

Rotherham Domestic Violence Forum



Safeguarding Children and Young People Affected by Domestic Abuse

Rotherham Inter-Agency Protocol and Practice Guidance

This document has been created by a multi-agency Task Group, to provide guidance to any practitioners whose work brings them into contact with children, young people or their families:

- to promote a multi-agency approach to early, effective intervention and safeguarding of children and young people affected by domestic abuse
- to bring a sharper focus on risk assessment and safety planning, as continuous, interlinked processes

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This document can be downloaded from:

www.rotherham.gov.uk/safeguarding

Rotherham Inter-Agency Protocol and Practice Guidance

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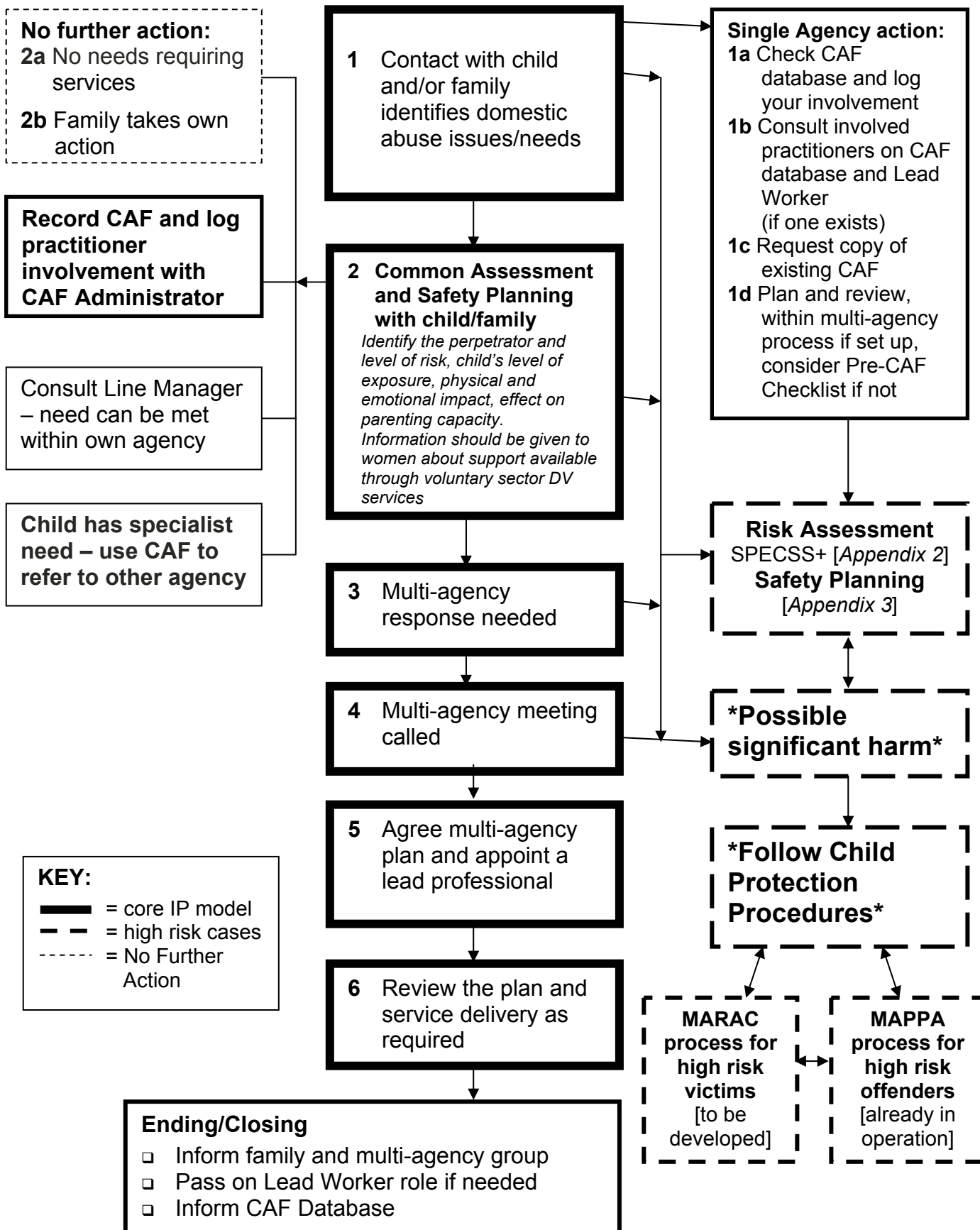
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Responding to Domestic Abuse through Integrated Practice

In line with the Safe and Well Protocol

Fast Track through levels when serious injury/allegation or high level of concern exists



1 Introduction

Although home is where a child should feel safe, children may experience domestic abuse both directly and indirectly. When one household member is abusing another, any children within the home are highly likely to suffer emotionally and/or physically as a result. The abuse is happening within their world and in their home. It is happening between people they feel love and loyalty towards, who have control over their lives and who are role models for them.

Children are at risk of suffering long-term psychological and emotional damage from domestic abuse as a result of:

- Witnessing the abuse perpetrated against a parent or carer, usually their mother
- Experiencing the fear and anxiety of living in an environment where abuse occurs
- Becoming actual victims of abuse and neglect

‘Prolonged and/or regular exposure to domestic violence can have a serious impact on a child’s development and emotional well-being, despite the best efforts of the victim parent to protect the child. Domestic violence has an impact in a number of ways. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and foetus. Older children may also suffer blows during episodes of violence. Children may be greatly distressed by witnessing the physical and emotional suffering of a parent.

Both the physical assaults and psychological abuse suffered by adult victims who experience domestic violence can have a negative impact on their ability to look after their children. The negative impact of domestic violence is exacerbated when the violence is combined with drink or drug misuse; children witness the violence; children are drawn into the violence or are pressurised into concealing the assaults. Children’s exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress’.

Working Together to Safeguard Children, DfES, 2006, Section 9.15

‘Everyone working with women and children should be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of children’

Working Together to Safeguard Children, DfES, 2006, Section 11.45

‘The trauma and long-term effects suffered by children living in a violent household is incalculable’

Home Office Consultation Paper ‘Safety and Justice’ June 2003

Research commissioned by the Department of Trade and Industry (Walby, University of Leeds 2004) found that **domestic violence costs Social Services an estimated £250 million a year**, with these costs applying overwhelmingly to children rather than adults, even though these are only the tip of an unknown iceberg. We know locally that most of the children of women accessing specialist domestic abuse services are not known to the Social Care Service.

(see Appendix 1 for other research findings)

Many people are now familiar with the fact that at least 2 women are killed every week, on average, in England and Wales alone, by their male partner or ex-partner (130 each year on average). A new requirement to conduct '**Domestic Homicide Reviews**', along similar lines to 'Serious Case Reviews' following child deaths, will come into effect during 2006, and local agencies need to be aware that we will be asked what could have been done to prevent any domestic homicides in our area.

This Protocol will assist agencies and staff in Rotherham when working with domestic abuse issues. It is in line with the **South Yorkshire Child Protection Procedures**, and takes account of the **extension to the definition of 'harm'** to children introduced through S120 of the Adoption and Children Act 2002, which came into effect from 31 January 2005. This now includes **the harm that children suffer by seeing or hearing the ill treatment of another, particularly in the home.**

However, this **broader definition of harm does not mean that practitioners should start referring every child living with domestic abuse** to the Children and Young People's Social Care Service. Nothing in this Protocol changes the requirement for careful assessments and multi-agency responses, in the context of a good understanding of the impact of domestic abuse on children and young people. No one agency can address all the needs of people affected by, or perpetrating, domestic abuse - for any intervention to be effective agencies *must* work together, and be prepared to take on the challenges this can create.

There is real concern that any requirement for routine referral of children living with domestic abuse to the Social Care Service would result in women hiding the domestic abuse rather than seeking advice and support to change their situation. It is still the case that women living with domestic abuse fear that their children will be taken into care if they tell anyone what has been happening.

A frequent source of complaint from women's services has been that violence towards a child's mother is not necessarily the focus for child protection workers who feel the child's needs must be paramount. Women living with domestic abuse are sometimes seen as 'failing to protect' their child. Equally, reducing the needs of children to those of their mothers can be criticised.

What is important is to recognise that where there is domestic abuse, **the protection of the child's mother will benefit the child, even if they also have separate needs.** Domestic abuse is often an attack on the mother-child relationship, not just woman abuse or child abuse. Assessments must

consider at what point exposing children to violence and abuse becomes irresponsible parenting, and how to confront that issue with sensitivity.

Domestic abuse often occurs *alongside* other issues, such as:

- drugs and/or alcohol misuse
- deprivation and social exclusion
- homelessness and housing needs
- mental health difficulties
- child abuse and/or animal abuse

This can make responding appropriately even more complex, and adds to the need for **careful assessment to unpick the power dynamics of domestic abuse**:

- **who is systematically using domestic abuse to control and dominate others within a family or relationship?**
- **who is reacting to it, and who is affected by it?**

Nationally, the shared language of *Every Child Matters*, and the **Common Assessment Framework** are proving useful to aid consistency and communication, and in Rotherham, the **Safe and Well Practice Guidance** will provide valuable guidance for thresholds, and for multi-agency assessments of, and responses to, children's needs.

This Protocol is intended to complement the *Child Protection Procedures* and the *Safe and Well Practice Guidance* with more *specialist* guidance for situations involving domestic abuse - the flowchart on page 4 has been adapted from the Safe and Well Practice Guidance, to promote a consistent approach, and practitioners are referred to the practice guidance for detailed information on use of the Common Assessment Framework (CAF) and the CAF database, associated legislation, information sharing and 'consent'.

There is growing awareness that the key to responding effectively to domestic abuse is to understand the need for careful **Risk Assessment and Safety Planning, as interlinked processes**. This approach is already used by Criminal Justice agencies in relation to high risk offenders, but is only now starting to be applied to domestic abuse situations. We are at an early stage in the development of any local 'tools' for this, and it may not be possible to create a single tool for all agencies - **the guidance provided in the Appendices will be continuously updated with experience**.

