

Enabling disclosure

- Create a supportive environment where domestic violence posters and information is prominently displayed
- Be aware of local support services and keep supplies of information to pass on
- Ensure all staff attend domestic violence training, that is appropriate to their professional role i.e. basic, enhanced, advanced
- Be aware of signs that could indicate domestic violence is taking place
- Ensure professional interpreters are employed to translate, not family members, children or friends
- Only ask about domestic violence to women when they are safely on their own, and in a private place

This guidance refers to survivors of domestic violence as female and perpetrators as male. This is to reflect the overwhelming majority of DV incidents.

- Domestic violence also occurs in the lesbian, gay, bisexual and transgender communities
- Heterosexual men can also be abused by heterosexual females

This guidance is applicable for all victims, for specific LGBT risk indicators and information for male victims please consult the multi-agency guidance

Remember domestic violence commonly **escalates** and increases in **severity** over time
Separation does not ensure safety; it often increases the risk, **always** consult DV agencies for safety planning advice if a victim wishes to separate.
 The more information that emerges, always consult the threshold scales and consider the children's needs and risks to safety

Initial disclosure and assessment

Never assume that somebody else will take care of the domestic violence issues, you may be the women's first and only contact

Adult Victim

1. Ask domestic violence framing question

"Frame" the question so that the subject is not suddenly and awkwardly introduced.

"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."

Explain the limits of confidentiality and safeguarding responsibilities

2. Ask directly

Have you been in a relationship with somebody who hurts you or threatens you?

Is this with a current partner, family member?

If the client hesitates, you might say:

I am asking because I am concerned about your safety and need to find out if you need information or support. I will not tell your partner or family about what you say.

If the client says she has been abused you need to ask 5 clarification questions.

1. Tell me how your partner/family member hurts you? When was the last time he hurt you, was this the worst time? (*Hit/slapped/pushed/punched/ kicked, repeatedly puts you down*)
2. Does your partner get jealous, how does he behave when he is jealous? (*Is he possessive and controlling about who you talk to, how you dress?*)
3. Are you afraid for your children when he is behaving like this, does his behaviour frighten them? (*Have they ever got hurt when he is hurting you?*)
4. Does your partner have any problems with alcohol, drugs or have mental health issues? (*How does he behave at this time? Do you need any support with any of these issues?*)
5. Do you feel isolated? Who supports you and your children? (*Cultural isolation*)

- Validate and support women who do disclose
- Offer DV information about relevant support agencies, whether a woman discloses abuse or not, and keep the door open for future discussion. *"If things ever change, I am here for you and am willing to listen"*

3. Address immediate safety issues of women, children and practitioner

Is their partner there with them, where are the children?

What are their immediate fears & your concerns; do they have somewhere safe to go? Seek assistance if needed.

4. Always consult the Threshold scales with the information available to you

- Establish if there are any children in the household?
How many? Are the children under 7, any with special needs? Make an assessment of their needs; CAF or Safeguarding intervention
- Establish if victim is a vulnerable adult? if so refer to POVA procedures
- If there are no children in the household refer victim to DV agency & consider MARAC process if Threshold scale 3 and definitely for Threshold scale 4

Child (16 and under)

1. Depending on the level of detail disclosed, you may need to ask the child for clarification (limit to one or two non leading simple questions)

2. Use the child's "words"
Can you tell me a little bit more about when daddy hurt mummy last night?

3. Ask the child if they have told anybody else about this, who?
Have they summons help from the police? (this indicates high risk) – if yes record details on C&F referral.

4. Do not press the child for answers
 ➢ Listen and believe what they say.
 ➢ Explain that you need to make sure they are safe and will tell people that can help them stay safe (limits of confidentiality).
 ➢ Reassure children that the abuse is not their fault, and it is not their responsibility to stop it from happening
 ➢ Give Childline number 0800 1111

5. Assess and attend to immediate safety issues of the child/ren, mother, and practitioner
 What are their immediate fears & your concerns, where is the abuser? Seek assistance if needed.

