

Domestic Violence and Abuse

Multi-Agency Guidance

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April 2018 Draft

This multi-agency guidance outlines the Merton Safeguarding Children Board's response to the issue of Domestic Violence and Abuse. This is multi-agency guidance that includes domestic violence and abuse, teenage relationship violence and adolescent to parent violence.

1. Introduction

This guidance outlines Merton Safeguarding Children Board's strategic response to the issue of Domestic Violence and Abuse.

Children living with domestic violence are now recognised as a matter for concern in their own right by both government and key children's service agencies. The link between child physical and sexual abuse and domestic violence is high, with estimates ranging between 30% to 66% depending upon the study (Hester et al [2000]; Edleson [1999]; Humphreys and Thiara [2002]).

According to DfE data, domestic violence was the most common factor identified at the end of assessments for Children in Need as of the 31st March 2017.¹

All outcomes for children can be adversely affected if they are living with domestic violence and abuse - the impact is usually on every aspect of a child's life. The impact of DVA on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances.

2. The Aims of this Guidance

The three central imperatives of any intervention for children living with domestic violence are:

1. To protect the child/ren;
2. To support the victims/survivors to assist them to protect themselves and their child/ren; and
3. To hold the abusive partner accountable for the violence and provide them with opportunities to change.

3. The Scope of the Guidance

This guidance is for use by all professionals (the term includes qualified and unqualified managers, staff and volunteers) who have contact with children and with adults who are parents / carers, and who therefore have responsibilities for safeguarding and promoting the welfare of children.

4. Defining Domestic Violence and Abuse

The definition of 'domestic violence and abuse' was updated by the Home Office in March 2013 to include the reality that many young people are experiencing domestic abuse and violence in relationships at a young age. They may therefore be Children in need or likely to suffer significant harm, the definition from the Home Office is as follows:

¹ DfE (2017) *Characteristics of children in need: 2016-2017*, p. 8, Crown Copyright 2017

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

'Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.¹²

4.1 Abusive Behaviours

Examples of Abusive behaviours include

- **Psychological / Emotional Abuse** - intimidation and threats (e.g. about children or family pets), social isolation, verbal abuse, humiliation, constant criticism, enforced trivial routines, marked over intrusiveness;
- **Physical violence** - slapping, pushing, kicking, stabbing, damage to property or items of sentimental value, attempted murder or murder;
- **Physical restriction of freedom** - controlling who the target of abuse or their child/ren see or where they go, what they wear or do, stalking, imprisonment, forced marriage;
- **Sexual violence** - any non-consensual sexual activity, including rape, sexual assault, coercive sexual activity or refusing safer sex; and
- **Financial abuse** - stealing, depriving or taking control of money, running up debts, withholding benefits books or bank cards.

4.2 The Serious Crime Act 2015 and the offence of controlling or coercive behaviour

The Serious Crime Act 2015 creates the offence of controlling or coercive behaviour. The offence closes a gap in the law around patterns of controlling or coercive behaviour that occurs during a relationship between intimate partners, former partners who still live together or family members. This offence sends a clear message that this form of domestic abuse can constitute a serious offence particularly in light of the violation of trust it represents and will provide better protection to victims experiencing repeated or continuous abuse. It sets out the importance of recognising the harm caused by coercion or control, the cumulative impact on the victim and that a repeated pattern of abuse can be more injurious and harmful than a single incident of violence.

²Home Office (2013) Information for Local Areas on the change to the Definition of Domestic Violence and Abuse

5. Domestic Abuse and Gender

The majority of domestic abuse is perpetrated by men against women. Domestic abuse is disproportionately gendered and this guidance reflects that fact. This is why this guidance must be considered within the context of Merton's wider Violence Against Women and Girls Strategy. The majority of domestic abuse victims are women, with men far more likely to be perpetrators.³

This is especially true when looking at the most serious crimes as can be seen by the profile of victims being discussed at a Multi-Agency Risk Assessment Conference (MARAC) – which only deals with the most severe cases of domestic abuse. According to SafeLives' estimates, in 2016/17, 95% of cases were for female victims.⁴

Data on domestic homicides shows that the majority of victims are women killed by men. Between March 2014 and March 2016, 242 women were killed by a male partner/ex-partner and one was killed by a female partner/ex-partner. During this same period, 72 men were killed, 32 by their male partner/ex-partner and 40 by a female partner/ex-partner.⁵

According to the Office for National Statistics, 70% of victims of domestic violence and abuse are female; 30% of victims are male.⁶ However, agencies should apply the guidance in this document to all situations of domestic abuse, understanding that some victims of domestic violence/abuse are men who are fathers and some perpetrators are women who are mothers. Domestic abuse can be perpetrated within same sex relationships, and between any other family members.

This guidance provides practice information on safeguarding the children who, through being in households / relationships, are aware of or targeted as part of the violence. Where possible, we have sought to use gender neutral terms such as the 'parent experiencing abuse'; therefore, this guidance will often refer to the 'non-abusive parent', 'the parent experiencing abuse' or 'the person experiencing abuse'.

5.1 Male Victims of DVA

Whilst 70% of victims of domestic abuse are women; 30% of victims are men.⁷ It is important to note that

- One in every six men will be a victim of domestic abuse in their lifetime.⁸
- One in every five men suffering abuse at the hands of their partner, do so for more than one year.⁹
- One man per fortnight is killed at the hands of their partner.¹⁰

³ Office for National Statistics (2017). *Domestic Abuse in England and Wales; Crown Prosecution Service (2016-17). Violence against women and girls report, 10th edition*

⁴ SafeLives (2017). Latest Marac data

⁵ Office for National Statistics (2017) Domestic Abuse in England and Wales: year ending March 2017. Appendix Table 14

⁶ The majority of victims of domestic homicides recorded between April 2013 and March 2016 were females (70%). *Domestic abuse in England and Wales: year ending March 2017*, Office for National Statistics, [Domestic abuse in England and Wales - Office for National Statistics](#)

⁷ ibid

⁸ Brooks M. (2017) *Male victims of domestic and partner abuse 30 key facts*, ManKind Initiative

⁹ ibid

- For every three victims of domestic abuse, two will be female and one will be male¹¹
- Around 29% of male victims will keep their abuse secret.
- Only 10% of male victims tell the police, 23% someone in an official position, and only 11% will tell a health professional¹²
- This means male victims are more than twice as likely as women (12%) to keep the abuse to themselves¹³
- On average, men live with an abuser for 2.6 years before seeking help¹⁴

Sadly, our society still tells boys and men that they need to ‘man up’, and to ‘grow a pair’. We still hear messages that so-called ‘real men’ should be stoical and cope in any situation.¹⁵ Women who abuse men are more likely to use weapons or implements (irons, kettles, broom handles etc.,) as part of the abuse. Male victims of domestic abuse present a particular safeguarding challenge because men rarely disclose the nature and extent of their abuse.

The reasons for this are as follows:

- Males are generally reluctant to seek professional help
- Males generally find it difficult to speak about emotionally sensitive issues
- Shame and embarrassment about the abuse
- Unhelpful and insensitive professional responses
- The use of violence by both partners

5.1 a Older Boys In Refuges

Domestic abuse has a particularly negative impact on older boys who may not be allowed to stay with their mothers in women’s refuges. This may mean that the older, male child will need to continue living with the abusive parent or may become a looked after child who is separated from his siblings.

5.2 LGBTQ Persons and DV

Domestic abuse affects 1 in 4 lesbian, gay and bi-sexual people and 80% of transgender persons.

LGBT victim/survivors tell us of experiences with additional complications that include issues specific to their sexuality or gender identity, abuse from past and present sexual partners, polygamous relationships, extended family members, carers, as well as abuse from entire communities (for example communities based on race, religion or disability).¹⁶

Heterosexual and LGBT people may experience similar patterns of domestic abuse, there are however some specific issues that are unique to the experiences of LGBT people, which may include:

¹⁰ ibid

¹¹ ibid

¹² ibid

¹³ ibid

¹⁴ ibid

¹⁵ Nagesh Ashitha (2016) Domestic abuse against men: Know the signs: <http://metro.co.uk/2016/06/08/domestic-abuse-against-men-know-the-signs>, published 8th June 2016, accessed 17/01/2018

¹⁶ Stonewall (2008) *Housing options for Lesbian, Gay, Bisexual and Transgender People Experiencing Domestic Abuse*,

- Threat of disclosure of sexual orientation and gender identity to family, friends, or work colleagues.
- Increased isolation because of factors like lack of family support or safety nets.
- Undermining someone's sense of gender or sexual identity.
- Limiting or controlling access to spaces and networks relevant to coming out and coming to terms with gender and sexual identity.
- The abused may believe they 'deserve' the abuse because of internalised negative beliefs about themselves.
- The abused may believe that no help is available due to experienced or perceived homo/bi/transphobia of support services and the criminal justice system.

With specific reference to LGBT partner abuse:

- Using society's heterosexist myths about aggression and violence abusive partners may manipulate and convince their partner that no one will believe the abuse is real.
- Abusive partners may manipulate their partners into believing that abuse is a 'normal' part of same-sex relationships.
- Abusive partners can give the idea that the violence is mutual or that the abused partner consents to the abuse.
- Abusive partners may threaten to call the police and claim they are the abused person.
- The abusive partner may pressure their partner to minimise the abuse to protect the image of the LGBT community.
- If the abused partner is living in the UK on a spousal visa, the abuser might take advantage of their lack of awareness about immigration law and threaten to deport them back to their country of origin, which might be unsafe due to factors such as anti-gay legislation.¹⁷

6. Key statistics about domestic abuse in England and Wales ¹⁸

- Each year an estimated 1.9m people in the UK suffer some form of domestic abuse - 1.3 million female victims (8.2% of the population) and 600,000 male victims (4%)¹⁹
- Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse²⁰
- Women are much more likely than men to be the victims of high risk or severe domestic abuse: 95% of those going to Multi-Agency Risk Assessment Conferences (MARAC) or accessing an Independent Domestic Violence Advocate (IDVA) service are women ²¹,
- An estimated 1.9 million adults aged 16 to 59 years experienced domestic abuse in the last year, according to the year ending March 2017 Crime Survey for England and Wales (1.2 million women, 713,000 men).²²
- Seven women a month are killed by a current or former partner in England and Wales ²³
- 130,000 children live in homes where there is high-risk domestic abuse
- 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others
- On average high-risk victims live with domestic abuse for 2.3 years before getting help

¹⁷ Galop *Domestic violence and abuse and the lesbian, gay, bisexual, and transgender (LGBT) communities*, 2

¹⁸ <http://safelives.org.uk/policy-evidence/about-domestic-abuse?>

¹⁹ ONS (2016), March 2015 Crime Survey for England and Wales (CSEW)

²⁰ SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives.

