

For early years settings
and practitioners in
Lancashire



RECOGNISING AND RESPONDING TO DOMESTIC ABUSE



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PART 1:

INTRODUCTION - OVERVIEW

(Principles and The Bigger Picture)

Introduction

Domestic abuse is a complex social problem with devastating consequences and the impact of it on our society is huge and varied. Due to the widespread nature of domestic abuse it will impact, to some extent, upon every setting and organisation that works or comes into contact with children, young people and their families.

This guidance for Early Years settings and practitioners in Lancashire builds upon the awareness-raising and good work previously undertaken across the Early Years sector.

Principles Underpinning this Guidance

The values and principles underpinning and supporting this guidance are:

- A shared belief in working towards a future Lancashire where ALL homes are safe;

- Children and survivors have the right to be protected from violence and should receive support to deal with the effects of it;
- Children are not responsible for violence used by adults, either towards each other or towards them;
- Domestic abuse is unacceptable, often illegal and a violation of human rights;
- Victims of domestic abuse are never responsible for the violence or for the effects on their children – the person abusing is solely to blame;
- Early Years settings and locations where child care is offered should be places of safety for all children, young people and adults;
- Those who provide services in Early Years settings and locations where child care is offered have legal and moral duties of care towards children, young people and vulnerable adults.

The overarching aim for all Early Years settings and practitioners is to improve the lives of children and young people in-line with the five Every Child Matters (ECM) outcomes¹. A good deal of very good work has already been undertaken around domestic abuse in Lancashire. However, the size of the county and the nature and complexity of the issues dictate that, inevitably, some significant challenges do still lie ahead.

This guidance represents the next important step in an ongoing process via which we hope and intend to raise awareness still further and to encourage and facilitate further improvement, engagement and co-ordination across the Early Years sector and with partners across the county.

¹www.everychildmatters.gov.uk

The Importance of a Co-ordinated Response

Domestic abuse can result from and creates many problems. By definition, therefore, an effective response requires different agencies and organisations to work effectively together and deliver a co-ordinated response.

The Lancashire Domestic abuse Strategy (2007-2012) was produced by The Lancashire Domestic abuse Partnership (LDVP) which is a multi-agency organisation committed to ensuring that all relevant agencies in Lancashire are aware of the need to prioritise the improvement of responses to domestic abuse.

The strategy itself was steered by focus groups held across Lancashire with women survivors about their experiences of domestic abuse and service provision.

In line with UK government and international policies, the strategy recognises that effective responses to and prevention of domestic abuse depend on a co-ordinated [community] response.

It is very important that practitioners and settings do not work in isolation where domestic abuse is concerned.

Be clear about where your role and responsibilities begin and end and be mindful of the fact that the welfare and safety of children should always be the paramount consideration.

It is also important that you try to keep things as simple and therefore as manageable as possible in practice (and that appropriate advice and support is sought wherever you are anxious or uncertain).

As with any potential safeguarding issue, everyone needs to be clear about internal and [external] sources of advice and support and about the

appropriate procedures to follow wherever concerns arise in respect of the welfare and safety of children.

We hope you find the guidance useful.

Main Legal and Procedural Framework

There is lots of legislation and guidance that relates to domestic abuse and the legal and procedural framework is complex because it has to apply to both adults and children and consider issues as diverse and important as safeguarding, housing, immigration and asylum, benefits and private law matters – among many others.

Alongside the overarching and national EYFS and Every Child Matters frameworks, this guidance needs to be read and understood in conjunction with the following:

- Lancashire's Safeguarding Children Procedures
www.lancashire.gov.uk/safeguardingchildrenboard
- Working Together to Safeguard Children (2010)
www.ecm.gov.uk/workingtogether
- The Lancashire Early Years and Children's Centres Child Protection Policies and Procedures (2009)
www.lancashire.gov.uk/education/childcare
- Guidelines for the delivery of Outreach and Family Support Services from Children's Centres (2009)
www.lancashire.gov.uk/education/childcare
- Lancashire Domestic Violence Strategy (2007-2012)
- Drugs and Alcohol Guidance: Handbook for Early Years Workers (2009).

Defining Domestic abuse

The government definition of domestic abuse is: “*Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality*².”

There are various definitions of domestic abuse. Those most commonly used include an understanding that:

- The abuse can include a range of behaviours, not all of which are inherently violent, including physical, emotional, sexual, verbal, financial and other forms of behaviour that hurt, frighten, injure, threaten or control the person being abused;
- It is rarely a single incident and usually constitutes a pattern of coercive and controlling behaviour used to exert power and control over the abused person;
- It affects every community, regardless of race, ethnicity, religious belief, age, social class, ability, sexuality, lifestyle or geography;
- It includes female genital mutilation, forced marriage and so-called ‘honour’ crimes;
- The behaviour is usually used by men against their female partners or ex-partners, but it can also be used by women against their male partners or ex-partners or in lesbian or gay relationships.

Forms of Domestic abuse

Domestic abuse can take many forms and include many different kinds of behaviour. It is usually a pattern of behaviour which coerces or controls someone into doing things they would not otherwise do, or prevents them from doing things they otherwise would do.

²Lancashire DVP has adopted this definition.

Most people tend to think of ***physical*** violence when they hear the term "domestic abuse" and this might include:

- Shaking, smacking, punching, kicking, biting, strangulation, starving, tying up, stabbing, suffocation, throwing objects, restraining, using objects as weapons, female genital mutilation, 'honour' violence.

Physical effects are often in areas of the body that are covered and hidden (e.g. breasts and abdomen).

