

ROYAL BOROUGH OF KINGSTON UPON THAMES

**DOMESTIC ABUSE
PROCEDURE FOR
SUPPORTING
CHILDREN AND
FAMILIES**

NOVEMBER 2007



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1. Introduction

These standards are for all services and staff that work with children and families. It is recognised that domestic violence occurs in a significant number of families, particularly those where child protection concerns have already been identified. Universal and Targeted Services in RBK are likely to be working with a number of families where domestic violence has occurred (throughout this document the term 'domestic violence' is used to describe the full meaning of domestic abuse as set out below under definition).

The purpose of this procedure is to assist in identifying where domestic violence is present in families; to provide strategies for working with children and families experiencing domestic violence and to work jointly with other agencies. The desired outcome is to help keep children and women safe from the perpetrators of domestic violence.

2. Definition of Domestic Violence

2.1 Domestic violence is defined by the Home Office as:

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been, intimate partners or family members, regardless of gender or sexuality'.

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

2.3 Domestic violence typically involves a pattern of physical, sexual and emotional abuse and intimidation which escalates in frequency and severity over time. It can be understood as the misuse of power and the exercise of control by one partner over the other in an intimate / family relationship, usually by a man over a woman, occasionally by a woman over a man (although without the same societal collusion), and also occurring amongst same sex couples. It has profound consequences in the lives of individuals, families and communities (Mullender and Humphreys, 1998). Throughout this document, for ease of reference, victims/survivors of domestic violence are referred to as female and perpetrators as male but the guidance is equally applicable where the victim is male or perpetrator female.

2.4 Domestic violence includes all kinds of physical, sexual, emotional and financial abuse. It can take a number of forms. Some are directly and indirectly physical, such as assault, indecent assault, rape, and destruction of property and threats. Some are non-physical, such as destructive criticism, pressure tactics, belittling, breaking trust, isolation, oppressive control of finances and harassment. Domestic violence can

occur in any family regardless of age, class, race, religion, disability or sexual orientation.

- 2.5 The impact of domestic violence can affect every aspect of a child's life, although it will vary according to the child's resilience and the strengths and weaknesses of his / her particular circumstances.
- 2.6 In almost a third of cases, domestic violence begins or escalates during pregnancy and it is associated with increased rates of miscarriage, premature birth, foetal injury and foetal death. The mother may be prevented from seeking or receiving proper ante-natal or post-natal care. In addition, if the mother is being abused this can affect her attachment to her child, more so if the pregnancy is a result of rape by her partner.
- 2.7 The three central imperatives of any intervention for children living with domestic violence are:
 - To protect the child/ren, including unborn child/ren;
 - To empower the mother to protect herself and her child/ren;
 - To hold the abusive partner accountable for his violence and provide him with opportunities to change.
- 2.8 In the year 2006/07 Kingston Police received over 1500 reported incidences of domestic violence, 324 people attended the domestic One Stop Shop for advice and support and domestic violence was a recorded factor in 36% of families where children were made the subject of a child protection plan.

3. Impact of Domestic Violence

- 3.1 The harm to children caused by domestic violence can be significant – through emotional and physical abuse, and / or neglect.
- 3.2 Recognition and response may arise in a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.
- 3.3 The legal definition of 'significant harm' was amended from 31 January 2005 to include "the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home". This is not a new ground under s31 *Children Act 1989* but it does recognise Domestic Violence formally as a cause of harm to children and therefore can be used in supporting applications to the Court.
- 3.4 Domestic violence can diminish a mother's capacity to parent and protect her child/ren. Mothers can become so preoccupied with their own

survival within the relationship that they are unaware of the effect on their child/ren.

