Solihull Domestic Abuse Procedures

Introduction

The purpose of these procedures is to ensure that everyone working with children and young people and their families is alert to the impact of domestic abuse and the relationship between domestic abuse and the abuse and Neglect of children, and is able to take action to safeguard children and young people.

There is a considerable impact on the safety and well-being of children and young people who experience domestic abuse both directly and indirectly (Stanley et al, 2010) and the impact of this can be significant in terms of their emotional, behavioural, cognitive and physical well.

The 3 central imperatives of any intervention for children and young people living with domestic abuse and violence are:

To protect the child/ young person;

To support the mother with her own safety, and the safety of her children;

To hold the abusive partner accountable for his violence and abuse and provide opportunities to change.

Most domestic abuse is perpetrated by men against women, and this procedure provides guidance on safeguarding the children and young people, who, through being in households/relationships, are affected by violence and abuse. This procedure refers to the victim/survivor as female and the abuser as male as this reflects the majority of cases where there are child protection concerns and the gendered nature of domestic abuse as evidenced in national statistics. However agencies should apply the guidance to all situations of domestic abuse regardless of whether abuse is perpetrated by a woman against a man, within same sex relationships, and between any other family members.

Professionals in all agencies are likely to become aware of domestic abuse being present in the lives of children and families they work with through:

Disclosure prompted by professionals using routine questioning or the identification of signs that domestic abuse or violence is taking place;

Unprompted disclosure from a child, mother;

Third party information (e.g. neighbours or family members).relationships, and between any other family members.

Definition of Domestic Abuse

Domestic Violence and Abuse is defined by the Home Office as

“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;

Economic;

Emotional.

The Serious Crime Act 2015 S77 introduced the offence of controlling and coercive behaviour in an intimate or family relationship. 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 pattern of acts of assault, threats, humiliation, and intimidation or other abuse that is used to harm, punish, or frighten their victim.

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

Examples of these behaviours are:

Psychological/ emotional abuse - Intimidation and threats (as well as direct personal threats, these can be threats which are made about children, other family members or family pets), social isolation, verbal abuse, humiliation, consistent criticism, enforced trivial routines, over intrusiveness;

Physical violence - slapping, punching, pushing, shoving, hair pulling, kicking, stabbing, damage to property or items of sentimental value, attempted murder or murder;

Physical restriction of freedom - controlling who the mother or children see or where they go, what they wear or do, stalking, imprisonment, and forced marriage;

Sexual violence - any non-consensual sexual activity, including rape, sexual assault, coercive sexual activity or refusing safer sex;

Financial abuse - stealing, depriving or taking control of money, running up debts, withholding benefits books or bank cards;

Coercive or controlling behaviour – taking control of their everyday life, such as where they can go, who they can see, what to wear and when they can sleep.

Practitioners should be alert to possible signs and indicators that could indicate a woman is experiencing domestic abuse. The following indicators do not define a stereotype of women affected by domestic abuse, with some women demonstrating a variety of indicators, whilst for other women no indicators will be immediately evident and so this is not an exhaustive list:

Stress related ailments - headaches, irritable bowel syndrome;

Bruises on the body, particularly on the breasts and abdomen;

Injuries to face, head or neck - common injuries include perforated eardrums, detached retinas;

Sexually Transmitted Infections vaginal/ infections or frequent gynaecological problems;

Miscarriages / history of miscarriages;

Repeated termination of pregnancy/still births;

Frequent A & E visits;

Multiple injuries in different stages of healing;

Burns - cigarette burns, rope burns;

Hair loss - consistent with hair pulling;

Bi-lateral injuries;

Frequent use of pain medication;

Unexplained “accidents” to children;

Depression /anxiety / panic attacks;

Vague symptoms and conditions;

Extreme feelings of isolation;

Self-harm;

Use of alcohol and other drugs, including frequent use of tranquillisers;

Eating disorders;

Attempted suicide;

Obsessive compulsive behaviour.

