



Section 4N

STAFFORDSHIRE SAFEGUARDING CHILDREN BOARD (SSCB)

DOMESTIC ABUSE & SAFEGUARDING CHILDREN

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INTRODUCTION

1. Staffordshire Safeguarding Children Board (SSCB) seeks to bring about the effective co-ordination and intervention between and within those agencies, organisations, and individuals who have responsibilities for safeguarding and promoting the welfare of children¹ living in Staffordshire (except for children living in Stoke-on-Trent. For guidance about their local procedures please go to www.safeguardingchildren.stoke.gov.uk/procedures). These procedures reflect the underlying principles to [Section 11 of the Children Act 2004](#) and are complimentary to [Working Together 2015](#) and other related guidance which is highlighted within the body of this document.
2. When working with individuals who are experiencing domestic abuse practitioners should support them in making choices about their safety and also consider the safety of any children involved.
3. This policy and procedure recognises that any practitioner may be required to make a referral to Staffordshire's Children's Social Care (CSC) First Response Service or to the local authority's Adult Safeguarding Service where a child or adult with care and support needs are involved. Please see page 13 for contact details or for further information go to: www.staffordshire.gov.uk/reportabuse

THE OBJECTIVES OF THESE PROCEDURES

4. The overriding objective of these procedures is to provide appropriate direction and guidance for agencies and individuals who may encounter situations of domestic abuse in the course of their professional activities. The notion of 'professional activity' is intended to include those engaged in statutory, independent or voluntary activities either directly or indirectly with potential victims.
5. **The key objectives are as follows:**
 - To set out the necessary process for taking action in situations where it is known or suspected that a child/children/ young person may be at risk as a result of domestic abuse.
 - To set out the roles and responsibilities of key agencies whose professional activities may be directly relevant to an effective intervention and to provide an awareness of 'agency specific' policies and procedures where appropriate.
 - To provide some core information which should assist in developing a better understanding of domestic abuse and its potential implications for safeguarding children, and to signpost sources of additional information that may assist the development of an enhanced level of practitioner knowledge.

UNDERLYING PRINCIPLES

6. These procedures embrace four underlying principles which should be prominent in each agency or individual's activity and involvement in situations where children are subject to the impact of domestic abuse. These are:

¹ The Children Acts 1989, 2004 and Working Together to Safeguard Children 2015 define 'a child' as being anyone who has not yet reached their 18th birthday. The terms child/ren within this document therefore means 'children and young people' up until this age.

- To protect and support the child/ren:
- To support the non-abusing carer to protect themselves and their child/ren:
- To hold the abusive partner accountable for their behaviour and to recognise/promote opportunities for change
- To undertake all professional activity within a framework of non-judgmental, non-discriminatory and respectful practice

THE DEFINITION OF DOMESTIC ABUSE

7. As of 1st March 2013 the government (Home Office) cross-cutting definition of domestic abuse is²:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

Please note that the definition of domestic abuse has been extended to include young people aged 16 and 17.

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

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

This government definition, which is not a legal definition, includes so called 'honour' based abuse, female genital mutilation (FGM) and forced marriage. Please use the following web link to view the SSCB multi-agency policies and procedures relating to these specific issues: <http://www.staffsscb.org.uk/Professionals/Procedures/Procedures.aspx>

The Serious Crime Act 2015 creates a new offence of controlling or coercive behaviour in intimate or familial relationships. See Appendix A for further details.

WHAT IS DOMESTIC ABUSE?

8. Domestic abuse is a generic term to describe a wide range of intentional behaviours used by one individual to control and dominate another with whom they have had, or are currently in a close intimate, family or other type of relationship with; it is a serious public health issue. It does not only relate to married or co-habiting couples and it frequently continues after a relationship has ended. A significant number of women and children are no safer when they

² <https://www.gov.uk/guidance/domestic-violence-and-abuse#domestic-violence-and-abuse-new-definition>

leave an abusive home, and for very many it is known that the level of violence and abuse can escalate.

9. It is not typified by ethnicity, class, sexuality, age, religion, gender or physical or mental impairment and can affect men and women in same-sex relationships and heterosexual relationships. It is however the case that in over 80% of reported domestic abuse, the victim is female and the perpetrator is male. It is not restricted to physical violence and often manifests itself as psychological, emotional, sexual and economic abuse. Practitioners should also be aware that the perpetrators of domestic abuse can be either gender and victims can be abused by their siblings, children, grandchildren as well as other familial members.
10. It is important to acknowledge that victims and perpetrators of domestic abuse may not define or recognise their relationships and experiences as abusive and it is often a personal, hidden experience due to feelings of shame, self-blame, stigma and fear of reprisals from making a disclosure. Adults who are parents or carers can also be reluctant to acknowledge or recognise the harm that is being done to their children for fear of the consequences of their children being removed from their care.
11. The risks of harm to children who are exposed either directly or indirectly to domestic abuse are known to be significant but the gathering of statistics in relation to the number of children affected by domestic abuse is difficult to capture due to the hidden nature of the abuse. Witnessing domestic abuse can be very scary and distressing for a child and can cause serious harm³. In over 90% of incidents, children will be in the same room or within earshot, and hearing can be equally as distressing as seeing domestic abuse (NSPCC). Children living in a home where domestic abuse is happening might see the abuse, hear the abuse from another room, see a parent's injuries or distress afterwards; and / or be hurt by being nearby or trying to stop the abuse. Evidence suggests that children exposed to domestic abuse are more likely to develop behavioural and emotional problems
12. Unborn children can also be at potential risk of harm with research suggesting that 30% of known domestic abuse begins or escalates during pregnancy (Lewis and Drife 2005). The Royal College of Midwives research also suggests that the risk of domestic abuse increases not only during pregnancy, but in the first year of a baby's life. It should be noted that social workers should undertake an assessment for an unborn baby where there are concerns in accordance with the local thresholds for statutory intervention and the guidance contained in Working together to safeguard children 2015 (paragraph 38). Evidence tells us that a child can suffer from trauma following birth and can display sleep disturbances, colicky episodes and restlessness.
13. National research does tell us is that;
 - Around 1 in 5 children have been exposed to domestic abuse⁴
 - Domestic abuse is a factor in over half of all serious case reviews
 - At least a third of children witnessing domestic violence also experienced another form of abuse
 - At least 130,000 children live in households with high risk domestic abuse
 - Children exposed to domestic abuse have a higher risk of becoming a perpetrator of violence as an adult (Bellis et al 2014, Brandon et al 2016) and;
 - 1 in 5 young people have been physically abused by their boyfriend or girlfriend

³ It's important to note that domestic abuse rarely exists in isolation. Many other issues may contribute to the safety and welfare of children such as parental mental ill health, substance misuse, poverty and social isolation.

