St Giles Nursery School

Domestic Abuse Policy

Schools and Educational Settings in Lincolnshire

Name of Designated Safeguarding Lead / Head Teacher:	Date Policy Implemented:
Amy Stancer	May 2024

1. **Introduction**

This policy is to support schools and educational settings work towards a safer community. Schools and educational settings have a responsibility to respond to the safety and welfare of children they are working with and a duty to recognise that their employees may also be affected by domestic abuse.

2. **Aims of this policy**

- To send out a strong message that domestic abuse will not be tolerated and that schools and educational settings will promote healthy and respectful relationships.
- To develop an effective and supportive response for all those affected by domestic abuse.
- To optimise the opportunity for disclosure of domestic abuse in a safe environment.
- To offer practical suggestions of further support available.
- To offer the Head Teacher guidance on how to support employees affected by domestic abuse

Section 1

3. **Definition of domestic abuse**

3.1 Definition

The Home Office (2022) of Domestic Abuse Act 2021 sections 1 to 3 create a statutory definition of domestic abuse.

Section 1: Definition of "domestic abuse"

1. *This section defines "domestic abuse" for the purposes of this Act;*
2. *Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if:*
    a. *A and B are each aged 16 or over and are "personally connected" to each other; and*
    b. *The behaviour is abusive.*
3. *Behaviour is "abusive" if it consists of any of the following. This list is not exhaustive:*
    a. ***Physical or sexual abuse****;*
    Physical – slapping, pushing, kicking, stabbing, non-fatal strangulation, spat on and bitten, use of weapons, objects being thrown, violence against family members, damaging or denying access to medical aids or equipment, for example a deaf person may be prevented from communicating in sign language or may have their hearing aids removed; and harming someone whilst performing 'caring' duties.
    Sexual - any non-consensual sexual activity, including rape, sexual assault, coercive sexual activity or refusing safer sex; hurting a victim during sex including non-fatal strangulation; forced involvement in making or watching pornography;
    b. ***Violent or threatening behaviour****;*
    Threatened to be harmed with violence, including threatened to be burned, scaled, drowned; threats of use of weapons including knives and irons; threats of violence against family members;
    c. ***Controlling or coercive behaviour****;*
    Is a pattern of behaviour often perpetrated alongside other forms of abuse. Controlling or monitoring the victim's daily activities and behaviour; isolating from

family, friends and professionals; using children to control the victim; using animals to control or coerce; intimidation.

d. ***Economic abuse (see subsection 4)****;*
Controlling the family income; not allowing to earn or spend money unless 'permitted'; running up bills and debts in victims' name; refusing to contribute to household income/costs; not allowing access to mobile/car/utilities; not allowing to buy pet food or access veterinary car for pet.
e. ***Psychological, emotional or other abuse****;*
Intimidation and threats including via social media (e.g., about children or family pets), verbal abuse, humiliation, constant criticism, enforced trivial routines, marked over intrusiveness; persuading a victim to doubt their own sanity or mind (including 'gaslighting'). Technology facilitated abuse, setting up false social media accounts in victims' name; 'revenge porn', 'upskirting' hacking into, monitoring or controlling email accounts; Use of spyware or GPS locators.

And it does not matter whether the behaviour consists of a single incident or a course of conduct.

4. *"Economic abuse" means any behaviour that has a substantial adverse effect on B's ability to:*
    a. *Acquire, use, or maintain money or other property; or*
    b. *Obtain goods or services.*
5. *For the purposes of this Act, A's behaviour may be behaviour "towards" B despite the fact that it consists of conduct directed at another person (for example, B's child);*
6. *References in this Act to being abusive towards another person are to be read in accordance with this section;*
7. *For the meaning of "personally connected", see section 2.*

Section 2: Definition of "personally connected"

1. *Two people are "personally connected" to each other if any of the following applies:*
    a. *They are, or have been, married to each other;*
    b. *They are, or have been, civil partners of each other;*
    c. *They have agreed to marry one another (whether or not the agreement has been terminated);*
    d. *They have entered into a civil partnership agreement (whether or not the agreement has been terminated);*
    e. *They are, or have been, in an intimate personal relationship with each other;*
    f. *They each have, or there has been a time when they each have had, a parental relationship in relation to the same child (see subsection (2);*
    g. *They are relatives.*
2. *(2) For the purposes of subsection (1)(f) a person has a parental relationship in relation to a child if:*
    a. *The person is a parent of the child, or;*
    b. *The person has parental responsibility for the child.*
3. *(3) In this section:*
    a. *"Child" means a person under the age of 18 years;*

   b. *"Civil partnership agreement" has the meaning given by section 73 of the Civil Partnership Act 2004;*
   c. *"Parental responsibility" has the same meaning as in the Children Act 1989;*
   d. *"Relative" has the meaning given by section 63(1) of the Family Law Act 1996.*

Section 3: Children as victims of domestic abuse

1. *This section applies where behaviour of a person ("A") towards another person ("B") is domestic abuse;*
2. *Any reference in this Act to a victim of domestic abuse includes a reference to a child who:*
   a. *Sees or hears, or experiences the effect of, the abuse; and*
   b. *Is related to A or B.*
3. *A child is related to a person for the purposes of subsection (2) if:*
   a. *The person is a parent of, or has parental responsibility for, the child; or*
   b. *The child and the person are relatives.*
4. *In this section:*
   a. *"Child" means person under the age of 18 years;*
   b. *"Parental responsibility" has the same meaning as in the Children Act 1989 (see section 3 of that Act);*
   c. *"Relative" has the meaning given by section 63(1) of the Family Law Act 1996.*

3.2 'Honour-Based Abuse'

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

Whilst honour-based abuse can culminate in the death of the victim, this is not always the case. The child or young person may be subjected over a long period to a variety of different abusive behaviours ranging in severity. The abuse is often carried out by several members of a family and may, therefore, increase the child's sense of powerlessness and be harder for professionals to identify and respond to. Forced marriage and Female Genital Mutilation (FGM) are potential forms of so called 'honour'-based abuse.

Definition below from: *Multi-agency practice guidelines: Handling cases of Forced Marriage*.

Forced marriage

A forced marriage is a marriage in which one or both spouses do not consent to the marriage but are coerced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In cases of vulnerable adults who lack the capacity to consent to marriage, coercion is not required for a marriage to be forced.

Honour-based violence

The terms "honour crime" or "honour-based violence" or "izzat" embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where the person is being punished by their family or their community. They are being punished for

actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour.

In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the "shame" or "dishonour" of the family. It can be distinguished from other forms of abuse, as it is often committed with some degree of approval and/or collusion from family and/ community members. Victims will have multiple perpetrators not only in the UK; HBV can be a trigger for a forced marriage.

