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Stoke-on-Trent Safeguarding Children Board

Procedures for Children in Specific Circumstances

DOMESTIC ABUSE

Section D05

Version 4
March 2016

D05 Domestic Abuse



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01 Introduction

The Stoke-on-Trent Safeguarding Children Board (SCB) 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 children within the geographical boundaries of Stoke-on-Trent. 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.

02 The Objectives of these procedures

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.

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.

03 Underlying Principles

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:

- 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.

04 Definition of Domestic Abuse?

The UK Government definition: "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."

This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour based violence', female genital mutilation (FGM) and forced marriage.

The risks of harm to children¹ 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. However much of the research tells us about children's experiences living with domestic abuse. What we do know is that nationally:

- Around 1 in 5 children have been exposed to domestic abuse;
- Domestic abuse is a factor in 60% of serious case reviews;
- A third of children witnessing domestic abuse also experience other forms of abuse;
- Children exposed to domestic abuse are more likely to have behavioural and emotional problems;
- 130,000 children live in households with high risk domestic abuse and;
- 1 in 5 young people have been physically abused by their boyfriend or girlfriend²

There is a wealth of evidence that tells us that not only can it have a psychological and emotional impact on children, but that it can also have an impact on children's brain development. Furthermore, there is also evidence to suggest that children who are exposed to domestic abuse at an early age are more likely to become perpetrators of crime, including domestic violence abuse, in the future³.

The knowledge or identification of domestic abuse should be viewed as a primary indicator of child protection needs

05 What is Domestic Abuse?

Very often a victim of domestic abuse will fail to recognise that they are experiencing other forms of domestic abuse, in addition to the physical violence and abuse. This can include coercive control. It is important that professionals working with victims of domestic abuse have the skills to approach the subject sensitively, so that victims feel more comfortable to talk about the issue with the worker and appropriate support can be identified and provided.

¹ In this document as in the Children Acts 1989 and 2004 respectively, including Working Together to Safeguard Children 2015, a child is anyone who has not yet reached their 18th birthday. Children therefore means 'children and young people' throughout.

² NSPCC 2012-15

³ Widom C. S. and Maxfield, M. G., (2001)

Domestic abuse is a generic term to describe a wide range of intentional behaviours used by one individual to control and dominate another. 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 leave an abusive home, and for very many it is known that the level of violence and abuse can escalate.

Domestic abuse is not typified by ethnicity, class, sexuality, age religion, gender or physical or mental impairment. It can affect men and women in same sex relationships and men and women in heterosexual relationships. It is not restricted to physical violence and often manifests itself as psychological, emotional, sexual and economic abuse.

Children and young people can also be subjected to violence and abuse within a context of forced marriage⁴ and honour-based violence⁵. 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.

The Crime Survey of England and Wales 2013/14 shows that an estimated 2.1 million victims experienced some type of domestic abuse in the previous year. Crime survey data collected for the Home Office shows that 28% of women (more than 1 in 4 women) and 15% of men (1 in 7 men) aged 16 and above have experienced one or more forms of non-sexual domestic abuse during their adult lives. Research has also found that women experience the most serious physical and repeat assaults, and on average nearly two women a week are killed by a violent partner or ex-partner, which constitutes around half of all female homicide victims.

In 2013/14, the police recorded 887,253 domestic abuse incidents. Due to the often private nature of domestic abuse, the majority of domestic abuse incidents will not come to the attention of the police. These figures are therefore not directly comparable with the Crime Survey of England and Wales estimates of domestic abuse.

There is also strong evidence of repeat victimisation. Staffordshire Police domestic abuse crime figures for 2015 show that one in four victims of domestic abuse were repeat victims.

06 The Impact of Domestic Abuse and Violence

Research indicates that there is a significant risk of ever-increasing harm to children's physical, emotional and social development⁶ if they witness domestic abuse or are in a household where it is a factor.

⁴ Multi Agency Practice Guidelines: Handling cases of Forced Marriage
www.fco.gov.uk/forcedmarriage

⁵ 'Breaking the Cycle' Staffordshire's Strategy for Tackling Domestic Abuse 2012-16

⁶ Rivett, M., & Kelly, S. (2006). From awareness to practice: Children, domestic violence and child welfare. *Child Abuse Review*, 15, 224–242.

Children's **responses to the trauma** of witnessing domestic violence may vary according to a **multitude of factors** including, but not limited to, age, culture, sexuality 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.

