☐
14. Is the abuse getting worse?	☐	☐
15. Does (…….) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour)	☐	☐
16. Has (…..) ever used weapons or objects to hurt you?	☐	☐
17. Has (…..) ever threatened to kill you or someone else and you believed them?	☐	☐
18. Has (…..) ever attempted to strangle/choke/suffocate/drown you?	☐	☐
19. Does (….) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what)	☐	☐

20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence. Please specify who)	☐	☐
21. Do you know if (…..) has hurt anyone else? (Children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what) Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐	☐	☐
22. Has (…..) ever mistreated an animal or the family pet?	☐	☐
ABUSER(S)	YES	NO
23. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues?	☐	☐
24. Has (…..) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what) Drugs ☐ Alcohol ☐ Mental Health ☐	☐	☐
25. Has (…..) ever threatened or attempted suicide?	☐	☐
26. Has (…..) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what) Bail conditions ☐ Non Molestation/Occupation Order ☐ Child Contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐	☐	☐
27. Do you know if (……..) has ever been in trouble with the police or has a criminal history? (If yes, please specify) DV ☐ Sexual violence ☐ Other violence ☐ Other ☐	☐	☐

Other relevant information (from victim or officer) which may alter risk levels. Describe: (consider for example victim's vulnerability - disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests-does this give unique access to weapons i.e. ex-military, police, pest control)		
Is there anything else you would like to add to this?		

In **all** cases an initial risk classification is required:

RISK TO VICTIM:			
STANDARD ☐	MEDIUM ☐	HIGH ☐	
Please note that some agencies will automatically refer a case to the MARAC if it scores 14 ticks or more. 14 ticks or more (on their 24 item checklist) is believed to be a rational starting point for case referral to MARAC. However, if you believe a case to be high risk and there are less than 14 ticks, please rely on your professional judgement and mark it as high risk. Total Number of ticks:			

Investigating officer's signature:……..

Date:…… ……....

Appendix 2: Communicating with a child

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

- Never promise complete confidentiality – explain your responsibilities;
- Do promise to keep the child informed of what is happening;
- Listen and believe what the child says
- Should not press the child for answers
- Reassure the child/ren that the abuse is not their fault, and it is not their responsibility to stop it from happening;
- Give the child time to talk and yourself time to understand the situation from the child's perspective;
- Create opportunities for the child to disclose whether in addition to the domestic abuse they are also being, or at risk of being, directly physically or sexually abused by the abusive partner;
- Be straightforward and clear, use age appropriate language;
- Encourage the child to talk to their mother about his/her experience – as appropriate;
- Emphasise that the violence is not the child's fault;
- Let the child know that s/he is not the only children experiencing this;
- Make sure that the child understands it is not his/her responsibility to protect his/her mother, whilst validating the child's concern and any action s/he may have taken to protect their mother;
- Do not assume that the child will hate the abuser, it is likely that s/he may simply hate the behaviour;
- Allow the child to express their feelings about what s/he has experienced;
- Check with the child whether they know what to do to keep themselves safe and have a network of adults who they trust.
- Recognise that children will have developed their own coping strategies to deal with the impact of violence and abuse. Some of these may be negative in the longer term for the child, but where they are positive they should be drawn on to develop safety strategies for the future;
- Do not assume that the child will consider themselves as being abused
- Do not minimise the violence;
- Offer the child support with any difficulties in school or ensure that any work done with the child by other practitioners includes support in school;
- Give the child information about sources of advice and support s/he may want to use; and
- Give the message that the child can come back to you again.

- Give several telephone numbers, including local police community safety units, local domestic abuse advocacy services (please refer to locally produced information), LA children's social care, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000).

Clarification questions for a child

In order to obtain accurate and reliable information from a child regarding a domestic abuse situation, it is critical that the language and questions are appropriate for the child's age and developmental stage.

1. Types and frequency of exposure to domestic abuse

- What kinds of things do mum and dad (or their girlfriend or boyfriend) fight about?
- What happens when they argue?
- Do they shout at each other or call each other bad names?
- Does anyone break or smash things when they get angry? Who?
- Do they hit one another? What do they hit with?
- How does the hitting usually start?
- How often do your mum and dad argue or hit?
- Have the police ever come to your home? Why?
- Have you ever seen your mum or dad get hurt? What happened?

2. Risks posed by the domestic abuse

- Have you ever been hit or hurt when mum and dad (or their girlfriend or boyfriend) are fighting?
- Has your brother or sister ever been hit or hurt during a fight?
- What do you do when they start arguing or when someone starts hitting?
- Has either your mum or dad hurt your pet?

3. Impact of exposure to domestic abuse

- Do you think about mum and dad (or their girlfriend or boyfriend) fighting a lot?
- Do you think about it when you are at school, while you're playing, when you're by yourself?
- How does the fighting make you feel?
- Do you ever have trouble sleeping at night? Why? Do you have nightmares? If so, what are they about?
- Why do you think they fight?
- What would you like them to do to make it better?
- Are you afraid to be at home? To leave home?
- What or who makes you afraid?