Multi-agency statutory guidance for dealing with forced marriages

3.3 Domestic Abuse within Teenage Relationships

The current definition of domestic abuse applies only to victims aged 16 and older. Evidence exists that under 16s experience relationship abuse. Whilst young people under the age of 16 can experience abuse in a relationship, it would be considered child abuse as a matter of law. Abusive behaviours by one young person toward another, where each are aged between 16-18 could be both child abuse and domestic abuse as a matter of law. Please refer to the **Domestic Abuse Strategy Guidance**.

Teenage girls are now considered to be the group at greatest risk from violent relationships. Studies indicate that at least 1 in 4 teenage girls have experienced abuse by their partners and 3 in 4 have experienced emotional abuse. The key message is that young women suffer more severe violence and abuse, which has a greater impact on their health and wellbeing. 6.2% of young men however aged 16-19 have also experienced some kind of domestic abuse in the last year.

Whilst recognising individuals under the age of 18 are a "child", the suggested language of describing the concerns should be "the child/young person who has harmed" and for the victim, "the child/young person who has been harmed". The use of the word "perpetrator" should always be avoided when describing children/young people.

3.4 Child Sexual Exploitation and Domestic Abuse

A person under 18 is sexually exploited if they are coerced into sexual activities by one or more persons who have deliberately targeted them due to their youth, gender, inexperience, disability, vulnerability and/or economic or social position. The process usually involves a stage of 'grooming' involving the use of a variety of manipulative and controlling techniques to target a vulnerable person.

Like domestically abusive relationships, sexually exploitative relationships are characterised by an imbalance of power and the use of controlling behaviours to maintain a young person's subordinate or dependent position, and to regulate his or her everyday behaviour. Coercive behaviours are also extremely common including the use of assault, threat, humiliation and intimidation as a means of ensuring the compliance of a victim.

Child sexual exploitation can occur through the use of technology without the child's consent or immediate recognition. A central mechanism for offenders to extend their control of their victim is through the use of mobile technology. Please see **Refuge Tech Safety Website**.

If you are concerned that a child or young person may be a victim or at risk of Child Sexual Exploitation, then you should complete the LSCP multi-agency risk assessment tool and follow the recommended action. The risk assessment toolkit can be found on the **Lincolnshire Safeguarding Children Partnership website**

. **4 Families with Additional Vulnerabilities**

Staff should understand the following issues that children and their mothers may face, and take these into consideration when undertaking an assessment and providing support to them:

- **Culture**: the culture amongst some communities means that it is often more difficult for women to admit to having marital problems. This is because a failed marriage is often seen as being the woman's fault, and she will be blamed for letting down the family's honour. In some cultures, a woman may not be in a position to divorce her husband. If the husband does not want to comply with this, he can prevent giving a religious divorce to his wife;
- **Immigration status**: children and their mothers (and possibly fathers) may have an uncertain immigration status, which could prevent them from accessing services. The mother may also be hesitant to take action against her partner for fear of losing her right to remain in the UK. In some cases, women have received threats of deportation from their partner or extended family if they report domestic abuse and have had their passports taken from them. Similarly, children may have had their passports taken away from them and may fear that they and/or their mother could be deported if they disclose domestic abuse in the family;
- **Language / literacy:** children and their mothers may face the additional challenge to engaging with services in that English is not their first language. When working with these children and families, workers should use professional interpreters who have a clear DBS check; it is not acceptable to use a family member or friend, and members of the extended community network should also be avoided wherever possible. For good practice guidelines for Domestic Abuse interpreters. Please refer to **Use of Interpreters in Domestic and Family Violence Incidents**;
- **Temporary accommodation:** many families live in temporary accommodation. When a family moves frequently, they may be facing chronic poverty, social isolation, racism or other forms of discrimination and the problems associated with living in disadvantaged areas or in temporary accommodation. These families can become disengaged from, or may have not been able to become engaged with, health, education, welfare and personal social support systems;
- **Recent trauma:** some recently immigrant families often have a traumatic history and / or a disrupted family life and can need support to integrate their culture with that of the host country;
- **Disability:** children and/or mothers with disabilities may be especially vulnerable in situations where the abuser is also their primary carer, and some refuges may lack appropriate facilities to respond to their particular needs. The British Crime Survey consistently shows that disabled people are much more likely to experience Domestic Abuse than non-disabled people;

- **Social exclusion:** children and their families may also face additional vulnerabilities as a result of social exclusion. The British Crime Survey indicates that people who are currently on a low income and/or not owning their own home are more likely than those on a higher income and/or homeowners to have experienced incidents of domestic abuse. This can include women with no recourse to public funds;
- **LGBT:** lesbian, gay, bisexual and transgender people may also be especially vulnerable, and issues such as shame, stigma, mistrust of authority, fear of having children taken away because of incorrect stereotyping, "outing" etc. can lead to the abuse / violence being hidden and unreported. There are also issues around safe havens for transgender people and their children, and some women's refuges may not accept men who have not fully transitioned.

5. The Impact of Domestic Abuse on Children and Young People

Domestic abuse has a significant impact on children and young people of all ages (up to 18 years old). Section 3 of the Domestic Abuse Act 2021 recognises children as victims of domestic abuse for the purpose the Act if the child sees, hears, or experiences the effects of the abuse, and is related to, or falls under "parental responsibility" of, the victim and/or perpetrator of domestic abuse under the 2021 Act where one parent is abusing another parent, or where a parent is abusing, or being abused by, a partner or relative.

Children and young people will react in different ways to being brought up in a home with a violent person. Age, race, sex, culture, stage of development, and individual personality will all have an effect on a child's responses. Most children, however, will be affected in some way by tension or by witnessing arguments, distressing behaviour or assaults - even if they do not always show this. They may feel that they are to blame, or they may feel angry, guilty, insecure, alone, frightened, powerless, or confused. They may have ambivalent feelings, both towards the abuser, and towards the non-abusing parent.

These are some of the effects of domestic abuse on children:

- They may become anxious or depressed;
- They may have difficulty sleeping;
- They may have nightmares or flashbacks;
- 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 at school, or may start truanting;
- They may become aggressive;
- They may internalise their distress and withdraw from other people;
- They may have a lowered sense of self-worth;
- Older children may start to use alcohol or drugs;
- They may begin to self-harm by taking overdoses or cutting themselves;
- They may develop an eating disorder.

Abuse may also interfere with the child/young person's social relationships: they may feel unable to invite friends' round (or may be prevented from doing so by the perpetrator) out of shame, fear, or concern about what their friends may see. They may feel guilty, and think the abuse is their fault, or that they ought to be able to stop it in some way. There can be an impact on school attendance and achievement: some children will stay home in an attempt to protect their mother, or because they are frightened what may happen if they go out. Worry, disturbed sleep and lack of concentration can all affect schoolwork.