Some local agencies will also be referring to national guidance for working with domestic abuse, which other agencies may find helpful:

- The Children and Family Court Advisory and Support Service (CAFCASS) have produced a detailed *Domestic Violence Policy and Standards* including a very useful Toolkit for assessment (available at: www.cafcass.gov.uk)

- the National Centre for Policing Excellence have developed clear guidance for Police response to domestic violence, including a risk assessment tool, which is currently being introduced in South Yorkshire (available at: www.acpo.gov.uk/publications)
- the Department of Health have created a new smaller sized ring-binder of guidance, *Responding to Domestic Abuse: a handbook for Health Professionals* (available at www.dh.gov.uk/publications)

Definition(s) of Domestic Abuse

Domestic abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial, verbal or emotional) between people who are or have been intimate partners or family members, regardless of age*, gender or sexuality. Domestic abuse usually involves a combination of these behaviours or acts used by one individual to dominate another.

The majority of domestic abuse is committed by men towards women, although it can also involve men being abused by their female partners, abuse in same sex relationships, and by young people towards other family members, as well as the abuse of older people in families. Domestic abuse occurs irrespective of social class, racial, ethnic, cultural, religious or sexual relationships or identity.

Anyone can be affected by domestic abuse, but when levels of severity are considered, taking into account the frequency of attacks, the range of forms of violence and the seriousness of injuries, women are overwhelmingly the most victimised, with male partners or ex-partners as the perpetrators.

While any incident of abuse will be frightening for children, there are more likely to be concerns about significant harm to children where the abuse is chronic and serious.

For simplicity and clarity in this document we will tend to refer to perpetrators as male, and those affected by domestic abuse as women and children.

** **Note:** South Yorkshire Police are required to work to the following definition of domestic violence agreed by the Association of Chief Police Officers:*
Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults (aged 18 years or over) who are or have been intimate partners or family members.

Adoption of this definition means that 16 and 17 year olds involved in incidents of domestic abuse will be dealt with in accordance with Child Protection procedures. However, this will in no way affect the police response to calls for assistance, or the support and services needed to protect such individuals from further harm.

Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily.

2 Aims and Principles of the Protocol

Aims

- To identify and protect children and their non-abusing parents from domestic abuse and its effects
- To bring a focus on risk assessment and safety planning with those affected by domestic abuse, as interlinked processes
- To provide clarity about the multi-agency assessment process, to help remove obstacles to protective strategies, and to effectively challenge perpetrators
- To contribute to implementation of the action plans outlined in Rotherham's *Multi-agency Domestic Violence Strategy 2007-2010*

Principles

- Abuse, violence and controlling behaviour are unacceptable
- The child's safety is paramount
- Responsibility for domestic abuse rests solely with the perpetrator/s, who should be held accountable, rather than be avoided by practitioners
- Professionals need to be alert to signs of domestic abuse and child abuse, and to be aware of the close connection between them
- Domestic abuse can be present in all forms of child abuse: physical, emotional, sexual and neglect
- Often the most effective way to protect children involves protecting their mother; this may mean the woman and children leaving the family home, or the abuser being forced to leave
- On the rare occasions where the separation of children from their mother is necessary, this must be because it is assessed to be in the immediate interest of the children
- The most effective ways of protecting women and children are to:
 - ❖ Build trust with the woman and support her strategies to make safe choices for herself and her children
 - ❖ Provide her with information about her legal rights and options for protection, and the extents and limits of statutory powers
 - ❖ Systematically assess the risk factors in relation to all the individuals involved
 - ❖ Use the full force of law to manage the perpetrator's behaviour
 - ❖ Have clear procedures for protecting women and their children

- ❖ Develop effective inter-agency involvement with the woman that includes a plan for protecting her and the children in a way that best meets the children's health and development needs
- Leaving an abusive partner is a process, not a single event
- It is crucial to engage those affected by domestic abuse, and other partners, in continuous risk assessment and safety planning, as interlinked processes
- This can best be achieved through open communication about domestic abuse, and in particular by establishing trust, and a dialogue with women which starts from an active concern for their and their children's safety
- Terms like 'family conflict', 'family violence' or 'abusive relationship' are not helpful - it is important to lay the responsibility for domestic abuse clearly with the perpetrator, and not to feed into women and children's self blame
- 'Anger management' courses are not usually appropriate for perpetrators of domestic abuse, as this would suggest that they have no control over their behaviour, whereas they may manage their anger very well outside the home. Specialist domestic abuse perpetrator programmes are the recommended approach to work with perpetrators
- 'Couple counselling' or 'mediation' are not appropriate responses to domestic abuse as they imply that both adults are responsible for the abuse, and ignore the power dynamics of domestic abuse which prevent both partners being able to participate equally in counselling or mediation
- There may be an overlap with drug or alcohol misuse, learning difficulties, mental ill health, childhood abuse, but this should not be accepted as an excuse for the abuse, or for the perpetrator or anyone else minimising its seriousness
- A common myth about children who live with domestic abuse is that they will go on to repeat the behaviour they witness, and we should intervene to 'break the cycle of violence' - no study has demonstrated such a cycle, and children react differently to their experiences, even within the same family. What can be said clearly is that children and young people's future relationships will be affected, but not in any given way, and they deserve help to make sense of, and recover from, their experiences, not because they are assumed to be tomorrow's abusers or victims
- Practitioners and agencies need to ensure that they do not start to replicate the control over family members that is, or was, exercised by the perpetrator

- Some aspects of domestic abuse particularly affect Black and minority ethnic communities, such as forced marriage, female genital mutilation, and so-called 'honour' crimes and killings
- The impact of domestic abuse can be greater on Black children, who also have to cope with racism. They may be forced to move away from their community, which protected them from the worst effects of racism, to escape the domestic abuse. They may fear they will be abducted and taken out of the country by an abusive parent, and may fear contact with statutory agencies

The core principles outlined above should be worked to regardless of the cultural or social background of the people involved.

Confidentiality: Whilst co-operation between agencies is vital, it is very important that client confidentiality is maintained, and information sharing takes account of potential risks to the safety of both family members and practitioners.

The dangers associated with breaches of confidentiality in domestic abuse cases can be extreme. Perpetrators from all walks of life have been known to go to great lengths to obtain information on the whereabouts and movements of ex-partners, including impersonating social workers and Police officers.

No information about a client should be passed to any agency or individual without the client's explicit, informed agreement, unless there is a statutory duty to do so. It should not be recorded in client held records.

3 Recognising and assessing the impact of domestic abuse on children and young people

Domestic abuse cuts across all 5 of the key ‘Outcomes’ for children and young people set out by Government in *Every Child Matters*. Under the *Stay Safe* outcome, the specific ‘evidence’ that inspectorates will use to judge the contribution of services to improving outcomes is: *‘children affected by repeat domestic violence are identified, protected and supported’*.

This section sets out very broad descriptions of **potential indicators and impacts of domestic abuse for children and young people** [see *Appendix 1 for ADULTS*].

The dynamics of domestic abuse are complex, and people’s experiences and responses will vary over time, and within the same family.

Rather than make assumptions, or work to any ‘checklist’, it is important to:

- engage family members in open communication about their experiences
- work collaboratively to support their assessment of risks and protective factors
- support their strategies for keeping themselves safe and changing their situation - **Section 4 provides more detailed guidance for multi-agency working in response to domestic abuse.**

How children can experience domestic abuse

- Being physically harmed or threatened with harm
- Being injured while trying to intervene
- Witnessing or overhearing the abuse of others
- Witnessing the outcomes of any assault
- Threats to children being used to intimidate their mother
- Children being encouraged to take part in the abuse of the mother
- Being threatened to remain silent
- Seeing ill treatment of pets
- Seeing damage in the home or to toys
- Contact between the perpetrator and the child and/or non-abusing parent

Indicators of domestic abuse from children and young people can include:

- Child makes direct disclosure
- Child has evidence of injuries
- Running away from home
- Anxiety or fear-related behaviour or unexplained illness
- Difficulties with sleeping or eating - failure to thrive
- Absence from school and/or lower achievement at school, difficulty concentrating
- Injuries could lead to withdrawal from school activities that involve revealing parts of the body, for example sports
- Substance misuse
- Depression or distracted behaviour
- Withdrawal, aggression, behavioural difficulties or holding breath
- Missed health or developmental checks

The child is unlikely to inform a statutory agency worker and more likely to talk to other children or family members.

Effects of domestic abuse on children and young people

The effects on a child or young person of living with domestic abuse could be one or a combination of physical, sexual, and psychological impacts, and/or more general experiences of neglect. They can include:

- Physical injury, directly or in trying to protect their mother
- Disruption caused in leaving home, school, friends, community to escape the abuse
- Distress, anxiety and fear at witnessing the physical and emotional suffering of a parent
- Effects of domestic abuse on adults' parenting capacity and ability to meet the child's needs
- Advanced maturity and sense of responsibility, 'caring' for mother or siblings
- Secretiveness, pressure to conceal the abuse
- Child's sense of responsibility and desire to end the abuse
- Anger, aggression, desire for revenge on the perpetrator
- Living in a constant state of fear, and wanting protection from threats
- Sleep disturbance, bed wetting, nightmares
- Failure to thrive
- Poor concentration, difficulties in school
- Overachieving at school, over-willingness to please and to avoid conflict
- Lack of self-esteem, and feelings of guilt or self blame
- Lack of respect for their mother, or abused carer
- Identifying with the abusive partner for survival reasons
- Difficulty in relating to other people and social isolation/exclusion
- Alcohol and substance misuse and offending behaviour
- Being accommodated by the local authority
- Leaving home prematurely without sufficient resources, planning and support
- Post Traumatic Stress Disorder eg avoidance responses, numbing of general responses, re-experiencing trauma and higher incidences of disengagement
- Recurrent, non-specific physical complaints, with no obvious cause
- Fear/rejection of non-threatening touch
- Impact on future relationships
- Short and long term effects of sexual abuse
- Sadness, depression, self harm, attempted and actual suicide
- Child deaths

Mediating and protective factors that can mitigate these effects

Mediating factors

- Age, gender, developmental stage
- Economic and social disadvantage
- Special needs irrespective of the abuse
- Stability of their mother's mental health
- Extent and frequency of abuse
- Repeated separations and moves

Protective factors

- End of the abuse, and safety being a reality, including safety of mother
- Their own personal resources
- Developmentally supportive routines
- Protective and supportive network outside immediate family
- Open communication about the domestic abuse, and opportunities to rebuild family relationships
- A positive relationship with the non-abusing parent may not protect the child, but will aid the recovery process afterwards
- Counselling/group work with other children who understand their experiences
- The perpetrator accepting responsibility for the abuse, and making reparations

It is very important to remember that many children can and do recover from the long-term effects, once they are no longer living with domestic abuse, but they may need help from others to do this. In some cases specialist therapeutic and/or group work will be useful to help them make sense of their experiences, and reduce their isolation and sense of difference.