Impact of Domestic Abuse

On Children:

The risks to children living with domestic violence include:

Direct physical or sexual abuse of the child. Research shows this happens in up to 60% of cases; also that the severity of the violence against the mother is predictive of the severity of abuse to the children (*Bowker, Arbitell and McFerron, 1988*);

Domestic abuse is identified as a factor in two thirds of cases where children have been killed or seriously injured;

The child being physically abused as part of the abuse against the mother, including being injured as a result of intervening during a violent assault;

Being used as pawns or spies by the abusive partner in attempts to control the mother;

Being forced to participate in the abuse and degradation by the abusive partner;

Emotional abuse as a result of the child witnessing the abuse:

Hearing abusive verbal exchanges between adults in the household;

Hearing the abusive partner verbally abuse, humiliate and threaten violence;

Observing bruises and injuries sustained by their mother;

Hearing their mother’s screams and pleas for help;

Observing the abusive partner being removed and taken into police custody;

Witnessing their mother being taken to hospital by ambulance.

2009, Lord Laming, The Protection of Children in England: A progress report

Negative material consequences for a child of domestic abuse include:

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 mother and/or her permanent disability.

The impact on children who witness domestic abuse can be significant in terms of their emotional, behavioural, cognitive and physical well-being. Although not all children will be affected in the same way. Children exposed to domestic abuse may 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. In addition children who witness domestic abuse have been identified as being more vulnerable to sexual exploitation.

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

The severity and nature of the abuse;

The length of time the child is exposed to the abuse;

Characteristics of the child: gender, ethnic origin, age, disability, socio economic and cultural background;

The warmth and support the child receives in their relationship with their mother, siblings and other family members;

The nature and length of the child’s wider relationships and social networks; and

The child’s capacity for and actual level of self-protection.

On Unborn Children:

Domestic abuse can start or get worse during pregnancy, and it has been identified as a prime cause of miscarriage or still-birth (*Mezey, 1997*), premature birth, foetal psychological damage from the effect of abuse on the mother’s hormone levels, foetal physical injury and foetal death. The mother may be prevented by the perpetrator 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.

Teenage pregnancy is one of the many impacts of domestic abuse. The Sure Start Plus evaluation found that 14% of teenage mums experienced domestic abuse during their pregnancy and the NSPCC [2] found:

One in three young mothers reported experiencing physical violence from their current partner;

Two thirds had experienced physical violence in at least one of their relationships;

Nearly all had experienced controlling behaviour, often directly associated with their pregnancy and motherhood. Many stated the control and violence increased during pregnancy or when the baby was born;

The NSPCC and the Teenage Pregnancy Strategy (2010) found a link between domestic abuse and teenage pregnancy.

[2] 2011, NSPCC, Standing on my own two feet: disadvantaged teenagers, intimate partner violence & coercive control

On Mothers and their ability to parent:

Children living with domestic abuse are often reliant on their mother as the only source of good parenting. This is particularly so because domestic abuse very often co-exists with high levels of punishment, the misuse of power, and failure of appropriate self-control by the abusive partner

Many mothers seek help because they are concerned about the risk domestic abuse poses to their child/ren. However in some cases, domestic abuse may diminish a mother’s capacity to protect her child/ren and some mothers can become so pre-occupied with their own survival within the relationship that they are unaware of the effect on their children, whilst others need time to make sense of their experience and recognise it as abusive to themselves and their children.

Mothers who are subjected to domestic abuse have described a number of physical effects, including frequent accommodation moves, economic limitations, isolation from social networks, disruption and inference to their parenting 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;

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

The impact of the abusive partner’s behaviour is such that it can significantly diminish a mother’s ability to parent her child/ren.

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

Domestic abuse can present additional issues for the ongoing relationship between a mother and the children. Issues include:

A mother having her capacity to meet the developmental needs of her child/ren restricted;

Domestic abuse undermines a mothers respect for herself and the authority she needs to parent confidently;

A mother may be put in a position where she will prioritise her abusive partner’s needs over the children to avoid further abuse and violence. This could manifest itself in different ways; including concerns about the level of physical and emotional care provided to the children. Whilst some mothers parenting can be adversely affected by domestic abuse, there is evidence that their parenting can recover once they are safe, particularly where their lack of social support is addressed (Stanley 2011).