The risks to children living with Domestic Abuse include:

- Direct Physical or Sexual Abuse of the child. Research shows this happens in up to 60% of cases; also that the severity of the abuse against the mother is predictive of the severity of abuse to the children;
- The child being abused as part of the abuse against the mother:
- Being used as pawns or spies by the abusive partner in attempts to control the mother;
- Being forced to participate in the abuse and degradation by the abusive partner.

Emotional abuse and physical injury to the child from witnessing the abuse:

- Hearing abusive verbal exchanges between adults in the household;
- Hearing the abusive partner verbally abuse, humiliate and threaten violence;
- Observing bruises and injuries sustained by their mother;
- Hearing their mother's screams and pleas for help;
- Observing the abusive partner being removed and taken into police custody;
- Witnessing their mother being taken to hospital by ambulance;
- Attempting to intervene in a violent assault;
- Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault.

Negative material consequences for a child of Domestic Abuse:

- Being unable or unwilling to invite friends to the house;
- Frequent disruptions to social life and schooling from moving with their mother fleeing abuse;
- Hospitalisation of the mother and/or her permanent disability.

Children who witness domestic abuse suffer emotional and psychological maltreatment. They tend to have low self-esteem and experience increased levels of anxiety, depression, anger and fear, aggressive and violent behaviours, including bullying, lack of conflict resolution skills, lack of empathy for others and poor peer relationships, poor school performance, anti-social behaviour, pregnancy, alcohol and substance misuse, self-blame, hopelessness, shame and apathy, post-traumatic stress disorder – symptoms such as hyper-vigilance, nightmares and intrusive thoughts – images of violence, insomnia, enuresis and over protectiveness of their mother and/or siblings.

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

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

5.1 Teenage relationships

A recent NSPCC survey showed that 25% of girls and 18% of boys have experienced physical abuse in a relationship. There was a greater impact for young women than young men (**Your Best Friend Safelives**):

- 76% of those girls stated had a negative impact on their welfare - only so for 14% of the boys;
- 31% of the girls and 16% of the boys had experienced sexual partner violence;
- 70% of those girls reported a negative impact on their welfare of sexual abuse compared to 13% of those boys.

As with adults, abuse in teen relationships doesn't just cover physical abuse. Other examples of this type of abuse include:

- Pressuring you into having sex;
- Controlling behaviour including what friends you can see or speak to and where you go;
- Jealousy or anger;
- Threatening to put lies, personal information, pictures on social networking sites, revenge porn; Constant name calling and comments, sexting.

6. The Impact of Domestic Abuse on Unborn Children

30% of domestic abuse begins or escalates during pregnancy, and it has been identified as a prime cause of miscarriage or still-birth, premature birth, foetal psychological damage from the effect of abuse on the mother's hormone levels, foetal physical 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 may affect her attachment to her child, more so if the pregnancy is a result of rape by her partner.

7. The Impact of Domestic Abuse on Parents and their Ability to Care for their Children.

The child/ren is/are often reliant on their non-abusing parent/carer as the only source of good parenting, as the abusive partner will have significantly diminished ability to parent well. This is particularly so because domestic abuse very often co-exists with high levels of punishment, the misuse of power and a failure of appropriate self-control by the abusive partner.

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

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

- Loss of self-confidence as an individual and parent;
- Feeling emotionally and physically drained, and distant from the children;
- Not knowing what to say to the children;
- Inability to provide appropriate structure, security or emotional and behavioural boundaries for the children;
- Difficulty in managing frustrations and not taking them out on the children; and
- Inability to support the child/ren to achieve educationally or otherwise.

Victims subjected to Domestic Abuse can experience sexually transmitted diseases. The association between intimate partner violence and repeat termination of pregnancy indicates that there is sometimes a repetitive cycle of abusing and pregnancy. Experience of intimate partner violence and loss of pregnancy can have a further compounding impact on the victims' emotional state and has been linked with negative mental health outcomes such as depression and suicidal ideation. (Please refer to **Domestic Abuse Guidance 2021**).

Possible indicators of domestic abuse in the victim include:

- Police domestic abuse call outs;
- Evidence of single or repeated injuries with unlikely explanations;
- Criminal convictions and/or cautions;
- Frequent use of prescribed tranquillisers or pain medication;
- Injuries to 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; suicide attempts or child acting out at school;
- Appearing frightened, ashamed or evasive; a partner who is extremely jealous or possessive; minimisation of abuse accepting blame for 'deserving' the abuse.

8. The Abusive Partner’s Ability to Parent

Domestic abuse can also be perpetrated by women against men, within same sex relationships, and between any other family members.

Research on the parenting of perpetrators is limited, but many struggle to acknowledge the impact of their abuse on their children, interventions should address this. However, what is known from research is that the abusive partners had inferior parenting skills, including being:

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

It is also known that maltreating fathers have the following characteristics:

- Demonstrate overly controlling behaviour, a sense of entitlement, self-centred attitude, and poor parent-child boundaries;
- Has stereotypical rigid and authoritarian views of parenting and tend to use power-assertive and coercive parenting practices. They hold the belief that children should obey commands unquestioningly - Perceived "impertinence" must be answered with harsh discipline which is justified and necessary – Preoccupied with maintaining control rather than nurturance- Restrict their children's independence;
- They almost inevitably undermine the authority of the children's mother, overrule her parenting decisions, ridicule her in front of their children or tell their children that she is an incompetent parent. Use children as "weapons" against partner;
- Maltreating fathers typically do not seek intervention voluntarily, nor access social supports. Moreover, they are distrusting of the treatment system. In general, they have difficulty admitting to trouble in their relationships.

The issue of children living with domestic abuse is now recognised as a matter for concern in its own right by both government and key children's services agencies. The link between child physical abuse and domestic abuse is high, with estimates ranging between 30% to 66% depending upon the study (Hester et al [2000]; Edleson [1999]; Humphreys and Thiara [2002]). In 2002, nearly three quarters of children subject of a child protection plan) lived in households where domestic abuse occurs (Department of Health and Social Care (DHSC)).

9. Substance Misuse and Mental Ill Health

9.1 Non-abusive parent

Some victims may use alcohol and drugs as a comping mechanism in response to abuse. Alcohol can also be embedded in a relationship with perpetrators of domestic abuse with perpetrators using alcohol to control victims.

Professionals should be aware that victims, with alcohol or drug dependencies, who have children may be wary of the involvement of children's social care as they may be concerned that their children may be removed from their care. This may create a barrier to victims seeking or accepting help. It is important professionals seek to build trusting relationships with the victim of domestic

abuse to seek to overcome this fear and ensure the right support is offered for both adult and child victims. Please refer to the **Domestic Abuse Strategy Guidance**.