- 3.5 Professionals should always consider each domestic violence incident in relation to severity, frequency and duration, as this will indicate the length of time that children have been exposed to a traumatic and abusive event.
- 3.6 Research has shown that one in four women experience domestic violence at some time in their life. One in nine women have experienced domestic violence in the last year. Every year in England and Wales around 63,000 women and children spend at least one night in a refuge. 47% of female homicide victims were killed by their current or former partner – this means that one woman dies every three days as a result of domestic violence. The Day to Count Census research on 28th September 2000 found that 81% of reported domestic violence cases, were of female victims attacked by male perpetrators; 8% were male victims attacked by female perpetrators; 4% were female victims attacked by female perpetrators; and 7% were male victims attacked by male perpetrators (Stanko 2000). Research also indicates that there is under-reporting of domestic violence and that most women will have experienced many incidents of abuse before they report it.
- 3.7 Young women in the 16-24 year age group are most at risk of being victims of domestic violence.

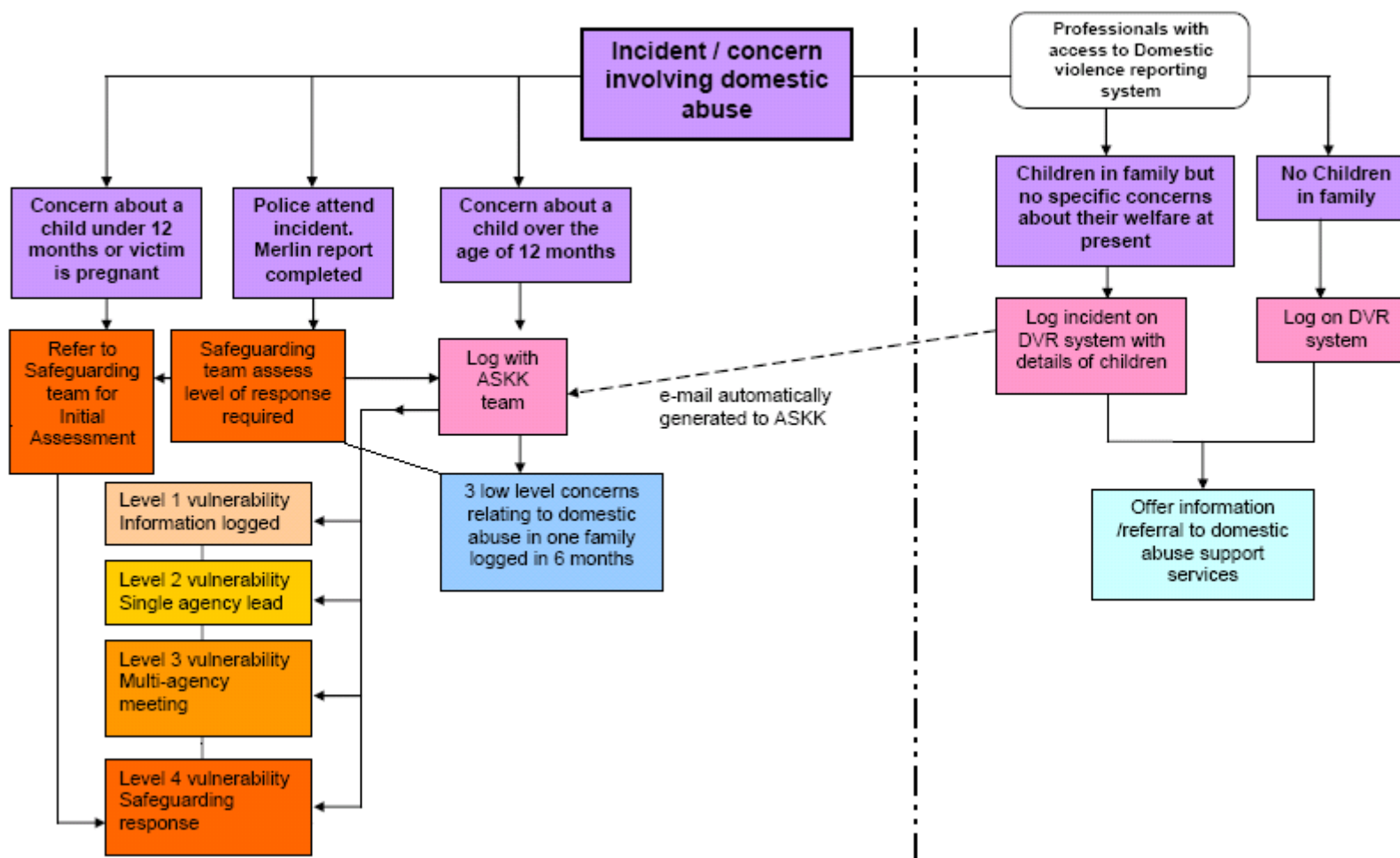
4. Recognition and Response

- 4.1 In all assessments victims should be offered the opportunity of being seen alone, with a same sex professional, and asked whether they have experienced domestic violence.
- 4.2 Professionals in all agencies should take all disclosures seriously, and the impact of the domestic violence on the mother and her child/ren should be clearly explained to her.
- 4.3 Professionals should record fully all disclosures, details of injuries, photographic evidence, abuse history etc in case it is needed as evidence for court at a later date.
- 4.4 Professionals should explain that no information will be passed on without the mother's consent unless there is risk of harm to the child/ren – in which case, the overriding duty is to protect the child/ren.
- 4.5 As soon as a professional becomes aware of domestic violence within a family, they should help the mother and each child, according to their age and understanding, to develop a safety plan.

- 4.6 In some cases, the safety plan should be for the children and, if possible, the mother not to remain in / return to the home. In all other cases, safety plans should be in place whilst assessments, referrals and interventions are being progressed.