However, survivors tell us that although they often experienced or feared physical violence, other forms of violence were often more constant or demeaning.

The risk posed by physical violence should **never** be under-estimated; it is very real, often immediate and possibly more visible. However, women survivors have described that it is the impact of ***emotional / psychological abuse*** which is hardest to cope with. As with child abuse, emotional signs and symptoms can be more difficult to identify and respond appropriately to because, as one survivor put it: "... *it was only bruises I could show ... I can't show my insides and say like, I'm totally messed up, the children are messed up; I can't do that.*" (In Hester et al 2000, page 23).

Psychological or emotional forms of domestic abuse might include:

- Intimidation, insults, isolation from friends and family, eroding independence, criticising, denying the abuse, blaming the abused, undermining self-esteem or confidence, threatening to harm children or take them away, calling the abused stupid, mad or useless, questioning the victim's parenting, humiliating them in public or private, making racist remarks, enforcing trivial demands / obsessional behaviour, forced marriage.

There may also be a financial component to domestic abuse whereby perpetrators withhold money and/or make victims financially dependent, thereby maintaining control e.g not letting the victim work or earn money, gambling, not paying bills, refusing to give money for things like clothes / food.

Domestic abuse can also include behaviour which is **sexual** in nature.

For example:

- Forced or coerced sex, forced or coerced prostitution, refusal to practise safe sex, sexual insults, sexually transmitted diseases, forced or coerced viewing of pornography.

How Much Domestic Abuse Is There?

While it is difficult to be precise about domestic abuse, as it is with any form of abuse which often takes place in 'private' and where the barriers to victims talking openly about it are considerable, research indicates that the scale of domestic abuse is staggering. For example:

- Violence against women "is a serious cause of death and incapacity among women of reproductive age and a greater cause of ill-health than traffic accidents and malaria combined" (World Development Report 1993);
- Police receive a call to respond to an incident of domestic abuse every minute;
- More than half a million calls per year (although it is estimated that this represents approximately 30% of all incidents, the remaining 70% remain unreported);
- Domestic abuse accounts for around a quarter of all violent crime (British Crime Survey 2007);
- Approximately 25% of all women experience some form of abuse from a partner or ex-partner in their lifetime and one in ten in any year (Council of Europe 2002).

Based on current statistics, it is estimated that as many as 60,000 women in Lancashire experience domestic abuse each year. For half of those women there are children under the age of 16 in the household. (To put this into perspective, if each woman has 2 children, on average, this means that at least 60,000 children are also living with it. (LDVP Domestic abuse Strategy 2007-2012, page 7)).

Victims and Perpetrators?

While domestic abuse occurs in lesbian, gay and transgender relationships and while some men are victimised within heterosexual relationships, evidence from rigorously researched sources indicates that the vast majority of domestic abuse is carried out by men against their female partners and ex-partners:

- While single incidents of violence are experienced fairly evenly between men and women, women are much more likely than men to be the victim of multiple incidents of abuse and of sexual violence;
- Whereas men are much more likely to be attacked by a stranger or an acquaintance, one of the most common forms of violence against women is that inflicted by a husband or male partner;
- Up to 70 per cent of female murder victims worldwide are estimated to be killed by their male partners;
- Women are at greatest risk of being killed at the point of separation or after leaving a violent partner;
- Over half of UK rapes are committed by a woman's current or former partner.

Domestic abuse and Culture

Like child abuse, domestic abuse occurs across all cultures. Therefore, while cultural factors must always be taken full account of and responded to sensitively, 'culture' does not justify or explain behaviour which is harmful, abusive and / or illegal.

The experience of specialist groups shows that Black Minority Ethnic (BME) women can experience specific and / or additional difficulties. This may be compounded by the lack of specific services for BME women e.g. on average, BME women contact 17 agencies before obtaining the help they need, compared to 11 agencies for all women.

Suicide statistics suggest that some women in minority communities are more likely to resort to suicide and self-harm rather than leave abusive situations. Focus groups facilitated in Lancashire identified several issues including the following:

- Lack of sign posting to specialist agencies;
- Language barriers including a lack of interpreting / translation services;
- Criminal Justice problems complicated by the length of time to resolve legal status issues for example;
- Lack of recourse to public funds and, therefore, refuge spaces and benefits;
- Additional cultural pressures not to involve police;
- Immigration worries about 'official' involvement underpinned by the 'two year rule' following marriage.

Insofar as the impact of domestic abuse on BME children is concerned the research is relatively limited.

What we do know is that racism may be used as a further means of controlling and putting down by some perpetrators and that for children from mixed race families it can be particularly difficult and confusing to decide which adult to identify with.

The importance of the availability and appropriate use of translators where necessary cannot be overstated. It is particularly inappropriate and potentially dangerous to 'employ' children in this role.

Forced marriage is not the same as an arranged marriage, although it can sometimes be difficult for someone from a different cultural group to tell the difference. Arranged marriage means that the two people received help from their parents and others in their community to find a suitable partner and that they were given an opportunity to exercise their right to go ahead or not with the arrangements, without fear of the consequences:

“Marriage shall be entered into only with the free and full consent of the intending spouses” (Universal Declaration of Human Rights, Article 16 (21)).

Forced marriage is any marriage that is performed under duress and without the full and informed consent or free will of both parties. To be ‘under duress’ means to feel physical and/or emotional pressure.

Some victims of forced marriage are tricked into going to another country by their families. Victims fall prey to forced marriage through deception, abduction, coercion, fear and/or inducements. A forced marriage may be between children, between a child and an adult or between adults.