²¹ SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives

²² The Office of National Statistics Statistical Bulletin December 2017

²³ SafeLives (2014), Marac national dataset 2014. Bristol: SafeLives.

- 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse

7. Domestic Abuse in Merton²⁴

- DVA is increasing in the borough and across London, with 1483 offences in 2015-2016.
- The majority of victims/survivors of abuse are female and white European
- 1 in 20 people in the borough are affected by DVA
- The majority of incidents take place in the family home
- The proportion of incidents resulting in physical injury has declined, however, the psychological and emotional impact for victims/survivors is far more difficult to measure
- In Merton, there does not seem to be an increase during sporting events
- Over 1300 victims/survivors have been supported by the One-Stop-Shop since 2010
- The wards with the highest reports of DVA are
 1. Figges Marsh
 2. Cricket Green
 3. Pollards Hill
 4. Ravensbury
 5. St Helier
- Wards with the lowest levels of reported DVA are
 1. Lower Morden,
 2. Canon Hill,
 3. Dundonald
 4. Hillside
 5. Village
- The peak times of the year for DVA are the month of August and the Month of December
- Most incidents of DVA occur between 13.00PM and 20.00PM
- There has been a 2% increase in male, white, South European and Asian suspects
- The majority of perpetrators are ex-boyfriends, followed by current boyfriends, ex-husbands and sons.

The cost of DVA in Merton is £13.2 millions

8. Forced marriage and so called 'honour-based violence'

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

Whilst honour based violence can culminate in the death of the victim, this is not always the case. The child or young person may be subjected over a long period to a variety of different abusive behaviours ranging in severity. The abuse is often carried out by several members of a family and may, therefore, increase the child's sense of powerlessness and be harder for professionals to identify and respond to.

9. Families with additional vulnerabilities

²⁴ Information from a deep dive from the DV profile completed in late summer 2016. Figures over five years were cleansed to identify seasonality and temporal trends, this is based on the last 12 months data deep dive

All professionals should understand the following issues that children and their parent experiencing domestic abuse may face, and take these into consideration when trying to help them:

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

include women with no recourse to public funds. As noted above, lesbian, gay, bisexual and transgender people can also be especially vulnerable, and issues such as shame, stigma, mistrust of authority (particularly the police), fear of having children taken away because of incorrect stereotyping, "outing" etc. can lead to the abuse / violence being hidden and unreported. There are also issues around safe havens for transgender people and their children, and some women's refuges may not accept men who have not fully transitioned.

10 The impact of domestic violence

10.1 The impact of domestic violence on children

The most significant risk factor for children exposed to domestic abuse is that they experience physical abuse which could result in their death. A review of infants in case reviews, conducted by the NSPCC found that "Domestic abuse poses a significant risk to a baby's wellbeing. Professionals do not always understand the dynamics of domestic abuse and how it affects very young children."²⁵ The triennial analysis of SCRs found that domestic abuse was a risk factor in over 54% of serious case reviews.²⁶ The same report found that domestic abuse was found to be a factor in 50% of SCRs.²⁷ The report also found that, "Non-fatal physical harm took place in a family setting, and three-quarters of the children assaulted were aged under one year. Such assaults often took place in a context of domestic abuse, and chronic, neglectful care of the child."²⁸

The risks to children living with domestic violence include:

- Death as a result of physical abuse
- Direct physical or sexual abuse of the child. Research shows this happens in up to 60% of cases; also that the severity of the violence against the abused parent/carer is predictive of the severity of abuse to the children;
- The child being abused as part of the abuse against the abused parent: Being used as 'pawns' or 'spies' by the abusive partner in attempts to control the abused parent/carer;
- Being forced to participate in the abuse and degradation by the abusive partner.
- Emotional abuse and physical injury to the child from witnessing the abuse: Hearing abusive verbal exchanges between adults in the household;
- Hearing the abusive partner verbally abuse, humiliate and threaten violence;
- Observing bruises and injuries sustained by their abused parent;
- Hearing their abused parent/carer's screams and pleas for help;
- Observing the abusive partner being removed and taken into police custody;
- Witnessing their abused parent/carer being taken to hospital by ambulance;
- Attempting to intervene in a violent assault;
- Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault.
- Negative material consequences for a child of domestic violence:

²⁵ NSPCC (March 2018) *Infants: Learning from Case Review: A summary of risk factor and learning for improved practice for child and adolescent mental health*, p. 3

²⁶ Sidebotham, P. et al (2016) *Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014: final report* (PDF). Based on analysis of 175 serious case reviews undertaken in England from 2011-2014.

²⁷ *ibid*

²⁸ *ibid*

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

10.1.i Children who witness domestic violence

Children who witness domestic violence suffer emotional and psychological maltreatment (Note: Section 31 Children Act 1989: impairment suffered from seeing or hearing the ill treatment of another [amended by the Adoption and Children Act 2002]). They tend to have low self-esteem and experience increased levels of anxiety, depression, anger and fear, aggressive and violent behaviours, including bullying, lack of conflict resolution skills, lack of empathy for others and poor peer relationships, poor school performance, anti-social behaviour, pregnancy, alcohol and substance misuse, self blame, hopelessness, shame and apathy, post traumatic stress disorder - symptoms such as hyper-vigilance, nightmares and intrusive thoughts - images of violence, insomnia, enuresis and over protectiveness of their mother and/or siblings.

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

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

10.2 The impact of domestic violence on unborn children

30% of domestic violence begins or escalates during pregnancy²⁹. The expectant mother may be prevented from seeking or receiving proper ante-natal or post-natal care. In addition, if the mother is being abused this may affect her attachment to her child, more so if the pregnancy is a result of rape by her partner.

10.3 The impact of domestic violence on abused parents and their ability to parent

In cases where the abused parent is a mother, the child/ren are often reliant on their mother as the only source of good parenting, as the abusive partner will have significantly diminished ability to

²⁹ Note: Gyneth Lewis and James Drife, *Why Mothers Die 2000-2002 - Report on confidential enquiries into maternal deaths in the United Kingdom* [CEMACH, 2005]), and it has been identified as a prime cause of miscarriage or still-birth (Gillian Mezey, "Domestic Violence in Pregnancy" in S. Bewley, J. Friend, and G. Mezey (ed.) *Violence against women* [Royal College of Obstetricians and Gynaecologists, 1997]), premature birth, foetal psychological damage from the effect of abuse on the mother's hormone levels, foetal physical injury and foetal death (Note: Robert Anda, Vincent Felitti, J. Douglas Bremner, John Walker, Charles Whitfield, Bruce Perry, Shanta Dube, Wayne Giles, "The enduring effects of childhood abuse and related experiences: a convergence of evidence from neurobiology and epidemiology", in *European Archives of Psychiatric and Clinical Neuroscience*, 256 [3] 174 - 186 [2006 - available online at The Child Trauma Academy]

parent well. This is particularly so because domestic violence very often co-exists with high levels of punishment, the misuse of power and a failure of appropriate self-control by the abusive partner.

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

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

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

Domestic abuse contributes directly to the breakdown of mental health, and parents experiencing domestic violence are very likely to suffer from depression and other mental health difficulties leading to self-harm, attempted suicide and/or substance misuse.

10.3.i The abusive partner's ability to parent

In cases where domestic abuse is perpetrated by men, professionals are often very optimistic about the father's parenting skills (Hester and Radford [1996]), whilst scrutinising the mother's parenting in much greater detail. However, research (Holden and Ritchie [America, 1991]) has found that the abusive partners had inferior parenting skills, including being:

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

11 Substance misuse and mental ill health

11.1 The Parent Experiencing DVA

Abused partners who experience DVA are more likely to use prescription drugs, alcohol and illegal substances.³⁰

³⁰ J. Jacobs, *The Links between Substance Misuse and Domestic Violence: Current Knowledge and Debates* [London: Alcohol Concern, 1998]

For an abused partner experiencing domestic violence, alcohol and drugs can represent a wide range of coping and safety strategies. Parents experiencing DVA may have started using legal drugs prescribed to alleviate symptoms of a violent relationship. It is also possible that parents experiencing DVA may turn to alcohol and drugs as a form of self-medication and relief from the pain, fear, isolation and guilt that are associated with domestic violence. Alcohol and drug use can help eliminate or reduce these feelings and therefore become part of how she copes with the abuse.³¹

Parents experiencing DVA can be coerced and manipulated into alcohol and drug use. Abusers may often introduce their partner to alcohol or drug use to increase her dependence on him and to control her behaviour. Furthermore, any attempts by the parent experiencing abuse to stop their alcohol or drug use are threatening to the controlling partner and some abusive partners will actively encourage the person they are abusing to leave treatment.

Parents in abusive relationships are also at risk of sexual exploitation. Parents experiencing domestic abuse who are sex workers, may be subjected to domestic violence through their relationship with their 'pimps'; these relationships will invariably be based on power, control or the use of violence.

The double stigma associated with being both a victim of domestic violence as well as having a substance use problem may compound the difficulties of help-seeking, particularly for black and minority ethnic parents who are victims of DVA.

Mental health problems such as depression, trauma symptoms, suicide attempts and self-harm are frequently 'symptoms of abuse' and need to be addressed alongside the issues of substance use and domestic violence often referred to in research literature as 'the toxic trio.'

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

11.2 Abusive partners

Abusive partners may use their own or their partners' alcohol or drug use as an excuse for their violence. When the abusive partner is male he may threaten to expose a mother's use. He may be her supplier and he may increase her dependence on him by increasing her dependence on drugs.

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

Even when physical assaults are only committed whilst intoxicated, abusive partners are likely to be committing non-physical forms of abuse (e.g. coercive control) when sober. It should never be assumed that by working with an abusive partner's substance use, the violent behaviour will also be reduced. In fact, the violence may increase when substance use is treated. Similarly, it should not be

³¹ The Stella Project, Separate Issues Shared Solutions - Report from the Launch of the Stella Project [Greater London Alcohol and Drug Alliance and Greater London Domestic Violence Project, 2003

assumed that treating a domestic abuser's mental ill health will necessarily reduce their violent behaviour - again, the violence may increase.

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

12. Domestic Violence Disclosure Scheme – Clare's Law

The Domestic Violence Disclosure Scheme (DVDS) (also known as 'Clare's Law') commenced in England and Wales on 8 March 2014. The DVDS gives members of the public a formal mechanism to make enquires about an individual who they are in a relationship with, or who is in a relationship with someone they know, where there is a concern that the individual may be violent towards their partner. This scheme adds a further dimension to the information sharing about children where there are concerns that domestic violence and abuse is impacting on the care and welfare of the children in the family.

Members of the public can make an application for a disclosure, known as the 'right to ask'. Anybody can make an enquiry, but information will only be given to someone at risk or a person in a position to safeguard the victim. The scheme is for anyone in an intimate relationship regardless of gender.

Partner agencies can also request disclosure is made of an offender's past history where it is believed someone is at risk of harm. This is known as 'right to know'.