- Do you think its okay to hit when you're angry? When is it okay to hit someone?
- How would you describe your mum? How would you describe your dad? (or their girlfriend or boyfriend)

4. Protective factors

- What do you do when mum and dad (or their girlfriend or boyfriend) are fighting?
- If the child has difficulty responding to an open-ended question, the worker can ask if the child has:
    - Stayed in the room
    - Left or hidden his/herself
    - Gone for help
    - Gone to an older sibling
    - Asked their parents / the girlfriend or boyfriend to stop
    - Tried to stop the fighting
- Have you ever called the police when your parents (or their girlfriend or boyfriend) are fighting?
- Have you ever talked to anyone about your parents (or their girlfriend or boyfriend) fighting?
- Is there an adult you can talk to about what's happening at home?
- What makes you feel better when you think about your parents (or their girlfriend or boyfriend) fighting?
- Does anybody else know about the fighting?
- Do you have a mobile telephone that you could use in an emergency?

Appendix 3: Communicating with an adult

Mothers are usually too afraid or uncomfortable to raise the issue of violence themselves. So be prepared to ask sensitively, but directly:

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

Appendix 4: Working with abusive partners

1. Asking questions

1.1 Practitioner's responses to any disclosure, however indirect, could be significant for encouraging responsibility and motivating a man towards change.

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

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

1.3 If a man responds openly to these prompting questions, more direct questions relating to heightened risk factors may be appropriate:

- It sounds like your behaviour can be frightening. What happens when you get angry with your partner or your family? Do you ever shout at her? Have you ever frightened your partner and your children?
- Have you ever hit her or pushed her around? What (specific) violence have you used? When did you first lay a hand on her in anger? What's the worst thing you've done in anger? Have you ever assaulted or threatened your partner with a knife or other weapon? What has been the most recent violence?
- How are the children affected? Have you abused / assaulted your partner in front of the children?
- Have the police ever been called to the house because of your behaviour?
- Do you feel unhappy about your partner seeing friends or family - do you ever try to stop her? Did / has your behaviour changed towards your partner during pregnancy?
- What worries you most about your behaviour? Are you aware of any patterns – is the abuse getting worse or more frequent? How do you think alcohol or drugs affect your behaviour?

The information you gather will be the basis for your decision about how best to engage and what kind of specialist help is required - either for the man or to manage risk.

2. Responding to disclosures from abusive partners

2.1 Practitioners can make a difference and influence a family's situation and a child's wellbeing, by following good practice response guidance, such as:

- Be clear that abuse is always unacceptable;
- Be clear that abusive behaviour is a choice;
- Affirm any accountability shown by the man;
- Be respectful and empathic but do not collude;

- Be positive, men can change;
- Do not allow your feelings about the man's behaviour to interfere with your provision of a supportive service;
- Be straightforward; avoid jargon;
- Be clear about the judgement of risk to the children and the consequences of this, including what actions he is expected to take;
- Whatever he says, be aware that on some level he is unhappy about his behaviour;
- Be aware, and tell the man, that children are always affected by living with domestic abuse, whether or not they witness it directly;
- Be aware, and convey to the man, that domestic abuse is about a range of behaviours, not just physical violence (see definition);
- Do not back him into a corner or expect an early full and honest disclosure about the extent of the abuse;
- Be aware of the barriers to him acknowledging his abuse and seeking help (i.e. shame, fear of child protection process, self-justifying anger);
- Be aware of the likely costs to the man himself of continued abuse and assist him to see these.

3. Risk management with abusive partners

3.1 Where the mother is indicating she wishes the abusive partner to be involved in her and the child's life, he should be referred to an appropriate perpetrator programme.

3.2 When the abusive partner indicates that he is worried about his behaviour, and is ready to take responsibility for his need to change, it may be appropriate to start to discuss plans for keeping his partner safe from his abusive behaviour, prior to work on the programme beginning. This might occur in situations where there is likely to be a delay in starting such work; it should only be undertaken after consultation with the agency offering the perpetrator programme.

3.3 Additionally, before undertaking any safety planning / risk management work with an abusive partner, professionals should ensure that the mother is aware of what is being proposed, and that there is confidence that such work will not compromise her safety.
3.4 Abusers should be referred to programmes accredited by Respect (see www.respect.uk.net/). Abuser programmes should always be integrated with associated women's services and with specialist child protection services. Abusive partners may also be referred to specialist child protection services (e.g. working with children subject of child protection plans and their families.

Adapted from the Westminster Domestic abuse forum guidelines for working with perpetrators of domestic abuse. The full version of this guidance is available on the WIRE.