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

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

The double stigma associated with being both a victim of Domestic Abuse as well as having a substance use problem may compound the difficulties of help-seeking, particularly for black and minority ethnic mothers.

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

The relationship between a parent/carers alcohol and drug use and/or mental health problems and their experiences of domestic abuse may not (or not all) be linked. Assessment and interventions for these carers therefore need to be conducted separately, although as part of the same care plan, and at the same time.

Practitioners may wish to refer to the **Stella Project Toolkit**, which assists practitioners within the domestic abuse and substance misuse sectors with the basic knowledge and skills they require to respond to service users safely and appropriately, for guidance.

9.2 Abusive partners

Men/women who abuse may use their own or their partners' alcohol or drug use as an excuse for their abuse. An abusive partner may threaten to expose their partner’s use. They may be their supplier and they may increase dependence on them by increasing their dependence on drugs.

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

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

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

10. Barriers to Disclosure

10.1 Non-abusive parent/carer

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;
- Victims from black or ethnic minority groups, where the abuse 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 problems e.g. mental health or substance misuse issues, may fear that they will not be believed;
- Victims will want the abuse to stop, but may want to save the relationship.

There are many reasons why a non-abusive parent/carer will be unwilling or unable to disclose that she is experiencing domestic abuse. Usually it is because she fears that the disclosure (and accepting help) will be worse than the current situation and could be fatal. A mother may:

- Minimise their experiences and/or not define them as domestic abuse (this view could be culturally based);
- Be unable to express her concerns clearly (language can be a significant barrier to disclosure for many victims);
- Fear that their child/ren will be taken into care;
- Fear the abusive partner will find them again through lack of confidentiality;
- Fear death;
- Believe the abusive partner's promise that it will not happen again, (many victims do not necessarily want to leave the relationship, they just want the abuse to stop);
- Feel shame and embarrassment and may believe it is their fault;
- Feel they will not be believed;
- Fear that there will not be follow-up support, either because services are just not available or because they will meet with institutional discrimination;
- Fear the abuser will have them detained;
- Fear that they will be isolated by their community;
- Fear they will be deported;
- Fear that the perpetrator status will be exposed and the victim will be punished with an escalation of abuse;

- Be scared of the future (where they will go, what will they do for money, whether they will have to hide forever and what will happen to the children);
- Be isolated from friends and family or be prevented from leaving the home or reaching out for help;
- Have had previous poor experience when they disclosed.

Some victims are simply not ready. It is therefore important to keep asking the question.

10.2 For children

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

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

11. Enabling Disclosure

11.1 Children, young people and victims

Where a professional is concerned about / has recognised the signs of Domestic Abuse, the professional can approach the subject with a child or a victim with a framing question. That is, the question should be 'framed' so that the subject is not suddenly and awkwardly introduced, e.g. "As domestic abuse is so common, we now ask everyone who comes into our service if they experience this. This is because if affects people's safety, health and well-being, and our service wants to support and keep people as safe as possible"; for a child: "We know that many mums and dads have arguments, does that ever happen in your family?".

The professional should explain the limits of confidentiality and their safeguarding responsibilities.

If the child or parent says s/he has been abused, the professional should ask clarification questions.

What to do with the disclosure - Professionals should not press the child for answers, instead:

- Listen and believe what the child says;
- Reassure the child/ren that the abuse is not their fault, and it is not their responsibility to stop it from happening; and
- Give several telephone numbers, including local police community safety units, local domestic abuse advocacy services (please refer to locally produced information), Children's

Social Care, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000).

11.2 The abusive partner

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

Professionals should consult before seeking to enable or clarify a disclosure from an abusive partner, taking into account their own safety and the safety of any child/ren and their non-abusing parent/carer.

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

- Establish if there are any children in the household and, if so, how many and their ages;
- If there are children, tell the man that children are always affected by living with Domestic Abuse, whether or not they witness it directly;
- Explain the limits of confidentiality and safeguarding responsibilities;
- Consider whether the level of detail disclosed is sufficient;
- Be clear that abuse is always unacceptable, and that abusive behaviour is a choice;
- Be respectful, affirm any accountability shown by the perpetrator but not collude.

The professional should act to safeguard the child/ren and/or their parent/carer by informing their line manager and their agency's nominated safeguarding children adviser (if applicable) and complete the following where appropriate;

- The **Barnardo's Domestic Violence Risk Identification Matrix** with the information available at the time, assess the degree of risk of harm to the child/ren;
- If Early Help - escalate to Social Care due to the risks identified for the child and/or the mother; escalation could be for Social Care Assessment or to instigate Child Protection procedures;

The DASH risk assessment to be completed with the victim and a referral made to MARAC for 'High Risk' cases and/or local specialist support services for non-high risk cases of Domestic Abuse (see MARAC Operating Protocol for more information); (see **Section 11, Additional Considerations Where a Parent/Carer is Fleeing from Domestic Abuse**).

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

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.

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

12. Additional Considerations Where a Parent/Carer is Fleeing from Domestic Abuse

Victims are at most risk at the point of leaving, or having recently left the violent partner and may need support.

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;
- Please refer to **Surviving Economic Abuse: Transforming responses to economic abuse guidance**.

Parents with children fleeing Domestic Abuse may receive support from the Housing Department. Children's Services should be included in planning the course of action if relocation is necessary.

Section 2:

13. Lincolnshire Children's Services Response to Domestic Abuse Notifications

13.1 Raising of domestic abuse with Parent / member of staff

The member of staff who has the best working relationship with the parent/carer or member of staff should be the one who asks the questions about their concerns. This should occur in a safe and suitable environment, where the abuser or another inappropriate person is not expected to interrupt or overhear and respect given to that persons privacy and dignity.

These conversations should never happen in the presence of the abusive partner, any children involved

OR any family member unless the individual states that it is safe to do so while the family member is not with them.

13.2 Initial response to domestic abuse

Police are often the first point of contact and they (or any other agency that becomes aware of domestic abuse) should undertake a risk assessment (DASH (Domestic Abuse, Stalking, Harassment and Honour Based Violence). All front-line Officers are trained in how to deal with situations of domestic abuse. DAO's (Specially trained Domestic Abuse Officers) are also given specialist training in dealing with victims of domestic abuse.

The Officers initial response is to ensure the safety of the victim and:

- Ascertain whether there are any children living in the household or if the victim is pregnant;
- Make a preliminary determination of the degree of exposure of the children to the incidents of abuse and its consequent impact;
- If there is an immediate direct risk to a child, ensure immediate protective action is taken and a referral is made to Children's Services;
- Provide the victim with information on local support services and refuge details, taking into account any ethnic or cultural issues (i.e. National Helpline, local specialist agencies / help-lines, Woman's Aid, Victim Support - details available from local domestic abuse forums).

