

SECTION 23

DOMESTIC VIOLENCE

This section sets out –

- The definition of domestic violence, and its relevance to child protection;
- Issues to be considered when domestic violence is a factor and there may be child protection implications; and
- Issues to be considered when the issue of domestic violence arises during or after section 47 enquiries.

1. GUIDANCE

Working Together to Safeguard Children [2010] -
Chapter 9 Paragraphs 9.17 – 9.26;
Chapter 11 Paragraphs 11.79 – 11.92;
Chapter 12 Paragraphs 12.26 – 12.30

2. INTRODUCTION

- 2.1 This section draws attention to some of the child protection issues which arise in the context of domestic violence. It is not intended as guidance on dealing with domestic violence itself - each agency should have a policy for addressing this issue.
- 2.2 These procedures reflect and endorse the principles and standards of good practice in providing services to those experiencing domestic violence and their children, issued by the Birmingham Interagency Domestic Violence Forum.
- 2.3 **In any situation in which a child appears to be at risk, his/her immediate physical safety must be the paramount consideration.**
- 2.4 Babies under 12 months old are particularly vulnerable to violence: any incident of domestic violence in a family with a child under 12 months old (including an unborn child) should be referred to children's social care, even if the child was not present.

3. DEFINITION

- 3.1 The Home Office defines domestic violence as “Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality”.

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- 3.2 Domestic violence is coercive, intimidating behaviour designed to establish and maintain dominance and control over an intimate partner or family/household member. This pattern of behaviour, without effective intervention, can escalate in frequency and severity.
- 3.3 Although both men and women can be victimised in this way, a greater proportion of women experience all forms of domestic violence, and are more likely to be seriously injured or killed by their partner, ex-partner or lover. For this reason, the victim is usually referred to as “she” and the aggressor as “he”, but practitioners should be aware that other patterns are possible, including violence in same-sex relationships.
- 3.4 Situations may also arise in which a young person abuses a parent. This would not constitute a child protection issue, but:
- It may suggest that the young person has significant unmet needs;
 - Practitioners should be alert to the possible effect on younger siblings; and
 - If the parent is a vulnerable adult (this is defined in [Section 4](#) paragraph 5.14) the Safeguarding Adults Team in the Adults and Communities Directorate should be notified.
- 3.5 Domestic violence rarely exists in isolation. Many parents also abuse drugs and alcohol; experience poor physical and mental health; have a history of childhood abuse; and have grown up in care. This increases the difficulties that parents experience in meeting the needs of their children, and the likelihood that the children will experience neglect and abuse.

4. RELEVANCE TO CHILD PROTECTION

- 4.1 Domestic violence has an impact on children in a number of ways:
- Violence may commence or escalate during pregnancy and injuries to the abdomen are common, with consequent risk to the unborn child.
 - There is evidence to suggest an increased incidence of both physical and sexual abuse of children in households in which a woman is being abused.
 - An abusive man may threaten to harm a child in order to coerce the mother to meet his demands.
 - An abused parent may prioritise their partner’s needs over those of the children in an effort to avoid outbursts of violence, and may be forced to punish her children more harshly than she would want to.

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- Domestic violence impacts on parenting capacity through physical injury, lack of sleep, loss of confidence, loss of authority, isolation, and increased use of medication and alcohol.
 - A child may get in the way of an attack on a parent, or may be injured in trying to protect a parent.
 - Witnessing and living with domestic violence is abusive in itself; most children of abused parents/carers know of the abuse and may show the effects of this emotional abuse. The definition of “harm” used in care proceedings under the Children Act 1989 includes impairment caused by seeing or hearing the ill treatment of another person.
 - The risk of violence may increase at the end of the relationship, and when parents are no longer living together, the perpetrator may use the arrangements for contact with the child to commence or to continue a pattern of violence.
- 4.2 Any child who is living with domestic violence is likely to be in need of services to promote their welfare, and may be in need of protection.

5. DEALING WITH CHILD PROTECTION ASPECTS OF DOMESTIC VIOLENCE

- 5.1 The central imperatives of any intervention for children living with domestic violence are –
- To protect the children, including unborn children;
 - To empower victims to protect themselves and their children; and
 - To identify the abusive partner, hold them accountable for the violence and require them to change.
- 5.2 When domestic violence is suspected, the victim should be directly questioned in a safe and supportive environment, and provided with an opportunity to disclose their own, and their children’s, experiences. If a referral to another agency is needed, the referrer should try to establish with the victim safe methods for making contact.
- 5.3 On encountering domestic violence, the initial focus will be on the victim -
- The practitioner will attempt to identify services and strategies which could enable her to protect herself and her children;

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- The agency should consider referral to MARAC – see paragraphs 4.14 - 15 below; and
- If the household includes one or more children, it should be assumed that the victim wishes to make them safe unless there is evidence to the contrary.
- If the victim appears to be a vulnerable adult, (this is defined in [Section 4](#), Paragraph 5.14) the practitioner should notify the Safeguarding Adults Team in the Adults and Communities Directorate.
Practitioners should also be aware of the possibility of multiple victims, particularly in three-generation households.

