

APPENDIX 2

2.0 Domestic Abuse/Violence

This section should be read in conjunction with the supplementary: *Rotherham Inter-Agency Protocol and Practice Guidance(RIAP&P)*, which can be downloaded from:

www.rotherham.gov.uk/safeguarding

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'.

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

The victim / survivor is referred to here as female and the perpetrator as male because this reflects the majority of cases where there are child protection concerns. However, professionals should apply the guidance to all situations of domestic violence (i.e. where it is perpetrated by women against men, within same sex relationships, and to or from a child or adult a carer may be caring for).

The Rotherham protocol [Safeguarding Children & Young People Affected by Domestic Abuse\(RDVF2007\)](#) contains research, provides practice guidance, safety planning for children and mothers, risk assessment framework to support judgements about the degree of risk of harm that children may be exposed to and gives details of local agencies and support services.

The impact of domestic violence is usually on 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.

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.

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.

2.1 Impact

The harm to children caused by domestic violence can be significant – through emotional and physical abuse, and / or neglect. See Rotherham Inter-Agency Protocol & Practice Guidance [Section 3. Recognising and assessing the impact of domestic abuse and neglect](#). Significant harm is defined in the RSCBCPP as 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.

The legal definition of ‘significant harm’ was amended from 31 January 2005 (by implementation of the Adoption Act 2002) to include “the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home”. This recognises formally domestic violence as a cause of harm to children and therefore can be used in supporting applications to the Court.

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.

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.

2.2 Recognition and Response

All women should be offered the opportunity of being seen alone, including in all assessments, with a female professional, and asked whether they have experienced domestic violence.

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.

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.

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.

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, develop a safety plan.

The Common Assessment Framework(CAF) is an assessment that helps practitioners develop a shared understanding of a child’s needs. This approach promotes working with parents, the co-ordination of services at an early stage and seeks to avoid reaching crisis points. If domestic violence is identified during completion of a CAF, practitioners will need to work with the parent to look at the impact on their children and the need for services. The use of CAF to assess needs of children experiencing domestic violence should only be undertaken where: the impact of domestic violence is not causing the child’s health or development to be significantly impaired or significantly harmed.

In some cases, the emergency safety plan should be for the children and, if possible, the mother not to remain in / return to the home. In all other cases, emergency safety plans should be in place whilst assessments, referrals and interventions are being progressed.

Where a mother's safety 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.

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.

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.

Where a mother proposes to remain with the abusive partner, a multi-agency assessment which also covers indicators in the supplementary protocol [Safeguarding Children & Young People Affected by Domestic Abuse\(RDVF2007\)](#) should be undertaken, and this should inform whether or not the safety plan is sufficient to safeguard the children.

2.3 Referral and Assessment

Police are often the first point of contact and they should ensure the safety of the victim, find out whether there are children living in the household and assess their immediate safety, establish whether children are subject to a child protection plan and should provide the victim with information on local support services, The South Yorkshire Police (SYP) should always notify Children & Young People's Social Care(CYPSC) of any incident of domestic abuse where the complainant has dependent children. SYP should make a referral to CYPSC following an incident, when they have specific child protection concerns about the safety or welfare of any children involved.

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.

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. They will need to be aware that giving or sending written materials to a mother or children may jeopardise their safety.

Professionals in each agency should, assess the risk of harm to the mother and her child/ren. Their risk assessment should inform a decision to make a referral to CYPSC for assessment. See [RSCBCPP Section 5.](#) and the Safe & Well Protocol for guidance on S47 / core assessment and an initial assessment.

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. The mother should be encouraged and / or helped to complete a personal risk assessment.

CYPSC should use the practice guidance in [Safeguarding Children & Young People Affected by Domestic Abuse\(RDVF2007\)](#) to inform their response to domestic violence referrals.

CYPSC and other agencies should make all reasonable efforts to engage the abusive partner and refer them to appropriate services.

Professionals and their managers must consider staff safety when visiting the family home and any other settings. See [Practice Guidance on Working with Unco-operative Families](#) available at: www.rotherham.gov.uk/safeguarding.

Rotherham has a multi-agency forum called Multi Agency Risk Assessment Conference (MARAC) that considers individual cases which are at the highest level of risk. This forum should be used when at high risk of homicide or serious harm to the adult is identified. The MARAC considers what measures are in place and what measures are required to protect the safety of the adult. See [Safeguarding Children & Young People Affected by Domestic Abuse\(RDVF2007\) flowchart and page 36](#).

See RDVF2007 flowchart and page 36 for risk management of adult sexual and violent offenders under the MAPPA.

2.4 Multi-Agency Working for Key Professionals

Where the risk associate with domestic violence is assessed as standard or medium, professionals should offer or refer on for family support services.

A multi-agency group of key professionals should be convened (e.g. CYPSC, local authority housing, health professionals, an advocacy worker, women's aid refuge). A professional from the group should be appointed by the agencies to proactively engage with the mother and maintain contact, particularly immediately after separation (this professional could be an Independent Domestic Violence Advocate(IDVA)).

The multi-agency group should meet regularly to review progress on the safety / separation plan. This could be with the CAF/lead worker or via the Children in Need process, as appropriate. Membership of the group should include professionals who can advise on safety planning in a domestic violence context.

Professionals should ensure that the multi-agency 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.

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.

2.5 Section 47 referral

Whenever a professional becomes concerned that a child is at risk of significant harm, a referral must be made to Children's Social Care in accordance with [Sections 5 & 6. RSCBCPP](#).

Babies under 12 months old are particularly vulnerable to violence. 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 abuse will prompt a high level response, Professionals should make a referral to Children's Social Care, social care, in line with [Sections 5 & 6. of RSCBCPP](#).

2.6 Young Women Abused Through Domestic Violence

Young women in the 16-24 age group are most at risk of being victims of domestic violence. 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 above [Recognition & Response](#) in this appendix, adapting the procedure to focus on the circumstances and locations in which the young woman / mother meets her partner (eg choosing safer venues, locations and peer groups to meet, being able to identify trigger points which lead to violence and practising safe ways to leave and go home etc.

2.7 Children Moving into Refuges

For all children admitted to a refuge an enquiry to the List of Children with a Child Protection Plan must be made. The enquiry will be made by SYP if the placement at the refuge is arranged by the police. In all other circumstances the refuge staff will make the enquiry. If the child is subject to a Child Protection Plan in Rotherham or has an allocated social worker, liaison must take place immediately with the social worker.

If the refuge staff immediately or subsequently have concerns about the care provided for the child/ren then a referral must be made to Children & Young People's Social Care. Action will then be taken by appropriate locality team as with all other referrals for children in need. An initial assessment will be completed in the first instance.

Children who are placed at the refuge in Rotherham from another area should be made subject to an enquiry of the List of Children with a Child Protection in their area of origin and this enquiry should be made to staff in the Safeguarding Unit on Tel: (01709) 664689. Where a child/ren with a Child Protection Plan move into the local authority area, the RSCB-CPP Section 7.18 should be followed.

2.8 Children Moving out of Refuges

When children who have a Child Protection Plan leave the refuge staff should inform their social worker immediately. Where the move is outside the local authority area then RSCB-CPP Section 7.17 should be followed.

When children not subject to a Child Protection Plan leave the refuge to return to a household where it is known they have been exposed to violence and/or during the stay a referral has been made due to concerns about neglect, abuse or poor parenting, the relevant social work team must be informed of to where and when the family are moving.

If the family move to another refuge, liaison needs to take place with the refuge and a referral to Children and Young People's Services in that Local Authority.