The Abusive partner’s ability to parent:

Perpetrating domestic abuse is a significant indicator of failed and dangerous parenting, as their behaviour is creating harm and risk to their children. Stanley (2011) found that those who perpetrate abuse struggle to acknowledge the impact of their behaviour on children in the family. Research (*Holden & Ritchie, 1991*) has found that the abusive partners have 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.

Confidentiality and Information Sharing

Clarity about information sharing is essential and all agencies, including all voluntary and statutory agencies, should ensure that in sharing information they do so in line with agreed local protocols (see  [GDPR - Information Sharing Protocol).](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/GDPRv2.pdf) It is vitally important that information is shared on a need to know basis as insensitive and uncoordinated information sharing can also endanger the life and well being of the woman and any children. Professionals receiving information about domestic abuse should explain that priority will be given to ensuring that the children and their mother’s safety is not compromised through the sharing of information.

It is essential that when domestic abuse is disclosed, or suspected, that the individual is fully and honestly advised about the confidentiality and storage of what has been disclosed, and knows the limitations of any confidentiality in respect of safeguarding responsibilities and where the information about the disclosure will be stored. This principle applies to adult victims as well as to children who are sharing information about domestic abuse either for the first time, or as part of on-going service provision

The sharing of information disclosed by children and young people in respect of domestic abuse must be carefully considered to support their on-going safeguarding and when shared between agencies, the agency who first receive/become aware of the information should be consulted. This is so the information can be shared safely and with full consideration of the context in which it was originally disclosed or shared.

It is important that where possible, decisions about information sharing are made in a way that are empowering for the victim to be able to make informed choices about the safety of themselves and their children given the nature and impact of domestic abuse i.e. disempowerment of the victim.

Any referral to Children’s Social Work Services, or any other agency, should detail who knows about the disclosure of domestic abuse that has been made. This is to ensure that information is not inadvertently shared with the perpetrator, or other family members who may not be supportive to protecting the victim and children.

Barriers to disclosure of domestic abuse

It is important to recognise that there are significant barriers to disclosure of domestic abuse.

For mothers this may include:

Minimising her experiences and/or struggling to define them as domestic abuse;

Being unable to express her concerns clearly (including language barriers);

Fear her children may be taken away (a common threat by perpetrators);

Fear the abusive partner will find her through lack of confidentiality;

Fear of death;

Believing the abusive partners promise it will not happen again (many want the abuse to stop not the relationship to end);

Shame and embarrassment and may believe it is her fault;

Fear she will not be believed;

Fear that there will be no follow up support;

Fear of isolation from her friends, family, and community;

Fear she will be detained or deported;

Fear that his immigration status will be exposed and she will be punished with an escalation of violence;

Being scared of what may happen in the future (where she will go, what she will do for money, whether she will have to hide forever, and what will happen to her children);

Previous poor experience when she has disclosed;

Fear that her disclosure will not be managed safely (or the abusive partner will find out in a way that is unsafe for her);

Fear of being pressured to take action she is not ready for/ too afraid of/ has tried before and it did not work.

For children and young people, this may include:

Being protective of their mother;

Being protective of their abusing parent/ abusive adults;

Extremely fearful of the consequences of sharing family “secrets” with anyone, including fear it may cause further violence and harm their mother;

Being threatened by the abusing parent/ abusive adult;

Fearful of being taken into care;

Fearful of losing friends and school;

Fearful of exposing the family to dishonour, shame, or embarrassment;

Fearful their mother (and they themselves) may be deported.

Good practice guidelines for an effective response to domestic abuse

Professionals in all agencies are in a position to identify, and/or receive, a disclosure about domestic abuse. Professional should be:

Alert to the signs that a child or mother may be experiencing domestic abuse or that a partner/father may be perpetrating domestic abuse;

Should never assume that somebody else will take care of, or deal with, the domestic abuse issues, as this may be the child, mother, or abusing partners first, or only, disclosure or contact with services in circumstances which allow for safeguarding action;

Ensure their attempts to identify domestic abuse and their responses to recognition or disclosure do not trigger an escalation in violence or increase risk for the mother and child(ren).