Appendix 5: Key facts about domestic abuse

- The majority of domestic abuse involves heterosexual males abusing their female partners or ex-partners[i] (British Crime Surveys 2003/04, 2004/05, 2005/06)

- 16% of violent crimes reported to the British Crime Survey (2005/06) were classified as domestic abuse, with similar figures for the previous years[ii]

- Of all the violent crimes investigated by the British Crime Survey (which excludes some categories such as child sexual assault and trafficking) domestic abuse is consistently the violent crime least likely to be reported to the police[iii]

- On average over the years between 1995 and 2006, two women per week in England and Wales were killed by a partner or ex-partner[iv]

- Women are at greatest risk of being killed at the point of separation or after leaving a violent partner, and 76% of domestic homicides occur after separation[v]

- Non fatal domestic abuse and stalking also continue or increase after separation for many women. According to the British Crime Survey, about 20% of domestic abuse incidents are experienced after the relationship has ended[vi]

- 30% domestic abuse begins or escalates during pregnancy[VII].

- 16 – 24 year olds are at greatest risk of suffering domestic abuse[VIII].

- A significant proportion of perpetrators are also misusing drugs and/or alcohol, although research suggests that most perpetrators are not drug addicts or alcoholics. Of those who are, there is evidence that they use abusive behaviour as much when sober if not more than when under the influence of drugs or alcohol[IX].

- In 2002, nearly three quarters of children on the subject of a child protection plan) lived in households where domestic abuse occurs[X].

- In relationships where there is domestic abuse, children witness about three-quarters of incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse are also more likely to happen in these families[XI]

- Where there is abuse of a woman by a male partner there is sometimes also child physical and sexual abuse involving the same abusive partner. Estimates of the overlap vary but range from 40-60%[XII].

- Domestic abuse causes 16% of homelessness[XIII]

• An audit in Greenwich found that 60% of mental health service users had experienced domestic abuse[33], and a separate survey of women using mental health services in Leeds found that half of them had experienced domestic abuse[XIV].

• A 2003 survey from the BBC found that 29% of men and 22% of women felt that domestic abuse was acceptable in some circumstances[XV].

• One third of all female suicide attempts can be attributed to current or past experience of domestic abuse[XVI], and 50% of women of Asian origin who have attempted suicide or self-harm are domestic abuse survivors[XVII].

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[II] *ibid*

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[V] S. Walby and A. Myhil, 'Assessing and managing risk', in J. Taylor-Browne, *What Works in Reducing Domestic abuse? A Comprehensive Guide for Professionals* (London: Whiting Birch, 2001).

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[XI] S. Walby and A. Myhil, 'Assessing and managing risk', in J. Taylor-Browne, *What Works in Reducing Domestic abuse? A Comprehensive Guide for Professionals* (London: Whiting Birch, 2001); J. L. Edleson, The overlap between child maltreatment and woman battering. *Violence Against Women*, 5(2), pp. 134 to 154 (1999); C. Humphreys and R. Thiara, *Routes to Safety: Protection issues facing abused women and children and the role of outreach services (* Women's Aid Federation of England: Bristol, 2002).

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[XV] *Hitting home: domestic abuse survey* (BBC, 2003), http://news.bbc.co.uk/1/hi/uk/2753917.stm

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[XVII] K. Chantler et al*., Attempted suicide and self-harm: South Asian women* (Manchester: Women's Studies Research Centre, Manchester Metropolitan University, 2001); Newham Asian Women's Project, *Young Asian Women and Self-harm: A mental health needs assessment of young Asian women in East London* (London: Newham Inner City Multifund and NAWP, 1998).

Appendix 6: Legal and housing options

Practitioners should inform mothers of these options, but should also always refer mothers to specialist advice services, such as CAB, a Law Centre, Women's Aid or Independent Domestic abuse Advisors.

Please note that this list is not an exhaustive one and professionals should contact their borough domestic abuse co-ordinators for a local list of specialist agencies.

Domestic abuse is a crime under both civil and criminal law. The legislation is summarised below.

1. Civil action

1.1 Family Law Act 1996 Part IV

1.1.1 The Act provides for a single set of remedies to deal with domestic abuse and to regulate occupation of the family home, through two specific types of order, the non-molestation order and the occupation order.

1.2 Non-molestation orders / injunctions

1.2.1 It is possible to take out an injunction against anyone: e.g. father, husband, son, gay partner, other family member or other household member. An order can prohibit a perpetrator from molesting any named person including any children. The molestation can take the form of physical violence but can also include other forms of violence and harassment. It can include specific injunctions such as instructing a perpetrator to stay away from the home.

1.3 Occupation orders

1.3.1 This may take a number of forms (e.g. enforcing the women's right to remain in the home or restricting the perpetrator's right to occupy it, even if he is a tenant or owner occupier). The court has power to order someone to live only in a certain part of the house or to allow someone back into the house, etc. The court has wide powers to order someone not to surrender a tenancy or remove or destroy the contents of the home.

1.3.2 In most cases such orders are made for short periods of time and do not affect long term rights in the property. In the longer term an application can be made to the court for a tenancy to be transferred. An order may be for a specified period, usually six months, or for open-ended period or until a different order is made if further provisions are needed.