The Forced Marriage Unit in the Foreign and Commonwealth Office deals with approximately 400 forced marriage cases each year. Approximately 85% of these are female (Forced Marriage Unit, 2008)³.

If you become aware of women experiencing forced marriage, please refer to “Multi agency practice guidelines: Handling cases of Forced marriage” HM Government Honour’- based violence, i.e. crimes committed in the name of honour, have been defined in various ways, but an ‘honour’ crime

³ www.fco.gov.uk/en/fco-in-action/.../forcedmarriage-unit/; E: fmu@fco.gov.uk; T: 020 7008 0151. The ‘Honour Helpline’ 0800 5 999 247.

tends to be differentiated from other forms of domestic abuse or killing on the grounds that it involves a premeditated act to restore family honour, and that the perpetrators may be fathers, brothers, cousins or uncles rather than partners or husbands.

Home Office figures suggest there are around 12 'honour' killings each year, but the total is likely to be far higher. So-called 'honour'-based abuse occurs in communities where the concepts of honour and shame are fundamentally bound up with the expected behaviour of families or individuals, especially women. 'Honour' killings represent the extreme end, but there is a spectrum of other forms of violence associated with 'honour' (Source: Home Affairs Select Committee, 2008).

Guidance 'Dealing with suspected cases of Forced Marriage and Honour Based Violence' for Early Years workers is available online at www.lancashire.gov.uk/childcare under the Children's Centres document bank.

See also www.lancashire.gov.uk/safeguardingchildrenboard Part 6 PP.13-14.

PART 2:

THE IMPACT OF DOMESTIC ABUSE

Wider Effects

The impact of domestic abuse on individuals and society is complex and far-reaching. In terms of human cost, it can result in:

- Loss of life, disability, injury and chronic health complaints;
- Untold emotional pain and distress to survivors, their children and wider families;
- A wide range of other short and long term detrimental effects on quality of life for those directly affected e.g. homelessness, unemployment;
- Emotional and financial impact on friends or family offering support to survivors.

Impact on Parenting

Domestic abuse frequently impacts on family functioning, housing, income and social integration (Cleaver et al 2008).

Children's vulnerability may increase because of the impact on an adult's parenting capacity as parents experience difficulty in organising their lives,

See also www.lancashire.gov.uk/safeguardingchildrenboard Part 6 PP.13-14.

prioritising and/or meeting their children's needs, including the need for security and stability⁴.



The diagram above check that it is above in final version (from Fahlberg 1994) shows what is called an 'arousal-relaxation cycle'; you may already be familiar with it. It is useful as a model for thinking about how children develop, how they express needs and what parents need to do to meet them.

Put simply, there are two key things that have to happen between a mother and her child which have a strong bearing on how secure children feel – this will have a significant impact on the child's subsequent development:

- i) The first thing that matters is how quickly and intensively mother's respond to baby's distress.
- ii) The second thing is how much the mother interacts with the child e.g. hugging, talking to, playing, reassuring, comforting, stimulating etc.

⁴Consider the impact then of domestic abuse alongside alcohol or substance misuse, mental ill-health or learning disability.

The diagram shows this cycle working well and when it does, repeatedly, babies and young children especially will develop a strong bond with the person who is meeting their needs. They will come to feel secure and settle ('quiescence'). When children feel unsafe or anxious this causes them distress and this gets in the way of their learning and development because the senses of tension, anxiety, insecurity and distress is often overwhelming at that developmental stage.

Think about how domestic abuse might impact upon both the baby and the mother and the relationship between them ...

There is evidence to show that the relationship between the non-abusing parent, usually the mother, and children can be damaged by domestic abuse e.g. roles may be reversed as children assume the physical and emotional care of the parent and/or siblings.

Some mothers who are victims can experience loss of confidence in their ability as a parent, be too physically and/or emotionally drained to have much left to give their children; some may even take out their frustrations and anxieties on the children themselves.

All of these challenges for parents can be compounded by the ways in which children respond to living with domestic abuse. For example, research identifies that they can display 'challenging' behaviour and that they may also be manipulated and controlled to collude in or mirror the perpetrator's abusive behaviour towards the victim.

Research also suggests that some mothers / victims find it difficult to talk to their children about what is happening, either because of a desire to shield and protect them from it or because they don't know how to do it.

However, it is clear that children do tend to know what is going on, despite a protective parent's best efforts.

Children may also find it very difficult to talk to their mother / a victim whose own behaviour might be less affectionate and more punitive than they would like or expect it to be at times i.e. this might happen when the perpetrator is around and the mother's behaviour will be designed to keep the peace or try and prevent an abusive episode. The potential challenges for victims / mothers, in terms of their relationships with their children, are varied then and can be very powerful.

Parenting by Perpetrators

Research about perpetrators of domestic abuse indicates that they may be capable parents at times, particularly when they are being observed and / or assessed. However, they might also:

- Be less likely to be involved in their children's day to day care;
- Be more angry more often with their children and display less affection;
- Be more irritable and less consistent with their children;
- Be more likely to 'manage' their children's behaviour in physical and punitive ways;
- Use children to manipulate and control the adult victim in the house or professionals involved with the family e.g. by encouraging children to repeat confidential conversations or give particular messages.

It is hardly surprising that many children struggle to make sense of and/or cope with seeing, hearing or knowing that their father abuses their mother (or vice versa). Most children will want to see what is good about their parents and will rarely view someone who perpetrates violence / abuse in a negative way at all times. In other words, they may love their father and hate his behaviour.

Effects on Children: What does it depend on?