⁴ NSPCC - <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/domestic-abuse-facts-statistics/>

There is a wealth of evidence that tells us that not only can domestic abuse have a psychological and emotional impact on children, but that it can also have an impact on children's brain development. Children and young people can also be subjected to violence and abuse within a context of forced marriage⁵ and honour-based violence⁶.

The cultural and religious complexities related to 'dishonour' within certain communities pose significant challenges for professionals in terms of identifying and responding to situations, but this should always be considered as a potential form of domestic abuse.

14. Therefore the knowledge or identification of domestic abuse should be viewed as a primary indicator of child protection needs.

15. On a wider national scale, the HM Government '*Ending Violence against Women and Girls Strategy 2016 – 2020*'⁷ reports that there was an estimated 1.35 million female victims of domestic abuse in 2015 and nearly 450,000 victims of sexual violence. Tragically the report highlights that over 80 women a year still lose their lives to domestic homicide and around **85% of victims of domestic abuse seek help from professionals at least five times before getting the support they need.** The strategy sets out that 41% of the prison population have witnessed or experienced domestic abuse illustrating the longer term impact and wider social harms this abuse can cause. It also references the high levels of repeat victimisation for domestic abuse and raises concern that less than 1% of perpetrators receive specialist intervention.

16. The 2013-2014 Crime Survey for England and Wales (CSEW)⁸ found that overall 8.5% of women and 4.5% of men (between the ages of 16 and 59) reported having experienced any type of domestic abuse during the survey's annual timeframe which is the equivalent to an estimated 1.4 million female victims and 700,000 male victims. Women were more likely than men to have experienced intimate violence across all types of abuse asked about. Between April 2015 and September 2015 alone, the number of crimes recorded by the police that were flagged as being 'domestic abuse related' was 207,514.

THE EXPERIENCES AND IMPACT OF DOMESTIC ABUSE ON CHILDREN

17. Each year, tens of thousands of children live in households across the West Midlands where domestic abuse occurs. It is a hidden crime, and the harm that it causes children and young people leaves many children unseen to public services. Significant evidence reveals that prolonged exposure to domestic violence can have a serious impact upon on children's safety and welfare despite the best efforts of the non-abusing parent to protect them.

18. Some children will have witnessed or heard the abuse, or will sense that their abused parent or carer is unhappy and some will have been directly abused themselves. All young people living in homes where domestic abuse is prevalent will grow up in an atmosphere of fear, tension, intimidation and confusion. Most commonly, they may:

- Directly observe physical or sexual violence, by being in the same or next room, being woken, seeing their parent or carer in distress or injured
- Directly observe, and often experience, emotional violence and abuse
- Have been directly threatened, injured or abused themselves
- Be forced to participate in the abuse and degradation by the abuser

⁵ Multi agency practice guidelines: Handling cases of forced marriage www.fco.gov.uk/forcedmarriage

⁶ 'Breaking the cycle' - Staffordshire's Strategy for Tackling Domestic Abuse 2012-16

⁷ <https://www.staffscb.org.uk/Aboutus/Priorities-2012-2013/Domestic-Abuse/Domestic-Abuse-Documentation/Breaking-the-Cycle.pdf>

⁸ http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171776_394500.pdf

- Live with secrecy and shame-whether it be keeping the violence a secret or where they have had to flee, keeping their past life a secret
- Feel that somehow it is their fault that it is happening
- Intervene (by calling the police or trying to protect their non-abusing parent, carer or other siblings) and get injured themselves

Witnessing Domestic Abuse is associating with the tripling in the likelihood of a child having a conduct disorder and younger children exhibiting greater psychological effects from Domestic Abuse (Brendon et al 2016, NSPCC 2014)

If they have to flee the abuse they will:

- Experience disruption of their home and schooling
- Experience the loss of friends, pets, toys, their routines, activities and also the relationship they had with their abusive parent/ carer
- Often find themselves brought to the centre of the abuse as the perpetrator seeks renewed control over contact with them.
- Experience various responses to the effects that domestic abuse can have on children.

All children living with domestic violence will therefore:

- Be at greater risk of abuse, serious injury, or death
- Be growing up in an atmosphere of fear, guilt, tension, intimidation and confusion; having sleep disturbances
- Be at higher risk of experiencing sadness, depression, anger (at both the abuser for the violence and at the other parent/ carer for being unable to protect) and trauma
- Respond individually and will have differing levels of resilience to their experiences and recovery even in a sibling group.

19. Research indicates that there is a significant risk of ever-increasing harm to children's physical, emotional and social development if they witness domestic abuse or are in a household where it is a factor⁹. Children's **responses to the trauma** of witnessing domestic violence may vary according to a **multitude of factors** including, but not limited to, age, race, sex and stage of development. It is equally important to remember that these responses may also be caused by something other than witnessing domestic violence, and therefore a thorough assessment of a child's situation is vital.

20. For children living in situations of domestic abuse the effects may result in behavioural issues, absence from school, difficulties in concentrating, lower school achievement, ill health, bullying, substance misuse, self-harm, running away, anti-social behaviour and physical injury. Evidence also suggests that children may use school as a haven; a way of escaping the violence. They may also display behaviours whereby they 'over achieve' and even attend out of school activities in order to escape and find their safe place.

21. Young people themselves can be subjected to domestic violence and abuse perpetrated in order to force them into marriage or to punish them for 'bringing dishonour on the family'. This abuse may be carried out by several members of a family increasing the young person's sense of isolation and powerlessness.

In a briefing by the Royal College of Psychiatrists (2004) the following potential effects of domestic abuse on children were identified:

- They may become anxious or depressed
- They may have difficulty sleeping

⁹ Rivett, M. & Kelly, S. (2006): From awareness to practice: children, domestic violence and child welfare. *Child Abuse Review*, 15, 224–242.