Practitioners should be aware that IDVA's are available to work with all levels of risk (high, medium and standard) and therefore should always be contacted when working with families experiencing domestic abuse.

13.3 Domestic abuse protocol between Children's Services and Lincolnshire Police

Where there are any incidents of Domestic Abuse that come to the attention of Lincolnshire Police a protocol is in place for them informing Children's Services. See **Lincolnshire Children's Services and Police Protocol on Managing Domestic Abuse Notifications and Referrals Procedure**.

13.4 Domestic abuse notifications: screened as information.

As part of the screening process (see **Initial Contact and Referrals**) Children's Services may decide to treat the Domestic Abuse notification as 'information and advice' only if all the following apply:

- This is the first report of domestic abuse in the last twelve months; and
- The report concerns a minor incident, without injury; and
- There are no other indicators of risk e.g. none of the circumstances above apply and there are no high-risk indicators in the Police assessment.

In some cases, further information from other agencies will be required before a decision can be made about the appropriate threshold of response.

In making the decision about seeking information prior to / after direct contact with the family, consideration should be given to the:

- Likely impact to the child and the adult victim, including the possibility of increasing the risk of Domestic abuse;

- Need for an approach that takes full account of information available on home circumstances.

Where no further action is taken, the Customer Service Centre will provide the referrer with details of Domestic Abuse services in the locality.

13.5 Domestic abuse notifications: screened as: Early Help and Team Around the Child (TAC)

As part of the screening process **Initial Contact and Referrals**. Children's Services may decide to treat the Domestic Abuse notification as 'information and advice', as above, however may deem it appropriate that the referring agency complete an Early Help Assessment to look at support that can be offered to the child(ren) and/or victim or be requested to instigate a TAC to look at a multi-agency group package of support **Early Help and Team Around the Child.**

Agencies will still consider the issues detailed below when completing their assessment of the child(ren) and family circumstance. Agencies will also still need to consider whether a referral will be made to a MARAC. Customer Service Centre will also provide the referrer with details of Domestic Abuse services in the locality.

13.6 Domestic abuse notifications: screened as: Child and Family Assessment / Section 47 Enquiries

A minimum response of an Assessment must be undertaken for any serious incidents of Domestic Abuse (e.g. where an injury has occurred) and where a child is living / regularly staying at the household.

Assessments should also be undertaken for lesser incidents where there are possible concerns about the welfare of the children.

More minor incidents should be considered individually, but no more than three incidents within twelve months should be reported without the completion of at least an Assessment, as per the above protocol.

13.7 Possibility of significant harm to child

If there is Domestic Abuse, the implications for children (including the unborn child if the victim is pregnant) in the household must be considered since research indicates a strong link between domestic abuse and all types of abuse and Neglect. A key part of protecting children in a domestic abusive context involves an assessment of the risk presented by the perpetrator.

Where the family refuse to co-operate with an Assessment, consideration should be given to the justification for a Strategy Discussion.

Circumstances in which a Strategy Discussion should be undertaken include those when:

- A child has experienced Significant Harm during any domestic abuse incident even if inadvertently injured;
- A child has witnessed another being seriously injured;

- The victim is pregnant;
- There has been an escalation in frequency and/or severity of incidents (reported or not);
- The abuse involved sexual assault or attempted strangulation or the use of weapons or threats to kill.

The decision to undertake a Section 47 enquiry should not be done in isolation by the social worker, but following a Strategy Discussion by the Practice Supervisor and/or Team Manager.

If a child is known to be involved in a violent relationship, a Strategy Discussion should be initiated e.g. a child involved in a relationship with a violent girlfriend / boyfriend.

Whenever an Assessment or Section 47 Enquiry is undertaken there must be liaison with all agencies involved with the family and the child(ren) must be seen.

14. Assessment Process

An assessment can refer to both an assessment completed within Early Help (Early Help Assessment (EHA)), and an assessment completed by a social worker (Child and Family Assessment (SCA)). (This section should be read in conjunction with the Children's Services Manual **Child and Family Assessment Process**).

Opportunities should be provided for both partners to be interviewed separately, and in a safe setting. It is important that, when working with perpetrators, practitioners are open minded, honest and have professional curiosity through both the assessment period and ongoing interventions.

Many victims of domestic abuse feel unable to disclose its existence or severity. The following issues should be discussed with the alleged victim as part of any assessment, (see also **Appendix 3: Clarification questions for a victim**).

- Severity, frequency and history of any abuse, threats etc;
- Circumstances of the abuse and if compounded by drugs / alcohol;
- Extent and nature of the children's experience of the abuse;
- Perception of risk to the child(ren);
- Threats used - consider all household members;
- Available options - immediate and in the long term;
- Factors that prevent the victim taking action to protect self and children;
- Whether it is possible to share victim's perceptions with alleged perpetrator.

The alleged victim of abuse should be advised of the availability of legal advice and the options available through the Protection from Harassment Act 1997 and the Family Law Act 1996 Part IV.

The interview with the alleged perpetrator of the abuse should be planned carefully between the worker and their line manager. Care must be taken not to disclose addresses or make unsafe contact arrangements.

If there is an acknowledgement of abuse, the interview should clarify the points above. Where there is no acknowledgement of abuse and it is not possible to share the victim's account, there should be general discussions about the children's welfare.

The children should be interviewed (if of sufficient age and understanding) and their experiences explored. It is important to consider the possibility that a child may have experienced direct abuse her/himself and /or may be inhibited from disclosing concerns due to fear of (further) domestic abuse or (further) abuse. (See **Appendix 1: Communicating with a child** and **Appendix 2: Clarification questions for a child**).

The practitioner should then:

- Where there has been disclosure, support the child and/or mother by taking what s/he says seriously;
- Make an immediate decision, where possible, about whether a child or mother requires treatment or protection from emergency services;
- Where there has been disclosure, ask the child and/or mother what strategies s/he has for keeping him/herself safe (if any). See **Section 14, Safety Planning**);
- Record the information and the source of the information;
- Discuss the information / concerns with your line manager;
- Use the information gathered, the disclosure, along with any other known information about the family to assess the risk of harm to a child and his/her non-abusive parent. Please refer to **Civil Orders Resource - Domestic Abuse Resources**;
- The assessed risk (scale 1 – 4) will assist the practitioner and their line manager in deciding what action to take to support the child/ren and mother. It will be an immediate assessment, as more information becomes available the potential risk of harm to the child/ren may be judged to increase or decrease (i.e. move up or down a scale);
- The assessed risk will also assist the practitioner and their line manager in deciding what action to take in relation to the abuser.