Good Practice Points: Working with children and young people

- Be realistic and honest about the limits of confidentiality
- Help the child or young person to understand that they are not to blame
- Let them know that domestic abuse is never acceptable - no one has the right to bully or abuse another person
- Acknowledge and build on the child's strengths and survival strategies
- Meet and communicate with the child separately to the perpetrator
- Try to obtain permission from the non-abusing parent, in the presence of the child, that they can talk about their experiences of domestic abuse, how it has affected them and the feelings it raises
- Talk with the child about their experiences, wishes and feelings - who meets their needs, their coping strategies, behavioural, emotional and social responses, and their attitude to relationships
- Be careful to acknowledge their experiences, but not to look shocked or upset by what they tell you
- Children and young people can find it hard to talk for many reasons, such as shame, guilt, torn loyalties, threats of what would happen if they tell anyone not wanting to leave home or split up the family, or just not having the language to use
- They need time to express a confusing range of emotions, and may find it easier to communicate through drawing or play activities rather than talking

Good Practice Points: Working with adults affected by domestic abuse

In contact with adults affected by domestic abuse, especially women:

- Wherever possible, contact should be made via school or by telephone, and not via a letter that a partner could intercept
- Response to any referral should be discreet (ie not alert the perpetrator) to prevent further danger to the women or children
- A clear statement on confidentiality should be made and referred to
- Direct questions should be asked although the term 'domestic abuse' may not be useful at first, for example "*Are you frightened of your partner?*" or "*Have you ever been hurt by him?*"
- Emphasise that many women experience domestic abuse and she has done well to talk about it; provide reassurance that she is believed and not to blame
- Talk about the impact that witnessing abuse can have on children
- Identify who is responsible for the abuse, and consider who needs to be involved in assessing the levels of risk from, and to, all those involved, including children - see *Assessing Significant Harm below, and Appendix 2 Risk Assessment*
- Where there are Child Protection enquiries, ensure that means of communication will not delay any intervention to safeguard the child's welfare
- Understand that women want the abuse to stop but may not want the relationship to end at that point in time
- Suggest where she can seek specialist advice about her legal options, and explain that this could involve a criminal law prosecution, or a civil law application for an injunction against her abuser
- Accept that some negative behaviours, such as angry outbursts, alcohol or substance misuse, may be coping strategies
- Accept that children may be participating in the abuse, siding with the perpetrator or copying aspects of their behaviour
- Realise that for many the decision to leave an abusive partner will be just the start of a period of enormous upheaval and loss
- Recognise that the most important gain for a woman and her children in leaving (safety for herself and her children) has to be balanced against the possibility that **he may carry out his threats to find her and kill her** - statistically this is the most dangerous time for serious injury and death
- Remember that her options may be restricted by cultural or language needs, mental health, learning difficulties and/or chronically low self-esteem
- Ensure that she is able to explore her options for changing her situation, is provided with accurate information, and considers ways of maximising her safety whether she leaves or not - see *Appendix 3: Safety Planning*
- Recognise that in some situations, women may not be able to care for their children, and alternative or temporary arrangements may be needed

Good Practice Points: Perpetrators of domestic abuse

Agency responses to domestic abuse usually centre on those who are affected, rather than on **the 'invisible' offenders**, who can often effectively avoid direct contact. A focus on mothers, and their capacity to parent, or their mental health or substance use, can risk feeding into 'woman-blaming'.

Practitioners run the risk of colluding in domestic abuse if equal attention is not paid to the risks created by the perpetrator, and strategies for challenging his behaviour or prevent further abuse, whether he lives with the children or not.

- Decide how the perpetrator of domestic abuse will be challenged, and contact maintained, rather than avoided or appeased
- Prior discussion and risk assessment with the child and non-abusing parent, can best inform the approach
- Practitioners need good training and supervision, and must consider their own safety strategies, to undertake multi-agency work with perpetrators
- Children may have a genuine, if distorted, attachment to the perpetrator.
- The perpetrator may abuse, threaten or humiliate a woman in front of her children in order to keep control over both
- The child may be abused, or experience distress during contact arrangements with the perpetrator, eg manipulated to give the mother's whereabouts or to be abusive to her
- mechanisms are needed to ensure that child protection processes take seriously the risks posed by non-resident fathers, *before* any serious contact-related incident - **focus tends to be on who children live with**

In Rotherham the only domestic abuse perpetrators group work programme is delivered by the Probation Service, and only to men who are successfully prosecuted, admit responsibility, and receive a community sentence of at least 2 years to allow sufficient time to complete the programme.

There are currently no specialist services to which unconvicted perpetrators can be referred, or for men who wish to 'self refer' to change their behaviour. As stated in the principles outlined in Section 2, anger management courses are not usually appropriate for men who are domestic abuse perpetrators.

Assessing child contact with an abusive parental partner

"Where there is domestic violence, contact should only happen where it is in the best interests of the child. The following checklist was devised as a means of assessing risk. Without this, we see there being a significant risk to the child's general well-being and his or her emotional development." (Sturge and Glaser)

Is there evidence that the perpetrator:

- acknowledges the abuse
- accepts some, preferably full, responsibility for the abuse
- accepts fully the harm of the abuse on the child and mother, and its inappropriateness
- wishes for contact without making conditions
- wishes to make reparations to child and mother, and help child develop appropriate values and attitudes
- expresses regret for the impact on mother
- indicates that s/he can reliably sustain contact in all senses
- respects the child's wishes?

Assessing significant harm or likely significant harm to children and young people

When assessing harm to children or young people involved in domestic abuse the following questions should be considered - **these will form key elements of the broad and systematic approach to domestic abuse risk assessment outlined in *Appendix 2***

- Frequency and severity of the abuse, how recent and where it takes place.
- Children's description of the effects upon them and their siblings, and upon their mother/carer
- Are the children present or have they ever been present when abuse has occurred?
- What do the children do when the abuse is happening, for example, have they ever intervened? Are they likely to in future?
- Is the mother able to meet the children's immediate and longer term needs?
- Have the woman and/or children been locked in the house or prevented from leaving it?
- Is the abuse connected with any other factors that undermine parenting capacity (such as alcohol or substance misuse or mental health)?
- Have the children been physically threatened, for example, with strangulation, or sustained any injury?
- Are children being made to participate in or witness acts of abuse against their mother?
- Are children used physically or emotionally to exert control over their mother?
- Have physical abuse or threats been directed towards a pregnant woman and her unborn child?
- Were any weapons used or was there a threat to use a weapon? Have any weapons been used in the past?
- Is actual or threatened ill treatment of animals used to control the children and or other carer?
- What is the impact of any contact with a non-resident parent or parental partner?

4 Responding to concerns about domestic abuse and child welfare

See Flowchart on p4, to be considered alongside the Safe and Well Practice Guidance

First Steps

Any professional who becomes aware of domestic abuse should ensure the safety of those involved.

- When undertaking any exploration of whether a child is in need of services, the possibility of domestic abuse should always be considered
- Where a S47 (Child Protection) investigation is being undertaken, the presence of domestic abuse should always be considered and explored.
- In gathering information from adults, direct questions should be used to find out whether domestic abuse might be an issue, for example:
- “Are you frightened of your partner?” or “Have you ever been hurt by him?”
- Be careful to find opportunities to ask safely, without being overheard by anyone
- Any discussion with children should be kept to a minimum, and should aim to clarify what has happened, without using leading questions
- If a professional is concerned that there may be domestic abuse in a case, they should always make an assessment of this and cross check with any other areas that impact on parenting capacity, for example, mental health concerns, learning difficulties and drug and alcohol misuse

Initial Checks

- Establish if children are the subject of any court orders or on the Child Protection Register
- Check whether there are any children living in the household or if the woman is pregnant
- Check Rotherham CAF database to see which professionals are involved with the family and whether there is a common assessment form (CAF) available

Where children are involved in domestic abuse

- Domestic abuse prevents non-abusing parents from speaking freely and participating without fear of retribution. It is important to work separately with each parent
- It is important to identify who is responsible for the domestic abuse, who is perpetrating and benefiting from it, and who is affected by it, so

that appropriate support and relevant family law or criminal justice responses can be made

- The CAF can be used to explore and assess *any* concerns that practitioners may have about children or young people
- Use the CAF to assess the degree of exposure of each child to the domestic abuse (using a separate form/assessment for each child), the impact on them, and the risks involved, bearing in mind the ages of the children
- This should include physical and emotional impact, and the effect on parenting capacity, as well as the risks posed by the perpetrator - see *Risk Assessment guidance at Appendix 2*
- If your assessment raises concerns for the welfare of a child you should consider notifying the C&YP Services (Social Care) - this should be explained to the woman and preferably done with her consent

NB: If a child has experienced, or is likely to experience, **significant harm** as a result of domestic abuse, a **telephone referral** should be made to the C&YP Social Care Service, followed up by a written referral, and a Child Protection enquiry undertaken following the usual Child Protection Procedures.

Consent of a parent can be dispensed with in situations where seeking consent might compromise the safety of the child or others, or any S47 enquiry (see relevant section of current locally agreed Child Protection Procedures).

Response by South Yorkshire Police

‘The police are often the first point of contact with families in which domestic violence takes place. When responding to incidents of violence, the police should find out whether there are any children living in the household. They should **see** any children present in the house to assess their immediate safety. There should be arrangements in place between police and children’s social care, to enable the police to **find out** whether any such children are the subject of a child protection plan.

The police are already required to determine whether any court orders or injunctions are in force in respect of members of the household. It is good practice for the police to **notify** Children’s Social Care promptly when they have responded to an incident of domestic violence and it is known that a child is a member of the household. If the police have specific concerns about the safety or welfare of a child, they should make a **referral** to children’s social care citing the basis for their concerns. It is also important that there is clarity about whether the family is aware that a referral is to be made.’

Working Together to Safeguard Children, DfES, 2006, Sections 11.45 and 11.47 - our emphasis

South Yorkshire Police will pro-actively investigate all incidents that fall within the definition of domestic violence, including the gathering of all evidence that could support a successful prosecution.