However, if a child appears to be at risk, their immediate physical safety must be the paramount consideration.

- 5.4 In responding to domestic violence, practitioners should be aware of the need for sensitivity. Access to services by victims of domestic violence may be complicated by feelings of shame, fear and guilt as well as by cultural and family restraints. A victim may need a lot of support in considering the options available to them. In addition, any action which the perpetrator perceives as confronting the issue may increase the risks to both the adult victim and any children in the household.
- 5.5 If the police respond to an incident of domestic violence and it is known that a child is a member of the household, they will inform children's social care and the PCT child protection nurse.
- 5.6 If any agency has specific concerns about the safety or welfare of a child because of domestic violence, they should refer the matter without delay to children's social care. In making a referral, practitioners should state clearly the reason for their concerns. These may not arise directly or clearly from the domestic violence.
- 5.7 In responding to a referral children's social care must seek a way of making contact with the victim which will not further endanger them or their children. For this reason it is essential that the referrer states clearly whether the victim is aware that the referral is to be made, whether anyone in the family knows that the referral will mention domestic violence, and whether contact arrangements have been agreed with the victim.
- 5.8 If children's social care are aware that domestic violence has resulted in potentially criminal behaviour toward any child, they will discuss this with the police during the strategy discussion.

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- 5.9 The decision whether any action is necessary to protect the immediate safety of the child should be taken after discussing the options with the victim. This decision will depend on the response of the victim, and any decision to remove the child should be taken only if they seem to be at immediate risk and the victim seems unable or unwilling to take the necessary action to protect them despite appropriate and realistic options having been made available and discussed without the presence of the perpetrator.
- 5.10 If the perpetrator's actions may be criminal, the victim should be encouraged and supported to cooperate with the police.
- 5.11 If it is necessary to take immediate action to protect the children of the household, this should be regularly reconsidered in the light of any further action by the victim.
- 5.12 It is essential that any child protection plan is based on:
- The known actions of the perpetrator and not on their expressed willingness to change or to participate in therapy; and on
 - The response of the victim to appropriate service offers and not on their past actions while under coercion.

And that any plan to allow contact between the child and the perpetrator is dependent on a risk assessment.

Multi-agency approach

- 5.13 Known cases of domestic violence are screened by children's social care, health and the Police to assess the level of risk. Agencies may be contacted for information or to become involved in a response as a result of this.
- 5.14 In high risk cases it may be appropriate for a Multi-Agency Risk Assessment Conference to be held (MARAC). This multi agency forum will devise an action plan to support and protect the victim and their children. It does not replace the child protection process, but any action plan must be taken into account when drawing up a child protection plan.
- 5.15 Referrals to MARAC can be made through the local police Domestic Abuse Officer.

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6. DOMESTIC VIOLENCE ISSUES ARISING DURING SECTION 47 ENQUIRIES OR LATER

- 6.1 If it is clear that domestic violence is an issue at the beginning of section 47 enquiries, the strategy discussion will identify suitable services to enable the victim to protect herself and the child. This should include support to enable her to consider her options and take advantage of the services offered. Any plan to protect the child must take into account the victim's response to the services offered.
- 6.2 If it becomes clear at a later stage that domestic violence is an issue, this should be referred to the next child protection conference in order to identify suitable services to enable the victim to protect herself and the child. Domestic violence is a significant factor and it may be appropriate to recall the conference early, as the child protection plan must take it into account.
- 6.3 When domestic violence is known to be, or is believed to be, an issue, particular care must be taken in arranging child protection conferences and other meetings. All practitioners should be aware that the victim's safety may be at risk before, during and after a conference, and that arrangements to manage the conference may increase the risk, e.g. because that aggressor may react violently if he becomes aware that the victim has had an opportunity to speak outside his control. This intimidating influence is likely to limit the victim's ability to engage in the child protection process.
- 6.4 When domestic violence is a significant factor in the decision that a child needs to be the subject of a child protection plan, the plan must clearly identify which agency or agencies will be responsible for monitoring whether the perpetrator of the violence is living in, returns to live in, or has significant contact with, the household. If the plan is discontinued because the perpetrator is no longer living in the household, e.g. because he is in prison, it is equally important to establish a process which will alert agencies if he re-establishes contact with the household.