As the DASH form is an assessment tool for adult victims the practitioners need to consider using a risk assessment for the child(ren) with regards to the impact of the Domestic Abuse. Please consider using the following tools for practitioners:

- Barnardo's 'Assessing the risks to children from domestic abuse' **Barnardo's Domestic Violence Risk Identification Matrix**;
- The **Signs of Safety templates** should also be used, incorporating the direct work tools for working with children;
- The practitioner should also consider Safety Planning with the victim, child (ren) and young people. Safety planning with the perpetrator can be undertaken if the abuse is acknowledged.

Practitioners should ensure that the referring agency has completed a DASH form and referred to MARAC if the risk is high (this should have been a prerequisite of the agency for referring to Children's Social Care). If the referring agency has not completed this then there needs to be an agreement between agencies for the completion of the form to ensure a risk assessment of the victim is completed. This will then indicate whether a referral to MARAC is necessary. Whilst there is

no formal recording option on MOSAIC, the practitioner should add a case note and state that a DASH for the victim has been completed and by whom, and that a referral to MARAC has been made.

The practitioner should be aware that risk is dynamic and constantly changing as situations within the abusive relationship changes, therefore the DASH form should be revisited when it has been identified that the risk or circumstances have changed, for the victim, child/ren and/or the perpetrator.

If the presenting factor within Early Help or Social Care intervention is not Domestic Abuse related, but as intervention progresses the indicators become present, the practitioner will need to ensure all risk assessments are completed and referrals made as detailed above.

SafeLives has developed the **SafeLives Risk Identification Checklist for the identification of high risk cases of domestic abuse, stalking and 'honour'-based violence**, to help practitioners identify the level of risk in cases of Domestic Abuse, stalking and 'so called honour-based' abuse in young people's relationships. The Young People's Checklist is for use with young people aged 13-17 by Young People's Violence Advisors (YPVAs) and other professionals. Practitioners should therefore note that in the case of young people, it is expected that many would have additional vulnerabilities which might mean a lower score but still constitutes a high-risk case. The practitioner's professional judgement is particularly important when identifying risk in young people. Therefore, there should be a greater emphasis on professional judgement than on the score. A young person's version is available here: **SafeLives Risk Identification Checklist for the identification of high-risk cases of domestic abuse, stalking and 'honour'-based violence**.

15. Safety Planning

Safety planning for parents/carers and children is key to all interventions to safeguard children in domestic abuse situations. All immediate and subsequent assessments of risk to child/ren and their parent/carer should include a judgement on the family's existing safety planning. Emergency safety plans should be in place whilst assessments, referrals and interventions are being progressed.

In some cases which where there is a severe risk of harm to the child/ren, the emergency safety plan / strategy should be for the child/ren and, if possible, the victim, not to have contact with the abuser.

There are examples of Safety Planning for a victim, child and young person (see **Appendix 4: Safety planning with victims** and **Appendix 5: Safety planning with children and young people**; there is also safety planning guidance and information contained within the **Multi Agency Domestic Abuse Protocol**. The practitioner may also consider using the Signs of Safety, Safety Planning. See **Signs of Safety**.

It is important that Practitioners do not work in isolation and utilise the skills and expertise of specialist services (See **Section 9, Barriers to disclosure**). in assessing, intervening and safety planning for the victim and the child/ren.

15.1 Safety planning with victims

Practitioners should consider using the proforma in **Appendix 4: Safety planning with victims**. Safety planning needs to begin with an understanding of the mother's views of the risks to herself and her child/ren and the strategies she has in place to address them.

15.1.1 Remaining with an abusive partner

A key question is whether a victim plans to remain in the relationship with the abusive partner. If they do, practitioners should assess the risk of harm to the children using the risk identification matrix, to decide whether the risks of harm to the children can be managed with such a plan.

If the victim is choosing not to separate, then the abusive partner will need to be involved in the assessment and intervention. Practitioners should make all reasonable efforts to engage him and refer him to an appropriate perpetrator programme.

Practitioners need to consider with the victim the actions required prior to contacting the abusive partner to ensure theirs and the children's safety. Specifically, practitioners should not tell him what the allegations are before having developed a safety plan for this with the mother and children.

If a practitioner addressing the concerns with the abusive partner will put the victim and children at further risk, then the practitioner and the victim should plan for separation.

15.1.2 Separation

If a victim wants separation, practitioners need to ensure that there is sufficient support in place to enact this plan. Specifically, practitioners should be aware that separation itself does not ensure safety, it often at least temporarily, increases the risk to the child/ren and victim.

The possibility of removing the abusive partner rather than the victim and child/ren should be considered first.

The obstacles in the way of a victim leaving an abusive partner are the same as those which prevent victims from disclosing the Domestic Abuse in the first place – fears that the separation will be worse than the current situation or fatal.

Practitioners need to be aware that separation may not be the best safety plan if the victim is not wholly committed to leaving, and in consequence may well return.

Where a practitioner and a victim disagree about the need for separation, the practitioner's task is to convey to the victim that their reasons for wanting to stay are understood and appreciated. However, if the threshold of Significant Harm is reached the practitioner must make their line manager aware and either make a referral to Children's Social Care or consider instigating Child Protection procedures for consideration of an **Initial Child Protection Conference (ICPC)**. Signs of Safety mapping sessions should assist the practitioner in determining the safety for the child/ren.

15.2 Safety planning - Early Help:

Key agencies which may be involved in Early Help and the safety planning are the school, health, housing, an advocacy service, the police community safety unit, Women's Aid or Refuge – as appropriate. A professional should be nominated to proactively engage with the victim and maintain contact, particularly immediately after separation.

Professionals should keep the safety of the children constantly under review, re-assessing the risk of harm using the risk identification matrix in the light of any new information. If the risk of harm to the child/ren increase the Lead Professional must follow the procedures set out in **Lincolnshire Safeguarding Children Partnership Procedures** including, as appropriate, contacting or making a referral to Children's Social Care.

Victim need to know from the outset that this process may need to be enacted.

15.3 Safety planning: Children's Social Care:

Children's Social Care should advise on or lead the safety planning, and include all agencies as detailed within Early Help above. It may be that the best person to engage the victim is not the Social Worker but the Domestic Abuse Service support worker, if this is the case communication is key between all agencies to ensure information regarding circumstances and risks is shared appropriately.

Alternatively, the social worker may wish to consider a referral to the Family Group Conference (FGC) Service to work with the victim and support networks in order to develop a FGC plan that promotes the future safety of the family (consideration may be given also to an additional FGC plan that will address the ongoing safe contact between the perpetrator and the child/ children). The FGC team will utilise a range of approaches to ensure the safety of the victim and child/ children, this can include a 'Family Group Conference Meeting' whereby all parties meet together at an agreed date/ time and venue to produce a workable FGC plan, additionally the FGC Practitioner can undertake 'remote planning' whereby the worker will meet with all parties individually to gain their views and contributions, in order to produce a workable FGC plan.