How domestic abuse affects individual children depends on a wide-range of factors and different children will be affected differently, including children living in the same household.

For **children** themselves:

- Age, gender, their place within sibling groups and the family unit as a whole, race, disability, emotional and physical development, disability, relationships outside the family, school experience etc will all be factors that determine the nature and extent of impact and how vulnerable they are.

Where the **domestic abuse itself** is concerned, the nature and frequency of it and length of children's exposure to it are key. For example, we know that impact tends to be greater when violence is more frequent and extreme, and also where there are bizarre or ritualistic elements. However, as we have already seen, impact will depend upon the individual child and their circumstances. In addition of course, how domestic abuse impacts upon adult victims in the house, and the ways in and extent to which this affects their relationships with children and parenting capacity, are also significant.

Finally, the capacity and ability of another adult to protect and support a child will obviously be an important factor in determining impact (and research tells us that by keeping the mother safe we often help [her] to keep the children safe too. (LDVP, 2007-12, p.22)).

These are all factors that determine the extent to which all forms of abuse, including child abuse, impact upon children, and the extents to which they are protected, vulnerable and/or resilient.

Therefore, each case must be assessed and dealt with on its own merits. However, research does tell us a great deal about the different ways in which domestic abuse can affect children.

How Does it Affect Children? Possible Signs and Symptoms

Research indicates that children exposed to both verbal and physical abuse tend to experience most difficulties in terms of the impact on their [physical and emotional] health and development.

Children can display poorer social competency and experience higher levels of anxiety, depression and trauma symptoms. There may also be links between domestic abuse and lower cognitive functioning, neurological change and developmental delay.

The effects on children of living with domestic abuse might include any of the following 'signs and symptoms'; ***physical, behavioural and/or psychological:***

- Physical injuries, introversions/ withdrawal /secretive, extroversion, aggression / anger e.g. towards perpetrator/mother/siblings / professionals, / other children/fear/anxiety/insecurity/tension;
- Feelings of guilt/anger/shame/powerlessness/self-blame;
- Enuresis (bed-wetting), stomach-aches/diarrhoea, eating difficulties/ weight loss, sleep difficulties or disturbances;
- Self harm / suicidal ideation/suicide, running away, sadness/ depression, low self-esteem;
- Poor or highly developed social skills e.g. ability to negotiate difficult situations, developmental delay, social isolation, difficulties at school / truancy.

Clearly, impact varies from child to child and it might manifest itself in a number of different ways. We also know that children often develop and rely upon a range of coping strategies and that they do usually react to domestic abuse in some shape or form; sometimes this will be clear and explicit and at others it will be more subtle. For example:

- Trying to protect themselves;
- Think about the behaviours;
- Try to help their mother / the victim;
- Get help or talk to someone;

They may also behave differently at different times and this can sometimes be confusing for those looking-in and trying to understand their behaviour and provide support:

- Refusing to go to school, physical intervention, withholding information, getting help from neighbours or professionals, creating distractions, mediating, taking on responsibilities within the home, obtaining information for the victim, trying to placate perpetrators;
- Distancing / staying anywhere but at home because their presence is a 'trigger' or simply as a survival strategy, presenting as fearless.

Impact on Children of Different Ages and Developmental Stages?

Babies and toddlers are totally dependent on the adults around them for care and protection and while babies can't talk they are constantly interacting with those around them.

Very young children react strongly to signs of tension, fear and aggression and babies as young as six weeks old have been observed showing clear signs of distress in response to family and domestic abuse. They do this through facial expressions and noises e.g. crying, whimpering; showing us they are distressed by becoming rigid, cowering etc. They may also:

- Be slower to crawl and/or walk;
- Be reluctant to go to other adults;
- Respond visibly to certain sounds (including voices) or loud noises;
- Display signs of stress by having disturbed sleep or feeding routines.

Obviously, all of these things will also impact on the primary caregiver, usually mother, and their relationship with the child.

Research tells us that younger children, such as **pre-schoolers**, are often most likely to display physical symptoms of their fear and anxiety e.g. stomach aches, asthma, bed-wetting, sleep disturbances etc.

Primary-age children are obviously more able to express their needs and fears in more ways than are babies and toddlers, emotionally / behaviourally.

Some **adolescents and older children**, on the other hand, are more likely to seek solace in drug or alcohol use, marriage or early pregnancy, or to self-harm or become involved in anti-social and/or criminal activity.

Will Children who Live with Violence Go on to be Violent Adults?

Parents often fear that their children will go on to become perpetrators as a result of living with domestic abuse; this is sometimes referred to as a 'cycle of violence'. However, as with child abuse, there are many factors which shape the behaviour of adults and parents and many who have had abusive experiences as children are in fact more likely to understand the issues and actively oppose such behaviour.

Any work with victims, including children, needs to make very clear the fact that perpetrators are wholly responsible for their own behaviour.

PART 3:

RESPONDING TO DOMESTIC ABUSE



Having already looked at lots of research, this section of the guidance considers the practical issues and some potential dilemmas about what to do if you are concerned about domestic abuse.

Early Years practitioners are likely to come into contact with domestic abuse in different sets of circumstances; some of it will be very high risk while at other times you may be presented with subtle indicators about something not being quite right and this may lead you to suspect that someone is a victim, possibly even a colleague.