If a potentially violent individual is identified as having convictions for violent offences, or information is held about their behaviour which reasonably leads the police and other agencies to believe they pose a risk of harm to their partner, the police will consider disclosing the information. A disclosure can be made if it is legal, proportionate and necessary to do so.

13. Barriers to disclosure

There are many reasons why a parent experiencing domestic abuse will be unwilling or unable to disclose that they are experiencing domestic violence. Usually it is because the fear that the disclosure (and accepting help) will be worse than the current situation and could be fatal. An abused parent may:

- Minimise their experiences and/or not define them as domestic violence (this view could be culturally based);
- Be unable to express their concerns clearly (language can be a significant barrier to disclosure for many victims of domestic abuse);
- Fear that their child/ren will be taken into care;
- Fear the abusive partner will find them again through lack of confidentiality;
- Fear death;
- Believe their abusive partner's promise that it will not happen again (many abused parents do not necessarily want to leave the relationship, they just want the violence to stop);
- Feel shame and embarrassment and may believe it is their fault;
- Feel they will not be believed;

- Fear that there will not be follow-up support, either because services are just not available or because they will meet with institutional discrimination;
- Fear the abuser will have them detained;
- Fear that they will be isolated by her community;
- Fear they will be deported;
- Fear that the abusive partner's status will be exposed and the victim will be punished with an escalation of violence;
- Be scared of the future (where they will go, what she will do for money, whether they will have to hide forever and what will happen to the children);
- Be isolated from friends and family or be prevented from leaving the home or reaching out for help;
- Have had previous poor experience when they disclosed.

Some victims/survivors of domestic abuse are simply not ready. It is therefore important to keep asking the question.

13.1 Barriers to disclosure for children

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

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

13.2 Enabling disclosure for children and Parents Experiencing Abuse

Where a professional is concerned about / has recognised the signs of domestic violence (see Responding to Domestic Violence), the professional can approach the subject with a child or a parent you are concerned about with a framing question. That is, the question should be 'framed' so that the subject is not suddenly and awkwardly introduced, e.g.:

- For the parent: "As domestic violence is so common, we now ask everyone who comes into our service if they experience this. This is because it affects people's safety, health and well-being, and our service wants to support and keep people as safe as possible";
- For a child: "We know that many mums and dads have arguments, does that ever happen in your family?"

The professional should explain the limits of confidentiality and his/her safeguarding responsibilities. For more information about confidentiality and sharing information, please see Sharing Information Procedure.

If the child or parent says s/he has been abused, the professional should ask clarification questions such as those set out in Appendix 4: Communicating with a child and Appendix 5: Clarification questions for a parent experiencing abuse.

Professionals should not press the child for answers, instead:

- Listen and believe what the child says;
- Reassure the child/ren that the abuse is not their fault, and it is not their responsibility to stop it from happening; and
- Give several telephone numbers, including local police community safety units, local domestic violence advocacy services (please refer to locally produced information), Merton children's social care, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000).

13.3 Enabling disclosure for an abusive partner

Professionals should be alert to and prepared to receive and clarify a disclosure about domestic violence from an abusive partner. Professionals may have contact with a perpetrator of domestic abuse on their own (e.g. a GP or substance misuse or mental health service) or in the context of a family (e.g. to a school, accident and emergency unit, maternity service or Merton children's social care). They may present with a problem such as substance misuse, stress, depression or psychosis or aggressive or offending behaviour - without reference to abusive behaviour in their household / relationship.

Professionals should consult ***Managing work with Families where there are obstacles and resistance*** (http://www.londoncp.co.uk/chapters/manag_fam_obst_resist.html in the London Child Protection Procedures 5th Edition) before seeking to enable or clarify a disclosure from an abusive partner, taking into account their own safety and the safety of any child/ren and their mother.

If the person states that domestic violence is an issue, or the professional suspects that it is, the professional should:

- Establish if there are any children in the household and, if so, how many and their ages;
- If there are children, tell the man that children are always affected by living with domestic violence, whether or not they witness it directly;
- Explain the limits of confidentiality and safeguarding responsibilities;
- Consider whether the level of detail disclosed is sufficient. If not, the professional may need to ask clarification questions such as those set out in *Appendix 10: Working with Abusive Partners* in the London Child Protection Procedures 5th Edition;
- Be clear that abuse is always unacceptable and that abusive behaviour is a choice;
- Be respectful, affirm any accountability shown by the person, but not collude.

The professional should act to safeguard the child/ren and/or their non-abusive parent by:

- Informing their line manager and their agency's designated safeguarding children professional;
- Using an appropriate risk identification matrix with the information available at the time to assess the degree of risk of harm to the child/ren, in line with *Assessing the risk of harm to a*

child, below. The professional should consult with the designated safeguarding children professional, in line with local procedures;

- Respond to the child/ren and their non-abusive parent in line with all sections in this guidance; and
- Respond to the abusive partner in line with all sections in this guidance.

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

14. Professional Responses to Domestic Violence and Abuse

14.1 Professional' responsibilities

Professionals will work with many people who are experiencing domestic violence and have not disclosed. Research suggests that a person will usually experience an average of 35 incidents of abuse before reporting it to the police (Yearnshire 1997).

Professionals should offer all children and abused parents, accompanied or not, the opportunity of being seen alone (including in all assessments) with an appropriate practitioner (that is, a practitioner of the same gender as the person experiencing abuse) wherever practicable, and asked whether they are experiencing or have previously experienced domestic violence.

Professionals in all agencies are in a position to identify or receive a disclosure about domestic violence. Professionals should be alert to the signs that a child or parent may be experiencing domestic violence, or that a partner may be perpetrating domestic violence.

Professionals should never assume that somebody else will take care of the domestic violence issues. This may be the child, mother or abusing partner's first or only disclosure or contact with services in circumstances which allow for safeguarding action.

Professionals must ensure that their attempts to identify domestic violence and their response to recognition or disclosure of domestic violence do not trigger an escalation of violence.

In particular, professionals should keep in mind that:

- The issue of domestic violence should only ever be raised with a child or parent you suspect is experiencing domestic abuse when they are safely on their own and in a private place; and
- Separation does not ensure safety; it often at least temporarily increases the risk to the child/ren or mother.

14.2 Information sharing

Professionals receiving information about domestic violence should explain that priority will be given to ensuring that the child/ren is safe and that the safety of parent experiencing abuse is not compromised through the sharing of information.

If there is concern about the risk of significant harm to the child/ren, then every professional's overriding duty is to protect the child/ren.

Professionals also have a duty to protect the parent who is experiencing abuse and should do so under the Crime and Disorder Act 1998, which allows responsible authorities to share information where a crime has been committed or is going to be committed.

14.3 Disclosure and/or recognition

Professionals in all agencies are likely to become aware of domestic violence through:

- Disclosure prompted by the professional's routine questioning or identification of signs that domestic violence could be taking place;
- Unprompted disclosure from a child, mother or abuser; or
- Third party information (e.g. neighbours or family members).

Information from the public, family or community members must be taken sufficiently seriously by professionals in statutory and voluntary agencies. Recent research evidence indicates that failure to do so has been a contributory factor at least two-thirds of cases where a child has been seriously harmed or died in London.

Information could also come in the form of information shared by another agency or group, which a professional decides to respond proactively to because s/he becomes concerned that the agency or group which shared the information is not responding appropriately to support the child/ren and/or their abused parent.

14.4 Agency / community or other group responsibilities in enabling disclosure and/or recognition

Agencies / community and other groups should create a supportive environment by ensuring that:

- Staff receive domestic violence training appropriate to their professional role (i.e. basic, enhanced, advanced), via the Merton Safeguarding Children Board training;
- Information about domestic violence may be available in a range of languages and different formats, giving information about domestic violence, inviting children and parents experiencing abuse to seek help and giving contact details of local support services; including the telephone numbers for local police community safety units, local domestic violence advocacy services (please refer to information local DVA services in Appendix 5), Merton children's social care via MASH (telephone 020 8545 4226/4227) , the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000);
- Where interpreters are employed to translate, ensure that they are professionals (with clear Disclosure and Barring Service checks) not family members, children or friends.

It is good practice to incorporate routine enquiry about domestic violence into health, social care and police assessments. Routine enquiry has been effective in increasing disclosure, and evidence suggests that victims of domestic violence are more likely to disclose if they are asked directly. Pregnancy is an opportune time to ask women about domestic violence as many mothers say that it made them think seriously about the future and how their children might be affected by the violence in the long-term. (Mezey and Brewley [2000])

14.5 Abusive partners / children

Professionals responding to abusive partners or children who are violent to parents should act in accordance with the severity of the violence. See also Appendix 1: Adolescent to Parent Violence.

14.6 Working with People who abuse their partners

See also the London Child Protection Procedures, practice guidance on Enabling Disclosure for an Abusive Partner and Appendix 10: Working with Abusive Partners.

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

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

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

When an abused parent leaves a violent situation, the abusive partner must never be given the address or phone number of where they are staying

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

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

People who abuse their partners should be invited to joint meetings with the abused partner **ONLY** where it is assessed that it is safe for this to occur. See *Child Protection Conferences Procedure, Exclusion of Family Members from a Conference* in the London Child Protection Procedures.

15. Assessment and intervention

15.1 Information gathering and disclosure

Professionals should validate and support children and abused parents who disclose by:

- Listening to what the child / abused parent says and taking what s/he says seriously;
- Explaining the need to make sure that s/he and others in the family are safe. This will mean sharing information with professionals who can help the child/ren and/or abused parent to stay safe (professionals should be aware of the limits of confidentiality);
- Reassuring the child/ren that the abuse (directed towards the abused parent and possibly also the child/ren) is not their fault, and it is not their responsibility to stop it from happening; and
- Give the child/ren several telephone numbers, including local police community safety units, local domestic violence advocacy services (please refer to information in Appendix 5), Merton children's social care via the MASH, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000).

Professionals in agencies other than Merton children's social care, health and education / schools should only attempt to enable disclosure, or further disclosure, if they have been trained to do so and are supported by their agency's policies, procedures and safeguarding children supervisory arrangements. If these requirements are met, the professional should see Enabling disclosure (Merton children's social care, health and education/schools professionals), above.

Whether or not a child or an abused parent discloses, when a professional becomes aware of domestic violence in a family, in order to assess and attend to immediate safety issues for the child/ren, mother and professional, the professional should establish:

- The nature of the violence;
- If there are other children in the household. If so, the number of children and whether any are under 7 years or have special needs (young children and those with special needs are especially vulnerable because they do not have the ability to implement safety strategies and are dependent on their parents to protect them, domestic violence affects ability of the parent who is experiencing the abuse to do this);
- Whether the abused parent's partner is with them, and where the children are;
- What a child or abused parent's immediate fears are;
- Whether there is a need to seek immediate assistance; and
- Whether the child/ren and the parent experiencing domestic abuse have somewhere safe to go.