1.3.3 Anyone who is a person who is associated with the respondent may apply for an order and an application may be made on behalf of a relevant child. Associated persons are people who:

- Are or have been married;
- Are or have been civil partners;
- Are or have been co-habitees;
- Have lived in the same household (other than one of them being the other's tenant, lodger, boarder or employee);
- Have agreed to marry;

- In relation to a child, they are both parents or have parental responsibility.

This list is not exhaustive.

1.4 Power of arrest

1.4.1 In order to provide better protection, the powers of arrest in relation to the above orders have been strengthened. Where the court makes an occupation or non-molestation order and it appears to the court that the abuser has used or threatened to use violence against the applicant or a relevant child, the court must attach a power of arrest unless it is satisfied that the applicant or child will be adequately protected without such a power. If a power of arrest is attached a person in breach of the order may be arrested without a warrant.

1.5 Court procedure and privacy

1.5.1 The woman can be reassured that the court process takes place in a private room at the court, which is not open to members of the public. The woman's solicitor will prepare a written statement for her to sign in support of her application for an injunction and/or occupation order. The woman will need to attend court when her application is heard. The woman's solicitor or barrister will put her case to the judge. Getting an injunction will involve at least one court hearing. Unlike a criminal case, there is no obligation on the opponent to attend - if he does not turn up, an order will be made in his absence.

1.5.2 In a dire emergency and/or if it is not safe to give the man prior warning of the application to the court, a court hearing will go ahead without notice to the opponent. Usually an order is granted to the woman. Sometimes the order will provide temporary protection until a further hearing of which the opponent has notice. Otherwise applications are made and the opponent is given prior notice of the court hearing.

1.6 Standard of proof

1.6.1 The standard of proof is lower than in a criminal case. The court has to decide whether the allegations of violence are true on the balance of probabilities (in a criminal case, it must be beyond reasonable doubt.) In some cases, perpetrators do not even go to court or contest cases, so evidence such as reports to the police may not be required. However, if the perpetrator does fight the case, it helps if there is medical evidence and incidents have been reported to the police or witnessed by others.

1.7 Housing Acts 1985 and 1996

1.7.1 Under Ground 1 Schedule 2 of the Housing Act 1985, a possession order can be granted where an obligation of the tenancy has been broken or not performed. Tenancy agreements should have a clause such as the following, which can be used in relation to domestic abuse:

'you or any member of your family must not use or threaten to use violence by using physical, mental, emotional or sexual abuse against anyone legally entitled to live either in your home or in another of our properties'[22]

1.7.2 The Housing Act 1996 added Ground 2A of Schedule 2 to the Housing Act 1985. Under the Act, possession action can be taken against a remaining tenant where their partner has left the family home because of violence or threats of violence and does not intend to return. This ground can be considered when the partner (whether or not they

are a tenant) has been re housed because of violence and the perpetrator is left in occupation (particularly as they may be under-occupying a family sized unit).

1.7.3 In such cases, sufficient evidence of violence having occurred is required, which can include evidence provided by any professional the survivor is working with. In addition, housing authorities can take injunctive action against a tenant if he is in breach of the terms of his tenancy agreement.

1.7.4 Other anti-social behaviour legislation also allows housing powers to act against perpetrators in respect of their tenancies. Practitioners should always seek advice from housing services when considering what options are available to the woman in securing protection for herself and the children. It is good practice to invite housing to meetings arranged to draw up safety plans around women.

2. Criminal action

2.1 Bedfordshire Police officers are under a duty to take positive action when investigating domestic abuse offences. There is an expectation that a domestic abuse perpetrator will be arrested in all criminal investigations where there are reasonable grounds to suspect a crime has taken place. Where a criminal offence has not been disclosed it should be noted that an arrest generally cannot be made.

2.2 The power to arrest comes from Section 110 of the Serious Organised Crime and Police Act 2005, which amended the powers of arrest available to a constable under section 24 of the Police and Criminal Evidence Act 1984. This has made all offences potentially arrestable in certain circumstances.

2.3 The exercise of arrest powers will be subject to a test of necessity based around the nature and circumstances of the offence and the interests of the criminal justice system.

2.4 An arrest will only be justified if the constable believes it is necessary for any of the reasons set out below:

(a) To enable the name of the person in question to be ascertained (in the case where the constable does not know, and cannot readily ascertain, the person's name, or has reasonable grounds for doubting whether a name given by the person as his name is his real name);

(b) Correspondingly as regards the person's address (in the case where the constable does not know, and cannot readily ascertain, the person's address, or has reasonable grounds for doubting whether a address given by the person as his name is his real name);

(c) To prevent the person in question: -

(i) causing physical injury to himself or any other person;

(ii) suffering physical injury;

(iii) causing loss of or damage to property;

(iv) committing an offence against public decency; or

(v) causing an unlawful obstruction of the highway;

(d) To protect a child or other vulnerable person from the person in question;

(e) To allow the prompt and effective investigation of the offence or of the conduct of the person in question;

(f) To prevent any prosecution for the offence from being hindered by the disappearance of the person in question.