6. Establish if there are other children in the household
 How many? Are there children under 7 or special needs?

Perpetrator

1. Depending on the level of detail disclosed, you may need to ask him for clarification *"I need anger management", "I've got a problem with drink", "My wife and I are fighting a lot", "I'm not handling stress at work"*

If the man presents with a problem such as drinking, stress or depression, but does not refer to his abusive behaviour, these are useful questions to ask:

When you feel like that, how do you behave?
How is this drinking/stress at work/depression affecting how you are with your family? Is everything ok at home?
How would you describe your relationship with your partner?

2. Ask direct questions -If the man has stated that domestic abuse is an issue
 Explain the limits of confidentiality & safeguarding responsibilities

1. What happens when you get angry with your partner or your family?
Do you ever shout at her? Have you ever frightened your partner and your children?
2. Have you ever hit her or pushed her around?
What (specific) violence have you used?
When did you first lay a hand on her in anger? What's the worst thing you've done in anger? What has been the most recent violence?
3. Have the police ever been called to the house because of your behaviour?
4. How are the children affected?
Have you abused/assaulted your partner in front of the children?
5. What worries you most about your behaviour?
How do you think alcohol or drugs affect your behaviour?

- Be clear that abuse is always unacceptable & abusive behaviour is a choice
- Tell the man, that children are always affected by living with domestic abuse, whether or not they witness it directly.
- Be respectful, affirm any accountability shown by the man but do not collude

3. Address immediate safety issues of women, children and practitioner

If you are concerned about the imminent safety of a woman or child/ren inform your line manager and directly call C&F and/or the police.

4. Always consult the Threshold scales with the information available to you.

- Establish if there are any children in the household How many?
Are the children under 7, any with special needs?
Make an assessment of their needs; CAF or Safeguarding intervention?
- Establish if victim is a vulnerable adult –if so refer to POVA procedures

Third party reports

(i.e. Neighbours and family members)

1. Agency which third party has reported incident to, makes **direct referral to C & F** -Safeguarding intervention
2. Refer case to **MARAC** (especially if no children involved) Share information responsibly with relevant multi agency professionals.
3. Document decision to share and rationale for doing so.
4. Record-Make detailed and accurate notes and inform line manager re C&F DV referral
5. Partnership working- be aware of your professional role and consult C&F, Police, DV agencies & relevant professionals.

Police response

If a child calls the Police (summons for help) this is an immediate notification to Children & Families

Moderate – Scale 1
 Child/ren & families with additional needs.
 CAF completed- Single practitioner - targeted support
 Child/ren under 7yrs/ or with special needs increases risks. The younger the child/ren the higher the risk to their safety. Consider protective factors.

Evidence of DV	Y	N	S
1 - 3 minor incidents of physical violence which were short in duration			
Victim did not require medical treatment			
Intense verbal abuse			
Risk factors/ Potential vulnerabilities	Y	N	S
Child/ren were not drawn into incidents			
Control of abuser is not intense			
Protective factors	Y	N	S
Child/mother relationship is nurturing, protective and stable			
Significant other in child's life -positive and nurturing relationship			
Presence of child/ren was a restraint for the abuser			
Abuser accepts responsibility for abuse/violence indicating remorse			
Abuser willing to engage in services to address his abusive behaviour			
Victim has positive support from family/ friends & community			
Victim appears emotionally strong (not worn-down by the abuse)			
Victim sought appropriate support and/or is willing to accept help from other agencies			

Y= Yes N=No S= Suspected

Moderate to Serious – Scale 2
 Child/ren & families with additional needs. CAF completed – Lead professional – integrated support
 Child/ren under 7yrs/or with special needs - at higher risk of emotional/ physical harm – limited self-protection strategies -can raise threshold to Scale 3. Consider protective factors

Evidence of DV	Y	N	S
History of minor/moderate incidents of physical violence-short duration			
Victim received minor injuries-medical attention not sought			
Evidence of intimidation/ bullying behaviour- pushing/ finger poking/ shoving/ to victim but not towards child/ren –Destruction of property			
Intense verbal abuse-consistent use of derogatory language			
Risk of isolation -Abuser attempts to control victims' activities, movements & contact with others			
Risk factors/Potential vulnerabilities	Y	N	S
Child/ren were present in the home during an incident but did not directly witness			
Potential likelihood of emotional abuse of child/ren			
Cultural issues: Language barriers- Professional interpreter required New immigrant unaware of support services and official processes Victim minimising abuse due to fear of experiencing racism/discrimination in statutory services -and/or Victim unwilling to disclose abuse due to allegiance to own community, faith family. Can raise threshold to scale 3			
Protective factors	Y	N	S
Child/mother relationship is nurturing, protective & stable. In spite of abuse, victim was not prevented from seeing to the needs of her child/ren			
Significant other in child's life – positive and nurturing relationship			
Older child/ren used coping/ protective strategies			
Victim attempted to use protective strategies with older child/ren			
Victim is prepared to take advice on safety issues			
Victim has insight into the risks to her child/ren posed by the abuse			
Victim has positive support from family/friends and community			
Abuser willing to engage in services to address his abusive behaviour			