The professional should:

- Where there has been disclosure, support the child and/or the parent experiencing domestic abuse by taking what s/he says seriously;
- Make an immediate decision, where possible, about whether a child or mother requires treatment or protection from emergency services;
- Where there has been disclosure, ask the child and/or the parent experiencing domestic abuse what strategies s/he has for keeping him/herself safe (if any). See Safety planning;
- Record the information and the source of the information;
- Discuss the information / concerns with the agency's designated safeguarding children professional and the professional's line manager;
- Use this and any other known information about the family to assess the risk of harm to a child and his/her the parent experiencing domestic abuse. The professional should consult with the designated safeguarding children professional, in line with Merton or agency procedures.

The assessed risk (risk levels Blue to Red in the Merton Child, Young Person and Family Well-being Model) will assist the professional, the agency's designated safeguarding children professional and the line manager in deciding what action to take to support the child/ren and the parent experiencing domestic abuse. It will be an immediate assessment, as more information becomes available the potential risk of harm to the child/ren may be judged to increase or decrease (i.e. move up or down a Level).

The assessed risk will also assist the professional, the agency's designated safeguarding children professional and the line manager in deciding what action to take in relation to the abuser.

16. Teenage Relationship Violence

Young women in the 16 to 24 age group are most at risk of being victims of domestic violence. The updated Home Office definition now includes young people from the age of 16 years, who may also be receiving services as children in need or in need of protection in line with the Children Act 1989 and 2004.

Professionals who come into contact with young people (teachers, school nurses, sexual health professionals, GPs, youth workers, etc.) should be aware of the possibility that the young person could be experiencing violence within their relationship.

Professionals with concerns that a young woman / teenage mother is being abused within a relationship should follow this procedure, adapting it to focus on the circumstances and locations in which the young woman / mother meets her partner (e.g. choosing safer venues, locations and peer groups to meet, being able to identify trigger points which lead to violence and practicing safe ways to leave and go home etc.).

Teenage relationship abuse occurs when there is actual or threatened abuse within a romantic relationship or a former relationship. One partner will try to maintain power and control over the other. This abuse can take a number of forms:

- physical,
- sexual,
- financial,
- emotional or
- social.

This also includes coercive and controlling behaviour.

The current UK definition of domestic violence includes incidences between people aged 16 or over, but it is important to note that violence and abuse can occur in relationships between children and young people at any age.

Teenagers experience as much relationship abuse as adults. Several independent studies have shown that 40% of teenagers are in abusive dating relationships.

Abuse in children and young people's relationships can involve the same forms of controlling and coercive behaviour, physical, emotional, psychological, financial and sexual violence and abuse as seen in adult relationships. The NSPCC (2009 & 2011) conducted research with young people who had been in a relationship. They found that of those young people interviewed:

- 75% of girls and 51% of boys reported some form of emotional abuse,
- 25% of girls and 18% of boys had experienced some form of physical violence and
- 1 in 3 girls and 16% of boys reported some form of sexual violence from their partner.

Research by Stonard et al (2014) highlights the following

- Half of all young people (irrespective of gender) reported emotional abuse, most often being shouted at and/or called names

- One fifth (irrespective of gender) reported physical violence – although a greater proportion of females report severe physical violence
- A third of adolescent girls and a quarter of boys reported sexual violence through pressure or physical force - higher rates for girls if only physical force is included in the definition.
- Between 50-70% of all young people, reported experiencing abuse through new technologies most often controlling behaviour and surveillance through messaging or social networking sites -although pressured sexting was most commonly reported by girls³²

The technology and forms of communication available to children and young people today, such as smart phones, the internet and social networking sites, may also render them vulnerable to an even wider range of intimidating, coercive and abusive behaviours such as texting and circulating messages and images of a sexual nature ('sexting'); these technologies also allow abuse to continue at times and in places where the young people and/or their parents/carers would ordinarily believe they are safe from harm.

16.1 Young People at Particular Risk

Young people who:

- **have experienced domestic violence** At least 750,000 children a year witness domestic violence at home. Discussing teenage relationship abuse may raise issues for young people who have experienced neglect and/or witnessed domestic violence at home. It is important to be aware of this and to deal with it as you would any other child protection issue
- **are in a same-sex relationship Lesbian, gay, bisexual and trans (LGBT)** young people experience relationship abuse at similar rates as heterosexual young people and, for some, it can be an increased risk factor. LGBT young people can face additional barriers to identifying abuse and seeking help. They may be concerned about revealing their sexual orientation; fearful of homophobic reactions from family, friends and professionals, and unaware of specialist support services
- **Pregnant** - This is a high-risk time for the onset or escalation of domestic abuse at any age, but the prevalence of domestic abuse is known to be higher among young mothers than any other women (DH 2006 & 2011). Young women who are being abused are also 4-6 times more likely than their peers to become pregnant (NSPCC 2009 & 2011). SafeLives notes that "Abuse and violence is disproportionately experienced by young pregnant women and mothers"
- **have an older partner:** An older boyfriend (i.e. at least 2 years older) represents an increased risk of domestic abuse for girls. The risks for these girls are considered particularly worrying with 75% experiencing physical or sexual violence and 80% reporting emotional abuse.³³

Other high risk groups of young people include young people who

- have experienced physical or sexual abuse
- are within gangs or violent peer groups
- are out-of-school

³² Stonard, K. , Bowen, E. , Lawrence, T. and Price, S.A. (2014) *The relevance of technology to the nature, prevalence and impact of Adolescent Dating Violence and Abuse: A research synthesis*. Aggression and Violent Behaviour, volume 19 (4): 390–417.

³³ Barter et al: NSPCC 2009

- are Looked After
- have special needs or disabilities

16.2 Indicators

Children/Young People experiencing domestic abuse may exhibit or experience some or all of the following:

- physical injury
- anxiety
- low mood
- depression
- self harm
- eating disorders
- anger and fear
- aggressive
- violent behaviours
- bullying / being bullied
- lack of empathy
- poor peer relationships
- poor school performance
- truancy
- anti-social behaviour
- alcohol and substance misuse
- self blame
- hopelessness
- shame and apathy
- sexual assault
- STI's
- pregnancy
- post traumatic stress disorder

This is not a definitive list and clearly these issues are not unique indicators of domestic abuse hence careful consideration and assessment is required.

16.3 Impact on education

- Being late for school / not attending (especially if abuser attends same school)
- Arriving early / staying late to avoid abuser
- Disturbed sleep affecting concentration
- Not focussed in lessons as he or she is preoccupied and worried
- Very gendered expectations of career and achievement
- Feeling unsafe as afraid of being traced by abuser via school
- Appearing isolated and removed
- Worried that everyone at school knows what is happening

16.4 Young people suspected of being in an abusive relationship

Young people who are suspected of being in an abusive relationship need to be referred to MASH agency in accordance with Merton child protection procedures. All school staff should refer to the

designated child protection lead. *Working together to safeguard children (2015)*, which sets out the roles and responsibilities of agencies and professionals where there are concerns about the safety and welfare of a child or children. It is available at www.publications.education.gov.uk

16.5 Young people identified as being abusive to others

Young people identified as being abusive to others may also have underlying unmet needs which require addressing by school or staff in other settings. These needs should be considered separately from those of the person being abused. Concerns about the young person who is being abusive to others may need to be discussed with the designated child protection senior manager. Local agencies should follow the appropriate child protection procedures, including a plan of action to address the identified needs and where necessary convene a child protection conference in respect of the young person who is being abusive. The young person will also need to be held responsible for their abusive actions and, where appropriate, criminal justice agencies will need to be involved. Child welfare and criminal justice agencies should work together.

17. Assessing the risk of harm to a child and Abusive Partners/Children.

17.1 Assessing the risk of harm to a child

The Barnardo's Risk Identification Matrix³⁴: How to use the risk identification matrix

The Barnardo's Risk Identification Matrix is a tool to assist professionals to use the available information to come to a judgement about the risk of harm to a child. This may include deciding that the available information is not enough to form a sound judgement about the risk.

Professionals who have not had specific training should, wherever possible, complete the risk identification matrix together with their agency's designated safeguarding children professional.

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

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

Each Level has categories to assist professionals to think through whether the information is about the:

Evidence of domestic violence;

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

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

These are the factors that may increase the risk of children suffering Significant Harm through the domestic violence.

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

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

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

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

The risk identification matrix in Appendix 1: Risk identification matrix corresponds to the police DASH risk identification tool. Police officers should use the DASH Tool, which includes the part 1 risk identifier as used by Initial Investigating Officers and the part 2 risk assessment that is used for medium and high risk cases.

See 18. Thresholds and intervention for more detailed information on professional response.

17.2 Factors which increased vulnerability / risk and appropriate interventions

³⁴ See the Barnardo's Risk Identification Matrix

http://www.barnardos.org.uk/Barnardos_Domestic_Violence_Risk_Identification_Matrix.pdf

a) Babies Under 12 Months Old

Babies under 12 months old are particularly vulnerable to violence. Where there is domestic violence in families with a child under 12 months old (including an unborn child), even if the child was not present, any single incident of domestic violence will fall within Level 4. Professionals should make a referral to Merton children's social care, in line with Referral and Assessment, and Child Protection Enquiries.

b) Children Under 7

If there are children under the age of seven in the family, this could raise the level of risk as young children are more vulnerable because they do not have the ability to implement safety strategies and are dependent on their parents to protect them; domestic abuse negatively affects a parent's ability to do this. In cases such as this, the characteristics of the child and situation which are 'protective' need to be carefully considered.

c) Children or Parents with Special Needs

If there is a child or a parent experiencing abuse who has special needs, the risk of harm to the child, the parent and other children in the family is increased because the child or the parent experiencing abuse may not have the ability to implement an effective safety strategy.

d) Vulnerable Adults

If the abused parent is also a vulnerable adult, professionals should follow the Merton Safeguarding Adult Board guidance regarding Vulnerable Adults: <https://www2.merton.gov.uk/health-social-care/adult-social-care/safeguarding-adults.htm>.