Professionals should keep in mind that:

The issue of domestic abuse should only be raised with a child or mother when they are safely on their own and in a private place;

Recommending separation does not, in itself ensure safety, it often, at least temporarily, increases the risk to the child/ren and mother;

Issues of contact in domestic abuses and in particular where the threshold of Significant Harm has been met should always be dealt with as a safeguarding matter and not considered a ‘private’ matter between the mother and her ex-partner / children’s father.

If a Professional is concerned about/has recognised the signs of domestic abuse, the professional can approach the subject with a child or a mother with a framing question. That is, the question should be framed so that the subject is not suddenly or awkwardly introduced, examples of safe questioning can be found at [Appendix 1](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/Ap-1-clarif_mother.pdf): Possible Clarification Questions for a Mother.

To promote the victim’s safety professionals must ensure these enquiries are never done in the presence of the abusive partner, and creative methods should be used to ensure the woman and/or child, can be spoken to alone

If a disclosure of domestic abuse is made by a mother or child the professional should:

Explain the limits of confidentiality, and their safeguarding responsibilities;

Should ask clarifying questions based upon good practice in respect of responding to a disclosure of abuse (see [Appendix 2](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/Ap-2-com_child.pdf): Communicating with a Child / Young Person and [Appendix 1](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/Ap-1-clarif_mother.pdf): Possible Clarification Questions for a Mother).

Professionals should be mindful when receiving disclosures by children of good practice including:

Listening and believing the child;

Re-assuring the child that the abuse/violence is not their fault, and it is not their responsibility to stop it from happening;

Not assuming that the child will consider themselves as being abused;

Letting the child know that s/he is not the only child experiencing this;

Deciding how to sensitively manage the information the child has shared to balance their safeguarding needs with their need to have degree of control over their feelings and any safety strategies that have devised.

Routine enquiry can be effective in increasing disclosure as victims are more likely to disclose if asked directly. Therefore it is always good practice to incorporate routine enquiry about domestic violence and abuse into all assessments and below are suggested ways to:

For a mother - “As domestic abuse is so common, we now ask everyone who comes into our service if they experience this is because it effects peoples 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 / get hurt, does this ever happen in your family?”.

If you choose to develop routine questioning, particularly if it is a questionnaire, it is recommended that you follow this up with a further question such as:

‘I see that you have ticked ‘no’ to questions relating to feeling safe, do you have any other questions about this issue? I just want you to know that if anything like this does ever come up, this is a safe place to talk about it and get help’.

Professionals should be aware that it is crucial that their practice does not jeopardise the safety of women and children, and therefore they address the need for safety planning with the woman and her children. Research evidences that women have to access between 5 and 12 different agencies before they get an appropriate response. Any professional response to a woman experiencing domestic abuse will have an impact on her future options and may affect her decision to access help again in the future. A woman living with domestic abuse will often be constantly trying to manage her own safety and that of her children. She is often in the best position to judge where and when she is safe to talk and most likely to be able to make plans for her and her children’s safety (see [Appendix 3](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/Ap-3-safe_plan.pdf): Safety Planning for Women).

Professionals should be aware that the majority of abusive partners will deny, or minimise, domestic abuse and may be very skilled at engaging professionals to act to collude with their denial. However Professionals should remain alert to, and prepared to receive and clarify a disclosure about domestic abuse from an abusive partner/father. Professionals may have contact with a man on his own (e.g. GP or substance misuse or mental health service) or in the context of a family (a school or A&E Unit, maternity services or LA Children’s Social care).

In such instances professionals should act to safeguard the children and /or their mother including:

Informing their line manager and their agencies designated safeguarding children advisor;

Be clear with the man that abuse is always unacceptable and abusive behaviour is a choice - do not collude and explain safeguarding responsibilities;

When making contact with mothers and children practitioners should ensure that communication with them is as detailed in sections above, and their safety is priority.

In any situation where it is believed a child is being abused, professionals involved with the child and their family should explore whether there is domestic abuse in the household or in a young person’s partner relationship.