Whatever the circumstances there are '7 golden rules' which everyone must adhere to at all times:

1. Advice must always be sought from your Nominated Child Protection Officer and/or Line Manager (if you have one) or another appropriate person e.g. Early Years Safeguarding Officer (07909 001 430) where you have concerns about domestic abuse, at whatever level. This should happen within 24 hours;

2. Child Protection Procedures must be adhered to at all times. (See Lancashire SSEYCCS Child Protection Policies and Procedures (2009) and Lancashire's Safeguarding Children Procedures);
3. While much Early Years work focuses on supporting parents and carers, particularly in children's centres, and while this is obviously very important indeed, the welfare of any children must be the main and overriding consideration at all times;
4. Remember to keep yourself safe when dealing with cases involving those prone to violence! The Guidelines for Outreach and Family Support Services from Children's Centres includes clear and useful guidance on lone working and home visits for example;
5. Think very carefully about and adhere to any policies and procedures on record-keeping, information-sharing and confidentiality. These issues are particularly important in domestic abuse cases and failure to take full account of them can result in people being put at risk and / or seriously harmed;
6. Never try to deal with things alone or without the knowledge of your line manager and / or Nominated Officer, especially if the person concerned is a colleague or someone you know outside work;
7. Doing nothing isn't an option! Minimally, you should have a discussion with your Nominated Officer / Line Manager (if you have one) or seek appropriate advice e.g. from the Early Years Safeguarding Officer (07909 001 430). to agree on a plan for recording and monitoring any concerns and accessing / providing any appropriate support⁵

⁵ General support and advice can also be obtained from local Children's centres and Childminder Network Co-ordinators. This may include referral to CSCS or involvement of local Domestic Abuse organisations.

Having established these essential ground-rules, the rest of this section looks at some frequently asked questions (FAQs) about best practice in dealing with cases of actual or suspected domestic abuse:

FAQ:

“Why don’t victims leave?”

Historically, domestic abuse has often tended to be thought of as a ‘private’ matter, something which occurs ‘behind closed doors’. Friends, neighbours and professionals may be wary of the consequences of getting involved and ‘opening a can of worms’.

These attitudes, alongside much broader ‘traditional’ attitudes towards women in general and about acceptable behaviour in relationships, tend to be underpinned by:

- A lack of knowledge about sources of advice and support and what to do;
- A fear of making things worse; and, perhaps most commonly,
- A lack of knowledge about what domestic abuse is and the impact that it has.

To adopt this stance as an adult, professional or volunteer who works with children and young people and/or families, is to fail in your statutory duty to safeguard and promote the welfare of children and your responsibility to safeguard vulnerable adults.

‘Why don’t they just leave’ is a statement that is sometimes made by those who do not understand the nature, complexity, controlling and sometimes all-encompassing nature of domestic abuse.

Leaving a violent partner is often far from being the safest option; the abuse often continues after separation and can actually increase in severity after separation. In fact, women and children are at greatest risk of homicide at or shortly after leaving their abuser. Plainly, the issues are far more complex than the 'to leave or not' question.

Survivors of domestic abuse do invariably want the abuse to stop but often do not want to end the relationship. This can be for a number of reasons:

- Strong personal, religious or cultural beliefs that marriage is for life and that they should try harder to make it work / sometimes includes pressure from extended family;
- Love / thought the perpetrator would change;
- Fear of what the abuser will do if they try to end the relationship;
- If they live together, survivor may have nowhere else to go;
- Leaving will inevitably cause great trauma and upheaval for the victim and any children involved e.g. may have to leave the family home, their possessions, memories, pets, lifestyle, etc;
- Cannot afford to leave / has no means to survive; particularly where perpetrators control money and identification documents;
- Pressure from family or friends to stay together e.g. 'for the children';
- Women from other countries, only where they are married is the survivor able to remain in the UK, she may fear that leaving him will invalidate her right to remain in the UK and she will not be entitled to any help;
- Language barriers may mean the survivor does not know what to do.

FAQ:

“Why don’t victims tell someone?”

There are also many powerful reasons why victims may feel unable to talk to someone about an abusive experience or relationship:

- Worried about the stigma attached to domestic abuse;
- Not knowing that what is happening is wrong and/or abusive;
- Not knowing who to tell or how to get in touch;
- A previous attempt to seek help resulted in things getting worse;
- Being afraid of the consequences of telling someone;
- Fear of losing contact with or custody of children if Children’s Services become involved;
- Fear of not being believed.

In summary, domestic abuse damages self-esteem and undermines confidence. Speaking to someone about and finding the words to describe it can be difficult and take a long time. Even if a victim does leave an abuser, s/he may subsequently return, perhaps several times.

Attempting to ‘push’ victims into action or decisions can actually ‘mirror’ the abuser’s [controlling] behaviour. It is rarely sustained and is essentially unhelpful.

Is domestic abuse a child protection / safeguarding issue?

The simple answer to this question is yes, potentially. The need for support and possible need for child protection and safeguarding action should always be carefully considered in every case.

‘Working Together to Safeguard Children’ (2010) makes clear what

practitioners from all agencies need to know about domestic abuse:

- Everyone working with women and children should be aware of the frequent inter-relationship between the domestic abuse and the abuse and neglect of children;
- Where there is evidence of domestic abuse, the implications for any children in the household should be considered, including the possibility that the children may themselves be subject to violence, or may be harmed by witnessing or overhearing the violence. (Also cited in Lancashire Safeguarding Children Procedures 2007, paras. 208-216, Page 35).

There are very clear and powerful overlaps between domestic abuse and various forms of child abuse.

Domestic abuse may be used to 'mask' child abuse and/or be indicative of other abusive behaviour by adults in the household. The existence of domestic abuse may also result in children's basic needs being neglected or unmet and / or have an impact on a non-abusing parent's capacity to protect children.