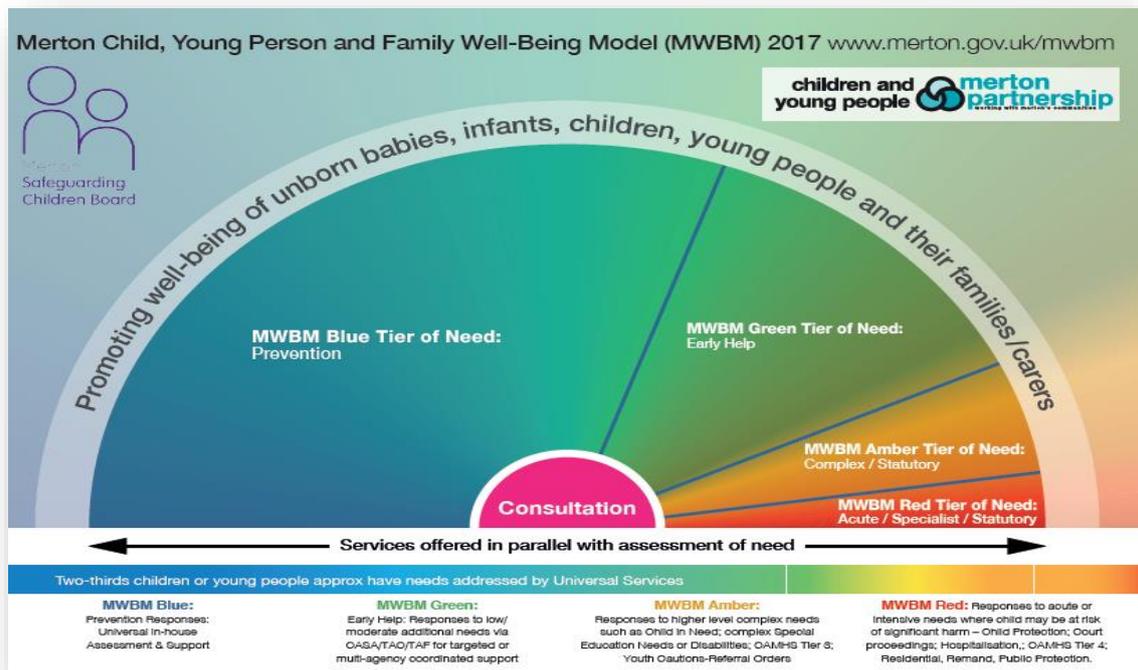
e) Child/ren or Parents from Black or Minority Ethnic Communities

If the child/ren or parent experiencing DVA is from a black or minority ethnic community they may be experiencing additional vulnerabilities (see section 9 in this guidance)

f) Child/ren Who May Experience Multiple Form of Abuse

Violence directed towards a parent may draw attention away from the fact that a child in the family may be being sexually or physically abused or targeted in some other way (e.g. the child could be the focus of paranoid thoughts).

18. Thresholds and interventions - Merton Child, Young Person and Family Well-Being Model



18.1 Merton Child, Young Person and Family Well-Being Model (MWBM) Blue to Green Tiers of Need (prevention and early help) - moderate risk of harm to the child/ren identified

The Blue or preventative tier of need and the Green or early help tier of need assesses the potential risk of harm to the child/ren as moderate. A child in this situation will have additional needs - as defined within the Common and Shared Assessment (CASA). The child/ren and their mother are likely to need family support interventions which can be offered by the agency itself or by another single agency.

The professional should:

- Re-check that there are no factors which increase the vulnerability of the child/ren (see Factors which increased vulnerability / risk and appropriate interventions above) which might raise the risk into a higher Level;
- Make a record of the assessment and the information which underpins it, and inform their line manager;
- Complete a CASA or refer under local arrangements for a CASA to be completed, for each child in the household. If the mother does not consent to the completion of a CASA, this raises the threshold. The professional should consult their agency's designated safeguarding children professional and consider discussing the situation with Merton children's social care;
- Consider what their own agency can contribute as part of any CASA interventions and/or make a referral to another agency to offer an intervention under the CASA;
- CASA planning must include safety planning for the child/ren and mother in line with Safety planning;

- Refer the abuser to an appropriately accredited perpetrator programme, if there is genuine willingness to engage with services to address his behaviour. See also Abusive partners / children; and
- Follow-up to ensure that the CASA plans have been actioned and reviewed, including that the abuser is engaged with services to address his behaviour.

18.2 MWBM Green to Amber Tiers of need - moderate to serious risk of harm to the child/ren identified

The Green to Amber tiers of need assesses the potential risk of harm to the child/ren as moderate to serious. A child in this situation will have additional needs, as defined within the Common and Shared Assessment (CASA). The child/ren and their mother are likely to need family support interventions offered by more than one agency, which are co-ordinated by a Lead Professional. Children in this category are likely to need additional help to prevent impairment to their development and well-being.

- Make a notification or referral to MASH if the mother does not consent to the completion of a CASA, as this raises the threshold;
- Share information with relevant multi-agency professionals (information can be shared without consent where there are concerns about the risk of harm to the child/ren or their mother). Record the decision to share and the rationale for doing so;
- Convene or attend a multi-agency CASA meeting and consider what their own agency can contribute as part of any multi-agency CASA interventions;
- CASA planning must include safety planning for the child/ren and mother in line with Safety planning;
- Refer the abuser to an appropriately accredited perpetrator programme, if there is genuine willingness to engage with services to address his behaviour. See also Abusive Partners/Children; and
- Follow-up to ensure that the CASA plans have been actioned and reviewed, including that the abuser is engaged with services to address his behaviour.

18.3 Thresholds and interventions - child protection

a) MWBM Amber to Red Tier of Need - safeguarding, serious risk of harm to the child/ren identified

This tier of need assesses the potential risk of harm to the child/ren as serious. In MWBM Red tier of need, protection factors are limited and the children may have suffered, or be likely to suffer, Significant Harm. Intervention and support for the child/ren and their mother will require Merton children's social care planning, via a section 17 Children in Need assessment.

The professional should:

- Re-check that there are no factors which increase the vulnerability of the child/ren (Factors which increased vulnerability / risk and appropriate interventions above) which might raise the risk into a higher Level;
- Make a record of the assessment and the information which underpins it, and inform their line manager;
- Contact MASH to make a referral, in line with Referral and Assessment;

- Children's social care may assess the child/ren to be child/ren in need, and offer services under section 17. Children Act 1989. However, child protection intervention (i.e. section 47. Children Act 1989) may be necessary if the threshold of Significant Harm is reached; Merton children's social care should initiate safety planning for the child/ren and mother in line with Safety planning;
- Any agency should consider referring the family into the multi-agency risk assessment conferencing (MARAC) process. If they decide not to refer to MARAC, Merton children's social care should follow the procedures at 9.4.4 e in the Pan-London Procedures and follow-up to ensure that the abuser is engaged with services to address his behaviour. See also Abusive Partners/Children;
- Share information with relevant multi-agency professionals, having obtained consent; and
- Record all actions and contacts (with the child/ren, the mother and the abuser and other professionals) and information given and received, including the decision to share it and the rationale for doing so.

b) MWBM Red Tier of need - initiate child protection procedures, severe risk of harm to the child/ren identified

The MWBM Red Tier of Need assesses the domestic violence as severe with increased concern regarding children's well-being due to additional contributory risk factors. In this tier, protective factors are extremely limited and the threshold of Significant Harm is reached.

The professional should:

- Make a record of the assessment and the information which underpins it, and inform their line manager;
- Make a referral (written or via telephone, and followed up in writing) to Merton children's social care, in line with Referral and Assessment;
- Merton children's social care are likely to assess the child/ren as being in need of protection and initiate section 47 enquiries, an Assessment and, where necessary, a child protection conference; Merton children's social care should initiate safety planning for the child/ren and mother in line with Safety planning; Merton children's social care and other relevant agencies will plan for the safety of professionals in contact with the abuser; all agencies must refer the family into the MARAC process. See also Abusive Partners/Children;
- Share information with relevant multi-agency professionals, this can be done without consent; and
- Record all actions and contacts (with the child/ren, the mother and the abuser and other professionals) and information given and received, including the decision to share it and the rationale for doing so.

18.4 Where the risk is assessed as being MWBM Tiers Blue or Green:

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

Professionals should keep the safety of the children constantly under review, re-assessing the risk of harm using the risk identification matrix in the light of any new information. If the risk of harm to the

child/ren rises to Amber or Red tiers of need, the lead professional must contact or make a referral to Merton children's social care via the MASH.

Parents experiencing DVA need to know from the outset that this process may need to be enacted.

18.5 Where the risk is assessed as MWBM Tiers Amber or Red:

Merton's children's social care should advise on or lead the safety planning.

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

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

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

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

19. Multi-Agency Professional Responses to DVA

19.1 Responding to domestic violence where there are no children in the household

Having confirmed that there are no children in the household, the professional may consider the following:

- Establish if the person experiencing DVA is a vulnerable adult and if so refer to the local Safeguarding Vulnerable Adults procedure;
- Use the risk identification matrix to assess the level of risk of harm to the person and any other information about the relationship; and
- Refer the person experiencing DVA to a local domestic violence agency and, if the risk of harm is at threshold Amber or Red Tier of need, consider making a referral into the MARAC process

a) Police Response

If the police receive a telephone call or other contact from a child requesting help in relation to domestic violence, the police must take immediate protective action and follow up with a child protection referral to Merton children's social care via the MASH in line with Referral and Assessment.

Police may receive contact from a domestic violence victim, third party or abusive partner in several ways, for example; a telephone call (emergency or non-emergency line), direct enquiry at the station, an approach in the street, via a multi-agency meeting or partner referral.

The Metropolitan Police Service (MPS) will investigate all incidents of domestic violence. Generally, in the first instance, this will be done by an initial investigating officer (IIO) - a police officer or a domestic violence trained member of police staff. They will complete a form 124D, the MPS's own domestic violence incident report book in most circumstances (rapes and murders generally being the exceptions). This is a risk identification, assessment and management tool, as well as being an aide memoir for evidential gathering purposes and a signpost to support agencies.

Police officers should use the relevant tools such as DASH to assess risk and inform immediate appropriate safety planning measures to ensure the safety of the victim and their children.

If children are part of the family composition where domestic violence is reported, a MERLIN report of a child coming to notice must be completed in all cases. The information on the Merlin will be shared with Merton children's social care and may drive further information sharing and case conference discussion.

Initial investigating officers will record all the children who live in the household regardless of whether they are direct witnesses to the incident. The officers will detail:

- What the children saw or heard;
- A description of the child's demeanour and emotional state;
- If possible, a categorisation of the risk to the children;
- A history of the abuse the children have seen and heard.

A section sergeant or duty inspector will be responsible for supervising the initial investigation to ensure that there are no significant gaps within the investigation and an appropriate risk assessment and management plan is in place. If this is not the case, they will direct the IIO to take further action to rectify any deficiencies in the initial investigation.

The details of the investigation are recorded on the Crime Reporting Information System (CRIS), along with the appropriate initial risk assessment. All CRIS reports will be screened into the relevant unit for further investigation. In the majority of cases, this will be the local Community Safety Unit (CSU). The exceptions being:

- Serious sexual offences, which will in the main be investigated by Sapphire Units with the CSU DI having an oversight of the risk management plans;
- Direct domestic abuse of the child, which will be allocated to the Child Abuse Investigation Team (CAIT);
- Murder, as this will fall to the Serious Crime Directorate to investigate.