Children are individuals and may respond to witnessing abuse in different ways:

- They may become anxious or depressed
- They may have difficulty sleeping
- 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 drugs
- They may begin to self-harm by taking overdoses or cutting themselves
- They may have an eating disorder

Children may also feel **angry, guilty, insecure, alone, frightened, powerless or confused**. They may have **ambivalent feelings** towards both the abuser and the non-abusing parent.

07 Taking Action

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.

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 (eg bruising or marks).

In circumstances where a disclosure is made then the opportunity to work within a framework of consent and support should be pursued, notwithstanding 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.

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 children's social care unless the undertaking of such a discussion would place the child, or another person at an increased risk of significant harm.

However, there are likely to be significant barriers which prevent the making of disclosures, and professionals should be sensitised 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. 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 help seeking or deciding to leave the perpetrator.

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.

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.

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 it's impact upon their own and their child(ren's) life. Non-abusing parents are usually 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.

Examples of questions to assist the assessment process are provided within **Appendix B**.

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.

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.

Where there is knowledge or evidence to indicate that children are **not** at risk of harm, consideration should be given to whether the child is a 'child in need' (Section 17 of The Children Act 1989) and requires a children's social care assessment. If the child does **not** meet the threshold for a children's social care '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) which is a standardised approach to conducting an assessment of a child's additional needs.

For further information about **EHA** and assessing children's needs please refer to [SOT Guide to Levels of Need Early Help and Safeguarding Threshold Criteria 2016](#) . (Click on the link).

The overriding objective should be to 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.

The 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 abuse. 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 [SafeLives Risk Assessment](#) would assist professionals at this point. (Click on the link).

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.

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
- The non-abusing parent's voice and experiences
- 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?

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.

08 Referrals to Children's Social Care

In **all** cases where there is knowledge or suspicion that a child or 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 **Stoke-on-Trent Children's Social Care**, via the **Safeguarding Referral Team** which is situated in the Multi-Agency Safeguarding Hub (M.A.S.H). This team will be the first point of contact for **all** referrals to Children's Social Care Services.

The contact details for the Safeguarding Referral Team in the M.A.S.H are as follows:

Monday – Thursday 0830 – 1700 and Friday 0830 – 1630

Email: SRT@stoke.gcsx.gov.uk

Telephone : 01782 235100

Out of Hours Emergency Duty Team : 01782 234234

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

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). 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?

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.

The referrer should ensure that they maintain appropriate and relevant records in accordance with their individual agency's policies and procedures.

If the nature of the referral indicates a criminal offence may have been committed then in all cases the police will be informed without delay.

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

In an emergency always call 999

09 Police Referrals

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.

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.

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 Children's Social Care, Safeguarding Referral Team/Out of Hours Emergency Duty Service.

All DIAL's 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.

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.

Where a Safeguarding concern is apparent, DIALS are reviewed within the Multi Agency Safeguarding Hub (MASH). This allows for a multi-agency assessment to take place 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 the Guardian system and crime's, along with the investigation on the CMS2 system.

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 deal with the victim, any children involved and to hold the offender to account

Lists of individual cases to be discussed at MARAC's are forwarded to the Children's Social Care Division 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.

Disclosure regarding the sharing of information is undertaken by the Police or the IDVA (Independent Domestic Violence Advisor) following contact with the domestic abuse victim where possible unless circumstances dictate otherwise. Where police powers have been used, the police will consider legal authorities to disclose this information with MARAC partners. Children's Social care will be informed that consent has been obtained or not as part of the referral information received.

Recommendations made at MARAC meetings: The status of a MARAC is of a multi-agency information sharing forum. As a result of information shared, recommendations for future agency actions 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' should not be made at a MARAC. This decision can only be reached as a result of properly conducted S47 enquiries, which will of course be informed by information received at the MARAC

Multi Agency Risk Assessment Conference (MARAC)

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 turn these into a co-ordinated action plan. 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.

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 wrap support around victims and their children.

The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.

In Stoke-on-Trent, 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.

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.

The list of cases to be heard at the MARAC is managed by the MARAC team and will be circulated to all attendees 1 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.

11 Domestic Homicide Reviews

Domestic Homicide Reviews⁷ 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.

⁷ Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews – Home Office <http://www.homeoffice.gov.uk/publications/crime/DHR-guidance?view=Binary>

The purpose of a domestic homicide review is to consider the circumstances that led to the domestic violence death of a person aged 16 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).