- 4.7 Where a mother's plan is to separate from the abusive partner, professionals should ensure that there is sufficient support in place to enact this plan. The possibility of removing the abusive partner rather than the mother and child/ren should be considered first.
- 4.8 Where an interim care order is made the Court may make an 'exclusion requirement' under s38A(2) of the *Children Act 1989*. The Court must be satisfied that if the abusive partner is excluded from the home the children will cease to suffer, or be likely to suffer significant harm.
- 4.9 Professionals should discuss with the mother the potential for escalating the risk if the professionals address their concerns with the abusive partner. If this will put the mother and children at further risk of harm, the mother should be supported to plan for separation.
- 4.10 When assessing the risk of harm to the victim or her children, professionals should consider the following 6 factors which are generally accepted to be indicators of potential high risk:
- **Separation:** Victims trying to terminate relationships, or participating in child contact processes, face increased danger.
 - **Pregnancy:** 30% of Domestic Violence cases start or intensify during pregnancy.
 - **Escalation:** Increases in frequency or severity indicate greater risk. The severity of violence tends to escalate after each incident.
 - **Cultural isolation:** Cultural issues can reduce access to services and can combine with social isolation to increase risk. There is a professional and moral duty to deal with criminal behaviour even if issues are blurred by cultural aspects.
 - **Stalking:** Obsessive controlling behaviour such as watching, following and constant calling indicate heightened risk.
 - **Sexual Assault:** Those who are sexually assaulted are subjected to more serious injury and perpetrators are more dangerous.
- 4.11 Professionals who come into contact with young people (teachers, school nurses, sexual health professionals, GPs etc.) should be aware of the possibility that the child could be experiencing violence within their relationship. Professionals with concerns that a young woman / teenage mother is being abused within a relationship should follow the Domestic Violence procedure as above, adapting it to focus on the circumstances and locations in which the young woman / mother meets her partner (e.g. choosing safer venues, locations and peer groups to meet, being able to identify trigger points which lead to violence and practicing safe ways to leave and go home etc).

5. Referral and Assessment

The flowchart below outlines the referrals process for children affected by domestic abuse.