The CSU's remit is that of domestic violence, hate crime and vulnerable adult abuse investigation. The primary aim of the CSU is to investigate the incident, identify, arrest and prosecute the perpetrator. Where a criminal prosecution of a perpetrator is deemed inappropriate, they will identify and pursue alternative courses of action in consultation with their partner agencies to stop the violence and make victims and their children safer. The officers within the unit are mostly detectives who have received specialised domestic violence training.

As appropriate, the domestic violence CRIS reports will be passed to the CSU for further investigation. A Detective Sergeant will review the report and make an assessment, based on whether the case is medium or high risk, as to whether a further part 2 risk assessment needs to be

completed. They will also set an investigative strategy before assigning the crime to an investigating officer (IO).

The IO will not only investigate the crime and manage the risk to victim and children; they are expected to signpost the victim to appropriate local domestic violence support agencies. Many boroughs now have access to Independent Domestic Violence Advocates (IDVA) or DV Crises Intervention Workers who will work closely with CSUs and individual IOs to support the victim and their children.

a.1) Domestic Violence Protection Orders

Domestic Violence Protection Orders (DVPOs) were implemented across England and Wales from 8 March 2014.

They provide protection to victims by enabling the police and magistrates to put in place protection in the immediate aftermath of a domestic violence incident.

With DVPOs, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need.

Once they have collated all the available evidence, the IO will speak to the CPS (Crown Prosecution Service), either locally or CPS direct if out of office hours. The relevant prosecutor will then make one of the following decisions:

- To authorise police to charge the abuser with the appropriate offence(s);
- To advise police to administer the abuser with an official adult caution;
- To advise police to bail the abuser to allow further evidence to be obtained;
- To take no further criminal action against an abuser.

If the IO feels the decision made by the CPS is inappropriate, there is a dispute resolution process to resolve disagreements between MPS and CPS.

A CSU Detective Inspector (DI) will oversee all domestic violence investigations. If the case is deemed high-risk, consideration will be given by the DI to referring the case to a Multi-Agency Risk Assessment Conference (MARAC) if available on their borough. The purpose of the MARAC is to plan intensive appropriate and proportional support for victims and their children and effectively manage their safety using the skills and resources of a variety of agencies.

b) Children's social care

Merton children's social care should respond to a referral of a child at risk of domestic violence in line with this procedure and the relevant sections of the London Child Protection Procedures.

Social workers will assess the child and their family using the Assessment triangle (*Working Together to Safeguard Children 2015*), their relevant local assessment protocol and the risk assessment matrix, taking into account such factors as the:

- Nature of the abuse;
- Risks to the child posed by the abuser;

- Risks of serious injury or death;
- Abuser's pattern of assault and coercive behaviours;
- Impact of the abuse on the mother;
- Impact of the abuse on the child;
- Impact of the abuse on parenting roles;
- Protective factors; and
- Outcome of the mother's past help-seeking.

All referrals to Merton children's social care should be made to the MASH.

Health service professionals should respond to domestic violence in line with this procedure and the government guidance: [Health Visiting and School Nursing Programmes: supporting implementation of the new service model, No.5: Domestic Violence and Abuse - Professional Guidance \(2013\)](#).

c) Health Responses³⁵

Health care service managers and professionals should:

- Ensure frontline staff in all services are trained to recognise the indicators of domestic violence and abuse and can ask relevant questions to help people disclose their past or current experiences of such violence or abuse. The enquiry should be made in private on a one-to-one basis in an environment where the person feels safe, and in a kind, sensitive manner.
- Ensure people who may be experiencing domestic violence and abuse can be seen on their own (a person may have multiple abusers and friends or family members may be colluding in the abuse).
- Ensure trained staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services ask service users whether they have experienced domestic violence and abuse. This should be a routine part of good clinical practice, even where there are no indicators of such violence and abuse.
- Ensure staff know, or have access to, information about the services, policies and procedures of all relevant local agencies for people who experience or perpetrate domestic violence and abuse.
- Ensure all services have formal referral pathways in place for domestic violence and abuse. These should support: people who disclose that they have been subjected to it; the perpetrators; and children who have been affected by domestic violence or abuse.

All Health professionals should have regard to the NICE Domestic Violence and Abuse: Multi-agency Working Public Health Guidance (<https://www.nice.org.uk/guidance/ph50/resources/domestic-violence-and-abuse-multiagency-working-pdf-1996411687621>)

d) Education / schools

Education and all schools professionals, including all educational establishments whether local authority or independent, should respond to domestic violence in line with child protection procedures. Young people (aged 16 upwards) in relationships with another young person, where there is violence, should be considered as vulnerable and an assessment should be made in

³⁵ Adapted from the NICE (2014) Domestic Violence and Abuse: Multi-agency Working, Public Health Guideline (updated 2017)

accordance with the Home Office definition. If you suspect that a child is experiencing domestic abuse a referral should be made via the MASH

e) Domestic Abuse and Housing

The Housing Needs Service recognises it has an important role in assisting households/ individuals who are victims of domestic abuse. Merton seeks to ensure that we meet individual needs in line with good practice and relevant legislation.

The service will assess all persons fleeing domestic abuse in accordance with the Housing Act 1996 Part 7 (as amended by the Homelessness Reduction Act 2017) . Where the victim is unable to remain in their home temporary accommodation can be secured, until a suitable housing solution can be achieved

The service is committed to the prevention of homelessness and this is accordance with the Homelessness Reduction Act 2017. A sanctuary scheme has been set up for victims in their homes. This generally provides a secure room to enable a victim of domestic abuse to remain in their home safely, although we recognise that the sanctuary scheme is optional and the decision remains with the household/individual experiencing the domestic abuse

Additionally the service offers housing advice to victims regarding their rights to their homes and the options of seeking an injunction.

There are a number of accommodation options for victims of domestic abuse and this includes helping victims find a home in the private rented sector, which includes the offer of rent deposits , seeking a safe place in a refuge or a management transfer in partnership with our housing association partners.

As a non-stock owning housing authority we are not involved in enforcement actions against perpetrators of domestic abuse which are available to housing associations as landlords which they can consider using in appropriate circumstances

Merton Housing Needs Service recognises that tackling domestic abuse cannot be dealt with in isolation and will work closely and in partnership with a range of key stakeholders which include children's and Adults social care, the police , probation, MARAC ,MAPPa , Housing Associations, IDVAs, voluntary organisations, etc.

20.2 Safety planning

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

In some cases which reach the Red tier of need (severe risk of harm to the child/ren), the emergency safety plan / strategy should be for the child/ren and, if possible, the parent experiencing domestic abuse, not to have contact with the abuser.

Professionals in agencies other than police, Merton children's social care, health and education / schools professionals should only attempt to agree detailed safety planning with a child or mother if they have been trained to do so and are supported by their agency's policies, procedures and safeguarding children supervisory arrangements. If these requirements are met, the professional should follow Safety Planning with People Experiencing Domestic Abuse below.

a) Safety planning with Persons Experiencing Domestic Abuse

Professionals should use the pro forma in Appendix x: Safety Planning with the person experiencing domestic abuse to help them to develop a safety plan. Safety planning needs to begin with an understanding of the person who is experiencing the abuse views of the risks to themselves and their child/ren and the strategies they has in place to address these risks.

b) Remaining with an abusive partner

A key question is whether a the person experiencing abuse plans to remain in the relationship with the abusive partner. If they do, professionals should assess the risk of harm to the children using the Risk Identification Matrix, to decide whether the risks of harm to the children can be managed with such a plan. Consideration should be given in the assessment to determine if the person experiencing abuse is being subjected to controlling and/or coercive behaviour by the abusive partner and is in a position to make realistic and safe plans about the relationship.

If the person experiencing abuse is choosing not to separate, then the abusive partner will need to be involved in the assessment and intervention. Professionals should make all reasonable efforts to engage the perpetrator and refer them to an appropriate perpetrator programme.

Professionals need to consider with the person experiencing the abuse, the actions required prior to contacting the abusive partner to ensure the victim's and their children's safety. Specifically, professionals should not tell the abusive partner what the allegations are before having developed a safety plan for this with the parent experiencing and children.

If addressing concerns with the abusive partner will put the parent experiencing the abuse and the child/ren at further risk, then the professional and the mother should plan for separation.

c) Separation

It is essential that professionals understand that for some victims/survivors of domestic violence and abuse, separation can be the most risky time. *The Joint Targeted Area Inspection of Domestic Abuse* report published in September 2017, found that

Professionals did not always recognise that, though not always, separation could escalate risk. They did not sometimes realise that the abuse does not end when people stop living together. For many victims and their children, violence can increase and escalate when the relationship ends. Some victims suffer persistent post-separation violence over long periods

of time. Those perpetrators who go on to kill their victims are most likely to do so at the point of separation.³⁶

If a parent experiencing abuse wants separation, professionals need to ensure that there is sufficient support in place to enact this plan. Specifically, professionals should be aware that separation itself does not ensure safety; it often at least temporarily increases the risk to the child/ren and/or mother. For some victims of domestic abuse separation is the most risky time.

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

The obstacles in the way of the person experiencing the abuse leaving an abusive partner are the same as those which prevent victims from disclosing the domestic violence in the first place - fears that the separation will be worse than the current situation or fatal.

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

Where a professional and the person experiencing the abuse disagree about the need for separation, the professional's task is to convey to the person experiencing the abuse that their reasons for wanting to stay are understood and appreciated. However, if the threshold of significant harm is reached (MWBIM Red) the professional must make a referral to MASH in line with agreed child protection procedures.

21. Contact (Merton children's social care, specialist agencies and CAFCASS)

Many parents, who experience DVA, despite a decision to separate, believe that it is in the child/ren's interest to see their parent who has perpetrated the abuse. Others are compelled by the courts to allow contact.

It is worth repeating that survivors of domestic abuse can be most vulnerable to serious and sometimes fatal violent assault in the period after separation. Contact can be a mechanism for the abusive partner to locate the mother and children.

Children can also be vulnerable to violent assault as a means of hurting their non-abusive parent. Perpetrators of domestic abuse may use contact with the child/ren to hurt the non-abusive parent by, for example, verbally abusing them to the children or blaming them for the separation. Thus, through contact the child/ren can be exposed to further physical and/or emotional and psychological harm.

Professionals supporting separation plans should consider at an early point the mother's views regarding post-separation contact. The professional should clearly outline for the parent who has experienced domestic abuse, the factors which need to be considered to judge that contact is in the child's best interests.

Professionals should also speak with and listen to each child regarding post-separation contact.

³⁶ Ofsted, (2017), The multi-agency response to children living with domestic abuse September 2017, No. 170036, p. 11, paragraph 35,

Professionals should complete an assessment of the risks from contact to the parent who has experienced domestic abuse and child/ren.

Where the assessment concludes that there is a risk of harm, the professional must recommend that no unsupervised contact should occur until a fuller risk assessment has been undertaken by an agency with expertise in working with perpetrators of domestic abuse.