Where children are present in the household, the police will notify the C&YP Social Care Service of the incidents attended. Each notification will include a Risk Assessment in relation to *all* circumstances of the incident, not only related to children. The Risk Assessment will be summarised as High, Medium or Standard Risk, based on the SPECSS+ model - see *Appendix 2*.

First Response Officers attending incidents should establish who has parental responsibility (PR) or care responsibilities for all children in the household.

Specialist Domestic Violence Officers from the District Public Protection Units will follow up by making contact with victims in all high risk cases, and many of the medium risk cases, to ensure that appropriate support is offered. This will include providing information about specialist domestic abuse services, and keeping victims and witnesses informed of the progress of any prosecution process.

Cases involving repeat victimisation, in particular, will involve Domestic Violence Officers in working closely with the victim and with other agencies to maximise safety and reduce the risk of further victimisation. Cases involving the risk of significant harm to children may involve the police in the joint investigation of S47 Child Protection Enquiries with the Social Care Service and other agencies - see *below*.

Response by the Children and Young People's Services (Social Care)

'Any response by Children's Social Care to (police) referrals should be discreet, in terms of making contact with the women in ways that will not further endanger them or their children. In some cases a child may be in need of immediate protection'

Working Together to Safeguard Children, DfES, 2006, Section 11.46

'Normally, one serious or several lesser incidents of domestic violence where there is a child in the household would indicate that children's social care should carry out an initial assessment of the child and family, including consulting existing records. It is important to include in assessments agreed arrangements for contact between children and the non-resident parent.'

Working Together to Safeguard Children, DfES, 2006, Section 11.47

On notification of domestic abuse concerns within a family, the minimum response by Children and Young people's Social Care Service must be to consult existing records and consider what else is known of the family.

Where a risk assessment indicates a serious level of risk to a child in the household, an initial assessment should be undertaken.

Lesser incidents should be considered individually, but **no more than 3 minor incidents, should be allowed to occur without consideration of an initial assessment.**

Whenever an initial assessment is undertaken, or at any time after, all agencies involved with the assessment should be informed of any domestic abuse concerns.

Where the family refuses to co-operate with an initial assessment, consideration should be given to whether a S47 Child Protection Enquiry is justified - see *below*.

Response by other agencies

Whether Children and Young People's Services (Social Care) are directly involved or not, practitioners involved with the family should:

- Follow the usual assessment and 'child in need' planning process - the Integrated Practice Manual contains guidance for using the Common Assessment Framework to assist this process, and recommends that a 'Lead Professional' is identified to be the first point of contact with the family, and to co-ordinate multi-agency working.
- Support the woman to change her situation, while monitoring levels of risk to all those involved.
- Provide information on local domestic abuse support services and refuge details, taking into account any cultural issues, and support to access those services.
- A safety plan should be developed with the woman and her children, to include strategies for keeping themselves as safe as possible, and what to do in an emergency - see *Appendix 3 for guidance on safety planning*.
- If the family move to a refuge, or take up other specialist domestic abuse services, practitioners from other agencies should not 'back off' but see this as an important time to engage in good multi-agency working, to maximise the opportunities for change.

Strategy Meetings/Discussions

Where a referral received by the C&YP Social Care Service is agreed (following checks) to be **potentially a child protection matter**, they should arrange a strategy meeting/discussion with the police, and any other agency involved, within three working days of the referral. The aim of this meeting is to agree action and devise a **Protection Plan** in line with South Yorkshire Child Protection Procedures:

- South Yorkshire Police provide a history of their involvement with the family, where applicable, and the Children and Young People Services (Social Care) and any other agencies provide all relevant background information which may assist with the enquiry.
- Decide whether child protection enquiries should be initiated under S47 of the *Children Act 1989*, or continued if it has already begun.
- Decide whether or not any joint investigation is to be carried out by SY Police and the Social Care Service, including joint visits to the family.
- Discuss how to proceed in a way that will not place the child or others at further risk from the perpetrator.
- Agree what action is needed immediately, and in the short term, to safeguard the child(ren) and/or provide interim services and support.
- Agree what information about the strategy discussion will be shared with the family.
- Determine whether any legal action is required, or appropriate action to support the victim through any criminal prosecution or family law process.

- Consideration by the Police (and housing provider where appropriate) to safety planning, which could include 'target hardening' (extra security measures/sanctuary scheme), panic alarm, and tagging of address for previous incidents.
- The safety of the child and non-abusing parent should be protected during any contact arrangement with the abusive adult.
- Children should have a nominated adult with whom they can share concerns.
- The non-abusing parent should be provided with relevant information about agencies that can offer support.
- Where the perpetrator works with children, the impact on their employment should be addressed [see *Working Together 6.20-6.30*]
- Note: possible outcomes could be continuation of Section 47 Enquiries, Core Assessment, or discontinuation.
- It may also entail a police investigation and consideration of prosecution.

Child Protection Enquiries

These are enquiries conducted by the Local Authority under S47 of the *Children Act 1989*, where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm. In the majority of cases it will be good practice to advise parents/carers of these enquiries.

However, there will be circumstances (outlined in the C.P. Procedures) where it will not be good practice to discuss such concerns, but enquiries must still be undertaken in order to decide whether any action should be taken to safeguard or promote the child's welfare. Each case will be considered on its merits, and a decision taken by the relevant managers.

Child Protection Enquiries should be undertaken in the following circumstances

(this is not an exhaustive list):

- Where information from a reliable source provides reasonable cause to suspect emotional harm and/or neglect as a result of domestic abuse.
- Where assessment of parenting capacity indicates that this has been seriously impaired.
- Serious injury of a carer, family member or child following suspected domestic abuse.
- Injury to a child during assault on a woman or when the child is attempting to intervene.
- Likelihood of harm to child, for example, mother hurt when holding baby, objects being thrown, or the use of a weapon.
- Life threatening behaviour by the perpetrator, such as attempted strangulation.

Recording of information

Any information from the abused adult, children, other family, friends or agencies should be placed in the confidential section of the agency files, where this exists, and be considered as a confidential agency file. This is to

avoid the perpetrator of the abuse gaining access to the whereabouts of the non abusing parent or the children, or gaining information that enables them to continue harassing/controlling the family.

Domestic abuse where there is alcohol or substance misuse, learning difficulty or mental health concern

Domestic abuse should not be excused or minimised where any of these or other factors are present, which may be used by the perpetrator or others to deny or minimise his behaviour. Responsibility has to be placed with the perpetrator, as the effects are still the same for the woman and any children. Communication is essential between agencies working with all members of the family, in order to share information about treatment underway, or needed, and to provide clear and consistent messages to the family.

Refer to the relevant Appendices in the South Yorkshire Child Protection Procedures for local guidance [www.rotherham.gov.uk/safeguarding].

A very useful reference is the new Stella Project Toolkit: **Domestic Abuse, Drugs and Alcohol – good practice guidelines** Greater London Alcohol and Drug Alliance, 2004.

Safety Planning - see Appendix 3

Where families continue to live with the threat of domestic abuse, ongoing risk assessment should be accompanied by active safety planning with each member of the family, to strengthen their protective strategies.

This can be a very practical way of monitoring risk and continuing to engage in open communication about the domestic abuse, while they go through the process of changing their situation over time.

5 Contact Details for Local Agencies and Support Services

SPECIALIST DOMESTIC ABUSE SERVICES

Rotherham Women's Refuge	0870 8502247
Provides safe supported temporary accommodation and outreach support to single women and women with children who are escaping domestic violence.	
Choices and Options	(01709) 838400
Practical support and advice to women in Rotherham experiencing domestic violence within a relationship.	
Apna Haq	(01709) 519211
Support and advice to Black/Asian Women facing violence in the home and in times of crisis	

Also **National Domestic Violence Helpline** **Freephone** **0808 2000247**

OTHER SUPPORT SERVICES

Victim Support Rotherham Helpline	(01709) 361076 0845 3030900
To provide emotional support and practical advice to victims of crime and those living in fear of crime – including domestic violence.	
Safer Homes (Victim Support)	(01709) 361076
There are security measures available for homes of domestic violence survivors which can be installed free of charge. Contact Victim Support to see if you are eligible	
Samaritans (Rotherham) (24 hours)	(01709) 361717
To provide a confidential listening service to people in distress, despair and those who may be feeling suicidal.	

Local Solicitors: Choices and Options can provide a list of local solicitors who specialise in obtaining injunctions and other family matters. Many are part of the solicitors' injunction rota for emergency injunctions

Rape Crisis

Sheffield Rape and Sexual Abuse Counselling Service Helpline	(01142) 447936
Doncaster Rape and Sexual Abuse Counselling Centre Helpline	(01302) 360421
Barnsley Sexual Abuse and Rape Crisis Helpline	(01226) 298560
Child-line	0800 1111
NSPCC Helpline	0800 800500

ROTHERHAM METROPOLITAN BOROUGH COUNCIL

Switchboard for all Council contacts	(01709) 382121
Prevention and Support Unit	(01709) 382121 Ext 3413
Housing Emergency Out of Hours	0774 8143170
Adult Protection Office	(01709) 382121 Extension 4026
Homeless Section	(01709) 823403 or (01709) 823416
RMBC Domestic Violence Co-ordinator Policy, Training, Leaflets, Domestic Violence Forum	(01709) 334567
RMBC Children and Young People's Services Social Care Support to families where there are child protection concerns	(01709) 823987
Out of Hours Service (after 5 pm) RMBC Social Service, Adult Protection A service to provide support and protection to vulnerable adults who have been abused. A vulnerable adult is someone aged 18 and over and appears to be eligible for an assessment for community care services.	(01709) 364689 (01709) 382121
Youth Start (Youth Service) (open access) We are able to offer help and support to young people (aged 11–25) who are affected by domestic violence including counselling services and ongoing support.	(01709) 820100
Risky Business (Youth Service) Support for girls/young women involved in or at risk of sexual exploitation.	(01709) 515423
POLICE	
Emergency	999
Other enquiries	(01142) 202020
Police Domestic Violence Officers (9.00 am – 5.00 pm)	(01709) 832670/1
Forced Marriage	(01142) 20 2020

CHILD PROTECTION ADVISORY SERVICES - *can also be contacted by other agencies for advice, including voluntary sector services*