- 5.1 Where professionals are concerned about the care a child is receiving or about a mother's parenting, the presence of domestic violence should be considered.
- 5.2 Professionals should make contact with the mother first and in a way which prioritises her safety, unless there are immediate risks of harm to the child/ren. Giving or sending written materials to a mother or children may jeopardise their safety.
- 5.3 Professionals in all agencies should, together with their nominated safeguarding children adviser, assess the risk of harm to a mother and her child/ren. The Domestic Abuse Risk Assessment (see Appendix 4) should inform a decision whether or not to refer the child/ren and their mother to LA children's social care for assessment.
- 5.4 The mother experiencing the violence will usually, but not always, be well placed to predict the risks she faces and the likelihood of further violence. Practitioners should nevertheless be aware that mothers can underestimate the risk of harm to themselves and their children from domestic violence abusers.
- 5.5 The mother should be encouraged and / or helped to complete a personal risk assessment.
- 5.6 LA children's social care and other agencies should make all reasonable efforts to engage the abusive partner and refer them to appropriate services.
- 5.7 Professionals and their managers must consider staff safety when visiting the family home and any other settings.
- 5.8 In Kingston there are local multi-agency forums that consider individual cases which do not meet the threshold for child protection.
- 5.9 Where the domestic violence is assessed as an 'Additional Need' professionals should offer or refer for support from the LA's Prevention Services through ASKK. In order to coordinate effective support for any child or young person a CAF (Common Assessment Framework) should be completed, a Lead Professional (LP) identified and then flagged by ASKK.
- 5.10 Where the domestic violence is assessed at level 4, and referred to the local safeguarding services, it is recommended that the workers should utilise the full risk assessment matrix set out in the LCPP supplementary procedure.
- 5.11 For statutory services at level 4 a core group should be convened to regularly review progress on the safety / separation plan. Wherever possible, core groups should include professionals who can advise on

safety planning in a domestic violence context. A professional from the group should be agreed by the agencies to proactively engage with the mother and maintain contact.

- 5.12 Professionals should ensure that the core support group of key agencies (and the mother) develops a plan for the longer term support needs for the child/ren. This may include referrals to relevant local activity groups and / or therapeutic services.
- 5.13 Professionals should keep the safety of the children constantly under review and make a child protection referral / call for a child protection conference or removal of the children if there is a serious risk of immediate harm.
- 5.14 Whenever a professional becomes concerned that a child is at risk of significant harm, a referral must be made to the LA safeguarding services in accordance with procedures.
- 5.15 Where there is domestic violence in families with a child under 12 months old (including an unborn child), even if the child was not present, any single incident of domestic violence should trigger an initial assessment which may then progress to an investigation under s47 *Children Act 1989*.
- 5.16 Where victims are assessed as being high risk, referral to MARAC (Multi Agency Risk Assessment Conferencing) may be appropriate and agencies should contact the MARAC administrator (see Appendix 5).

References

Mullender, A., Humphreys, C. & Saunders, H. (1998) Domestic Violence and Child Abuse: Policy and Practice Issues for Local Authorities and Other Agencies, Local Government Association.

Stanko, Prof E (2000). The Day to Count: A Snapshot of the Impact of Domestic Violence in the UK. Criminal Justice 1:2.

Appendix 1

BRIEFING NOTE

1. When there is domestic abuse in families with a child under 12 months old (including an unborn child), even if the child was not present, any single incident of domestic violence should trigger an Initial Assessment under Section 17 Children Act 1989 (this differs from the LCPP procedure which recommends a joint enquiry with the police under s47 *Children Act 1989*). At the commencement of an Initial Assessment the Practice Supervisor must alert the Children's Emergency Duty Team (CEDT)
2. Any three Level 1 incidents of logged information during a 6 month period should trigger the completion of a Domestic Abuse Risk Assessment and a discussion with the Safeguarding Service. The discussion will consider if sufficient concerns are identified to increase the assigned level of vulnerability or for the case to progress to a referral to the Safeguarding Service.
3. In RBK the 4 assigned Levels of Vulnerability correspond to the London Board's thresholds from Mild, Moderate and Serious to Severe.
4. The key to an appropriate response is timely and effective information gathering at the point of referral. In consultation with partner agencies the RBK procedure will utilise the SPECSS Form 2 assessment framework with additional amendments to ensure proper detail of the children is obtained (this in place of the more lengthy framework set out in the LCPP procedure).

Appendix 2

Questions Which Could Be Asked To Gather Information About Domestic Violence

- How are things at home?
- How are arguments settled?
- How are decisions reached?
- What happens when you argue/disagree?
- Do you feel/have you ever felt threatened/ intimidated by your partner?
- What happens when your partner gets angry?
- Does your partner shout at you, call you names, put you down?
- Has your partner ever physically hurt you? How? What happened?
- Has your partner ever thrown things?
- Has your partner ever destroyed things you cared about?
- Has your partner ever forced you to have sex or engage in any sexual activities against your will?
- What do the children do when (any of the above) is happening?
- How do the children feel when (any of the above) is happening?