Professionals should advise the parent who has experienced domestic abuse of their legal rights if an abusive partner makes a private law application for contact. This should include the option of asking for a referral to the Children and Family Court Advisory and Support Service (CAFCASS) Safe Contact Project. See CAFCASS website

If there is an assessment that unsupervised contact or contact of any kind should not occur, professionals should ensure that this opinion is brought to the attention of any court hearing applications for contact.

Professionals should ensure that any supervised contact is safe for the parent who experienced abuse and the child/ren, and contact arrangements should be reviewed regularly. The child/ren's views should be sought as part of this review process.

b) Staff Safety

This section must be read in conjunction with the London Child Protection Procedures Guidance on *Managing work with Families where there are obstacles and resistance*.

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

Professionals should:

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

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

Appendix 1: Adolescent to Parent Violence and Abuse (APVA)³⁷

What is adolescent to parent violence and abuse?

Adolescent to parent violence and abuse (APVA) may be referred to as 'adolescent to parent violence (APV)' 'adolescent violence in the home (AVITH)', 'parent abuse', 'child to parent abuse', 'child to parent violence (CPV)', or 'battered parent syndrome'.

The cross-Government definition of domestic violence and abuse is

any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse.

While this definition applies to those aged 16 or above, APVA can equally involve children under 16, and the advice in this document reflects this.

There is currently no legal definition of adolescent to parent violence and abuse. However, it is increasingly recognised as a form of domestic violence and abuse³⁸ and, depending on the age of the child, it may fall under the government's official definition of domestic violence and abuse.³⁹

It is important to recognise that APVA is likely to involve a *pattern of behaviour*. This can include physical violence from an adolescent towards a parent and a number of different types of abusive behaviours, including damage to property, emotional abuse, and economic/financial abuse. Violence and abuse can occur together or separately. Abusive behaviours can encompass, but are not limited to, humiliating language and threats, belittling a parent, damage to property and stealing from a parent and heightened sexualised behaviours. Patterns of coercive control are often seen in cases of APVA, but some families might experience episodes of explosive physical violence from their adolescent with fewer controlling, abusive behaviours³. Although practitioners may be required to respond to a single incident of APVA, it is important to gain an understanding of the pattern of behaviour behind an incident and the history of the relationship between the young person and the parent.

It is also important to understand the pattern of behaviour in the family unit; siblings may also be abused or be abusive. There may also be a history of domestic abuse, or current domestic abuse occurring between the parents of the young person. It is important to recognise the effects APVA may have on both the parent and the young person and to establish trust and support for both.

Challenges posed by APVA

The problem of APVA poses a number of challenges to the families experiencing it and practitioners who come across it in their work with families. Parents do not know where to go for help and often find that there is simply no appropriate support available in their area. Practitioners across a range

³⁷ Home Office (March 2015) This section has been adapted from the Home Office guidance, *Information guide: adolescent to parent violence and abuse (APVA)*

³⁸ Wilcox, P. (2012) *Is parent abuse a form of domestic violence?* *Social Policy and Society* 11(2):277-288.

³⁹ Home Office (2013). 'Domestic violence and Abuse', Available at: <https://www.gov.uk/domestic-violence-and-abuse>, (accessed 19th February 2014).

of support services may be willing to support families but do not know how to meet their needs and struggle to find information about existing programmes and examples of best practice.

A fundamental challenge underpinning these difficulties is the silence surrounding APVA. The sense of isolation, stigma and shame felt by families experiencing this kind of violence is exacerbated by the lack of official recognition and policy, and also the lack of awareness of APVA the public.

APVA is a complex problem and the boundaries between 'victim' and 'perpetrator' can be unclear. The violence is often (although not always) contextualised within existing family problems and many 'perpetrators' of violence towards their parents are, or have been victims or secondary victims of domestic violence and abuse or child abuse. It is often difficult to observe or assign labels of 'perpetrator' and 'victim' and there are numerous concerns about criminalising a young person for their behaviour, and the negative impact that this may have on their future life chances.

Professionals working with children and young people and parents should seek to identify risk factors early and work together with the family to provide early support to avoid crisis situations.

It is important that a young person takes responsibility for their behaviour. While the use of out of court disposals in the context of domestic violence and abuse need to be approached with caution, in the context of cases of APVA out of court disposals or a wrap-around safeguarding response should be considered alongside a criminal justice response as most parents wish to build and maintain their parent-child relationship and do not want their child criminalised. This means that typical domestic violence and abuse responses holding perpetrators to account may not always be appropriate. Practitioners highlight the need for tailored responses to APVA rather than relying upon generic parenting programmes and also identify the need to move away from the emphasis on parental responsibility and blame.

Before any intervention is attempted by practitioners, there needs to be a considered approach reflecting the whole family's dynamics. Practitioners need to consider the family as a system and how its members operate together and consider the use of whole family approaches. Adolescent violence and abuse should not be seen as independent of these dynamics.

Risk Assessment with Young People

There are specific factors to consider when working with young people who are involved in adolescent to parent abuse:

Environmental factors:

- Is there a history of domestic abuse within the family unit?
- Is the young person in an abusive intimate relationship?
- Is there a need for adult services' involvement in the family?
- Is the young person being coerced into abusive behaviours?
- Is the young person displaying heightened sexualised behaviours?
- Is the young person associating with peer groups who are involved in offending or older peers?
- Are Children's Services currently involved with the family?
- Should a risk assessment be conducted on the siblings to see if they are at risk of violence and/or contributing to the violence?
- Is the young person isolated from people and services that could support them?
- Is there a risk that the young person is being bullied?

- Are there BAME issues that need to be considered or that may affect a victim's disclosure?

Emotional self-regulation

- Does the young person have difficulties in forming relationships?
- Does the young person have mental health issues, self-harm or suicidal tendencies?
- Is the young person disengaged from education?
- Is the young person misusing substances?
- Does the young person display an obsessive use of violent games or pornography?
- Does the young person have poor coping skills or engage in risk taking behaviours?
- Does the young person identify their behaviour as abuse?

Young people may need support from a wide range of local agencies. Where a young person could benefit from coordinated support from more than one agency (e.g. education, health, social care, and police) there should be an inter-agency assessment. These early assessments (such as the use of the Merton Common and Shared Assessment form (CASA)) should identify what help the young person requires to prevent their needs and behaviour escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

Safety Planning

Safety planning is a practical process that practitioners can use with anyone affected by domestic violence and abuse. It should be a core element of working in partnership with victims and other agencies, taking into account the outcomes of risk assessment and risk management. Safety planning involves more than assessing potential future risk; it can help create psychological safety, space to recover and freedom from fear. Other members of the household's responses to questions about what they do when there is violence or abuse should be considered in safety planning. Risk assessments can assist safety planning and should aim to:

- help to understand the parent's fear and experiences as well as the fears of the young person;
- use and build on existing positive coping strategies;
- provide a safe physical space to recover;
- link to the relevant assessment framework being used by the agency and provide a holistic approach to safety and well-being;
- be part of a continuous process and ensure that safety planning links into the overall plan for the victim and is not completed as an isolated process;
- ensure safety plans are tailored to the individual. A 'one size fits all' approach is ineffective and potentially dangerous.

The Home Office provides detailed multi-agency guidance in its ***Information guide: adolescent to parent violence and abuse***. The guidance can be accessed using the following link:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/420963/APVA.pdf

The guide includes specific guidance for colleagues in

- Health
- Education
- Social Care
- Housing

- The Police
- Youth Justice Teams

Appendix 2: What is an IDVA?

An IDVA is an Independent Domestic Violence Advocate. IDVAs work with high risk cases. They also do the following

- Risk Assessment
- Safety Planning
- Safeguarding – adult and child
- MARAC referrals
- Offer of support to all MARAC referrals with consent
- Casework includes liaison with third party agencies, advocacy, letters of support, referral and signposting
- Advocacy for clients at MARAC
- Weekly One Stop Shop drop in service
- Awareness raising around domestic abuse with external agencies and the public
- Attendance at court with the client at the trial or liaison/referral to witness service if we cannot attend
- Attendance at court with the client when they are applying for a non-molestation order
- Attendance at child protection meetings
- Clare's Law disclosures –IDVA and police
- Identification of risk level

Appendix 3: What is MARAC?

MARAC is a Multi-Agency Risk Assessment Conference. The meeting includes a domestic abuse specialist (IDVA), police, children's social services, health and other relevant agencies all sit around the same table. They talk about the victim, the family and perpetrator, and share information. The meeting is confidential.

Together, the meeting writes an action plan for each victim. They work best when everyone involved understands their roles and the right processes to follow. We call these meetings MARACs, but they are also referred to as a multi-agency risk assessment conference.

- MARAC is governed by SafeLives - www.safelives.org.uk who set the national standards for all MARACs across the UK.
- National initiative backed by the Home Office
- Meets every 3 weeks to discuss the highest risk DV cases
- Multi-agency information sharing
- Aim is to reduce the risk of serious harm or death for the victim, and increase the safety, health, and well-being of the victims and their children
- Agencies refer cases determined as high risk based on the SafeLives DASH Risk Assessment
- The questions on the form reflect risk indicators identified from analysis of DV homicides

How to make a MARAC referral

A completed MARAC referral form should be sent to: merton.marac@merton.gov.uk.cjism.net or zoe.gallen@merton.gov.uk.cjism.net

- The form should have as much information about the case as possible e.g names, dates of births, addresses, children's names etc...
- The form MUST indicate if there is or is not consent for the referral.
- The risk assessment should be completed, if not an explanation as to why its not been completed.
- The form should explain what your service is offering the victim.

The form is available at www.merton.gov.uk/domesticviolence or email the above emails and request a copy.

Appendix 4: Safety Planning For People Experiencing Domestic Abuse

How to be prepared to leave urgently

A person who is experiencing domestic abuse, who realises that they may need to leave home suddenly can be greatly assisted by being prepared. They need to plan where they and the children would go, how they would get there and what they would take.