C&YPS Safeguarding Children Unit (01709) 832390
Health CP Advisory Service (01709) 304857

HEALTH

NHS Direct (*for 24 hour telephone advice*) 0845 4647
Rotherham District General Hospital (01709) 820000
Chatham House: Child and Adolescent
Mental Health Services (CAMHS) (01709) 304 809
Doncaster and South Humber Trust
(Adult Mental Health and Well-Being) (01302) 796000

SOUTH YORKSHIRE POLICE

General enquiries and Maltby Public Protection Unit
[including DV Officers and Child Abuse Investigation
Officers]: (01142) 20 2020

NATIONAL PROBATION SERVICE South Yorkshire

Women's Safety Workers (01709) 376761
Victim Contact Unit (01142) 767276
Integrated Domestic Abuse Programme,
Perpetrators (IDAP) (01709) 561533

CROWN PROSECUTION SERVICE

DV Co-ordinator for South Yorkshire (01142) 29 8600

CAFCASS

Rotherham Service (01709) 786200

NATIONAL HELPLINES

Domestic Violence 24 hour Freephone Helpline 0808 200 0247
delivered jointly by Women's Aid and Refuge

Victim Support 24 hour Helpline 0845 303 0900
support for male victims of domestic abuse

Respect Helpline [ring for session times] 0845 122 8609
for men who want to change their behaviour

MALE Helpline (funded by the Home Office) 0845 064 6800
Monday-Thursday 10.00 am – 4.00 pm
www.maleadviceline.org

Useful Recent Publications and Websites

The Government's National Delivery Plan for Domestic Violence

Home Office, 2005 - via website below

Working Together to Safeguard Children

Dept for Education and Skills, 2006 - via DfES or ECM websites below

Information Sharing: Practitioners' Guide, integrated working to improve outcomes for children and young people

HM Government, 2006, via ECM website below

Responding to Domestic Abuse: A Handbook for Health Professionals

Dept of Health, 2005 - via website below

Assessing the Risks to Children from Domestic Violence

Healey & Bell, Barnardos Policy and Practice Briefing No.7 N. Ireland, 2005

Domestic Violence Policy and Standards, CAF/CASS, 2005 - via website below

Guidance for Investigating Domestic Violence National Centre for Policing Excellence, 2004 - via ACPO website below

Domestic Violence and Child Protection: Directions for Good Practice

Humphreys & Stanley (Eds), Jessica Kingsley Publishers, 2006

Children's Perspectives on Domestic Violence

Mullender, Kelly, Hague, Malos & Iman, Routledge, 2002

Children's Needs - Parenting Capacity: the impact of parental mental illness, problematic alcohol and drug use and domestic violence on children's development, Cleaver et al, The Stationery Office, 1999

Domestic Abuse, Drugs and Alcohol: Good Practice Guidelines

Stella Project Toolkit, Greater London Alcohol and Drug Alliance, 2004

Domestic Violence: a Guide to Civil Remedies and Criminal Sanctions

Department for Constitutional Affairs, 2003 - via

www.dca.gov.uk/family/dvguide03.pdf

For Children

[Feel safe at home \(PDF, 720KB\)](#) is a compact and user-friendly Z card aimed at children aged seven to twelve. It talks in straightforward language about what domestic violence is, how it can make children feel, and how and where they can get help. It explains that domestic violence is not their fault, and that there are people who will listen and understand.

For Adults

[Whole woman: essential information for mums \(PDF, 1.9MB\)](#) is a small booklet designed primarily for women, although it recognises that men experience domestic violence too. It acknowledges women's fears and encourages them to seek help for themselves and their children. It helps women to understand the impact of domestic violence on their children and encourages them to move on from a position of feeling powerless to being able to take action to improve the situation.

Forced Marriage Guidelines

Useful Websites

Local resources: Rotherham Domestic Violence Forum

- for local guidance (including this document when finalised), Domestic Abuse Awareness training, information resources and links to other sites:

www.rotherham.gov.uk

Local Child Assessment and Child Protection Guidance:

www.rotherham.gov.uk/safeguarding - Rotherham Safeguarding Children Board, Safe and Well Protocol and Practice Guidance, Rotherham (South Yorkshire) Child Protection Procedures (including this document when finalised) and multi-agency training programmes, including 'Domestic Abuse and Child Protection' training

Rotherham CAF Administrator - Information Sharing and Assessment (ISA) system, plus all Integrated Practice/CAF documents and training programmes

National Domestic Violence Information, Policy and Guidance:

www.womensaid.org.uk

www.lga.gov.uk

www.homeoffice.gov.uk

www.acpo.police.uk/policies

www.dh.gov.uk/publications

www.cafcass.gov.uk

www.barnardos.org.uk

www.nspcc.org.uk

Women's Aid website for children and young people:

www.thehideout.org.uk

National Child Assessment Guidance:

www.everychildmatters.gov.uk

www.dfes.gov.uk

APPENDIX 1: IMPACT OF DOMESTIC ABUSE ON ADULTS

Section 3 outlines indicators and impacts of domestic abuse for children and young people - this Appendix outlines the corresponding indicators and impacts for adults, including men as victims and perpetrators.

Indicators from women

- Fear or refusal to meet a social worker or other professional separately from her partner
- Allowing her partner to speak for her
- Alcohol or substance misuse
- Frustration taken out on the children
- Increasing isolation from friends and family
- Decrease in self-care and care of children
- Frequent attendance to GP or A&E
- Unexplained, or inconsistent explanations for, illnesses and injuries
- Depression, self-harm or stress-related illnesses
- Threatened and actual miscarriages

Indicators from men (as perpetrators)

- Control of finances
- Alcohol and substance misuse
- Control of women's movements and social contacts
- Answering for his partner and other family members
- Possible intimidating behaviour to other people, including professionals

Indicators from men (as victims)

- Fear of meeting a professional separately from partner
- Allowing his partner to speak for him
- Alcohol or substance misuse
- Increasing isolation from friends and family
- Decrease in self-care
- Frequent attendance to GP or A&E
- Unexplained, or inconsistent explanations for, illnesses and injuries
- Depression, self-harm or stress-related illnesses

Other indicators

- Abandoned calls to the Police
- Repairs requested from housing providers
- The ill treatment of animals

Effects on women

- Physical injury and sometimes long term disability as a result of injuries
- Detrimental effect on the ability to care for her child/ren
- Lack of financial control, insufficient money for basic needs
- Isolation or alienation from family members, and sometimes her own children
- Alcohol and substance misuse, and offending behaviour
- Loss of confidence, self esteem and problem solving skills
- Loss of identity and withdrawal into herself
- Mental health problems, depression, self-harm, attempted and actual suicide
- Post Traumatic Stress Disorder (see above)
- Effects of sexual abuse
- Death/attempted murder

Effects on men (as victims)

- Physical impairment as a result of injuries
- Detrimental effect on the ability to care for their child/ren
- Lack of financial control, insufficient money for basic needs
- Social isolation
- Alcohol and substance misuse, and offending behaviour
- Loss of confidence, self esteem and problem solving skills
- Mental health problems, depression, self-harm, attempted and actual suicide
- Death and attempted murder are rarer for men, and are usually perpetrated by a male partner or family member

APPENDIX 2: RISK ASSESSMENT and RISK MANAGEMENT

Section 3 includes useful questions to consider when assessing ‘significant harm’ to children and young people [page 14]. Where domestic abuse is involved, a broad and systematic approach to risk assessment is needed, with a clear focus on the risks posed by the perpetrator. **The key to responding effectively to domestic abuse is to understand risk assessment and safety planning as interlinked processes.** [*Appendix 3 provides more detailed guidance on safety planning.*]

There are a number of ‘tools’ being piloted nationally for risk assessment in relation to domestic abuse, but it may not be possible to create a single tool for all agencies, and the following general guidance is taken from a number of sources which explore **areas of risk and protective factors** in relation to perpetrators, victims (usually the child’s mother), and children.

CAFCASS have created their own domestic abuse assessment framework [www.cafcass.gov.uk], and a useful model has been developed in the voluntary sector by Barnardos: ‘*Assessing the risks to children from domestic violence*’. This highlights 9 areas for assessment: the nature of abuse; the risk to the children posed by the perpetrator; risks of lethality; perpetrator’s pattern of assault and coercive behaviours; impact of the abuse on the woman; impact of the abuse on the children; impact of the abuse on parenting roles; protective factors; the outcomes of the woman’s past help-seeking.

Warnings have been raised about making risk assessment an interrogation around a ‘checklist’ which closes down trust, rather than **a dialogue which opens up the discussion about abuse**. Issues such as threats to kill, jealous and controlling behaviour, sexual abuse and isolation are not easily assessed without good, open communication. The pioneering Duluth Domestic Abuse Intervention Project recommends structuring dialogue around three questions:

- Do you think he will seriously injure you or the children? What makes you think that? If not, why not?
- What was the time you were most frightened or injured by him?
- Are things getting worse? Describe the pattern of the abuse (frequency, type severity, escalation).

The other areas highlighted as significant in understanding the risks posed by the perpetrator may also emerge through these questions. Establishing the protective strategies which have been used to date can also flow from it. In this process, perpetrator risk assessment can be used to establish a supportive relationship between practitioners and women affected by domestic abuse, while still keeping a focus on issues which are of crucial importance in protecting children.

SY Police guidance suggests that the purpose of risk assessment should be:

- to assess current and future risks to the woman and any children
- to prevent escalation
- to prevent re-victimisation
- to enable the risk to be safely managed
- to enable the appropriate intervention and safety strategies to be implemented

In terms of **risk indicators**, research in Cardiff and elsewhere, and analysis of domestic homicides by the Metropolitan Police, suggest that certain factors are consistently associated with heightened risk, and a number of areas have adopted the ‘**SPECCS+**’ model outlined below, based on that research.

SPECCS+ MODEL FOR RISK ASSESSMENT

HEIGHTENED RISK FACTORS:

SEPARATION and CHILD CONTACT ISSUES

Women trying to end relationships frequently become victims of serious injury, attempted and actual homicide - statistically this is the most dangerous time. Post-separation domestic abuse often occurs as a result of child contact arrangements.

PREGNANCY/NEW BIRTH

Domestic abuse often starts or intensifies in pregnancy, and men who are violent during pregnancy are considered highly dangerous.