Professional response and support

See also [Appendix 4](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/Ap-4-fc_dom_abu.pdf): Professional Response to a Disclosure or Concern about Domestic Abuse Flowchart

When a professional becomes aware of domestic abuse in a family they should in the first place seek to establish:

The nature of the abuse/violence;

If there are children living in, or regularly visiting, the household, including ages of children;

Whether the abusive partner is with the mother and where the children are;

What the child and mother’s immediate fears are;

Whether there is a need to seek immediate assistance;

Whether the child/ren and mother have somewhere safe to go.

The professional should:

Where there is a disclosure, validate and support the child or mother by taking what is said seriously;

Make an immediate decision, where possible, about whether a child or mother requires treatment or protection from emergency services;

Where there is a disclosure, from mum, ask about things she has done which have helped to keep her and the children safe, how effective these have been and what you as an agency can do to help her;

Where there is a disclosure from a child, ask about them what they do when the domestic abuse occurs, ask them how they keep themselves safe, what they want to do when the domestic abuse occurs and what they need help with;

Record the information and the source of the information and who else knows of the domestic abuse.

When becoming aware of a situation of domestic abuse in a family with children, the professional must discuss the information/concern with the agency’s designated safeguarding advisor or line manager, to consider if a child protection referral is needed, or alternatively to plan how to complete an assessment using [Appendix 5: Domestic Violence Risk Identification Matrix (DVRIM).](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/dom_viol_risk_ident_matrix.pdf" \t "_blank)

The presence of domestic abuse will always result in the child being in need of support, but the level of safeguarding support required will be identified from the assessment using [Appendix 5: Domestic Violence Risk Identification Matrix (DVRIM).](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/dom_viol_risk_ident_matrix.pdf) Where there are factors relating to Faith and Culture then [Appendix 6](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/Ap-6-faith_and_cult_sg_chklist.pdf): Faith and Culture Safeguarding Children Checklist should be used alongside the DVRIM. [Appendix 5: Domestic Violence Risk Identification Matrix (DVRIM)](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/dom_viol_risk_ident_matrix.pdf) is a tool that has been developed by Barnardos to assist professionals to use the available information to come to a judgment about risk of harm to a child. This may include deciding that the available information is NOT ENOUGH to form a sound judgment about the risk and harm. Where there are factors relating to Faith and Culture then [Appendix 6](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/Ap-6-faith_and_cult_sg_chklist.pdf): Faith and Culture Safeguarding Children Checklist should be used alongside the DVRIM. The DVRIM is not to be completed with children.

Professionals who have not had specific training should always complete [Appendix 5: Domestic Violence Risk Identification Matrix (DVRIM)](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/dom_viol_risk_ident_matrix.pdf) with the agency’s designated safeguarding advisor or line manager.

In assessing the risk professionals should be mindful of the following additional vulnerabilities:

Babies under 12 months are particularly vulnerable to the effects of violence;

Circumstances where there are children under 7 years of age as they do not have the ability to implement safety strategies;

A child or mother who has special needs, this may limit the capacity to implement effective safety strategies and if the mother is an Adult at Risk local Adult Safeguarding Procedures should be followed;

High levels of coercive or controlling abuse may limit mothers options and ability to implement strategies to protect her or her children;

Children and mothers from black or minority ethnic communities may experience additional isolation;

Children or young people having contact with an abusive parent, as this can be a mechanism to continue abuse within the family, and unless established as part of a Safety Planning (see [Appendix 3](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/Ap-3-safe_plan.pdf): Safety Planning for Women) can have harmful consequences for child and mother.

In addition, professionals should also consider whether:

Attention to domestic abuse is inadvertently drawing attention away from identifying that a child in the family may be being sexually or physically abused or targeted in some other way;

Whether a child, or young person, is perpetrating abuse towards other family members.

The scale outcomes are detailed below:

Scale 1 - Moderate risk of harm to the child/ren whereby any needs can be addressed through single agency family support intervention provided to the child and their mother

The professional should:

As part of the assessment check with Children Social Work Services whether the child/family are known to Children’s Social Work, either currently or previously;

Be satisfied that there are no factors which increases the vulnerability of the child/ren, which might raise the risk scale;

Ensure the work plan with the family always include safety planning for children and their mother

Scale 2 - Moderate, to serious, risk of harm to the child/ren. A child in this situation will have additional needs as identified by the “Risk Identification Matrix”. The child/ren and their mother will require family support intervention offered by more than one agency. This support will be co-ordinated by a Lead Professional. The professional in addition to actions in Section 7.7 above, should:

Consider a referral to Children Social Work Services if the mother does not consent to the completion of the CAF, as this may raise the threshold of need/risk. LINCS Framework procedures to convene a Team around the Family.