Serious – Scale 3
 Child/ren in Need -Children's Service consider S.17 but Safeguarding intervention may be necessary if threshold of significant harm is reached. Professional case planning
 Child/ren aged under 7yrs/ or child/ren with special needs can raise threshold to scale 4

Evidence of domestic violence	Y	N	S
Incident(s) of serious and/or persistent physical violence in family			
Increasing in severity/ frequency and/or duration - History of previous assaults			
Victim and/or children indicates that they are frightened of abuser - put in fear by looks, actions, gestures and destruction of property (emotional & psychological abuse)			
Recent separation – repeated separation/reconciliation/ongoing couple conflict			
Stalking/harassment of mother/child/ren			
Abuser breaching bail conditions/civil protective orders /non- contact orders			
Victim required medical treatment but not sought/ or explanation for injuries implausible			
Recurring or frequent requests for police intervention			
Incidences of violence occur in presence of child/ren –consider duration of exposure			
Threats of harm to mother/and or children			
Excessive jealousy/possessiveness of abuser -domineering in relationship			
Financial control maintained by abuser			
Abuser has history of domestic abuse in previous relationships			
Risk factors/ Potential vulnerabilities	Y	N	S
Mental health issues – abuser and/or victim–raises concern			
Substance abuse by abuser and/or victim- raises concern			
Strong likelihood of emotional abuse of child/ren –may display behavioural problems			
Child/ren unable to activate safety strategies due to fear or intense control of abuser			
Lack of significant other as a positive support to child			
Child contact issues -consider risks to child			
Adolescent – increased risk of intervening in abuse and emerging concerns re self harm			
Abuser suspected of using physical discipline towards child/ren			
Abuser shows lack of insight/empathy into how his abusive behaviour is affecting child/ victim			
Abuser minimisation of abuse-lack of remorse/guilt			
Abuser is step-father/family unit has step-siblings			
Abuser's abuse of pets/animals			
Emerging concerns about emotional stability/care of abuser's relationship with child/ren- limited parenting capacity & no protective abilities due to his abusive behaviour			
Emerging concerns about emotional stability of child/mother relationship (parenting capacity and protective concerns)			
Abuser use of avoidance/resistance to engage in services increases risk level to children			
Victim fears statutory services –avoidance & resistance to engage increases risk to children			
Family/Relatives/neighbours reports concerns re victim/children			
Victim has experienced domestic violence in previous relationships			
Cultural issues- possible language barriers/ new immigrant/minimisation due to fear of racism and: Restriction on movement-accompaniment by family members to appointments/speaking for victim Immigration constraints-No recourse to public funds/Threats of deportation/no legal status Abuser's interpretation of culture/ faith used as a form of control -to curtail woman's autonomy Extended family support of abuser/ and may perpetrate abuse themselves Family Honour- Transgression of traditional forms of acceptable female behaviour results in punishment i.e. controlling/coercive behaviours, emotional abuse, social ostracism, harassment Victim feel prevented from leaving abusive situation due to threat's of such forms of punishment			
Disability issues within family – isolation			
Age disparities or Abuser/Victim–under 25 with limited support – personal vulnerabilities			
History of childhood abuse/disruptive childhood experiences -abuser and/or victim			
Recent life crisis's/stress factors –i.e unemployment, financial problems, illness, death			
Protective factors	Y	N	S
Older child/ren use protective strategies			
Victim will seek positive support from significant other			
Victim -attempted to use protective strategies but abuser's violence & control is intense			
Victim will engage with supportive services and seek safety advice – but abuser's control interferes with her level of commitment to engage			
Limited protective factors are present – serious level of violence and psychological abuse of victim, emotional abuse of child/ren and DV risk factors predict recidivism			
Use of kinship placements as a protective factor – be alert to domestic abuse having occurred or occurring in extended families			

Severe – Scale 4 Child in need of Protection – Children's Service consider if Section 47 enquiry and core assessment required. Child/ren may be at risk of being 'looked after'.