2.5 When considering the need to arrest, the officer should take the following into account;

- The situation of the victim;
- The nature of the offence;
- The circumstances of the offender; and
- The needs of the investigation.

2.6 The decision to caution for a domestic abuse offence lies with either the police or the Crown Prosecution Service (CPS). If a police officer decides to caution a domestic abuse perpetrator, they must be at least a substantive Inspector. Bedfordshire Police guidance is that the officer making the cautioning decision should not be involved in the investigation for both subjectivity and integrity reasons.

2.7 It is the role of the CPS to decide on whether a perpetrator should be charged with a criminal offence and what criminal offence(s) should be charged. If there is a disagreement between police and CPS, there is a dispute resolution process to review charging decisions - although ultimately it is the CPS who has the final decision.

2.8 The typical offences (though this is not exhaustive) likely to be charged in domestic abuse cases are:

Offences Against the Person Act, 1861 Section 47 Section 20 Section 18	 Actual bodily harm (may be physical or psychological injuries.) Unintentional GBH or wounding GBH with intent
Protection from Harassment Act, 1997 Section 2 / 4	Harassment, fear of violence
Public Order Act, 1986 – Section 3	 Affray
Offences Against the Person Act, 1861 Section 21 Section 23	 Attempted choking, strangulation, and suffocation with intent to commit an indictable offence. Administer poisonous / noxious substances with intent to endanger life.
Common Law Offences	Kidnap, unlawful imprisonment Breach of the peace

Criminal Law Act, 1977 – Section 6	Use / threaten violence to secure entry to premises.
Criminal Justice and Public Order Act, 1994 – Section 51	Intimidating / harm / threat to harm witness
Civil Law Court Order **Section 7 Bail Act, 1976**	Breach of injunction. Breach of bail.
Offences Against the Person - Section 16	Threats to kill
Sexual Offences Act 2003	Including rape and other sexual offences

2.9 Once charged and at court there are numerous orders that can be applied for post sentence (nb. some can be applied for as stand alone orders, though the process is more difficult) to manage the future behaviour of an offender. These include:

- ASBOs: Anti–Social Behaviour Orders, as long as perpetrator and victim do not live in the same household.
- Restraining Orders can be applied for on successful conviction of Protection of Harassment Act offences.
- Sexual Offences Protection Orders (SOPOs). These are similar to ASBOs and can be imposed to prevent serious sexual harm. Officers need to liaise with the CPS and remind the Court of its power to impose SOPOs on conviction for specified sexual or violent offences (*Sexual Offences Act 2003*, Schedules 3 and 5) where the offender poses a risk of serious sexual harm. NB. Committing an Offence W/I to Commit a Sexual Offence (s.62 SOA 2003) means the offender will have to register on the sex offences register (formally known as 'the notification requirements'). It should be noted that these Orders cannot be applied for by police on conviction, but can be imposed by the Courts. A SOPO cannot require an offender to do anything; it can only restrict certain conduct.

- RoSHOs Risk of Sexual Harm Orders. There is no need for any conviction. These are for only for persons over 18 who are deemed to pose a risk of harm to under-16s. Breaching a RoSHO will result in registration on the sex offences register. Essentially these can be used to tackle 'grooming' behaviour.
- Disqualification Orders (Always Life) (Criminal Justice and Court Services Act 2000). Can be imposed on conviction at Crown Court for offences against children and prohibit any kind of work with children.

2.10 It should also be noted that if offenders are classed as: - violent offenders; or potentially dangerous; or convicted of sexual offences and have to register as registered sex offenders (RSO) on the Sexual Offences Register; they will be managed by the MAPPA (Multi Agency Public Protection Arrangements).

3. Housing options

Victims of domestic abuse need to consider their housing options for both the short and longer term. If a woman feels she is unable to remain at the family home at least temporarily, the following options could be considered. Note the options of removing the perpetrator as outlined above should always be made known to the woman.

Independent Domestic abuse Advisors are a good source of advice and support regarding housing options.

3.1 The Sanctuary Project

3.1.1 The Sanctuary Project supports victims of domestic abuse who are at risk of becoming homeless due to domestic abuse from a current or former spouse, partner or close family member.

3.1.2 The Sanctuary Project offers victims of domestic abuse the option to remain safely and securely in their homes, through the installation of free, tailored home security. Every Sanctuary is tailored to the needs and circumstances of the individual and property involved. Police Crime Prevention Officers visit the home and will recommend appropriate security measures, which is then completed by a private contractor.

3.2 Refuges

3.2.1 Refuges provide safe, emergency temporary accommodation for women and children who need protection from abuse. The workers in the refuges can provide information, advice and support. They can give practical assistance with benefit claims, court appearance etc. However, facilities such as kitchens, bathrooms, and sitting rooms are shared and many refuges will not accept women with boys aged 12 or over.

