



DOMESTIC ABUSE

January 2008

1. Introduction

1.1 Domestic abuse is an umbrella term, covering a wide spectrum of behaviour but the core element is a process through which power is exercised by an adult perpetrator in an attempt to control or dominate a partner, ex partner or other family members. Domestic abuse can also be perpetrated by a child or young person e.g. a child abusing their parents

1.2 Such situations involve a range of behaviour and tactics but most commonly can include threatening behaviour and violence, physical, sexual, emotional, psychological and financial abuse. Domestic Abuse is now classed as a crime (*Domestic Violence Crime and Victims Act 2004*). Moreover many of the behaviours would be classed as criminal acts in themselves.

1.3 Alongside domestic abuse we sometimes see issues of mental illness, substance misuse (including alcohol), homelessness and housing need. However none of these should result in minimising the seriousness of the behaviour or be regarded as an excuse for the abuse of another person.

1.4 Every-one working with women and children should be alert to the frequent inter-relationship between domestic abuse and the abuse and neglect of children. This applies to adult and children's services, the statutory, voluntary and independent/private sectors.

2. Possibility of significant harm

2.1 When considering significant harm, remember that 'harm' includes the impairment suffered from seeing or hearing the ill-treatment of another. This was made explicit in the amendment to The Children Act 1989 made in S120 of the Adoption and Children Act 2002.

2.2 Where there is domestic abuse the implications for the children must be considered. Research has demonstrated a clear link between the presence of domestic abuse and the co-occurrence of child abuse.

2.3 Children are at particular risk of physical and/or sexual abuse by the perpetrator, in many cases their father or mother's partner. As pregnancy is often a time when the violence escalates they may be at risk in utero.

2.4 Growing up in an abusive home environment can critically jeopardise developmental and educational progress.

2.5 Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress. The impact of living with fear and intimidation on a daily basis becomes pervasive, affecting key aspects of current and future well-being. Research tells us that very few children are left unaffected by the experience.

2.6 A child may also be the victim of domestic abuse through her or his own involvement in a violent relationship e.g. a young person may be involved in a relationship with a violent girlfriend / boyfriend.

2.7 Significant harm to the child as a result of domestic abuse may arise from:

- The adverse psychological effect of witnessing or being aware of domestic abuse
- Threats of, or actual, violence between adults
- Physical injury, either by accident in the midst of a violent incident or by design from a violent adult, including harm to the unborn baby (assaults on pregnant women often involve punches / kicks directed at the abdomen)
- The impact on the victim's ability to look after her/his child/ren as a result of physical assaults and/or psychological abuse, through no fault of their own
- Being drawn into the violence or pressurised into concealing the assaults

3. Possible indicators of domestic abuse

3.1 The following list is not exhaustive but singly or more likely in combination may be signs of domestic violence

- Evidence of single or repeated injuries with unlikely explanations
- Frequent use of prescribed tranquillisers or pain medication
- Injuries to the breast, chest and abdomen especially during pregnancy
- Evidence of sexual or frequent gynaecological problems
- Frequent visits to GP with vague complaints or symptoms
- Stress or anxiety disorders isolation from friends, family or colleagues;
- Depression, panic attacks or other symptoms;
- Alcohol and/or drug abuse;
- Attempts at suicide and self-harm;
- Appearing frightened, ashamed or evasive;
- A partner who is extremely jealous or possessive;
- Minimisation of violence accepting blame for 'deserving' the abuse

4. When a victim is not being seen alone, staff should also be alert to the following combination of signals:

- The victim waits for her/his partner to speak first

- The victim glances at her/his partner each time s/he speaks, checking her/his reaction
- The victim smooths over any conflict
- The partner speaks for most of the time
- The partner sends clear signals to the victim, by eye / body movement, facial expression or verbally, to warn them
- The partner has a range of complaints about the victim, which s/he does not defend

5. Agency assessments

5.1 Any agency assessment should consider the possibility of domestic violence and ensure organisational responses safeguard both the child and non-abusing parent.

5.2 It is important to avoid blaming the parent for not keeping the child safe and take into account that in situations of domestic violence the non-abusing adult has been placed in an impossible situation by the perpetrator.