ESCALATION

Domestic abuse tends to increase in severity and frequency over time, especially if the perpetrator's behaviour is not challenged in any way.

COMMUNITY ISSUES and ISOLATION

Isolation and reduced access to help and support can combine to increase risk. Needs may centre around being deliberately cut off from friends or family, disability, difficulties in speaking or reading English, living in an isolated community (eg Black or minority ethnic, rural, traveller, gay or transgender, or insecure immigration status).

STALKING

Persistent calling, texting, following or harassing in any way that is experienced by the victim as harassment, regardless of the intention of the perpetrator, all indicates heightened risk.

SEXUAL ASSAULT

Those who are sexually assaulted are often subjected to more serious injury, and the offenders tend to be more dangerous. Sexual assault is one of the most consistent indicators of repeat victimisation and potentially lethal violence.

ADDITIONAL RISK FACTORS:

- abuse of children
- abuse of pets
- jealous and controlling behaviour
- mental health status
- alcohol
- drugs
- suicide attempts (victim or offender)
- threats to kill
- strangulation
- weapons used/access to weapons
- financial problems
- victim feels unsafe on day to day basis
- indication of imminent risk to the victim

In the Risk Assessment model being developed by SY Police, information on any of the above risk factors obtained at domestic violence incidents will be faxed to the Criminal Record Bureau by attending officers. The information entered on the Crime Management System will be reviewed by a Response Team Sergeant to ensure appropriate action has been taken, in line with force policy.

All domestic violence incidents will be categorised by the Domestic Violence Co-ordinator (local Public Protection Unit Sgt) **as HIGH, MEDIUM or STANDARD RISK:**

HIGH: there are identifiable indications of risk of serious harm - the potential event could happen at any time and the impact would be serious.

MEDIUM: there are identifiable indicators of risk of harm. The offender has the potential to cause harm, but is unlikely to do so unless there is a change in circumstances, for example failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.

STANDARD: no current indication of risk of harm.

The level of risk is NOT based on the total number of risk indicators ticked, but on the **level of seriousness of any of the individual indicators.**

Those categorised as HIGH risk will be passed to the Domestic Violence Officers in the Public Protection Unit for action.

Some **MEDIUM** risk will also be passed to these staff.

Those categorised as **STANDARD** risk will be passed to local Admin staff for a letter/ agency contact details.

Another crucial part of the risk assessment process is **RISK MANAGEMENT** SY Police will use the **RARA model** for this:

REMOVE the risk by arresting the suspect and obtaining a remand in custody

AVOID the risk by re-housing the victim/significant witnesses or placement in a refuge or shelter in a location not known to the suspect

REDUCE the risk by joint intervention/victim safety planning, target hardening, and use of protective legislation

ACCEPT the risk by continued reference to the risk assessment model, continual multi-agency intervention, planning support, and consent of the victim and offender targeting.

NEW INITIATIVES UNDER DISCUSSION

In the future in South Yorkshire arrangements should be in place for the use of **Multi-agency Risk Assessment Conferences (MARACS)** in which practitioners from a range of agencies share information and planning in relation to **high risk domestic abuse perpetrators and their victims**. This is a similar approach to the MAPPA panels already in use locally for high risk offenders of any kind (Multi-Agency Public Protection Arrangements). A 'mini-marac' process is in use by the Probation Service in relation to the women partners of men taking part in the IDAP perpetrators' programme (Integrated Domestic Abuse Programme).

Only a limited number of very high risk cases can be taken through the MARAC process, but evaluations demonstrate how this multi-agency approach can prevent repeat victimisation and highlight the support needs of women and children. Where there is a conviction and the risk is considered High, there is already risk

management through MAPPA, which may refer to a MARAC or may manage the case within the MAPPA structure.

The other new initiative to be developed is an **Independent Domestic Violence Advocacy (IDVA) service**, to provide more intensive support to the identified high risk victims. Areas with such services have seen a corresponding increase in successful prosecutions and reduction in repeat victimisation, as they work alongside the victim and liaise with the police throughout the prosecution process. The IDVA service will be developed in Rotherham, as soon as posts are recruited to, and the MARAC process will be adopted when the necessary resources and information sharing agreements are in place.

APPENDIX 3: SAFETY PLANNING

Safety planning is a very practical process that practitioners can engage in with anyone affected by domestic abuse, and with children or young people who have enough understanding to take part, to help them increase their personal safety.

The National Centre for Policing Excellence (NCPE) guidance on domestic violence suggests that safety planning should be a core element of working in partnership with victims, and with other agencies, taking into account the outcomes of risk assessment and risk management. It involves developing a crisis plan and a plan for the future to ensure safety in the short and longer term, and should aim to:

- encourage victims and children to increase their own safety
- assist in reducing the risk of further harm
- reflect any risk assessment process, and supply information to update this
- build on existing coping strategies
- reinforce the fact that violence is likely to be repeated, and to escalate, and increase understanding of the levels of danger the victim and children may face
- assist victims to focus on their own needs, as opposed to the needs of the suspect, or organisations providing services
- give victims and children a wider range of options, particularly for example, staying in their own home
- be kept confidential from the suspect
- be part of a continuous safety and protection process, rather than a single task
- be appropriate for all domestic violence victims, irrespective of their level of contact with the suspect, eg whether they are separated or living together

Victims are encouraged to report all incidents to the police, or any other agencies that will keep good records, including photographic evidence, body maps of injuries, and details of the psychological effects of the abuse. Domestic Violence Officers are advised to check how the victim can be contacted safely, obtain their views about the ongoing levels of risk, and inform them about criminal and civil law provisions.

There is increasing awareness among practitioners of the additional measures that could be put in place by police, housing providers and others, such as **'target hardening'** to improve home security, personal alarms which link directly to emergency services, and more recently **'sanctuary schemes'** to create a secure room within the home, with a telephone link, where someone could hold out in a crisis until the police attend. The NCPE guidance states clearly, however, that it is essential to build on the safety measures developed by the victim, rather than insist on dramatic changes or make additional demands on them. A sanctuary scheme is a welcome addition to the range of measures available to enable someone to remain in their own home, rather than uproot themselves and their children, but it can never be imposed where they won't feel safe enough to stay put.

There is also acknowledgement that people with insecure immigration status, or from minority ethnic or socially isolated communities, as well as those with some forms of disability, may fear contact with the police and have additional barriers that need to be addressed in safety plans.

The Department of Health's new handbook for health professionals, ***Responding to Domestic Abuse*** suggests the following approach to **safety planning with women** at Annex D (www.dh.gov.uk/publications). It stresses that the questions are meant as a guide or prompt, rather than as a form to be filled in, and that it may not be safe for the woman to take any written safety plan home with her.

Increasing safety in the woman's relationship

- where can she keep important phone numbers so that they are always accessible to her and her children?
- ask her to think of the names of two people she can tell about the abuse, and to ask them to listen out for strange or alarming noises from her home, so that they can call the police on her behalf if needed
- what code word or phrase can she use in an emergency, to let her children know that she wants them to get to safety immediately, or to phone the police
- ask her to think of four places she could go to if she leaves her home
- is there someone or somewhere she can leave extra money, car keys, clothes, copies of important documents?
- what will she take with her if she leaves?
- where can she leave an emergency bag?
- what parts of the house should she avoid when the abuse starts? which rooms have only one exit? where are there things that can be used as weapons?

Increasing safety when a relationship is over

- things that she may need to do straight away:
 - ❖ change and strengthen external locks
 - ❖ get stronger doors fitted, preferably metal or with metal reinforcement
 - ❖ get a security system (alarm, door chains, spy-holes, window locks etc)
 - ❖ get outdoor lighting
 - ❖ get smoke detectors
 - ❖ change landline and mobile telephone numbers
- who will she tell that she no longer lives with her ex-partner
- who will she ask to call the police if they see her ex-partner near her home or children
- advise her to tell the people who care for her children who has permission to pick them up, and give their names
- if she is working, who can she tell and can they screen her calls?
- what shops, banks and other places does she need to avoid?
- who can she call if she's feeling down and is considering returning to her partner?

Important phone numbers

- make a list of important phone numbers including friends (even familiar numbers can be forgotten in an emergency situation), the Police emergency and Public Protection Unit numbers, a helpline number and local refuge contact number
- advise her that she can dial 141 before calling out, to withhold her number

The NCPE doctrine encourages women to **include children and young people directly in the safety planning process** - this can also protect them from injury:

- identify a safe place or person to go to if their parent is being attacked, or gives them the signal to leave, where they can ring the police
- rehearse escape plans, and make sure they know it is not their role to protect
- ensure that children know their own address and telephone number
- teach children how to contact emergency services by ringing '999' and asking for the police - ideally they need to stay on the line until the police arrive. Note: children may think the emergency number is '911' if they watch American television

The Police and Probation locally have produced useful leaflets on Safety Planning.

APPENDIX 4: FINDINGS FROM RESEARCH

National Findings

- Violence against women is major problem in the UK. Almost half of all women in the UK experience domestic violence, sexual assault or stalking, and 54% of rapes in the UK are committed by a woman's current or former partner (*Domestic Violence, Sexual Assault and Stalking, Findings from the British Crime Survey, Walby & Allen, 2004*)
- In the same study, 13% of women and 9% of men reported being subjected to physical abuse from an intimate partner. Among people subjected to 4 or more incidents of violence from the same perpetrator, 89% were women, and 81% of all attacks were attacks on women. (*Walby & Allen, 2004*)
- Women are twice as likely to be injured, and three times more likely to report living in fear than men (*Mirlees & Black, 1999*)
- 1 in 4 women in the UK experience domestic abuse in their lifetime, and between 6 and 10% during a given year (*Council for Europe 2002*)
- In the UK the police receive over 570,000 calls related to domestic violence per year - one per minute on average. Less than 35% of domestic abuse crime is reported to the police. (*Home Office 2002*)
- Around 130 women are killed every year by a male partner or ex-partner in England and Wales alone - one every 3 days on average, or 2.5 per week (*Home Office, 2004*)
- 42% of all female homicide victims, compared with 4% of male homicide victims, were killed by current or former partner in England and Wales in the year 2000/1 (*Home Office*)
- Women experiencing domestic abuse are up to 15 times more likely to misuse alcohol and 9 times more likely to misuse other drugs than women generally (*Stark & Flitcraft 1996*)
- 50 to 60% of women using mental health services have experienced domestic abuse (*Women's Aid 2004*)
- There is a high correlation of homicide and abuse to women when separating from the violent partner especially if he believes he 'owns' her. The woman's departure is seen as ultimate betrayal justifying retaliation (*Saunders & Browne 1990*)
- Women with uncertain immigration status (eg on spouse visa) have 'no recourse to public funds', so believe they are not eligible for the protection provided by refuges, and are forced to stay with abusive husbands (*Southall Black Sisters, 2004*)