- They have nightmares or flashbacks
- They can be easily startled
- They may complain of physical symptoms such as tummy aches
- They may start to wet their bed
- They may have temper tantrums
- They may behave as though they are much younger than they are
- They may have problems with school
- They may become aggressive or they may internalise their distress and withdraw from other people
- They may have a lowered sense of self-worth
- Older children may begin to play truant or start to use alcohol or drugs¹⁰
- They may begin to self-harm by taking overdoses or cutting themselves
- They may have an eating disorder

Perpetuating abuse through children:

Practitioners should also be mindful that abusers often use children as a form of abusing their partner. This may include:

- Threats to harm the children
- Threats to report the non-abusing parent to 'social services' / the police as an unfit carer
- Threats to abduct children if the parent / carer leaves
- Saying that they will gain custody (residence) if they leave
- Turning the children against their non-abusing parent or carer
- Constantly critical of their abilities as a parent/partner
- Withholding money
- Abusing the children physically, sexually or emotionally
- Abuse through child contact after separation

If a victim (predominantly mothers) ends or flees their abusive relationship child contact can be a mechanism for the abusive partner to locate the mother and children (**see Appendix B for advice on safety planning with parents**); it is known that mothers and children can be most vulnerable to serious violent assault in the period after separation. Men who abuse their partners can also use contact with the children to hurt the mother by, for example verbally abusing the mother to the children or blaming her for the separation. Thus, through contact the children can be exposed to further physical, emotional or psychological harm.

22. Domestic violence perpetrated by a parent is a significant indicator of failed and dangerous parenting. It will also significantly impact upon the parenting capacity of the victim who will usually be trying to parent and keep the children safe. An imperative of any intervention for children living with domestic abuse is to support the non-abusive parent.

Best practice in working with children affected by domestic abuse:

The following best practice in working with children who are affected by domestic violence is promoted across the West Midlands; **practitioners should remain aware however, that it will not always be the child who discloses the abuse:**

- Do remember that your initial response is extremely important. Validate what the child is telling you to help the child know that you are listening and that you believe what you are being told. Reassure the child that they have done the right thing in telling you and that domestic abuse is not their fault.

¹⁰ Research shows teenagers who have witnessed or are victims of Domestic Abuse are more likely to "Sofa Surf" between friends home making them more vulnerable and becoming invisible to local authorities.

- Do be honest with the child from the outset; explain the limitations to confidentiality to ensure that the child can control what s/he tells you. Explain what you will do and how you will record any information given.
- Do ensure that the child feels comfortable talking to you; give her/him your name and encourage the child to contact you again in the future should s/he need to. If the child wants you to contact her/him make sure that you have a safe way of doing this before agreeing to do so.
- Do use language that is appropriate to the child's age and ability and ensure that you are not overloading the child with information. This is especially important when talking to children about confidentiality.
- Do listen for coded talking from children, don't assume or expect they will name things in the way that you do.
- Do be trustworthy in your work with children, do what you say you are going to do, set and maintain boundaries around your work and don't make promises you can't keep.
- Do allow the child to be in control wherever possible, offer choices, go at her/his pace; ask the child what they want to happen next and ask what you can do to help.
- Do allow children to be children and don't make them responsible for adult behaviour.
- Do prepare yourself for disclosures of abuse and domestic abuse; be aware of other organisations who can offer support. Where appropriate give the child contact telephone numbers for her/him to access in their own time and ensure that you are aware of out-of-hours support in the event of an emergency.
- Do be aware of the link between domestic abuse and child protection; be clear about your responsibilities with regard to child protection and ensure that the child understands what might happen.
- Do be non-judgemental in your response to children; respond to each child's individual needs and be aware that children's experiences will differ depending on ability, age, culture, ethnicity, gender, race, religion or sexuality.
- Do record any information you are given. This will not only validate what the child has told you and ensure continuity in support but will ensure the voice of the child is heard.
- Do develop links with other agencies working in this field and make the most of networking opportunities
- Do be aware of your own and your own organisations limitations; seek advice from other professionals and acknowledge that other services may be more appropriate. **(See Appendix C)**
- Do follow up any referral that you have made with the organisation and the child, and ensure that the child understands what is going on throughout the process.
- Do remember that often the best way to support children is to support the non-abusing parent/carer, who is usually (but not exclusively) the mother.

Children's Disclosures:

Practitioners need to be mindful that it can be extremely daunting for a child to disclose abuse because of the following fears and beliefs:

- They may feel the abuse is their fault
- They will get into trouble
- Nobody will believe them
- Nobody can stop it
- The abuse will get worse
- The abuser will be sent to prison and it will be their fault
- Their parents / carers or other people they love will be hurt if they tell
- They may feel the abuse is their fault
- They told before and nobody listened
- They will be taken into care
- Their abuser has said that they will hurt them if they tell

- They believe that this is what happens in families
- They love their abusive parent or carer
- They may blame their behaviour i.e. If I'm good they won't do it again
- They may believe that they are a bad child
- They feel ashamed of what the abuser does.

Children Accessing Support:

23. Children can access support themselves through a number of local services (follow this link to the directory www.staffordshirecares.info/Children-Young-People-and-Families/family-safety/domestic-abuse/support.aspx or via National organisations such as ChildLine and the NSPCC. The following websites are aimed specifically at children who have experienced domestic violence www.thehideout.org.uk.
24. There is increasing recognition of the need to promote healthy relationships with children and young people through their education prevention approaches; this is due to the prevalence of domestic abuse occurring in teenage relationships. In 2005 a NSPCC and Sugar magazine survey showed that 40% of teenage girls would consider giving their boyfriend another chance if he hit them, and one third said that cheating justified the use of violence. Further research undertaken by Bristol University and the NSPCC in 2009 found that over one quarter of girls aged 13-17 reported experiencing intimate partner violence; one in nine female respondents had experienced severe physical violence; and almost three quarters of girls had experienced emotional abuse. National information websites are available to access; these can be used by young people and practitioners alike to help to generate discussions and understanding about issues relating to sexting, healthy relationships, consent, rape and pornography:
<https://www.disrespectnobody.co.uk/>;
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/506525/teen-abuse-leaflet.pdf;
<http://www.refuge.org.uk/get-help-now/help-for-teenage-girls/>
25. Where children have been more deeply emotionally affected by their experiences and need more intense support, the GP (and other agencies) may consider a referral to the Child & Adolescent Mental Health Teams which aim to support, help and intervene with children and young people who are experiencing emotional and mental health problems.