(Adapted from Making an Impact, Department of Health, 1997-2000)

Appendix 3

Vulnerability Level – Risk Indicators

The following are potential risk indicators that reflect **possible** levels of vulnerability. The list is by no means exhaustive and is only intended as a guide to the types of indicators that **may** be a factor at each vulnerability level. Professionals must exercise their judgement and discretion when assessing levels of risk and take into account factors such as the victims own assessment of her safety or the age of the children which may increase the risk considerably.

Level 1 Info Logged	<ul style="list-style-type: none">• Victim did not require medical treatment• Children were not drawn-in to incidences• Victim sought appropriate support• Victim has positive support from family/friends• Perpetrator willing to engage in services to address his abusive behaviour
Level 2 Single Agency Lead	<ul style="list-style-type: none">• Minor injuries received by victim – no medical attention sought• Threats of harm to victim but not towards children• Children were present – in the home during an incident but did not intervene or directly witness incident• Age of victim – resourceful or isolated
Level 3 Multi-agency co-ordinated	<ul style="list-style-type: none">• Children under 7 years in family.- increases risks to children• Financial control maintained by perpetrator• Recent employment problems/other stress factors i.e. close family death, traumatic events, financial problems, illness• Potential emotional abuse of children• Victim indicates that she is frightened of perpetrator• Disability issues within family – isolation• Evidence of intimidation and/or isolation• Cultural issues within family – isolation

**Level 4
Statutory**

- Victim is pregnant or has a child under the age of 12 months
- Repeated serious physical violence – life threatening violence. Attention to duration and severity of violent behaviour
- Use/assault with weapons
- Substantial risk of serious physical violence in the family. Adult requires treatment for injuries sustained
- Recurring or frequent requests for police intervention
- Perpetrator's violation of contact and non-contact orders
- Threats (to kill or seriously injure) victim
- Threats (to kill or seriously injure) child
- Substance abuse by perpetrator – not utilising support offered
- Incidences of violence witnessed and occurred in presence of children – child/ren intervened/distressed
- Sexual assault /suspected sexual abuse in relationship
- Mental health issues – perpetrator – not utilising support offered

Appendix 4

Domestic Abuse Risk Assessment

Domestic Abuse Risk Assessment		
Current situation		
Do you feel safe on a day to day basis?	Yes <input type="radio"/>	No <input type="radio"/>
Has the current incident resulted in injuries?	Yes <input type="radio"/>	No <input type="radio"/>
Have you told anyone else?	Yes <input type="radio"/>	No <input type="radio"/>
Have you got any support?	Yes <input type="radio"/>	No <input type="radio"/>
Are you dependant on the perpetrator for money?	Yes <input type="radio"/>	No <input type="radio"/>
Does the perpetrator constantly call/ contact/ stalk or harass you?	Yes <input type="radio"/>	No <input type="radio"/>
Are you feeling depressed or suicidal?	Yes <input type="radio"/>	No <input type="radio"/>
Children/ dependants		
Are you pregnant?	Yes <input type="radio"/>	No <input type="radio"/>
Do you know if the children have heard or seen any of the attacks?	Yes <input type="radio"/>	No <input type="radio"/>
Has the perpetrator ever hurt the children?	Yes <input type="radio"/>	No <input type="radio"/>
Has the perpetrator ever threatened to hurt/kill the children?	Yes <input type="radio"/>	No <input type="radio"/>
Age of children		
Do you look after any children/step-children that aren't the perpetrators'? Are there other dependants in the household?	Yes <input type="radio"/>	No <input type="radio"/>
DV History		
Are the attacks getting worse?	Yes <input type="radio"/>	No <input type="radio"/>
Are the attacks happening more often?	Yes <input type="radio"/>	No <input type="radio"/>
Has the perpetrator ever threatened to kill you and you believed him/her?	Yes <input type="radio"/>	No <input type="radio"/>
Has the perpetrator ever used weapons/objects to hurt you?	Yes <input type="radio"/>	No <input type="radio"/>
Has the perpetrator ever broken an injunction or been in violation of contact /non-contact orders?	Yes <input type="radio"/>	No <input type="radio"/>