Scale 3 - Serious risk of harm to the children, and the child is considered to be a Child in Need. Children’s Social Work Services may consider Child in Need intervention, but safeguarding intervention may be necessary if the threshold of significant harm is reached.

Scale 4 - Severe risk of harm to the child, identified with the protective factors being limited (Scale 3) or extremely limited (Scale 4) and children are in need of protection. Children’s Social Work Services to consider if a S47 Enquiry and Social Work Assessment intervention are required. Children may be at risk of being looked after.

Professionals should in all cases:

Make a detailed and accurate record of:

The assessment and the information which underpins it and inform their line manager;

The decision to share with whom and when and the rationale for doing so.

Contact Children Social Work Services, as Managing Individual cases (see Section Impact of Domestic Abuse);

Be mindful of safety planning for the mother and children;

Consider referral to MARAC process.

It is important that throughout the professionals involvement with the family is mindful to ensure signposting to relevant services ([Solihull Family Information Service](https://socialsolihull.org.uk/localoffer/family-information-service-directory/3868/family-information-service-fis/) and there is specific information for Domestic Abuse support available [here](https://www.solihull.gov.uk/communities-and-safety/Help-and-advice-about-domestic-abuse) hold information of all services available to support children and families ).

Professional Response to a disclosure or Concern about Domestic Abuse involving a family with children/young people (see [Appendix 4](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/Ap-4-fc_dom_abu.pdf): Professional Response to a Disclosure or Concern about Domestic Abuse Flowchart).

Police Response

West Midlands Police Service (WMPS) attend all reports of domestic abuse. The force uses the DASH (domestic abuse, stalking and harassment) risk assessment toolkit ([Appendix 7 : DASH Risk Identification Checklist Form](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/dash_check.doc)) to help identify the risk of harm to victims, although officers can apply discretion if the reported incident is considered below the crime threshold or is a crime between family members who are not intimate partners. Completion of a DASH is mandatory where honour based violence or forced marriage is evident. Cases assessed as “medium” and “high” are referred as soon as possible to the PPU (Public Protection Unit) for further enquiries/support.

WMPS may receive contact from a domestic abuse victim, a third party or an 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 multi-agency meeting or partner agency referral.

In the event of a direct contact or telephone call from a child requesting help in relation to domestic violence or abuse, or other urgent or high risk situations the Police would take immediate protective action, including a referral to domestic abuse triage (see Section Impact of Domestic Abuse).

Initial Investigating Officers will record all the children and young people (including unborn) who live in the household regardless of whether they are reported to have directly witnessed an incident of domestic abuse. The officer will detail:

What the children saw or heard;

A description of the child/young persons demeanour and emotional state;

The possible risks to the children;

Any history of abuse the child or young person has seen or heard.

Domestic Abuse Triage

West Midlands Police have arrangements in place to share information with partner agencies in respect of children and young people identified via police call out as living with /exposed to domestic abuse. This process is known locally as “triage”.

Cases referred to triage are assessed on a daily basis, with high risk (level 4) escalated to MASH immediately, cases relating to families that are already being managed by children’s social care are forwarded to the caseworkers and the remainder are discussed within 48 hours by a multi-agency panel. The purpose of this is to share information and agree a proportionate intervention. A lead agency is determined and where possible this will be an agency that is already engaged with the family.

MARAC

See [Appendix 8: MARAC Referral Form](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/West-Midlands-MARAC-Referral-Form.docx).

MARAC (Multi-Agency Risk Assessment Conference) is a multi-agency meeting which has the safety of “high risk” victims of domestic abuse as its focus. MARAC is a process involving the participation of key statutory and voluntary agencies who might be involved in supporting victims of domestic abuse. The objective of the MARAC is to share information and establish a simple multi-agency action plan to support the victim and make links with other public protection procedures, particularly safeguarding children, Adults at Risk, and the management of offenders.