TAKING ACTION

26. If a family or children suffering domestic abuse are to be effectively supported and protected, it is vitally important that care is taken to develop as clear an understanding as is possible of the circumstances – an understanding that needs to be informed by an awareness of professional responsibility and appreciation of the complexities of the victim's personal circumstances in consultation with the victim.
27. An awareness or suspicion of domestic abuse may arise in a number of different ways, e.g.
- Direct or indirect observation through own professional role.
 - Disclosure from a victim or child within the family.
 - Disclosure from a perpetrator.
 - Information from third parties.
 - Evidence arising from associated predicative indicators (e.g. bruising or marks).
28. In circumstances where a disclosure is made then the opportunity to work within a framework of consent and support should be pursued, not withstanding the need to gather as much

information as possible from which to make a measured assessment and decide upon the most appropriate course of action.

29. In the context of a concern about a child's welfare, attempts should be made to discuss these with the child, subject to their age and understanding, and with their parents and seek their agreement to making a referral to CSC unless the undertaking of such a discussion would place the child, or another person at an increased risk of significant harm.
30. However, there are likely to be significant barriers which prevent the making of disclosures, and professionals should be sensitive to the reasons for this. An abused victim may be fearful of professional intervention and be anxious of how statutory agencies may respond when children are involved (**See Appendix C**). They may minimise the situation, be concerned that they won't be believed, or feel that the violence may increase. Furthermore, research shows that the risk for domestic violence victims increases at the time of seeking help or deciding to leave the perpetrator. It is important to recognise this.
31. Children will often remain protective of their parents or be anxious about the uncertainty of what might happen if they talk to someone. They may also be in fear of the perpetrator and it is important for professionals to recognise this.
32. It is necessary to understand that children who have experienced domestic abuse and violence often find it difficult to trust others, particularly adults. It is therefore crucial when working with these children to take sufficient time to build rapport and trust before expecting the child to talk about painful emotions related to their experiences of domestic abuse.
33. It is important, therefore, that when engaging with known or suspected victims of domestic abuse that the conditions which might maximise the providing of a disclosure – for example, the environment, the nature of the enquiries or the questions posed, are structured in a way that convey a climate of safety, sensitivity and reassurance. A pre-condition to an effective and thorough assessment is enabling and empowering the victim to disclose their experiences, and to consider its impact upon their own and their child(ren's) life. Non-abusing parents may be too afraid or uncomfortable to raise the issue of violence themselves. Therefore, asking a range of questions sensitively but directly will assist you in their disclosure.
34. Examples of questions to assist the assessment process are provided within **Appendix D**.
35. The important principles will be to:
 - Listen carefully and take seriously.
 - Provide reassurance in terms of unacceptability and blame.
 - Take responsibility for alerting the appropriate agency/ agencies.
36. The overriding objective for any professional is to take an informed judgement about what to do next and to be ever mindful that all children living with domestic abuse are likely to be children in need. The most appropriate course of initial action may be to discuss the concerns with the designated individual responsible for child protection within the professional's organisation.

EARLY HELP

37. The Staffordshire Early Help Framework provides a universal assessment tool for early intervention for practitioners working with children, young people and their families. The aim of the framework and its associated assessment process (EHA) is to assess a child's needs

at the first sign of difficulty to help prevent a child's needs from becoming more serious. This assessment can help to highlight any additional or specialist support required for the child and their family and bring together agencies to share information, undertake appropriate assessments and provide multi agency support. The EHA therefore provides a good opportunity to identify any domestic abuse that the child may be affected by in order to offer early integrated support to the child and the non-abusing parent. For further information about **EHA** and assessing children's needs please refer to Section 1E Staffordshire's Threshold Document 'Accessing the right help at the right time'. Access to this document can be found at www.staffsscb/Professionals/Procedures/Section-One

38. Where there is knowledge or evidence to indicate that children are **not** at risk of harm but there are emerging or known concerns about their welfare and safety, consideration should be given to whether the child is a 'child in need' (Section 17 of The Children Act 1989) and requires a CSC statutory assessment in accordance with Working Together to Safeguard Children 2015. If the child does **not** meet the threshold for a CSC 'child in need' assessment then the most appropriate model of assessment establishing the basis of 'what next' will be through the undertaking of a **EHA** (Early Help Assessment) as set out in paragraph 30 above.
39. Practitioners completing assessments with children and their families should collect as much information as possible and establish a clear and balanced understanding of what is going on, so that the impact of domestic abuse and the associated level of need and risk can be clearly evaluated. This should also include an evaluation of the strengths within the family environment. [Working Together 2015](#) states that an assessment should be a dynamic process which analyses and responds to the changing nature and level of need and/or risk faced by the child as well as the non abusing parent as this is widely recognised as the best way to support a child affected by domestic abuse¹¹. The assessment activity should not preclude the possibility of professional input which combines protection and support, and in that respect the process should seek to identify protective factors as well as risks. Other agencies involved with the family would be expected to contribute to this assessment, including any adult services in order for a complete overview of the risk and needs of the family. Using the <http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face>¹² would assist professionals at this point.
40. Practice based evidence shows that victims will often take several appointments before revealing the full extent of their abuse. It is therefore important to consider the timeliness of assessments as well as the quality of the information provided and how this is then analysed in order to determine risk and need.
41. The framework of any assessment focusing upon a child living with domestic abuse should include exploration of several key areas
- The child's voice and experiences and how these impact on day today living
 - The non-abusing parent's voice and experiences

¹¹ Working Together 2015, Chapter 1: Assessing need and providing help, pg 18 para 28.

¹² When someone is suffering domestic abuse it is vital for professionals to make an accurate and fast assessment of the danger they're in so they can get the right help as quickly as possible. The Dash risk checklist is a tried and tested way to understand risk. Dash stands for domestic abuse, stalking and 'honour'-based violence. It is based on research about the indicators of high-risk domestic abuse. The Dash risk checklist can be used for all intimate partner relationships, including LGBT relationships, as well as for 'honour'-based violence and family violence. It is primarily intended for professionals – both specialist domestic violence workers such as IDVAs (Independent Domestic Violence Advisors) and other professionals working for mainstream services. There is a specific police version of the risk checklist, which is used by most police forces in England and Wales.