Alternatively the FGC Practitioner can use 'shuttle mediation' in order to protect a victim of domestic abuse, this involves separating the parties into different rooms, with the FGC Practitioner moving between the rooms during the negotiations. In all cases the FGC Practitioner will discuss with the victim the most appropriate approach to meet her needs and to allay any fears/ anxiety's she has. Please refer to the **Family Group Conference Procedure**.

15.4 Safety planning with children and young people

As soon as a practitioner becomes aware of domestic abuse within a family, s/he should use the proforma Safety Planning with children and young people (**Appendix 5: Safety planning with children and young people)**. Safety Planning with the child should be according to their age and understanding. If a safety plan already exists, it should be reviewed.

Please see safety planning guidance and information - **Multi Agency Domestic Abuse Protocol**.

The plan should emphasise that the best thing a child can do for themselves and their parents is not to try to intervene but to keep safe and, where appropriate, to get away and seek help.

The child/ren should be given several telephone numbers, including Lincolnshire Police on 101 or 999 in an emergency, local domestic abuse advocacy services (please refer to locally produced information), Children's Social Care including Out of Hours, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000).

When the victim's safety plan involves separation from the abusive partner, the disruption and difficulties for the child/ren need to be considered and addressed.

Maintaining and strengthening the victim/ child relationship is in most cases key to helping the child to survive and recover from the impact of the violence and abuse.

The child/ren may need a long term support plan, with the support ranging from mentoring and support to integrate into a new locality and school / nursery school or attend clubs and other leisure / play activities through to therapeutic services and groupwork to enable the child to share their experiences.

Practitioners should ensure that in planning for the longer term support needs of the child/ren at all levels, input is received from the full range of key agencies (e.g. the school, health, Local Authority housing, Social Housing Providers, an advocacy service, the police community safety unit, Women's Aid or Refuge, relevant local activity groups and/or therapeutic services).

16. Abuse Partners/Children

Practitioners responding to abusive partners or children should act in accordance with the severity of the abuse.

16.1 Working with perpetrators who abuse their partners

The primary aim of work with those who abuse their partners is to increase the safety of children and their non-abusing parent. A secondary aim is to hold the abusive partner accountable for the abuse and provide them with opportunities to change.

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

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

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

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

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

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

16.2 Children who abuse family members

The official definition of Domestic Abuse covers individuals from the age of 16 years in an intimate or family relationship. However there are occasions of familial abuse where the parent/victim is over the age of 16 yrs. but the child/perpetrator is under the age of 16 yrs.

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

Practitioners need to ensure that the risk is assessed to both the child and those around him/her. Risk assessments should be completed and consideration given to referring to Social Care and/or instigating Child Protection procedures due to the level of risk.

Further guidance and information on Child to Parent/Carer Abuse can be found on the following link: **Domestic Abuse Resources – Child to Parent/Carer Abuse Toolkit**.

17. Staff Safety

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

Practitioners should:

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

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

18. Staff Training

All practitioners will complete the basic Domestic Abuse training as detailed below. Assessed and Supported Year in Employment (AYSE) social workers will complete Domestic Abuse modules within their training, and Social Workers will complete both face to face and e-Learning training on Domestic Abuse. There is also the expectation that staff will complete refresher training every 3 years.

DA Module	Face to Face Training	ASYE
DASH/MARAC Training	Face to Face Training	ASYE/Level 1, 2,/AP/PS
DA Awareness	E-Learning	All Children's Service Staff

19. Potential Exclusion Interventions

If a Child Protection Conference is held, consideration should be given to any need to exclude the violent partner for part or all of the meeting **LSCP: ICPC**.

Practitioners should inform mothers of their legal options, but should also always refer mothers to specialist advice services, such as CAB, a Law Centre, Women's Aid or Independent Domestic Abuse Advisors. Domestic abuse is a crime under both civil and criminal law, (see **Appendix 9: Legal interventions)** details legal options available to the victim and/or Districts. Practitioners should be aware that this list is not an exhaustive one and practitioners should contact either their supervisor/manager or the County Domestic Abuse Manager for a local list of specialist agencies.

Children's Social Care could also pursue legal options of:

- Relocation of alleged perpetrators of abuse;
- Exclusion conditions attached to an Emergency Protection and interim Care Order;
- An injunction under the Housing Act 1996 (chapter III of Part V) to restrain anti-social behaviour with power of arrest attached, where violence has occurred or is threatened;
- Consideration should also be given to referring the victim to a MARAC (Multi-Agency Risk Assessment Conference).

20. MARACS

The main aim of the MARAC is to reduce the risk of serious harm or homicide for a victim and to increase the safety, health, and wellbeing of victims - adults and children. MARAC local agencies will meet to discuss the highest risk victims of Domestic Abuse in their area. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally are shared and used to create a risk management plan involving all agencies.

The MARAC will help ensure that high risk victims are supported and better protected from further abuse by a coordinated effort from all agencies and organisations. The views of the victim are taken into account by the meeting and there is close liaison where possible, between the victim and partner agencies to ensure that the safety plan is indeed safe. The MARAC helps high risk victims access more resources locally, helps build relationships with local agencies and impacts on the core purpose of the MARAC which is to reduce repeat victimisation and ensure that robust safety planning for and with the victim is undertaken.

The MARAC provides a valuable opportunity to share the information which other agencies may have in an appropriate manner, which will assist to determine the true extent of risk to the victim and any children, ensuring a more effective safety plan.

If the practitioner is referring to MARAC having completed the DASH form, the MARAC rep should present the case having liaised with the practitioner. If it is a particularly complex case the practitioner may wish to attend. This is for the practitioner and the MARAC representative for Children's Services to agree.

Children's Services' representatives attend all MARAC meetings and will carry out research on all cases being heard in respect of the child(ren) of the victim and/or when the victim and/or perpetrator is aged under 18 years old. As a practitioner you may receive a request from the MARAC representative for information regarding a child(ren) on your caseload. It is essential that you provide the requested information to the representative in a timely manner to ensure feedback can be given to the MARAC group to ensure effective safety planning.

See **MARAC – Professional Resources**.

The MARAC rep will update ICS with any actions from the MARAC meeting using the MARAC case note. It is the practitioner's responsibility to ensure these actions are completed within timescales. The practitioner will update ICS using the relevant MARAC case note within timescales. There is zero tolerance from Children's Services, and all other agencies to outstanding MARAC actions.

If the case is not an open case to Children's Social Care, it will be the responsibility of the MARAC representative to ensure a contact is added to ICS, and then sent through to the Screening Manager for screening. Action will be taken thereafter as per screening procedures.