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.

This guidance and copies of reports arising from Domestic Homicide Reviews undertaken in Staffordshire and Stoke-on-Trent can be found at:

[Domestic Homicide Review - Stoke-on-Trent](#)

[Domestic Homicide Reviews - Staffordshire County Council](#)

12 Information Sharing and Confidentiality

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 are 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.

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.

It cannot be stressed enough, however, that 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.

For further details on effective information sharing including practice issues around gaining consent please refer to [Information Sharing Guidance](#) (Joint with Staffordshire SCB).

13 Specialist Domestic Abuse Services

Specialist support services provided within Stoke-on-Trent 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 the local authority will work with both male and female victims of domestic abuse, including their children.

Specialist support services provide support to men, women and children men who are living with, escaping or recovering from domestic abuse⁸. 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

The specialist support services also provide support to victims suffering abuse from parents, older children, other *family* members⁹ or same sex partners.

Programmes are also provided to perpetrators of domestic abuse, aimed at educating them how to eliminate their use of violent, abusive, coercive and controlling behaviour, and promoting the value of equal relationships.

Access to Stoke-on-Trent specialist domestic abuse services can be found below:

ARCH www.archnorthstaffs.org.uk	Tel 01782 204479	An outreach service there to listen, support and give information.
Savana www.savana.org.uk	Tel 01782 433204	Sexual violence service which offers support, information and counselling.
Karma Nirvana www.karmanirvana.org.uk	Tel 08444 111 444	Support for anybody who has experienced honour based violence or forced marriage.
Gingerbread www.sotgingerbread.btck.co.uk	Tel 01782 344740	Provide advice and a confidential phone service for lone parent families.
Broken Rainbow LGBT Tel 0300 999 5428 www.brokenrainbox.org.uk		Offers support over the phone for lesbian, gay, bisexual and transgender.
Citizens Advice Bureau Tel 08444 111 444		Helps people resolve their legal, money and other problems by providing fee, independent and

⁸ This can include victims of forced marriage and/ or honour based violence and agencies/ practitioners would need to consult with organisations to discuss further

⁹ 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

www.stoke-cab.org.uk	confidential advice.
Cooperative Working Team Tel 01782 232200	If you would like to talk to someone about receiving some support from local agencies in the community or are unaware of what support you can access.

LOCAL Domestic Violence Helpline	01782 205500
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National Helplines

Mens Advise helpline	0808 801 0327
Honour Network Helpline	0800 5999 247
Forced Marriage Unit Helpline	020 7008 0151
National Domestic Violence	0808 2000 247

Domestic violence and abuse quality standard (QS116) is published on the NICE website <http://www.nice.org.uk/guidance/gs116>

DO NOT PRINT

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 enquiries as well. Promoting safety for all parties is the primary goal when intervening in cases where there are allegations of domestic abuse.

To safeguard domestic violence information from the alleged abuser, professionals should not leave domestic violence resource information, post letters out to their address, or leave voicemail messages asking to speak with the alleged victim about the abuse. Such information 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).

Ideally, separate interviews should be conducted with the children, alleged victim, and alleged perpetrator of domestic violence. Because these cases involve child abuse, professionals 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 inquiry 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.

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?
- 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 survivors to answer.

The following 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.

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.

Domestic Violence Disclosure Scheme (Clare's Law)

The Domestic Violence Disclosure Scheme gives members of the public a 'right to ask' Police where they have a concern that their partner may pose a risk to them or where they are concerned that the partner of a member of their family or a friend may pose a risk to that individual.

If an application is made under the scheme, Police and partner agencies will carry out checks and if they show that the partner has a record of abusive offences, or there is other information to indicate that there may be a risk from the partner, the Police will consider sharing this information.

Crime and Security Act 2010

The Crime and Security Act 2010 introduced Domestic Violence Protection Orders (DVPO's) which enable the police to put in place protection for the victim in the immediate aftermath of a domestic violence incident. Under DVPOs, the perpetrator can be prevented from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim a level of breathing space to consider their options, with the help of a support agency. This provides the victim with immediate protection.

The Serious Crime Act 2015

The Act creates a new offence of controlling or coercive behaviour in intimate or familial relationships (section 76). The new offence closes a gap in the law around patterns of controlling or coercive behaviour in an ongoing relationship between intimate partners or family members. The offence carries a maximum sentence of 5 years' imprisonment, a fine or both.