- Evidence of harm – physical, emotional and behavioural
- The quality of the child’s relationship/attachment with their parents / carers (non-abusing and the perpetrator of abuse)
- What are the child’s support networks?
- What are the child’s coping strategies?
- Are there additional factors compounding the child’s vulnerability, e.g. disability?

42. The most important aspect of an effective assessment is ensuring that there is a clear and balanced analysis of the individual child’s needs and that their needs and any risks are clearly understood. This analysis will then specifically inform what action needs to take place to promote the welfare and safety of the child. This can then be closely monitored to ensure those risks to the child(ren) are minimised or eradicated altogether and that their needs are being met. Should the risk to the child(ren) increase it maybe necessary to then make a referral to Children’s Social Care (CSC) Services.

REFERRALS TO CHILDREN’S SOCIAL CARE (CSC)

43. In **all** cases where children are suffering from or at risk of suffering **significant harm** as a result of domestic abuse, then an immediate referral should be made to **First Response Team (FRT)**.

The contact details for the First Response Team are as follows:

Staffordshire County Council’s First Response Team: 0800 1313 126

(Monday-Thursday 08:30am - 5:00pm and Friday 08:30am - 4:30pm)
E-mail: frist@staffordshire.gov.uk

Emergency Duty Service: (Out of Hours Service): 0845 6042886

Staffordshire Police: 101 and ask for M.A.S.H. (Multi Agency Safeguarding Hub). Outside of MASH hours, report to the Area Communications Room.

IN AN EMERGENCY ALWAYS CALL 999

It is important that as much information as possible is shared by the referrer. All telephone referrals must be followed up, in writing, within 48 hours using a Multi-Agency Referral Form (MARF) <https://www.staffscb.org.uk/Professionals/Procedures/Section-Three/Section-3-Managing-Individual-Cases.aspx>. This document will assist you in collecting the appropriate information when making a referral. Examples include: of such information include;

- Family name (s)
- Address (es)
- Date of birth
- Details of family members / significant others
- Basis of concerns
- Other relevant information (historical and current)
- Are family individuals aware of the referral?
- Does the referral increase the potential risks of harm to the child or to others?
- How may the victim(s) be best contacted without compromising safety?

44. All referrers will receive written acknowledgment of their referral including where relevant detail about intended actions and reference details to assist subsequent actions and communication.
45. The referrer should ensure that they maintain appropriate and relevant records in accordance with their individual agency's policies and procedures.
46. If the nature of the referral indicates a criminal offence may have been committed then in all cases the police should be informed without delay.

Staffordshire Police: 101 and ask for M.A.S.H. (Multi Agency Safeguarding Hub). Outside of MASH hours

WHERE AN IMMEDIATE RESPONSE IS REQUIRED DIAL 999

POLICE REFERRALS

47. The particular duties of the police mean that they are often the first agency aware of domestic abuse within a household. The police have heavily invested in specialist training for front line officers and staff to ensure that they have the knowledge and tools to effectively deal with this complex area.
48. Any Officer attending a domestic incident will complete a thorough investigation and will spend time with a victim to complete a risk assessment, known as a DIAL which stands for Domestic Incident Assessment Log. The details gathered within the risk assessment will identify issues of potential heightened risk i.e. separation, pregnancy, escalation, community issues, choking/strangulation, stalking or sexual abuse.

49. Officers attending an incident where there is immediate risk of harm to a child, including where a child has sustained injury or is clearly traumatised should take immediate actions to protect them. This will include an immediate referral to CSC, Safeguarding Referral Team/Out of Hours Emergency Duty Service. Please see paragraph 45 above in respect of completing a MARF and making a referral.

50. All DIALs are reviewed by a police supervisor immediately following the officer completing it. At this point a comprehensive review of the investigation and risk is carried out, ensuring any appropriate safeguarding measures have been put into place.
51. Each Local Policing area has a police Vulnerability Team who review all incidents where domestic abuse has been reported. They will ensure the appropriate support is in place and referrals have been made where necessary.
52. Where a safeguarding concern is apparent, DIALS are reviewed within the Multi Agency Safeguarding Hub (MASH). This allows for a multi-agency assessment to be initiated on those cases where the threshold for Levels of Need is met. The purpose of this screening is to share information and determine the most appropriate response. Police record referrals on their Guardian system and crimes along with the investigation, are recorded on their CMS2 system.
53. The risk assessment will form the basis for further action and the involvement of other agencies as necessary. If considered high risk it will ensure the family involved are put forward to a MARAC (Multi Agency Risk Assessment Conference) in order to more effectively support the victim, any children involved and to hold the offender to account.

54. Lists of individual cases to be discussed at MARACs are forwarded to CSC Services (CSC) Specialist Safeguarding and Local Support Teams (LST) for information sharing and to ensure that any further assessment that is required can be done so in a timely manner. The MARAC meeting will not delay action if action is required.
55. The disclosure regarding the sharing of information is likely to be made by the police or the IDVA (Independent Domestic Violence Advisor) following contact with the domestic abuse victim, unless circumstances dictate otherwise. Where police powers have been used the police will disclose this information to MARAC partners as appropriate. CSC services will need to be informed about whether or not consent has been obtained as part of the referral information.
56. Recommendations made at Multi-agency Risk Assessment Conference (MARAC) meetings:
A (MARAC) is a multi-agency information sharing forum and as a result of the information shared by relevant agencies, recommended actions for agencies will be recorded. A MARAC meeting may identify that the threshold for actions under s47 of the Children Act has been met. However, the recommendation to 'convene a child protection conference' cannot be made at a MARAC. This decision can only be reached by Children's Social Care Services and the police through properly conducted s47 enquiries. These enquiries must always be informed by the information received at the MARAC.