3.2.2 The 24 hour national domestic abuse helpline (0808 2000 247) is run in partnership by Refuge and Women's Aid. As well as providing general advice and support, these agencies refer women to refuges in London or around the country, or advise on other possibilities if refuges are full.

3.3 Staying with family and friends

3.3.1 Depending on the circumstances, this may be an appropriate short term option. The victim may get more support and it is quick and cheap. However, it may also mean that she is easy for the abuser to find.

3.4 Making a homelessness application

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

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

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

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

3.5 Management transfers

3.5.1 A management transfer may be an option if the woman is a sole tenant and the perpetrator lives elsewhere. Each case will need to be considered on an individual basis. Advice about legal remedies and specialist support agencies, as outlined above, should be given to enable the woman to take any necessary steps to protect herself and her family while she is waiting for a transfer (it must be noted that the target for re housing management transfer cases is 12 weeks).

4. Immigration issues

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

4.1 Domestic abuse and the two year rule

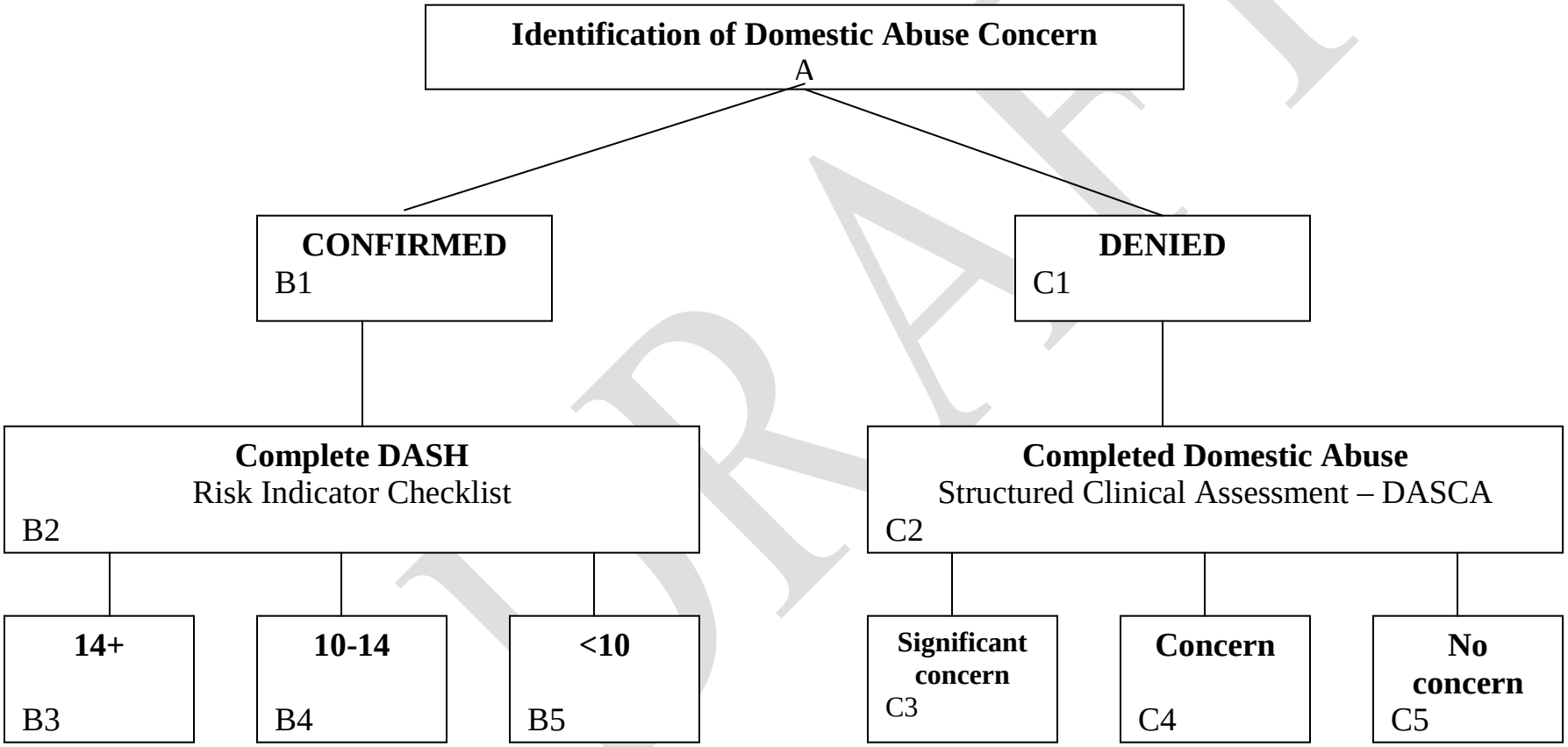
4.1.1 People from abroad who enter or stay in the UK on the basis of marriage or relationship to a spouse/partner who is settled in the UK or is a British citizen are initially given limited leave to remain. They are subjected to a probationary period, at the end of which, with the support of their spouse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

4.1.2 During the two year period, the partner from abroad is restricted from recourse to public funds. If the relationship breaks down, the partner from abroad becomes liable to be removed from the UK unless they can show the required evidence of domestic abuse under the domestic abuse concession to the rule. Fear that they will be deported is a factor that may inhibit women in such situations disclosing. Perpetrators often use this fear as a tool of control.