Does the perpetrator do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else?	Yes <input type="radio"/>	No <input type="radio"/>
Does the perpetrator try to stop you from seeing friends/family/Dr/others?	Yes <input type="radio"/>	No <input type="radio"/>
Is the perpetrator excessively jealous and try to control everything you do?	Yes <input type="radio"/>	No <input type="radio"/>
Has the perpetrator ever hurt a family pet?	Yes <input type="radio"/>	No <input type="radio"/>
Substance abuse by victim. Not utilising support offered	Yes <input type="radio"/>	No <input type="radio"/>
Mental health issues – victim -not utilising support offered	Yes <input type="radio"/>	No <input type="radio"/>
Disability issues within family – isolation	Yes <input type="radio"/>	No <input type="radio"/>
Cultural issues within family – isolation	Yes <input type="radio"/>	No <input type="radio"/>
Do you know if the perpetrator has hurt anyone else in the family, or anyone that they had a relationship with?	Yes <input type="radio"/>	No <input type="radio"/>
Has the perpetrator ever attacked any other person they don't know?	Yes <input type="radio"/>	No <input type="radio"/>
As a result of the perpetrator's behaviour is there any other person that has threatened you or that you are afraid of?	Yes <input type="radio"/>	No <input type="radio"/>
Abuser		
Have you tried to leave the perpetrator in the past year?	Yes <input type="radio"/>	No <input type="radio"/>
Has the perpetrator lost a job in the past year?	Yes <input type="radio"/>	No <input type="radio"/>
Has the perpetrator had problems in the past year with drugs, alcohol or prescription drugs leading to problems in leading a normal life?	Yes <input type="radio"/>	No <input type="radio"/>
Has the perpetrator ever threatened or attempted suicide?	Yes <input type="radio"/>	No <input type="radio"/>
Do you know if the perpetrator is involved in criminal activities? If so what?	Yes <input type="radio"/>	No <input type="radio"/>
Has the perpetrator ever been a victim of or witness to family abuse?	Yes <input type="radio"/>	No <input type="radio"/>

Appendix 5

Who to contact : Domestic Violence local and national support agencies

Local Services

One Stop Shop Drop-in Service offering confidential advice and support to people living with domestic abuse. Mondays, 9.30am to 12.30pm at the Baptist Church, Union Street, Kingston, KT1 1RP.	07917 271 549
Community Safety Unit Kingston Police	020 8247 5165
Hestia Floating Support Service Advice and support for women experiencing domestic abuse.	020 8786 2128
Victim Support Kingston	020 8547 3202
ASKK Team Information and referrals to services for children with additional needs.	020 8547 5888
Safeguarding Team If you are worried a child is being hurt, abused or is at risk.	020 8547 6587
Homeless Assessments Team	020 8547 5460
Sanctuary Scheme	020 8547 5440
MARAC Co-ordinator	020 8721 5856

National helplines/support agencies

Please note: When advising service users of these numbers note that only 0800 or 0808 lines are free to the caller, but may not be free from mobile phones.

24hr National Domestic Violence Helpline	0808 2000 247
Victim Support Helpline	0845 3030 900
Men's advice Line	0808 801 0327
Broken Rainbow Advice for lesbian, gay, bisexual and transgender victims of domestic abuse.	08452 60 44 60
NSPCC Helpline	0808 800 5000
Forced Marriages Unit Helpline	020 7008 0151
Shelterline Housing advice.	0808 800 4444
National Centre for Domestic Violence Free legal advice and injunctions.	08709 220 704
Rights of Women Legal advice.	020 7251 6577
The Haven Sexual assault referral centre	020 3299 1599

This Guidance was agreed and published by Kingston's Local Safeguarding Children Board in consultation with the Safer Kingston Partnership for use by all agencies working within the Royal Borough of Kingston upon Thames.

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