The following checklist might help:

- Have important telephone numbers available (Refuge & Women's Aid 24 hour help-line number, Men's Advice Line number, friend, family);
- Keep birth and marriage certificates, passports, medical cards together, or copies in a safe place;
- Keep benefit books, bank and building society books handy;
- Have rent or mortgage details written out;
- Carry change, phone card or mobile phone all the time;
- Carry driving licence, car registration and details of car insurance;
- Hide some money, credit cards, or open own savings account;
- Hide or leave spare keys to house and car with someone;
- Have necessary medication for self and children ready;
- Have someone write out a statement of their situation in English if not English speaking;
- Photograph of violent person (useful for serving court documents);
- Decide what to do about personal items or valuables, e.g. family photos, which are often important later;
- Have packed bag with a change of clothes, toiletries, toys hidden or at someone else's house;
- Plan to take all the children that they wish to have with them (the longer children are 'left at home' the harder it is to get them later);
- Talk to the children about the situation;
- Keep together any documents relating to their immigration status;
- Talk to friends or family about staying in an emergency;
- Use a call box or a friend's phone to keep calls private;
- Be ready to call 999 if they or their children are in danger;
- Tell people they trust about the abuse;
- Talk to agencies, e.g. a solicitor, about their legal rights, or the health visitor;
- Develop and keep reviewing her safety plan if there is the risk of abuse. For instance, avoid some rooms (kitchen, because of potential weapons; or bathroom, with no exit). Help her think about all possible escape routes: windows, doors, stairs (and suggest she practice before it's needed, if possible). An alternative may be a safe room to barricade while the police are coming;
- Ask neighbours and friends to call 999 if they see or hear noises that could mean they or the children are in danger. (Think about what she will scream or shout if attacked);
- Teach the children to use 999 and ask for the police. Talk to the children about staying safe, how they get out, where to go.

IF THEY DECIDE TO LEAVE

If they decide to leave, before they go

- Help them think about a place they can go where they will be safe, or where the abuser will not know to look for them, such as to a friend or relative (only if it is safe), to a hotel, or refuge, or to another town or city;
- They can also ask the Housing Department (or Homeless Person's Unit) or Social Services for help. Suggest they plan now, and also make a back-up plan. Suggest that they get legal advice;
- If possible, suggest the following:
 - Put some money away in a safe place a little at a time;
 - Move some of their things out a little at a time (for example, identification and other things that may not be noticed);
 - Keep a diary and record the abusive incidents (only if they can do this safely, in a hiding place or a safe address).

At any stage they can, encourage them to make careful notes of everything that happened, including times, dates, names, and what everyone said. If they are able to keep a diary, it can help them to remember. If they were injured, they (you, and the GP) might record all of the details including:

- *Exactly where they received the injuries (for example, the upper thigh);*
- *How they were hurt (for example, by a fist or boot);*
- *How many times they were hit; and*
- *How severe their injuries were (for example, bruises or cuts requiring stitches).*

These notes are very important. They may help them to access legal rights, welfare rights and benefit their and the children. Keep them in a safe place.

- Identification, including benefit books, medical cards, legal papers (like court orders, marriage certificate, passports, birth certificates, drivers licence);
- Proof of their housing situation e.g. mortgage paper, tenancy agreement, a bill with name and address, rent book;
- Money for fares, credit cards, cheque book;
- Clothes for two or three days, in a bag which is not too heavy;
- Things of special personal value (like writing, photos), or hide or store them;
- A few of the children's favourite toys, books or games;
- Toiletries, nappies, sanitary towels.

Any proof of the abuse like notes, photos, taped messages, their diary, crime reference numbers, names and numbers of professionals who know.

If there is a residency or a parental order in place, they might consult a solicitor who specialises in child and family work before leaving, or as soon as possible after they have left with the children. It may prevent a missing person's investigation or an emergency order being issued by the abuser for the children's return. Ideally, they might leave a note that says that they have left with the children, that they are safe, and that they will contact the non-resident parent in the near future. (They should keep a copy of the note).

They can also contact the national 24 hour National Domestic Violence Help-line run in partnership between Refuge and Women's Aid, voluntary agencies in their area, the police, Social services or the Housing department.

Appendix 5: Local and National Services

- Met Police – Community Safety Unit 020 8649 3170
- Victim Support Merton IDVA – Independent Domestic Violence Advisors – 020 7801 1777 merton.communityidva@victimsupport.org.uk
- www.merton.gov.uk/domesticviolence
- Zoe Gallen, Lead for Domestic Violence & Abuse 020 8545 3171
zoe.gallen@merton.gov.uk, or www.merton.gov.uk/domesticviolence

Community Group Programme for Children and Young people affected by Domestic Abuse

This is a multi agency based community programme for children and young people exposed to domestic abuse. The goal of the programme is to help children begin to heal from the impact of being exposed to abuse.

Children will have the opportunity to process and understand the hurt that happened in their family and parents who have experienced abuse can reflect on how to support their children's healing. The groups are appropriate for children & young people between 4 & 16 years of age who have experienced any form of violence or abuse in their family.

The groups are for families where the abusive partner no longer lives in the family home BUT the children or young person may still have contact with the dad or step dad.

Contact: Family Support Team Leader 020 8274 5100

Caring Dads Programme

The aim of the program is to help fathers improve their relationships with their partners, ex partner and children and put an end to controlling abusive and neglectful behaviours. Programme is run in conjunction with London probation services.

Bond Road Family Centre, 55 Bond Road CR4 3HJ 0208 274 5100

Gallop: National LGBT Domestic Abuse Helpline: T: 0800 999 5428

E: help@gallop.org.uk

Emotional and practical support for LGBT people experiencing domestic abuse. Abuse isn't always physical- it can be psychological, emotional, financial and sexual too. Speak out, don't suffer in silence. www.gallop.org.uk

Inner Strength Network

Offers 1-2-1 Coaching :

- Domestic abuse: ISN supports women who have suffered domestic abuse both during and after it has taken place with the aim of helping them to move forward in their lives.
- For those placed at a disadvantage due to abuse.
- those who need support with self esteem and confidence issues
- parent support

<http://innerstrengthnetwork.com>

Email: info@innerstrengthnetwork.com, maureen@innerstrengthnetwork.com or

Telephone: +44 7903 737780

Multi-Agency Safeguarding Hub (MASH)

The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for all safeguarding concerns regarding children and young people in Merton. It brings together expert professionals, called “navigators”, from services that have contact with children, young people and families, and makes the best possible use of their combined knowledge to keep children safe from harm.

Telephone: 020 8545 4226 or 020 8545 4227 or 020 8770 5000 (out of hours)

Fax: 020 8545 4204

Email: mash@merton.gov.uk

One Stop Shop

The One Stop Shop is a confidential service for people experiencing domestic violence or abuse in Merton. The One Stop Shop is a drop in so no appointments needed. Each week there is a solicitor and Domestic Violence workers and other agencies that can offer support and advice.

Mondays from 9.30am - 12.00pm

Morden Baptist Church, Crown Lane, Morden, Surrey SM4 5BL

For more information call 020 7801 1777 or visit Website: www.merton.gov.uk/safermerton

Association for Polish Families

Polish Family Association provides advice and support in the fields of hate crime, domestic violence, well-being, education, health, social and economic deprivation. We offer a full range of services with the overall aim of preventing the worsening of members’ circumstance and to enable self-sufficiency. We also provide extensive interpreting and translation services for a range of stakeholders, including hospitals, schools, police and advocate for our members when needed, we work in English and Polish.

Colliers Wood Community Centre, 66/72 High Street, Colliers Wood, SW19 2BY

Contact Number: 07917401064

Email Address: info@polishfamily.co.uk

Web Address: <http://www.polishfamily.co.uk>

Phoenix Domestic Abuse Perpetrator Programme

- A 12 week group work programme for male domestic violence perpetrators, with additional 1:1 work available as needed

- Male perpetrators, 18 years +
- Participants must be motivated to seek support, able to comprehend the materials presented, and participate in the process

phoenixprogramme@cdars.org.uk

Refuge

The refuge is a place for women to feel secure while fleeing domestic abuse.

PO Box 402, Sutton Surrey, SM1 3TG

Telephone: 020 8542 8791

Opening times: 24 hour

Nation Domestic Violence Helpline & Refuge Website: www.refuge.org.uk

0808 2000 247

Respect – Support for Domestic Violence & Abuse Perpetrators

Running the Respect Phoneline, an advice and referral line for perpetrators, we also run the Men's Advice Line, a helpline for male victims

Open: Monday - Friday 10am-1pm and 2pm-5pm

Call 0808 802 4040 (free from landlines and most mobiles)

Email info@respectphoneline.org.uk, Website: www.respectphoneline.org.uk

RNID typetalk – textphone users dial 18001 0808 802 4040

Language line – If English is not your first language, call us and ask for an interpreter

St Mark's Family Centre

A community organisation providing a range of activities, support and advice; parent/carer & toddler groups; adult learning classes, ESOL; family support and outreach; exercise classes; adult and children's dance classes; mental health music and discussion group; over 50s computer club; free legal advice.

28 St Mark's Road, Mitcham, CR4 2LF,

Telephone: 020 8640 9595 or **Email:** adminteam@stmarkscentre.co.uk

Opening Times: Monday to Friday 10am – 5pm

Safeguarding Adults

Provides support, assistance and advice to adults at risk of abuse in the community. We can signpost to other agencies that can help and if appropriate, apply the safeguarding process which adopts a multi agency approach in preventing and reducing abuse and thus domestic abuse and

violence. All at risk of abuse are treated with compassion and according to their individual needs, without making assumptions or stereotyping. The investigation process allows close liaison with all agencies working in Merton including those who support Domestic Violence victims.

Merton Civic Centre, London Road, Morden, Surrey, SM4 5DX

Telephone No: 020 8545 4388

Salvation Army, The Link Café

Linking women who have left their abusive partners to services in the community. Offering a listening ear and practical solutions to a wide variety of personal issues. We are non-judgemental, impartial and unconditional. Why not drop in for a cuppa and say Hello?

Tel 020 8648 8029 or www.salvationarmy.org.uk/mitcham

Salvation Army Office, Crown Lane, Morden, Surrey, SM4 6PX 020 8648 3267

Salvation Army - Merton Advice Centre

Every Tuesday from 12.30 - 1.30pm during term time at Salvation Army,

Free legal advice available on aspects of family and housing law, provided within a supportive and caring environment. Appointments are given on a first come, first served basis.

Victim Support Merton - IDVA Service

We offer free and confidential support, advocacy and information for female and male victims of domestic violence. This includes phone consultations/meetings, safety planning, general housing advice and advocacy with other agencies. We can signpost to more appropriate agencies and services where needed. We can support you to obtain an injunction and when available attend hearings and criminal trials.

We are part of the One-Stop Shop sessions, which provide a drop-in service for persons affected by domestic abuse to obtain information and free legal advice. We work to empower our clients and are client led.

Telephone: 020 7801 1777 / 020 8 944 6069 or Email: merton.communityidva@victimsupport.org.uk

Stalking and Harassment Services

Always call 999 in emergency

National Stalking Helpline: www.stalkinghelpline.org Tel. 0808 802 0300

Protection Against Stalking: <http://www.protectionagainststalking.org/>

National Stalking Clinic: www.beh-mht.nhs.uk/nsc

The National Stalking Clinic is a specialist service for the assessment and treatment of stalkers and their victims. It is run by the North London Forensic Service, part of the Barnet Enfield and Haringey

Mental Health NHS Trust. It provides a mobile service across the UK to interested parties including the courts, Probation Service, Police, mental health trusts and Social Services.

<https://www.suzylamplugh.org>