4.1.3 In such situations, practitioners should seek advice from support agencies as to any women’s eligibility to apply under the domestic abuse concessions to the rule.

Appendix 7 – Identification of Domestic Abuse Concern (Health Practitioners)

Domestic Abuse Identification, Referral Pathways, Guidance notes and DASCA(Domestic Abuse Structured Clinical Assessment)



Appendix 7A – Guidance Notes for Health Professionals

A	Identification of Domestic Abuse Concern
	Concerns relating to domestic abuse may arise as a result of direct disclosures made by the patient, notifications from other agencies or staff or other third party disclosures for example children, friends or family members. Concerns may also arise without a specific disclosure or notification. A health practitioner may suspect abuse on the basis of the patient's presentation, behaviour or injuries or the behaviour of their partner or other family members. Health practitioners should routinely enquire about domestic abuse. This should not be done in the presence of the patient's partner or other family members including children.

B1	Confirmed
	Following enquiry by the practitioner the patient confirms that abuse is an issue or has made a disclosure to that effect.

B2	Complete DASH Risk Indicator Checklist
	The DASH Domestic Abuse Stalking and Honour Based Violence, Risk Indicator Checklist comprises of 24 questions. The purpose of the DASH Risk Indicator Checklist is to determine the level of risk faced by victims of domestic abuse. Following a disclosure or confirmation of domestic abuse practitioners should complete a DASH assessment to determine the level of intervention required to protect the victim and any children. Copies of the DASH Risk Assessment form can be obtained from www.caada.org.uk If the patient refuses to complete the DASH Assessment or gives responses the practitioner knows or believes to be inaccurate then the practitioner should consider whether make a referral to MARAC on the grounds of professional judgement

B3	Dash Score 14+
	A score of 14 ticks or more on the DASH Risk Indicator Checklist indicates that the risk level to the patient in relation to domestic abuse is very high.

	Very high, in this context means that the patient has been assessed as being at risk of serious physical harm or death. This means that consent is not required in order to make a referral to Multi Agency Processes. Therefore the following actions are <u>required</u>; • Referral to the Multi Agency Risk Assessment Conference process (MARAC) • Referral to Children's Social Care, Intake and Assessment team (where children or pregnancy is identified) Additionally the following actions should also be undertaken: • Referral to the IDVA (Independent Domestic abuse Advisor Service) • Signpost the patient to available services. • Encourage reporting of abuse to the Police. • Monitor the situation for escalation or further incidents

B4	Dash Score 10 -14
	A score of between 10 and 14 ticks or more on the DASH Risk Indicator Checklist indicates that the risk level to the patient in relation to domestic abuse is high. A score in this range does not automatically require a referral to the MARAC process although a referral may be made if the practitioner feels the score is not an accurate reflection of the risk faced by the patient in their professional judgement. If the professional feels the risk faced by the victim is very high this referral can be made without consent. Additionally a score of 10 or more ticks meets the threshold for referral to the IDVA service. Engagement with the IDVA service is not mandatory however the service is victim focused and will support the patient according to their

	wishes. Therefore the following actions are <u>required</u>; • Referral to Children's Social Care, Intake and Assessment team (where children or pregnancy is identified) Additionally the following actions should also be undertaken: • Referral to the IDVA (Independent Domestic abuse Advisor Service) • Signpost the patient to available services. • Encourage reporting of abuse to the Police. • Monitor the situation for escalation or further incidents

B5	Dash Score <10
	A dash score of below 10 indicates that the risk level to the patient in relation to domestic abuse is medium / low This is not to say that there is no risk and a practitioner should always consider whether the patient has minimised their responses or withheld information. They should also consider whether individual factors or disclosures made by the victim could escalate risk. Therefore if the practitioner is not satisfied that the assessment is a fair reflection of the situation and risks faced by the patient then a referral to MARAC can be made on the basis of the practitioner's professional judgement. Therefore the following actions are <u>required</u>; • Referral to Children's Social Care, Intake and Assessment team (where children or pregnancy is identified) Additionally the following actions should also be undertaken: • Signpost the patient to available services. • Encourage reporting of abuse to the Police. • Monitor the situation for escalation or further incidents

C1	Denied
	The practitioner has identified a concern regarding domestic abuse and has directly enquired whether this is an issue. The patient denies this or retracts previous disclosures yet the practitioner still considers that abuse may present.

C2	Complete DASCA (Domestic Abuse Structured Clinical Assessment)
	The DASCA tool is an assessment guide which provides a framework to ensure that professionals consider relevant information when considering and assessing the likelihood that a patient is experiencing domestic abuse. The tool has been designed to provide a structured approach to considering factors which may be indicative of domestic abuse but which can be determined without explicit disclosures from the patient. The tool will not provide professionals with a conclusive score or scale but will support practitioners to consider the relevant indicators and evidence in order to make an informed assessment. The tool provides practitioners with a means of evidencing their concerns and assessment process.