MULTI AGENCY RISK ASSESSMENT CONFERENCE (MARAC)

57. A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and develop these into a co-ordinated action plan.
58. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other forums to safeguard children and manage the behaviour of the perpetrator.
59. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. An effective Marac is based on a well-established partnership of agencies all working together to tailor support around victims and their children. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.
60. MARAC meetings are held on a fortnightly basis, and are coordinated by Staffordshire Police. Referrals to MARAC can be made by any professional. The [Safelives](#) website contains a wealth of advice and information to support practitioners in respect of what level of concern would constitute a referral to MARAC.
61. The MARAC administration team is currently situated in the same location as the Multi Agency Safeguarding Hub (M.A.S.H). All referrals to MARAC will be subject to information sharing which involves partners from both the police and the Safeguarding Referral Team. This ensures that each referral is met with an early risk assessment so that any immediate safeguarding concerns can be responded to in a timely way. If intervention is required then there will be no need to await the MARAC conference.
62. The list of cases to be heard at the MARAC is managed by the MARAC team and will be circulated to all attendees one week before the conference. The expectation is that those agencies attending the meeting will bring with them information they have regarding the victim and any associated children.

DOMESTIC VIOLENCE PROTECTION ORDERS

The Domestic Violence Protection Orders approach has two stages:

- Where the police have reasonable grounds for believing that a perpetrator has used or threatened violence towards the victim and the victim is at risk of future violent behaviour, they can issue a Domestic Violence Protection Notice on the spot, provided they have the authorisation of an officer at Superintendent rank.
- The magistrates' court must then hear the case for the Protection Order itself – which is the second step – within 48 hours of the Notice being made. If granted, the Order may last between a minimum of 14 days and a maximum of 28 days. This strikes the right balance between immediate protection for the victim and judicial oversight.

DOMESTIC VIOLENCE DISCLOSURE SCHEME: CLARE'S LAW

A Domestic Violence Disclosure scheme allowing police forces to disclose to individuals details of their partners' abusive pasts was extended to all police forces across England and Wales from March 2014. The scheme is commonly known as Clare's Law after Clare Wood, who was killed in 2009 by an ex-partner who unknown to her had been violent to previous partners.

In the past, it could have been difficult for someone entering a new relationship to find out or be aware if their partner had prior convictions for violence or domestic abuse. The Clare's Law Disclosure Scheme aims to prevent men and women from becoming victims of domestic violence and abuse by providing a formal method of making enquiries about an individual who they are in a relationship with or who is in a relationship with someone they know, and there is a concern that the individual may be abusive towards their partner.

Staffordshire Police are therefore in a position to help to empower potential victims of domestic abuse with the right to ask about their partner and providing them with information that aims to help the potential victim to make an informed decision on whether to continue a relationship; this also provides an opportunity to provide further help and support to assist the victim when making that choice.

Every request under Clare's Law is thoroughly checked by a panel made up of police, probation services and other agencies to ensure information is only passed on where it is lawful, proportionate and necessary. Trained police officers and advisers are then on hand to support victims through the difficult and sometimes dangerous transitional period.

The scheme works in two ways:

- Right to ask: Victims (potential and actual), third parties (parents, neighbours and friends) **and agencies** can all make requests under the scheme.
- Right to know: The police make a proactive decision to disclose details when they receive information to suggest a person could be at risk.

If police checks reveal the individual has a record for abusive offences or there is information to suggest a person is at risk, the police will give consideration to sharing this information with the person at risk or a person who is best placed to protect the potential victim.

How is an application made?

An application can be made by contacting the police in one of the following ways:

- Visiting a police station.
- Phoning **101**.

DOMESTIC HOMICIDE REVIEWS

63. Domestic Homicide Reviews¹³ were established on a statutory basis under Section 9 of the [Domestic Violence, Crime and Victims Act \(2004\)](#). This provision came into force on 13th April 2011.
64. The purpose of a domestic homicide review is to consider the circumstances that led to the domestic violence death of a person aged 16 years or over and identify where responses to the situation could have been improved. In so doing the lessons learned will be taken on board by the professionals and agencies involved (e.g. the police, social services, councils, and other community based organisations).
65. A review panel will be responsible for undertaking the homicide review and will be formed from members of local statutory and voluntary agencies. The panel will consider what happened and what could have been done differently. Where applicable, they will also recommend actions to improve responses to domestic violence situations in the future. It is the responsibility of the Community Safety Partnership for the area in which the victim of the domestic homicide lived to ensure that actions arising from a review are implemented. Lessons to be learned from Staffordshire Domestic Homicide Reviews will be shared with both the Children’s and Adults’ Safeguarding Boards. The Staffordshire & Stoke-on-Trent Multi-Agency Guidance for the Conduct of Domestic Homicide Reviews sets out the relevant procedures for dealing with domestic homicide reviews. The guidance and copies of reports from domestic homicide reviews undertaken in Staffordshire and Stoke-on-Trent can be found on the Staffordshire website using the following link: www.staffordshire.gov.uk/domestic-homicide-reviews.

INFORMATION SHARING AND CONFIDENTIALITY

66. The effective exchange of information is pivotal in enabling organisations to protect children from harm and in that respect expressed or implied powers to share information effectively is contained within *The Children Act 1989, and The Children Act 2004 (s10, 11.)* Sharing information is a critical element in bringing about the co-ordinated provision of services for children with additional needs.
67. The seeking of consent prior to sharing information, suspicions, or concerns relating to domestic abuse should always be seen as the preferred basis from which to undertake any course of action.
68. The duty to safeguard children and take necessary steps to protect them from harm should not be impeded by the withholding of a non-abusing parent or child’s consent, nor should action be unreasonably delayed or frustrated by the desire to seek the agreements of relevant parties.
69. For further details on effective information sharing including practice issues around gaining consent please refer to **Section 1J information sharing guidance** (Joint with Stoke-on-Trent LSCB) <https://www.staffsscb.org.uk/Professionals/Procedures/Section-One/Section-1-Policy-Framework-and-Principals.aspx>

¹³ Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews – Home Office
<http://www.homeoffice.gov.uk/publications/crime/DHR-guidance?view=Binary>

SPECIALIST DOMESTIC ABUSE SUPPORT SERVICES

70. Specialist support services provide support within Staffordshire are managed within the voluntary and community sector. There is no single policy for domestic abuse used by these organisations as it is their core business. All providers commissioned by Staffordshire County Council will work with both male and female victims of domestic abuse, including their children.