For example:

- Abraham's (1994 / NCH) study indicated that 10% of the mothers in their sample reported that they had been sexually abused or raped by their partners in front of their children;
- Reder's (1993) review of 35 child homicides found that 50% of those deaths were the result of a physical attack by a man who was also abusing the children's mother;
- Hester and Pearson's (1998) research which looked at 111 cases of child abuse found that domestic abuse was present in 62% of them.

There is a considerable body of research which shows that children who grow up in families where there is domestic abuse are at increased risk of significant harm – this is sometimes referred to as the child protection ‘threshold criteria’.

The Adoption and Children Act 2002 makes clear and explicit the need for professionals to *always consider the need for a child protection referral* in cases where children and young people are believed to have witnessed domestic abuse as they are at increased risk of suffering significant harm.

According to Lancashire’s Continuum of need, “children in families where there has been evidence of domestic abuse” should be dealt with at Level 3 which is the threshold for statutory assessment – these are sometimes referred to as ‘Children in Need’ (CIN) cases. Alternatively, children in families where “serious domestic abuse” is an issue will be children in need of protection and will require intensive support according to the Continuum.

Therefore, where you suspect or know of domestic abuse then, minimally, the case must be discussed with the Nominated Officer so that a discussion with the (non-abusive) parent can be had in order to seek their views, wishes and feelings. This should be recorded according to systems in place in the setting.

The Nominated Officer will make the decision about what happens next and will seek advice from other agencies and professionals as appropriate.

FAQ:

What might the highest risk cases involve / what do I need to look out for?

Formal risk assessments in cases [possibly] involving domestic abuse will be undertaken by professionals from statutory agencies and, in any event, they should always involve consultation with Nominated Officers / Line Managers / the Early Years Safeguarding Officer as appropriate.

Do not attempt to assess levels of risk yourself! Always seek advice and support as soon as you become aware of the possibility of domestic abuse. Formal risk assessments about domestic abuse will be undertaken by Children's Social Care Services, Police and / or specialist domestic abuse agencies and / or personnel. This is complex and potentially dangerous work.

However, at the outset and in trying to gauge broad levels of risk where there is a *possibility, suspicion of or disclosure relating to domestic abuse*, Early Years practitioners (this will be Nominated Officers in settings) will have to make some initial decisions about what to do next e.g. referring on to statutory agencies, contacting Police and / or the possible need for immediate protective action.

Practitioners, including Nominated Officers, should remember that they will have only one piece of 'the jigsaw' and that to take inappropriate or no action at all in some cases might be life threatening and / or result in someone getting seriously harmed. Consequently, advice must always be sought.

In trying to gauge the initial picture the following principles must always be

bome in mind / applied:

- Protecting children is the first priority;
- Protecting the victim / mother helps protect the children;
- Providing supportive services or resources to the non-abusing parent will help them to protect and care for the children;
- The perpetrator is responsible for what is happening;
- It is essential to respect the non-abusive parent's right to direct her own life without placing her children at risk of further harm or abuse.

If you have access to the following information it will be very relevant to other agencies and professionals who may need to undertake a formal risk assessment:

- Severity of the incidences;
- Pattern, frequency and duration;
- Level of child involvement (including 'use of the children' by perpetrator or victim);
- Evidence of an escalation of violence;
- Perpetrator behaviour;
- Attitudes of perpetrator and victim i.e. remorseful, empathetic, child-centred;
- Ages of perpetrator, victim, children;
- Any evidence of direct impact on children i.e. physical, emotional, behavioural.

Information that would be very concerning:

- Very young or disabled children in the house;
- Frequent, bizarre or ritualistic behaviour / abuse;
- Injuries sustained by children (deliberately or inadvertently) / injuries sustained by adult;

- Victim requiring medical treatment (particularly where none is sought);
- Domestic abuse or threats of during pregnancy⁶ / involvement of pre-school age children;
- Sexual violence;
- Use of weapons or threats to use weapons;
- Perpetrator totally controls key spheres (financial, emotional, sexual, access to transport, keys e.g. the abuse is isolating);
- Children subject to Child protection Plans;
- Perpetrator has previously been the subject of or is currently subject of restraining or other court order;
- Violence which escalates / continues for sustained periods / increases in frequency and/or severity / includes bizarre or ritualistic elements;
- Drugs / alcohol misuse / mental ill-health / disability;
- Cultural issues (inc. so-called honour-based violence, forced marriage) / refuge or asylum seeking families;
- Victim has recently left relationship or is planning to leave / evidence of 'stalking' / harassment;
- Lack of empathy / remorse / no evidence of child-centredness / insight into impact on children;
- People being locked-in during incidences;
- Children's toys or possessions being destroyed / damage to household / furniture / equipment;
- Abuse of pets or animals;
- Previous history of / convictions for / concerns about child abuse.

Information that might be slightly more reassuring:

- Victim / perpetrator seeking help and support;
- Evidence of realistic and suitably detailed safety planning by victim / [older] children;

⁶ Be mindful of the fact that domestic abuse often commences or intensifies during pregnancy and appropriate health professionals must be consulted by the Nominated Officer

- Adults taking account of impact or potential impact on children and taking appropriate steps to address;
- No evidence of direct child involvement;
- Evidence of protective / support network: friends, neighbours, extended family, professionals.