5.3 Consideration must also be given to young people who may themselves be in violent relationships.

5.4 Practitioners should be aware that some victims may face additional difficulty in disclosing abuse for instance:

- Older or disabled victims may be dependent on the abuser for care
- Parents may fear the removal of children (it is important to stress that unless there is evidence of serious neglect or abuse this fear is almost certainly unfounded)
- Victims from black or ethnic minority groups, where the violence is perpetrated by extended family members or relate to forced marriage issues, may be more isolated due to religious and/or cultural pressures, language barriers, having no recourse to public funds or fear of bringing shame to their 'family honour'
- Male victims who feel ashamed due to perceived stigma attached to being a man who lets a woman be violent towards him
- Victims from same sex relationships who fear stigma and prejudice
- Victims with other issues e.g. mental health or substance misuse issues, may fear that they will not be believed
- Victims will want the violence to stop, but may want to save the relationship.
- Victims are at most risk at the point of leaving, or having recently left the violent partner and may need support.

5.5 Dealing with the abuse is a complex process that will take time to resolve in a way that is effective in the long term, and there may be repeated requests for help. A victim will need continuing support and the full range of services each time, not less.

6. Additional considerations where a parent is fleeing from domestic violence

6.1 A parent and child/ren fleeing from domestic abuse may require a significant level of support as they may be:

- Experiencing problems with housing, finance and employment
- Isolated from usual family support / community networks – especially if moved / placed outside their home area
- Struggling to provide / maintain stability

6.2 Parents with children fleeing domestic abuse may receive support from the housing department. Children's Social Care should be included in planning the course of action if relocation is necessary.

7. Referral to Children's Social Care

7.1 The following expectations are applicable to all practitioners working in BSCB agencies. Other organisations e.g. refuges should also be encouraged to adopt them.

7.2 Practitioners must inform Children's Social Care if:

- There has been one serious or several lesser incidents of domestic abuse regardless of whether or not the child is present at the time e.g. injury to parent
- There has been more than 1 minor domestic abuse incident within the last 12 months
- An alleged victim of domestic abuse is a child her/himself
- A parent is fleeing domestic abuse, leaving a child/ren with the allegedly violent partner at the home
- A parent and child/ren are fleeing domestic abuse (the victim may return to the home and/or the alleged perpetrator may seek them out)
- The alleged victim is pregnant
- There is a baby in the household
- There is a history of aggressive violence or 'stalking' by the perpetrator (this may include convictions)
- Previous history of concerns or actual harm to children
- There are / have been allegations of sexual assault
- The child/ren have witnessed or been distressed through hearing incident/s of domestic abuse
- There are attempts at strangulation, threats to kill or threats of suicide

Any decision (and its rationale) not to liaise with Children's Social Care must be recorded.
Local guidance about information sharing in these circumstances should be followed

8. Role of the Police

8.1 The police are often the first point of contact in families where domestic abuse takes place.

8.2 When called out to an incident they must always make enquiries about any children, whether present or not, see any children in the household and ensure that they are safe. In some cases, a child may be in need of immediate protection.

8.3 The police should check whether the child/ren are subject to a child protection plan. They are required to determine whether any court orders or injunctions are in force in respect of any members of the household

8.4 Officers are expected to report all incidents of domestic abuse to the police Public Protection Unit

8.5 All incidents should be reported to Social Care who will make a decision about how to proceed. It is important that the family are aware whether a referral has been made but discretion must be exercised so that a vulnerable child or parent is not placed at further risk

9. Action by Children's Social Care

9.1 Normally one serious or several lesser incidents of domestic abuse where there is a child in the household indicate that children's social care should carry out an initial assessment of the child and family, including checking of existing records

9.2 It is important to include in the assessments agreed arrangements for contact between children and the non-resident parent. Child contact is often a major flashpoint for post-separation violence so that safety of the child and non-violent parent must not be compromised.

9.3 Following an initial assessment the S 47 Child protection route may be appropriate but in any event children in these circumstances must be considered as children in need. They and their supporting non-violent parent should be offered a range of support and services. Often supporting a non-violent parent is likely to be the most effective way of promoting a child's welfare.

9.4 Health visitors and midwives can play a key role in providing support and need access to information shared by the police and children's social care. Safe information sharing protocols are necessary. Equally schools have a vital role and information regarding children's welfare should be shared with designated persons.

10. Inter-agency support

10.1 Many agencies and practitioners provide support and services for victims of domestic abuse. It is beneficial for families if these agencies work together in a co-ordinated. There is an extensive range of services for women and children delivered

through Women's Aid Refuge projects, victim support, and the probation service, for partners of male perpetrators of domestic violence.

10.2 Domestic violence forums have been in existence for a number of years in Buckinghamshire. Their work is co-ordinated by a lead officer who has clearly defined links with the BSCB