If National research shows that, on average, 1 in 4 women experience domestic abuse at some time in their lives, and 1 in 10 women are likely to be living with domestic abuse at any point in time:

In Rotherham, the adult female population is 101 400 so it is likely that:

- **at least 10,000 women will be living with domestic abuse in Rotherham**
- **in a class of 30 schoolchildren, between 2 and 4 of them will be living with domestic abuse**

In the year to March 2003:

- **South Yorkshire Police** recorded **3968** confirmed domestic violence incidents in the Rotherham policing district
 - 34% were repeat victimisation
 - children were present in the household in a significant number of the confirmed incidents

Research Findings: Children and Young People

In Rotherham 46% of children on the Child Protection Register were from households where there is known to be domestic abuse in June 2006 (RSCB| 2004 and 2005)

- In 40% to 66% of domestic abuse cases, the same man is directly abusing the children (Edelson, 1999).
- The majority of children know their mother is being abused, although mothers often believe that they do not. (*The Hidden Victims, NCH 1994*)
- In 90% of violent incidents of domestic abuse to their mothers, children were in the same or the next room. (*Stark & Flitcraft, 1984*)
- An estimated 16,000 (24%) of child contact applications involved allegations of domestic violence (*Association of Chief Officers of Probation, 1999*).
- 29 children are known to have been killed in the last 10 years as a direct result of child contact arrangements. (*29 Child Homicides, Women's Aid, 2005*)
- Examination of an NSPCC team's case files revealed that in at least a third of 111 cases accepted for service (related to child abuse), domestic abuse was also an issue. When the researchers introduced a more detailed focus on domestic abuse in their work, which made it easier for children to talk about domestic abuse, and to be heard, this percentage rose to two-thirds. (*Hester & Pearson, From Periphery to Centre, 1998*)
- The *Messages from Research* study found that entrenched patterns of woman abuse were associated with poor outcomes in child protection and carer support
 - worst outcomes at 20 month follow up were associated with:
 - failure to assess domestic violence as part of initial concern or ongoing risk
 - failure to offer post crisis support to women and children
- mothers were seen as secondary perpetrators, for failing to protect, even where they were the referrers
- deregistration was likely to be swift in cases of domestic violence, although the mother was unlikely to be in a position to protect the child (*Farmer & Owen, 1995*)
- of the 120 notifications of child death or serious injury made to the DoH each year, a large proportion of fathers and step fathers have a history of violence towards female partners (*O'Hara, 1994*)
- of 35 inquiries into child deaths, half were the result of physical attacks on children by men who were also abusing the mother - the man was known to have an unpredictable temper and apparent rages (*Reder et al, 1993*)

'Children's needs may be neglected whilst their mother is in an unfit state physically or mentally to attend to them: this is likely to improve once the woman is safe. The impact of domestic abuse on children is greater when the violence is combined with substance misuse, when children witness the abuse, are drawn into it, or feel they have to collude with concealing the abuse.'

Children's Needs – Parenting Capacity, Cleaver et al, 1999

In a study of 54 Women's Aid refuges 67% of refuges reported that women had been threatened during child contact arrangements, 28% stated that children had been threatened, and 33% of refuges reported incidents of a child being physically or sexually abused during contact visits. (*Women's Aid Briefing 1997*)

APPENDIX 5: Roles of Principal Agencies in Responding to Domestic Abuse

Note: Rotherham's Domestic Violence Strategy 2007-2010 will include agreed agency action plans for tackling domestic abuse, and will be available to be downloaded from the safeguarding website at: www.rotherham.gov.uk/safeguarding

Role of the Rotherham Safeguarding Children Board (RSCB)

The Children Act 2004 required each Local Authority to establish a Local Safeguarding Children Board to be the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.

The responsibility for the operational work of each member organisation remains with the organisation, overseen by the **Children and Young people's Strategic Partnership** in the context of the **Children and Young People's Plan**.

The Safeguarding Children Unit includes the custodian of the Child Protection Register, and the Protection and Planning Officers who chair child protection conferences. The other work of the SSCB is carried out through the Practice Standards sub-committee, which conducts case reviews and audits; the Policy and Procedure Sub-Committee which develops procedures, Protocols and practice guidance in relation to safeguarding children for staff in all local agencies; and the Training Sub-committee (which includes the specialist programme: 'Domestic Abuse and Child Protection').

In addition the Safeguarding Children Unit provides strategic management of work addressing the sexual exploitation of children and young people; safeguarding children affected by substance misuse; and ensuring licensed premises address the need to safeguard children.

Role of Rotherham Domestic Violence Forum

This is a multi-agency forum with representatives from voluntary and statutory agencies working together to improve services and practices to tackle the issues of domestic violence.

The Domestic Violence Co-ordinator unit trains and supports the Multi-Agency Training on behalf of the Forum.

Role of the Specialist Domestic Abuse Services

Rotherham Women's Refuge (RWR)

RWR currently has 12 units of accommodation of which 2 are move on units. 2 of the units are fully wheelchair accessible. They can support up to 26 children in accommodation and 20 on outreach support.

In 2005/6 they provided support to 95 women and 42 children. 123 women were referred on.

In addition RWR co-ordinate and deliver the Violence Free Relationships Training in schools. This supports approximately 300 children yearly.

Apna Haq

Apna Haq provided support to 185 women. They are classified as a “floating support service” and are funded by Supporting People

Choices and Options

Choices and Options provided support to 197 women. They are classified as a “floating support service” and are funded by Supporting People Social Care Service

Role of Children and Young People’s Services (Social Care)

The Children and Young People’s Social Care Service within Rotherham metropolitan Borough Council (formerly Children and Families Social Services) undertake assessments of children in need and investigations into suspicions of child abuse. Where necessary, they take action to protect children and their non-abusing parent. Domestic abuse is one of the factors that impacts on parenting capacity and is the subject of assessments.

Recognition and Referral: the Social Care Service receives referrals from a variety of sources, public and professional, in which domestic abuse has been identified as a significant factor. Referrals are processed in line with Children and Young People’s Safe and Well Protocol and Practice Guidance.

Procedures: Assessments will be undertaken in line with the Safe and Well Protocol and Practice Guidance and South Yorkshire Child Protection Procedures, in accordance with the required time scales. Where appropriate, an Initial Assessment, S47 Enquiry, Core Assessment will be undertaken. During assessment process, safeguarding and promoting the welfare of the children and non-abusing parent will be paramount.

Inter-agency work: from the point of referral, the SCS will ensure that all assessments, where applicable, reflect a multi-agency approach.

Communication and Participation: throughout the referral and assessment process, the SCS will ensure communication and participation with all relevant agencies, to effect positive outcomes for children and their non-abusing parent.

Role of Children and Young People’s Services (Education Services)

Prevention: Educational work on domestic abuse can contribute to primary prevention, to help tackle the underlying causes, raise awareness and help children and young people both to seek and offer help appropriately. The Personal, Social, Health and Citizenship Education Curriculum (PSHCE), and Healthy Schools initiatives such as ‘Sex and Relationships’ offer opportunities to engage with the issue.

Education Services staff who have direct contact with children and families should be aware of the significance of domestic abuse in the lives of children and young people. Staff should not only be alert to signs of physical abuse but also the emotional impact on children, and the range of potential abusers.

Referral: if child protection concerns are raised then a referral should be made to the Social Care Service. Parents who report domestic abuse to staff in school should be encouraged to seek help through specialist domestic abuse services and the Police.

If there are concerns about safeguarding the child and a referral is being made to the SCS, the parents should be informed, unless doing so would place the child at further risk. The emphasis must be on supporting the non-abusing parent and the children.

Procedures: Schools are required to follow the procedures as set out in the South Yorkshire Child Protection Procedures when dealing with child protection matters, including domestic abuse. Schools should develop Protocols focusing on the special needs and requirements of vulnerable children, especially while living in refuge accommodation. Schools should be sensitive to any request for a change of school due to domestic abuse, and the needs of the students involved.

Role of RMBC Neighbourhoods

The Directorate of Neighbourhoods and Adult Services within Rotherham Metropolitan Borough Council supports the corporate strategic aim to tackle domestic abuse using a multi-agency approach.

Within the Directorate of Neighbourhoods and Adult Services is Housing Market Renewal, the Safer Neighbourhood Team, Community Safety, Neighbourhood Strategy, Homelessness and Housing Options, Adult Social Services including the Adult Protection Office for protection of vulnerable adults.

The Domestic Violence Co-ordinator for Rotherham and her admin support worker are located in Community Safety and report to the Safer Rotherham Partnership

Community Safety and Community Housing Services are establishing a 'Sanctuary Scheme' to enable some tenants to stay put, with additional security measures, where safe to do so.

Victims of domestic abuse are entitled to be rehoused, and receive priority within the Key Choices Lettings Scheme. Victims are also offered safe accommodation, by the Prevention and Support team or the Out of hour's Emergency Service. This emergency service is available 24 hours per day 7 days per week. The offer will be made on a temporary basis until secure accommodation is acquired.

2010 Rotherham Ltd, an arms length management organisation or ALMO manage the Council stock on behalf of the Council. Perpetrators of domestic abuse can be evicted for breaching the conditions of their tenancy, and offered alternative accommodation.

Role of Health Services

Domestic abuse can have a substantial impact – both physical and psychological – on the health and well being of adults and children. It often starts or escalates during pregnancy. All staff including GPs, A&E and those carrying out mental health assessments should be aware of associated behaviours and indicators.

Procedures: all local health Trusts work to the South Yorkshire Child Protection Procedures, and should take account of the guidance in the new Dept. of Health handbook for health professionals: *Responding to Domestic Abuse*. Maternity Services in Rotherham have piloted a Protocol for Routine Enquiry about domestic abuse, which requires midwives to find an opportunity to talk with women alone at some point during their pregnancy.