Finally, whoever is assessing levels of risk it is important to remember that:

- There is no such thing as a hierarchy of domestic abuse, it is all serious, potentially very harmful and can be life-threatening;
- Every person will respond differently and what is not particularly traumatic for one child and/or victim may be hugely so for another;
- The information that each agency / professional usually has is limited and might only constitute one piece of a 'jigsaw'. Timely information sharing, in line with rules of consent and confidentiality, is essential.
- Most risk is fluid and dynamic which means that things can change very quickly.

REMEMBER

Do not attempt to assess levels of risk yourself. Always seek advice and support as soon as you become aware of the possibility of domestic abuse.

MARACs (Multi-Agency Risk Assessment Conferences)

MARACs are intended to reduce the risk of serious harm or murder of a victim and to increase the health, safety and wellbeing of victims, both adults and any children. MARACs meet in localities across Lancashire to discuss victims of domestic violence who are considered to be at the highest risk and the meetings devise risk management plans which involve local agencies.

MARACs do not 'replace' or act as a substitute for Safeguarding Children Procedures, Child Protection Conferences or Plans; rather, they serve to reinforce those things by providing useful information which is often shared and/or emerges via a MARAC.

One of the real potentials of MARAC is that it gives agencies scope to work with and support victims who, for whatever reason, have been unable or unwilling to engage previously. Disclosures to MARACs are made under the auspices of data protection and human rights legislation which means that confidential information can be shared without consent in order to prevent or detect a crime, protect the health / safety of a victim and/or the rights and freedom of those who are victims of violence and/ or their children. However, as with all sharing of confidential information without consent, this must be proportionate to the level of risk involved.

Children's centres are represented on each of the district MARACs. The Reps are familiar with the MARAC process and are able to pick up referrals and highlight families into the process as and when appropriate. For further discussions speak to your manager and the representative for your district.

FAQ:

What should you say to possible victims / survivors?

Some research indicates that victims prefer to be asked directly about domestic abuse, as opposed to having to 'disclose' themselves. Once sufficient trust has been established (and that may or may not take several 'meetings' and some considerable time), unthreatening and preferably

open questions might be asked such as:

- When do / don't you feel safe at home?
- Who do you talk to when you're upset, scared or angry?
- What happens at home if someone is upset, angry or scared?
- How do you manage when you feel upset or scared?
- Who else knows what it can be like at home?
- What do the children do when things are like this?

In order to respond appropriately to an adult victim⁷:

- Give absolute priority to ensuring her safety and that of any children in the house;
- Recognise her need for a positive response and your support and acknowledge the strength needed to get this far;
- Be sensitive to her and prepared to discuss her fears; validate her feelings and emotions;
- Believe and take her seriously;
- Reassure her that the violence is not her fault;
- Let her know that she is not alone in being abused;
- Remember that her problems may be compounded by racist reactions, language and cultural barriers, or other reactions to her age, sexuality or disability;
- Remember that domestic abuse occurs across all levels of society and that perpetrators come from all backgrounds;
- Do not rush people into decisions;
- Consult with specialist agencies and professionals (whilst being mindful of confidentiality and the dangers inherent, **both** in sharing and in not sharing information);
- Check whether it is ok or not to phone / write to / contact her at home;

⁷ We have referred to the victim as female / she here.

- Remember that victims are most vulnerable at times of change and when they have spoken to others about abuse;
- Respect her wishes if she doesn't want you to make contact at all; but be clear about child protection concerns;
- Find out what she wants and see what you can do to help her to achieve it;
- Let her know that she doesn't have to leave home to talk to someone who can help i.e. at a local refuge;
- Discuss the situation and any options with her whilst being realistic about the support available in the short and longer terms;
- Explore ways of maximising her safety and any children in the house, whether she chooses to leave or not e.g. how safe does she feel now? What does she plan to do for the rest of the day?
- Find out what other agencies have to offer and make the relevant information available to her in a form that is accessible to her;
- Take personal responsibility when referring-on and record information succinctly and factually. Be clear about what is being recorded, why, and who will see that information;
- Keep in contact if at all possible.

FAQ:

What should we say to [older] children about domestic abuse?

Obviously, information provided to children and how it is communicated will depend on their age and developmental stage.

As always, practitioners should be very mindful of the danger of putting words or ideas into children's mouths / heads and the risk that this poses in terms of damaging enquiries by other agencies such as Children's Social Care and the Police e.g. by asking them to use dolls or drawings to 'demonstrate' – **this is highly skilled work and should only ever be undertaken by those who have been trained to do so.**

There are a number of open, non-threatening questions that can be asked of young people in order to open the way for a meaningful discussion around their experience of living with domestic abuse:

- What is worrying you about home / family?
- What kind of things happen that make you feel upset, scared or angry?
- How do the grown ups in your house decide things / make decisions?
- Tell me about whether you feel safe at home or not?
- Who do you talk to when you're worried, upset or scared?
- What kind of things do you do when you feel like that?
- What do you do when your mum / dad / brother / sister is upset, scared or angry?
- How do the grown ups behave when they are scared, upset or angry?
- Where do you go to be safe?