C3	Significant Concern
	If having considered the factors identified in DASCA the practitioner is satisfied that there are significant grounds for concern and that the risk to the patient is high then the following actions should be undertaken: • **Referral to Children's Social Care, Intake and Assessment team (where children or pregnancy is identified)** • Referral to MARAC on grounds of professional judgement • Monitor the situation for escalation or further incidents Additionally the following actions can also be undertaken: • Signpost the patient to available services. • Encourage reporting of abuse to the Police.

C4	Concern
	If having considered the factors identified in DASCA the practitioner is satisfied that there are grounds for concern then the following actions should be undertaken: • Referral to Children's Social Care, Intake and Assessment team (where children or pregnancy is identified) • Monitor the situation for escalation or further incidents Additionally the practitioner may: • Signpost the patient to available services. • Encourage reporting of abuse to the Police.

C5	No Concern
	If having considered the factors identified in DASCA the practitioner is satisfied that domestic abuse is not presently an issue for the patient then the following actions may be followed. • Monitor the situation

Appendix 7B - DASCA (Domestic Abuse Structured Clinical Assessment)

SECTION ONE

	Yes	No
Is the patient always accompanied by their partner or other family members?		
Is it possible to speak to the patient alone?		
When questioned does the patient appear :		
Hesitant or vague in responding to questions?		
Keen to emphasise how positive their relationship and partner is?		
Defers answering to their partner or family members?		
Appears to seek confirmation from their partner or family members?		
Does the patient appear frightened?		
Does the patients demeanour and response to questioning cause you concern?		

Elaborate

SECTION TWO

	Yes
Does the patient's account explain the observed injuries	

Does the patient present with the following:

Facial bruising / lacerations?	
Other bruising?	
Bruising to the inner aspect of limbs?	
Bruises of varying age or a suspicious pattern of bruising?	
Lacerations inside the mouth?	
Missing or broken teeth?	
Injuries to genitalia	

Is there a previous history of attendance with injuries?	
Does the frequency of attendance raise concern?	
Does the nature of the patient's injuries cause you concern?	

Elaborate

SECTION THREE

	Yes
Is the patient pregnant or recently given birth (within the last 18mths) ?	
Are there children in the household?	
Is the patient isolated ?	
Are they employed?	
Do they speak English?	
Do they access services/social activities?	
Do learning difficulties or the patients mental capacity limit engagment	
Is the patient depressed / having suicidal thoughts?	
Are there financial issues. Unemployment, debt etc?	
Is there any evidence or concern regarding sexual assault / violence?	
Is there evidence or concern that a weapon has been used?	

Explain

SECTION FOUR

	Yes
Has the partner/ family member experienced problems with:	
Drugs (prescription or other) in the past 12mths?	
Alcohol in the past 12mths?	
Mental Health in the past 12mths?	
Has the partner / family member experienced depression / suicidal thoughts?	
Does the partner / family member have a criminal history?	
Domestic abuse?	
Sexual Violence?	
Other Violence ?	
Is the partner/family members behaviour towards the patient a concern?	
Is the partner/family members behaviour towards staff/professionals a concern?	

Explain

Appendix 8 Multi Agency Risk Assessment Conference (MARAC)

The multi-agency risk assessment conference process is designed to identify the highest risk victims of domestic abuse and offer them tailored support to reduce risk and increase the safety of the victim and any children.

Cases are identified predominantly through a risk indicator checklist (DASH[12]). Following the completion of the checklist referrals can be made either on the basis of evidence of high risk (score of 14 or more) or on the grounds of professional judgement or escalation.

Assessments can be completed by any agency and referrals to the MARAC made via the MARAC Coordinator.

MARAC meetings are held monthly and attended by voluntary and statutory agencies including the police, local authority children's social care, health, probation, education and specialist domestic abuse services.

These agencies are expected to:

- Check their own records in advance of the MARAC in order to collate all evidence available relating to the victim, perpetrator and any children.
- Send representatives to the meeting to share the information and offer actions to support and increase the safety of the victim and children.
- Update agency records to reflect the outcomes and actions of the MARAC

MARAC training is available through the Bedfordshire or Luton Multi Agency Domestic Abuse Training Programme and should be accessed by staff in all agencies

Further information regarding MARAC can also be obtained by visiting the CAADA[13] website:

www.CAADA.org.uk

Local information including how to contact the Bedfordshire/Luton MARAC Coordinator can be found on the Luton Borough Council Website, Search; MARAC or thorough the Bedfordshire Domestic Abuse Partnership on http://www.bedsdv.org.uk/

[12] DASH Domestic Abuse Stalking and Honour Based Violence Risk Identification Checklist
[13] CAADA Coordinated Action Against Domestic Abuse.