The MARAC is part of a wider process of support, which includes the involvement of an Independent Domestic Violence Advisor (IDVA) and continued specialist case management, both before and after the meeting.

The MARAC should ensure the co-ordination of both specialist support services, together with universal agencies, both of whose resources and involvement will be needed to keep victims and their children safe and hold the perpetrator to account for their behaviour.

Where a perpetrator of domestic abuse is being managed at MAPPA level 2 or Level 3, the MAPP meeting should take the lead over the MARAC as the MAPPA is a statutory set of arrangements and takes precedence over MARAC.

Where Police Officers attend a situation where domestic abuse is identified, and any case identified as high risk by the completion of a DASH assessment will be presented to the next MARAC meeting.

Any agency can make a referral to MARAC and to do so will need to have completed a DASH assessment. If the outcome of the DASH is assessed as “High Risk”, The completed DASH risk assessment, together with a completed MARAC Referral Form, should be securely forwarded to the regional MARAC administration team.

Domestic Violence Protection Orders and the Domestic Violence Disclosure Scheme

Domestic Violence Protection Orders

Domestic Violence Protection Orders (DVPOs) were implemented across England and Wales from 8 March 2014. DVPO’s were designed to provide immediate protection for a victim following a domestic abuse incident in circumstances where, in the view of the police, there are no other enforceable restrictions that can be placed upon the perpetrator.

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 and space to consider their options and get the support they need.

Before the scheme, there was a gap in protection, because police couldn’t charge the perpetrator for lack of evidence and so provide protection to a victim through bail conditions, and because the process of granting injunctions took time

Domestic Violence Disclosure Scheme (Clare’s Law)

The [Domestic Violence Disclosure Scheme (DVDS)](https://www.gov.uk/government/publications/domestic-violence-disclosure-scheme-pilot-guidance) (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.

For further information, see [Domestic Violence Disclosure Scheme](https://www.gov.uk/government/publications/domestic-violence-disclosure-scheme-pilot-guidance)

Safety Planning

A safety plan is a strategy that will support a woman to seek help to secure her safety whilst at the same time not compromising her safety. Professionals should be mindful of the need to prioritise the safety of the woman and her child/ren and should be aware of the need to establish with her a safety plan.

A safety Plan should be established for all women who are known to be experiencing domestic abuse not just in respect of women who wish/plan to leave an abusive partner.

Safety plans should be reviewed with the woman as situations change, especially when agencies become involved. This is so there can be a risk assessment of the impact of any intervention(s) and the safety plan can be adjusted accordingly

When a woman realises that she may need to leave home suddenly, she can be greatly assisted by being prepared. As a minimum she needs to plan and prepare:

Where she and the children would go;

How they would get there; and

What they would take.

A professional who becomes aware of domestic abuse and violence within a family should seek to help the mother to develop a safety plan (see [Appendix 3](https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/Ap-3-safe_plan.pdf): Safety Planning for Women). This will also include appropriate signposting to suitable support services

Any safety plan that is developed for children and young people in the family should be undertaken with the direct involvement of the mother and linked to her safety plan. Developing safety plans for children and young people in the family without reference to the mother’s safety arrangements could put the child at increased vulnerability.

Honour Based Violence

Honour based violence is the term used to describe ‘murder, rape, kidnap and many other acts, behaviour and conduct which make up violence in the name of so-called honour’ (National Police Chief’s Council, 2008). Honour based murders are sometimes called 'honour killings'. These are murders in which predominantly women are killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame.

National Police Chief’s Council definition of so-called honour based violence is: “A crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community” (2008)

Professionals should respond in a similar way to cases of honour based violence as with domestic abuse and forced marriage, that is in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family, and completing individual risk assessments where appropriate.

For more information see [Forced Marriages](https://westmidlands.procedures.org.uk/pkplo/regional-safeguarding-guidance/forced-marriage/#s2741) and [Honour Based Violence](https://westmidlands.procedures.org.uk/pkqqo/regional-safeguarding-guidance/honour-based-abuse/#s800) Procedures