71. Specialist services provide support to men, women and children who are living with, escaping or recovering from domestic abuse¹⁴. They support people in overcoming the impact of the abuse they have experienced.

They provide a variety of services for victims of abuse, including;

- safe refuge/ emergency accommodation
- community based one to one support and advocacy
- resettlement services
- telephone helplines
- counselling services
- children and young people services

72. In addition to providing support to children, specialist support services also provide advice and support to victims suffering abuse from parents, older children, other *family* members¹⁵ or same sex partners.

62. Information and access to Domestic Abuse Services in Staffordshire can be found at: <https://www.staffordshire.gov.uk/community/communitysafety/domestic/DomesticAbuse.aspx>

¹⁴ This can include victims of forced marriage and/ or honour based violence and agencies/ practitioners would need to consult with organisations to discuss further

¹⁵ Family members are defined as mother, father, son, daughter, brother, sister, and grandparents whether directly related, in-laws or step family. Source: www.fco.gov.uk

APPENDIX A

The following pieces of legislation are just some of the laws that are relevant to domestic abuse:

The Children Act 1989 and the Children Act 2004

This law establishes the legal framework for child protection and the key principle that the welfare of the child is the paramount consideration. It affirms that children should usually be cared for within their own home, but that children should also be safe and protected if they are at risk of significant harm. Section 17 makes provision for local authorities to provide support, care and services to safeguard and promote the welfare and development of the child and can be used, even if the mother has no recourse to public funds to support mothers and their children. The Children Act 1989 states that:

- Where possible abusers rather than children should be removed from home. (Vol 1. Section 4.31);
- Places a duty on Local Authorities to provide services to Children in Need and provides funds to help children remain within their own families. (Section 17);
- Places a duty on Children's Services to investigate the circumstances of a child where they are informed that a child is suffering or is likely to suffer significant harm or they have reasonable cause to suspect that a child may be or is likely to suffer significant harm. (Section 47).

Adoption and Children Act 2002

Section 120 of the Adoption and Children Act 2002 extends the legal definition of 'significant harm' to children to include the harm caused by witnessing or overhearing abuse of another, especially in a context of domestic violence. It is important to remember that the responsibility for the harm lies with the abuser.

Female Genital Mutilation Act 2003

This Act came into force on 3 March 2004. It replaces the 1985 Act and makes it an offence for the first time for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

Domestic Violence Crime and Victims Act 2004

The Domestic Violence, Crime and Victims Act 2004, introduces new powers for the police and courts to tackle offenders whilst ensuring that victims get the support and protection they need. The new Act creates a number of important provisions for example: there are new procedures to deal with multiple offending; breach of non-molestation orders becomes a criminal offence; and causing or allowing the death of a child or vulnerable adult becomes a new offence. Domestic Homicide Reviews were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13 April 2011.

The Gender Equality Duty 2007

The Gender Equality Duty requires all public bodies to respond to the needs of women and men fairly and tailor their services accordingly. Domestic violence disproportionately affects women and their children. Apart from the physical injuries sustained by victims and their children, those experiencing domestic violence are twice as likely to experience high levels of depression. They are also more likely to self-harm and attempt suicide.

The Serious Crime Act 2015

This creates a new offence of controlling or coercive behaviour in intimate or familial relationships. Controlling or coercive behaviour does not relate to a single incident, it is a purposeful pattern of behaviour which takes place over time in order for one individual to exert power, control or coercion over another. Such behaviours might include:

- Isolating a person from their friends and family;
- Depriving them of their basic needs;
- Monitoring their time;
- Monitoring a person via online communication tools or using spyware;
- Taking control over aspects of their everyday life, such as where they can go, who they can see, what to wear and when they can sleep;
- Depriving them of access to support services, such as specialist support or medical services;
- Repeatedly putting them down such as telling them they are worthless;
- Enforcing rules and activity which humiliate, degrade or dehumanise the victim;
- Forcing the victim to take part in criminal activity such as shoplifting, neglect or abuse of children to encourage self-blame and prevent disclosure to authorities;
- Financial abuse including control of finances, such as only allowing a person a punitive allowance;
- Threats to hurt or kill;
- Threats to a child;
- Threats to reveal or publish private information (e.g. Threatening to 'out' someone);
- Assault;
- Criminal damage (such as destruction of household goods);
- Rape;
- Preventing a person from having access to transport or from working.

APPENDIX B

ADVICE ON SAFETY PLANNING

How to be prepared to leave urgently:

A person who realises that they may need to leave home suddenly can be greatly assisted by being prepared. They need to plan where they (and any children and/or vulnerable adults) would go, how they would get there and what they would take. The following checklist might help:

- Have important telephone numbers available (Refuge & Women's Aid 24 hour help-line number, friend, family);
- Keep birth and marriage certificates, passports, medical cards together, or copies in a safe place;
- Keep benefit books, bank and building society books handy;
- Have rent or mortgage details written out;
- Carry change, a phone card or a mobile phone all times;
- Carry their driving licence, car registration and details of car insurance;
- Hide some money, credit cards, or open own savings account;
- Hide or leave spare keys to house and car with someone;
- Have necessary medication for themselves and their children ready;
- Have someone write out a statement of her situation in English if not English speaking;
- Have a photograph of the abusive person (useful for serving court documents);
- Decide what to do about personal items or valuables, e.g. family photos, which are often important later;
- Have packed bag with a change of clothes, toiletries, toys hidden or at someone else's house;
- Plan to take all the children that they wish to have with them (the longer children are 'left at home' the harder it is to get them later);
- Talk to the children about the situation;
- Keep together any documents relating to their immigration status;
- Talk to friends or family about staying in an emergency;
- Use a call box or a friend's phone to keep calls private;
- Be ready to call 999 if they or their children / any vulnerable adult is in danger;
- Tell people they trust about the abuse;

- Talk to agencies, e.g. a solicitor, about their legal rights, or other professionals such as their health visitor;
- Develop and keep reviewing their safety plan if there is the risk of abuse. For instance, avoid some rooms (kitchen, because of potential weapons; or bathroom, with no exit). Help them to think about all possible escape routes: windows, doors, stairs (and suggest that they practice before it's needed, if possible). An alternative may be a safe room to barricade while the police are coming;
- Ask neighbours and friends to call 999 if they see or hear noises that could mean they (and/or their children or any vulnerable adult) are in danger. (Think about what they will scream or shout if attacked);
- Teach the children to use 999 and ask for the police. Talk to the children about staying safe, how they get out and where to go.
- Support them in arranging care for their pets as refuges are usually unable to accommodate them. This will be important to children and some domestic abuse support projects have arrangements in place with pet welfare organisations to accommodate on a temporary basis.