To emphasise once again, it is important to remember that you have no investigative role and to prompt and probe might impede a criminal or

child protection enquiry. With this in mind, the effective practitioner will:

- Avoid the danger of promising to keep 'secrets', making clear to children that you have a duty to pass on information under certain circumstances to people who will be able to help;
- Do more listening and observing than talking;
- Give your full attention and always convey the following messages via words or action:
 - I am interested in you, I believe you, You can trust me / I will not abuse you, I will try to meet your needs, I am available to talk if you want to, I will not be shocked by what you say.
- Convey the following messages after listening to a child
 - For example: "What happened to you was wrong, I'm glad you felt able to tell me. It has happened to other children too and I know that they received help and support to get things sorted out. We will try to do something about it. This is what will happen next..."
- Safety planning with a child will:
 - Help them to identify who they can talk to e.g."who do you talk to about things that make you unhappy / angry / afraid?" i.e. neighbour, teacher, Social Worker, Early Years Practitioner;
 - Do they have access to and know how to use a phone? Do they have important numbers somewhere safe?
 - Remind them that their mother can help to keep them safe;
 - Provide relevant information that is accessible e.g. www.thehideout.org.uk;
 - Help them to identify a safe place to go when there is an incident
 - Remind them that it is dangerous to intervene in disputes between

adults;

- Remind them that they are not responsible for what is happening / has happened;
- Remind them that domestic abuse is not acceptable, ever;
- Explore and possibly rehearse what they might say under certain circumstances;
- Remember the 3 Rs: Reassure, Record, Report.

FAQ:

What sort of things should victims think about to try and keep themselves safer?

'Safety planning' is an area where 'specialist' advice will nearly always be required. In offering advice and support always seek assurances and guidance from your Nominated Officer / Line Manager or another professional where appropriate.

Effective safety planning:

- Empowers victims by helping them to think through their own safety plan;
- Encourages victims to talk to their children about what is happening;
- Helps victims to rehearse what to say to their children;
- Helps victims to acknowledge that violence is likely to occur again;
- Empowers victims by identifying resources, internal and external, that are available;
- Empowers victims by acknowledging the processes of change;
- A victim's safety plan will consider:
 - How to get access to a telephone she can use in an emergency;
 - Carrying a list of vital numbers;
 - Having money set aside for taxi/bus/train;

- Having an extra set of keys for house / car;
 - Keeping money / keys / clothes for self and children in a safe and easily accessible place;
 - Safety planning about / with children.
-
- What safety planning is not and what it cannot do:
 - It cannot guarantee safety and there are no rights and wrongs;
 - It is not about telling someone what to do or what not to do, the victim must lead on their plan.

FAQ:

What if the victim doesn't want me to say anything to anybody else?

Consent is the key to successful information sharing. Seeking consent should be the first option. Practitioners in universal, targeted and specialist services, including multi-agency services, should proactively inform children, young people and families, when they first engage with the service, about their service's policy on how information will be shared, and seek their consent. The approach to sharing information should be explained openly and honestly. Where this is done, young people and families will be aware how their information may be shared, and experience shows that most will give consent.

On occasion, it may be necessary to share information without obtaining consent i.e. where a child is suffering or likely to suffer significant harm. If consent is refused the practitioner needs to consider whether this refusal leads to serious concerns about the welfare of the child. There are situations where consent can be overridden e.g. to safeguard and promote the welfare of children.

In circumstances where information is to be shared without the consent

of a victim of domestic abuse it is essential that any potential risks, arrangements for and potential implications of making contact are made clear on any referral forms / during case discussions etc.

We have already seen that protecting mothers often contributes significantly to the protection of children.

It is essential that we listen carefully to what victims and survivors tell us about their circumstances so that we take full account of their wishes and feelings and work with them to ensure their own safety and protection and that of any children.

However, it is also very important to remember that adults have more of a capacity to make choices about most things than do children, who will be largely, and in some cases entirely, dependent upon them for their care and protection. Ideally, interventions of any kind should support and protect both the adult and any children.

However, where issues of abuse and neglect are concerned, very difficult decisions do sometimes have to be made by professionals which do not necessarily fit with what adults in the same family say they want or need to happen. Wherever such dilemmas arise immediate advice must always be sought from the Nominated Officer / Line Manager / Early Years Safeguarding Officer.

While the welfare of any child(ren) must be the paramount consideration at all times it is crucial to take full account of what the adult victim says and convey this to anyone from whom advice or another service is to be sought.

FAQ:

What if a colleague or I have issues related to domestic abuse in our own Lives?

Domestic abuse affects so many people that it is inevitable that this will be true of some childcare professionals, including Early Years practitioners and managers.

As with any form of abuse, it is imperative to strike a balance:

- a. Between listening to and respecting the wishes and feelings of adult victims, including their rights to privacy and confidentiality; and
- b. Ensuring that there is no collusion with adult victims which may result in risk of or actual harm to anyone, including children.

Some victims and survivors will be particularly well placed to offer appropriate advice, information and support to others experiencing similar things. However, it is important never to confuse the roles and responsibilities between the personal and the professional. Others may find that things that are happening in their own lives affect their professional judgements and/or capacity to deal with certain issues at work; sometimes this can be traumatic and dangerous for all concerned.

It is essential that any such 'private' issues which may impinge in any of these ways are brought to the immediate attention of a Line Manager who will be able to offer appropriate advice and support.

Openness, honesty and transparency are always the best options and employers will be duty-bound to ensure that employees receive suitable care and support under such circumstances.

PART 4:

USEFUL CONTACTS



Referrals to Lancashire Children's Services (CS)

Mon-Fri 9-5pm – 0845 053 00 00

Emergency Duty Team (CS) Referrals

Out of hours, evenings, weekends and holidays – 0845 602 10 43

Police (Central HQ) – 01772 203 203

Early Years Safeguarding Officer

Safeguarding Advice, Mon-Fri 8.45-5pm

Catherine Isherwood – 07909 001 430

Local Authority Designated Officer (LADO)

Advice on professional conduct and allegations

Tim Booth – 01772 536694

National Domestic abuse Helpline

0808 2000 247 (Advice and assistance with refuge accommodation)

NOTES