21. Domestic Abuse Guidance for LCC Employees and Managers

Whilst this Domestic Abuse policy is intended for use by all professionals who have contact with children and with adults who are parents / carers, and therefore have responsibilities for

safeguarding and promoting the welfare of children, Domestic Abuse is an issue which affects all sections of society, and it is therefore important that Lincolnshire County Council has clear and effective responses to help minimise the impact of domestic abuse on their employees.

Should you or your staff be affected by Domestic Abuse, please refer to: **Domestic Abuse Guidance for Employees and Managers**.

22. Support Services in Lincolnshire

Domestic Abuse – Support available – Lincolnshire County Council

Appendix 1: Communicating with a Child

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

- Never promise complete confidentiality – explain your responsibilities;
- Do promise to keep the child informed of what is happening;
- Give the child time to talk and yourself time to understand the situation from the child's perspective;
- Create opportunities for the child to disclose whether in addition to the domestic abuse they are also being, or at risk of being, directly physically or sexually abused by the abusive partner;
- Be straightforward and clear, use age-appropriate language;
- Encourage the child to talk to their mother about his/her experience – as appropriate;
- Emphasise that the abuse is not the child's fault;
- Let the child know that s/he is not the only children experiencing this;
- Make sure that the child understands it is not his/her responsibility to protect his/her mother, whilst validating the child's concern and any action s/he may have taken to protect their mother;
- Do not assume that the child will hate the abuser, it is likely that s/he may simply hate the behaviour;
- Allow the child to express their feelings about what s/he has experienced;
- Check with the child whether they know what to do to keep themselves safe and have a network of adults who they trust. If not, work on this with them or ensure that any work done with the child by other practitioners includes safety planning. See **Section 14, Safety Planning**;
- Recognise that children will have developed their own coping strategies to deal with the impact of violence and abuse. Some of these may be negative in the longer term for the child, but where they are positive they should be drawn on to develop safety strategies for the future;
- Do not assume that the child will consider themselves as being abused;
- Do not minimise the abuse;
- Offer the child support with any difficulties in school or ensure that any work done with the child by other practitioners includes support in school;
- Give the child information about sources of advice and support s/he may want to use; and
- Give the message that the child can come back to you again.

Appendix 2: Clarification Questions for a Child

Click here to view Appendix 2: Clarification Questions for a Child.

Appendix 3: Clarification Questions for a Victim

Click here to view Appendix 3: Clarification Questions for a Victim.

Appendix 4: Safety Planning with Victims

Click here to view Appendix 4: Safety Planning with Victims.

Appendix 5: Safety Planning with Children and Young People

Click here to view Appendix 5: Safety Planning with Children and Young People.

Appendix 6: Working with Abusive Partners

Click here to view Appendix 6: Working with Abusive Partners.

Appendix 7: Risk Management with Abusive Partners

Where the victim is indicating she wishes the abusive partner to be involved in theirs and the child's life, contact should be made with Respect. Respect is the UK membership organisation for work with domestic abuse perpetrators, victims and young people.

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

Additionally, before undertaking any safety planning / risk management work with an abusive partner, professionals should ensure that the victim is aware of what is being proposed, and that there is confidence that such work will not compromise their safety.

Abusers should be referred to programmes accredited by Respect (see **www.respect.uk**). Abuser programmes should always be integrated with associated domestic abuse services and with specialist child protection services. Abusive partners may also be referred to specialist child protection services (e.g. working with children subject of child protection plans and their families.

Professionals need to be aware of 'disguised compliance', which is when parents/carers appear to co-operate with professionals but have little or no intention of changing their behaviour permanently, and/or don't admit their lack of commitment to the process and work subversively to undermine it. There is the need from professionals for 'respectful scepticism", a term borne from recent serious case reviews.

Appendix 8: Assessing the Risk of Harm to a Child

How to use the risk identification matrix:

Barnardo's Domestic Violence Risk Identification Matrix

The risk identification matrix is a tool to assist professionals (the term includes unqualified managers, staff and volunteers) to use the available information to come to a judgement about the risk of harm to a child. This may include deciding that the available information is not enough to form a sound judgement about the risk.

Professionals who have not had specific training should, wherever possible, complete the risk identification matrix together with their line manager or a specialist domestic abuse worker.

A professional may have a lot or a very little information indicating that domestic abuse is taking place within a family. The professional should look across the whole matrix and tick the description/s of the incidents / circumstances which correspond best to the information available at the time. This is likely to mean ticking several descriptions.

The scale headings at the top of each section indicate the degree of seriousness of each cluster of incidents / circumstances (e.g. scale 1: moderate risk of harm).

Each scale has categories to assist practitioners to think through whether the information is about the:

- Evidence of domestic abuse;

This is the most significant determinant of the scale of risk (moderate through to severe).

- Characteristics of the child or situation which are additional 'risk factors / potential vulnerabilities';

These are the factors that may increase the risk of children suffering significant harm through the domestic abuse.

- Characteristics of the child or situation which are 'protective factors'.

Professionals should keep in mind that protective factors may help to mitigate risk factors and potential vulnerabilities.

A family's situation may mean that there are ticks under more than one scale heading e.g. moderate (scale 1) and moderate to serious (scale 2). Where this is the case, professionals should judge the risk to the child/ren to be at the higher level (in this case, scale 2) and plan accordingly.

Practitioners should always keep in mind the possibility that a piece of information, currently not known, could significantly raise the threshold of risk for a child.

Scale 1 – Moderate risk of Harm to the Child/ren Identified
Threshold scale 1 assesses the potential risk of harm to the child/ren as moderate. A child in this situation will have additional needs as defined within the Meeting the Needs document. The child/ren and their mother are likely to need family support interventions already being offered or which can be referred to by the practitioner.

Scale 2 – Moderate to Serious Risk of Harm to the Child/ren Identified

Threshold scale 2. assesses the potential risk of harm to the child/ren as moderate to serious. A child in this situation will have additional needs as defined within the Meeting the Needs document. The child/ren and their mother are likely to need family support interventions offered by more than one agency, which are co-ordinated by a lead professional.

Scale 3 – Safeguarding, Serious risk of Harm to the Child/ren identified

Threshold scale 3. assesses the potential risk of harm to the child/ren as serious. In threshold scale 3, protection factors are limited and the children may be suffering or be at risk of suffering significant harm. Intervention and support for the child/ren and their mother will require LA children's social care planning, via a section 17 children in need assessment.

Scale 4 – Initiate Child Protection Procedures, Severe risk of Harm to the Child/ren Identified

Threshold scale 4. assesses the domestic abuse as severe with increased concern regarding children's well-being due to additional contributory risk factors. In threshold scale 4, protective factors are extremely limited and the threshold of significant harm is reached.

Appendix 9: Legal Interventions

Click here to view Appendix 9: Legal interventions.