Other staff, especially Health Visitors, are aware of the need to find opportunities to meet women alone, and explore domestic abuse issues and effects. Health Visitors may discuss families where domestic abuse is an issue with their Child Protection Supervisor (Named Nurse for Child Protection in each PCT).

Referral: to Social Care Service where one serious or several lesser incidents of domestic abuse present; and manage medical aspects. Referral to voluntary sector specialist services.

Communication with and in the community: posters, leaflets and contact cards in public areas; child health book held by parents; antenatal/postnatal screening.

Role of South Yorkshire Police

South Yorkshire Police will investigate all crimes that fall within the definition of domestic abuse. Each District has a Public Protection Unit. In Sheffield, there are two Units, operating across the city and specialist Officers, in conjunction with our partners, will tackle:

- Domestic Abuse
- Sex Offender Management
- Missing Persons
- Child Protection
- Child Sexual Exploitation
- Adult Protection
- Hate Crime

In relation to domestic abuse, the priorities of South Yorkshire Police will be:

- To protect the lives of both adults and children who are at risk as a result of domestic abuse.
- To facilitate effective action against offenders, so that they can be held accountable by the criminal justice system
- To adopt a pro-active, multi-agency approach in preventing and reducing domestic abuse

In working to address these issues, South Yorkshire Police will share relevant information and make appropriate referrals in accordance with NCPPE Guidance, Force Policy and the South Yorkshire Child Protection and Joint Operational Procedures (or future replacement guidelines).

Role of the Crown Prosecution Service (CPS)

The Crown Prosecution Service is the Government Department responsible for prosecuting criminal cases investigated by the police in England and Wales. Their national Business Strategy 2005-2008 specifically aims to: *strengthen the prosecution of hate crime and crimes of domestic violence*. On the basis of the evidence collected about domestic violence related offences, CPS give pre-charge advice to the police, and they make the decision about whether to proceed with any prosecution (see also under *Role of the Courts below*).

Role of the Probation Service

The Probation Service aims to protect the public and to reduce the risk of re-offending through work with perpetrators of domestic abuse.

Prevention: probation play a part in prevention through work with offenders. This will include a risk management plan and can also involve:

- Non-contact conditions for offenders who are on license and on Community Orders
- Management of high and very high risk offenders within MAPPA (Multi-Agency Public Protection Arrangements)
- Monitoring offenders' behaviour through liaison with the Police
- Safety planning with women who are victims of domestic abuse and referral to appropriate specialist agencies
- Notify agencies of relevant convictions where the offender is considered to pose a risk to children, or where children have been present during a domestic abuse incident.

Procedures: these are contained within South Yorkshire Probation's Public Protection, Victims, Child Protection and Domestic Abuse policies. There are specific procedures for supervising offenders on specialist programmes. Reference is made to the South Yorkshire Child Protection Procedures.

Referral: Probation works with offenders who are serving prison sentences or subject to Community Orders. Onward referrals are made to health, Social Care Service, police, housing, victim support, and the specialist domestic abuse services.

Responses and interventions:

- Contributing to sentencing decisions through the preparation of Pre-Sentence Reports (PSR's) on perpetrators for the courts.
- Providing advice on license conditions to protect victims.
- Supervision of offenders on Community Orders and licenses, including timely enforcement of failures to co-operate through return to court or recall to prison.
- Provision of the Integrated Domestic Abuse Programme for perpetrators and information/support for their partners or ex-partners from Women's Safety Workers.
- Monitoring and risk management.
- The provision of an information service to victims where the perpetrator has received a prison sentence of 12 months or more, or a Community Order where offender is referred to attend IDAP or is considered high risk.

Role of Victim Support

Victim Support offers a seamless service to help people cope with the effects of crime. This can include both direct and indirect adult victims, and supporting them to help their child cope with the effects of crime. Support is available in some cases to children aged 15 and above. Victim Support provides help to all those affected by domestic abuse.

SERVICES:

Community Based Service: trained volunteers offer emotional support, practical help and information to direct and indirect victims of crime, regardless of whether the incident has been reported. Home visits (where appropriate), office appointments or at an alternative safe location. Assistance and representation with claiming compensation for injury from Criminal Injuries Compensation Authority, advocacy, signposting/referral to other agencies, including the Witness Service.

Witness Service (Magistrates' and Crown Courts): support before, during and after trial. This includes pre-trial familiarisation, information about 'special measures' for vulnerable and intimidated witnesses, support on the day or the trial, information about trial outcomes. Referral to Community Based Service.

Referrals: majority from police, self-referrals, GP's. Referrals to Social Care Service and specialist Domestic Abuse Services.

Role of the Courts

The Courts have three main roles in relation to domestic abuse:

Civil Law Remedies:

people experiencing domestic abuse can apply as private individuals to the Court for **injunctions**, which are legal orders to control the behaviour of the perpetrator. The most common orders are those granted under the *Family Law Act 1996 (Part IV)*:

- **Non-Molestation Order** - instructs the perpetrator not to approach or contact the applicant in any way, wherever she is;
- **Occupation Order** - excludes the perpetrator from the home and an area around it.

An amendment to the *Children Act 1989* also allows the Social Care Service to seek an 'Exclusion' requirement to be attached to either an Emergency Protection Order or Interim Care Order to exclude the perpetrator from the family home.

Applying for an injunction usually involves using a solicitor, and can cost in the region of £1,000 unless the applicant is eligible for Public Funding (formerly Legal Aid), whereas prosecution under *criminal law* is funded by the state rather than the 'victim'.

Criminal Law Remedies:

There is no offence of domestic violence as such. An individual act may involve a criminal offence such as common assault, criminal damage, ABH, GBH, attempted murder etc. The courts only intervene when an individual or agency initiates their role, by pressing charges and making a statement, and it falls to the **Crown Prosecution Service (CPS)** to decide whether to prosecute the case, based on the evidence available (*see above*).

It is crucial that the police gather other forms of evidence to support the prosecution, such as 999 tapes, forensic and photographic evidence, witness statements, as the longer the case goes on, the more the pressure builds on the woman to withdraw her own statement.

The *Protection from Harassment Act 1997* created 2 new criminal offences:

- criminal harassment and offence involving fear of violence

and conviction can involve the imposition of a **Restraining Order**, so that a repeat of the same offence will be dealt with more severely by the court.

New measures will be introduced through the *Domestic Violence, Crime and Victims Act 2004*, but, at the time of writing, the details of this are still not clear.

Family Law Proceedings:

Section 8 of the *Children Act 1989* covers arrangements for the care of children:

Residence Orders determine who the child should live with, and

Contact Orders state the terms for a non-resident parent or carer having contact.

Concerns have been raised elsewhere about perpetrators of domestic abuse using contact with children to maintain some level of control over their mother, or in some tragic cases to abuse or kill the child once the contact arrangements 'move on' to unsupervised and overnight stays. Where there has been domestic abuse, contact should only take place where it is carefully assessed to be 'safe' and in the best interests of the child

(see *Sturge and Glaser's checklist on page 13*).

Role of the Children and Family Court Advisory and Support Service (CAFCASS)

CAFCASS looks after the interests of children involved in family proceedings. It works with children and their families, and then advises the courts on what it considers to be in a child's best interests. CAFCASS only works in the family courts.

In 2005 CAFCASS launched a new ***Domestic Violence Policy and Standards*** which can be found at www.cafcass.gov.uk. The Policy aims:

- to safeguard children and their parents or carers
- to ensure that allegations of domestic violence are taken seriously and receive an appropriate and proportionate response
- to ensure that appropriate child focused services are put in place.

The Standards are minimum requirements that staff are expected to follow across all regions, to promote safe and sustainable outcomes for children, especially in relation to post-separation child contact. They include standards for routine enquiry, safety planning, assessment and post-order safety planning.

The document also has a useful **good practice toolkit** in Part 2, including:

- a detailed matrix for considering the 'impact' of domestic violence at the 5 stages of child development, alongside 'protective factors' and 'warning signs'
- good practice for assessment
- identifying and reducing risk.

Role of Child Contact Centres

Around 98% of applications for child contact orders are granted, but there is a serious lack of provision for **supervised** as opposed to **supported** contact with non-resident parents. This is particularly worrying given what we know about the rates of post-separation violence and abuse perpetrated through child contact arrangements.

CAFCASS in Rotherham run a Contact Centre which is staffed by CAFCASS Family Support Workers and trained volunteers. It **provides a setting for supervised contact** and carries out assessments for the courts via the Family Court Adviser who remains involved with the family throughout. The resulting assessments can lead to contact being denied by the courts if children, or parents, are felt to be at risk.

Alternatively, the assessment may conclude that less restrictive forms of contact are in the children's interests and do not involve undue risk to either of the parents. Cases where the background is such that unsupervised contact is never likely to be deemed appropriate are not seen as suitable for referral.

There is still a general presumption by the courts that supervised contact should eventually 'move on' to supported and then unsupported direct contact after a period of time, even where there has been a history of domestic abuse. Implementation of the CAFCASS *Policy and Standards* outlined above will mean that there is more careful assessment to inform such decisions.

Safer Rotherham Partnership

Rotherham Safer Communities Partnership (SRP) was formed in 2002 and has three main areas of responsibility. It fulfils the role of:

- Crime and Disorder Reduction Partnership
- Drug and Alcohol Action Team
- Steering Group for the Youth Offending Services

It has the lead for implementing Section 17 of the *Crime and Disorder Act 1998*. Local Authorities and their partners are required to consider their policies, strategies, plans and budgets for the reduction of crime and disorder.

The *Community Safety Strategy 2005-2008* has priorities which include drawing up a borough domestic violence strategy and increasing support to victims of domestic violence.

Local Area Agreement (LAA)

The SRP also feeds into the Rotherham Local Area Agreement. Partners include the Primary Care Trust, Police, Voluntary Sector as well as the council. The LAA includes targets on reducing domestic violence. This will be achieved by increasing arrest and prosecution of offenders and reducing repeat offending by, among other measures, increasing support for high risk victims.

Role of Parenting Support

A number of agencies, including Surestart and voluntary sector organisations, now undertake work with families to support 'parenting' through individual and group work programmes. It is important that this work addresses gender issues and is sensitive to the likelihood that some participants may be living with domestic abuse. Rather than feed into notions of 'controlling children', it is important to emphasise a 'high warmth, low criticism' approach which sets clear boundaries and sanctions for behaviour, and helps children to move towards independence.