IF THEY DECIDE TO LEAVE

If the person decides to leave, before they go:

- Help them to think about a place they can go where they will be safe, or where the abuser will not know to look for them, such as to a friend or relative (only if it is safe), to a hotel, or refuge, or to another town or city;
- They can also ask the Housing Department (or Homeless Person's Unit) or Social Services for help. Suggest they plan now and make a back-up plan. Suggest that they get legal advice;
- Work wherever possible with your local domestic abuse support provider who will help with safety planning. For as directory of local services please click on this link: <https://www.staffordshire.gov.uk/community/communitysafety/domestic/DomesticAbuse.aspx>

If possible, suggest the following:

- Put some money away in a safe place a little at a time;
- Move some of their things out a little at a time (for example, identification and other things that may not be noticed);
- Keep a diary and record the abusive incidents (only if they can do this safely, in a hiding place or a safe address).

At any stage they can encourage them to make careful notes of everything that happened, including times, dates, names, and what everyone said. If they are able to keep a diary, it can help them to remember. If they have been injured, they (you, and the GP) might record all of the details including:

- Exactly where they received the injuries (for example, the upper thigh);
- How they were hurt (for example, by a fist or boot);
- How many times they were hit; and
- How severe their injuries were (for example, bruises or cuts requiring stitches).

These notes are very important. They may help the individual to access legal rights, welfare rights and benefit them and their children / any vulnerable adults they are caring for. Keep them in a safe place:

- Identification, including benefit books, medical cards, legal papers (like court orders, marriage certificate, passports, birth certificates, drivers licence);
- Proof of their housing situation e.g. mortgage paper, tenancy agreement, a bill with name and address, rent book;
- Money for fares, credit cards, cheque book;
- Clothes for two or three days, in a bag which is not too heavy;
- Things of special personal value (like writing, photos), or hide or store them;
- A few of the children's favourite toys, books or games;
- Toiletries, nappies, sanitary towels.

Any proof of the abuse like notes, photos, taped messages, their diary, crime reference numbers, names and numbers of professionals who know.

If there is a residency or a parental order in place, they might consult a solicitor who specialises in child and family work before leaving, or as soon as possible after they have left with the children. It may prevent a missing person's investigation or an emergency order being issued by the abuser for the children's return.

Ideally, they might leave a note that says that they have left with the children, that they are safe, and that they will contact the non-resident parent in the near future. (Where possible a copy of this note should be kept).

For further help and guidance the individual can also contact the national 24 hour National Domestic Violence Help-line run in partnership between Refuge and Women's Aid on **0808 2000 247**, voluntary agencies in their area, the police, their local authority Children's Social Care Services or their local housing department.

APPENDIX C

Initial Contact with the Family

Enquiry into private family matters often is viewed by the abuser as a threat to his or her control over the family. It should be noted, however, that many non-abusive families will respond negatively to such inquiries as well. Promoting safety for all parties is the primary goal when intervening in cases where there are allegations of domestic abuse.

To safeguard the alleged victim's safety, professionals should not leave domestic violence resource information, post letters referencing domestic abuse out to their address, or leave voicemail messages asking to speak with the alleged victim about the abuse as such information could be found by the alleged abuser. This can jeopardise not only the alleged victim's safety, but also the nature of the caseworker's interview with family members who may be threatened or forced to deny the allegations. Professionals need to make direct contact with the alleged victim to avoid any attempts by the alleged abuser to sabotage their efforts. If professionals are not able to make initial contact with the alleged victim, they should find alternative, creative means of contact (e.g. at the alleged victim's place of work or through the children's school).

Separate interviews should be conducted with the children, alleged victim, and alleged perpetrator of domestic violence. Because these cases involve child abuse, professionals (i.e. the police and social workers) should follow agency protocol and interview the individuals in that order unless it compromises someone's safety. Separate interviews allow adults and children to talk safely about the violence. There will be times when professionals arrive at the home and find both partners present. In these instances, caseworkers should collect general family information and refrain from direct enquiry about the domestic abuse. Professionals can use their authority to request separate, follow-up interviews and inform family members that it is a routine agency procedure.

Please note that victims of domestic abuse are entitled to privacy with regard to their use of a support service from a domestic abuse specialist provider. It may put the victim at risk or impact detrimentally upon support if the perpetrator is made aware of this. It may also be used as a form of abuse and control. It is best practice to respect this confidentiality about a victim using the services of a specialist provider, including any referrals made.

Collaborate with Service Providers

Professionals are expected to assess a number of risk factors in addition to domestic abuse. Families involved often have multiple needs requiring complex interventions. Professionals are not expected to have specialised knowledge on every social problem affecting the family. Therefore, in cases involving domestic abuse, professionals are strongly encouraged to seek the expertise of specialist service providers who can provide support regarding assessment and intervention techniques and assistance with accessing relevant services. At times, professionals simply need support when they are working with the multiple needs of alleged perpetrators, victims, and children. Enlisting the help of service providers (as well as other substance abuse and mental health service providers, when appropriate) can make these challenging cases more manageable.

APPENDIX D

DISCLOSURE QUESTIONS FOR A NON-ABUSING PARENT/SURVIVOR

- 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?
- Are you feeling depressed or having suicidal thoughts?
- 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 (s)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 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 specify behaviour.)
- Has your partner ever hit, punched, shoved or slapped you?
- Has your partner ever threatened you with a weapon?
- Does your partner do or say things of a sexual nature that make you feel bad?

- Does your partner use drugs or alcohol excessively? If so how does (s)he behave at this time?
- Do you ever feel you have to walk on eggshells around your partner (i.e. be extremely cautious about your words or actions)?
- 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?

Professionals should sensitively offer direct questions for potential victims to answer.

More Information about risk assessments can be found by accessing the link to: [Safelives](#)