Evidence of domestic violence	Y	N	S
Repeated serious and/or severe physical violence – life threatening violence			
Attention to the <u>duration</u> and <u>severity</u> of violent behaviour children exposed to			
Use/assault with weapons			
Abuser's violation of protective orders and/or child contact and non-contact orders			
Criminal history of abuser – assault of ex partners/others/use of violence or suspected -military/gangland connections of abuser			
Intense stalking/harassment behaviour of abuser			
Recurring or frequent requests for police intervention			
Victim requires treatment for injuries sustained- Medical attention required but not sought /or injuries explanation is implausible			
Threats to kill or seriously injure victim and/or child/ren			
Victim is very frightened of abuser –believes intent of threats			
Mother is intensively controlled /compliant/ may be submissive -worn down by abuse			
Confirmed emotional/psychological/ abuse of mother			
Victim is pregnant/mother is abused post natal			
Sexual assault/suspected sexual abuse of victim			
Incidences of violence witnessed & occurred in presence of child/ren – distressed			
Child/ren have directly intervened in incidences			
Child/ren have been physically assaulted/abused			
Confirmed emotional abuse of child/ren			
Suspected/confirmed sexual abuse of child/ren			
Cultural issues – possible language barriers/immigration constraints/fear of racism and: House arrest and or severe restrictions on movements Substantial risk of/confirmed so called 'honour' based violence(HBV) (Perceived) transgressions results in threats of serious violence &/or acts of violence- killings Substantial risk of/confirmed forced marriage(FM)- history of forced marriage/early marriage in family, prolonged/unexplained absences from school, siblings that have runaway from home Extended&/or birth family support DV/HBV/FM-Collusion/active involvement of the community			
Risk factors/Potential vulnerabilities	Y	N	S
Mental health issues – abuser and/or victim- raises significant concern			
Substance abuse by abuser and/or victim- raises significant concern			
Substantial risk of serious physical violence in the family			
Threats or attempts to abduct children			
Children exhibit sexualised behaviour and/or sexually harmful behaviour			
Adolescent – increased risk of intervening in abuse and self harm-emerging concerns re mental health issues			
Physical discipline of child/ren by abuser			
Victim uses physical discipline on children as an alternative to harsher physical abuse by abuser			
Recent suicidal or homicidal idealization/intent by abuser			
Victim suicidal/ attempted suicide/self harming- especially BMER victims			
Victim minimising risks to children/remains in abusive relationship, protection orders not sought, or activated			
Victim has poor general health			
Abuser-lack of empathy/insight into how his abusive behaviour is affecting child/victim			
Abuser minimisation of abuse-lack of remorse/guilt			
Frequent moves by family – making it difficult to engage			
Abuser/Victim use of avoidance/resistance to engage in services-increases risks to children			
Abuser uses threatening aggressive behaviour towards supportive professionals			
Social care/supportive agencies unable to work constructively with family -social work paralysis			
Disability issues within family – raises significant concern			
Age disparities - Abuser and/or victim under 25 with limited support- personal vulnerabilities			
History of childhood abuse/disruptive childhood experiences abuser and/or victim			
Protective factors	Y	N	S
Limited protective factors are present – severe level of violence and psychological abuse of mother and child/ren. DV high risk factors predict recidivism			
Use of kinship placements as a protective factor – be alert to domestic abuse having occurred or occurring in extended families			

Women may not disclose due to: fear of not being believed, the gender of the worker, a perceived lack of follow up support, previous poor experience when disclosed, involvement of statutory services, or concerns about confidentiality and partners being informed of the disclosure
Some women are simply not ready hence the importance of keep asking the question

If you suspect domestic violence is happening but it is not disclosed, discuss with line manager. Identify suspected threshold scale and act accordingly.

Assessment -Threshold Scale 1

- **Signpost** -Provide information about DV support agencies and basic safety planning advice
- **Children under 7 and special needs or Victim BMER?** This can raise the threshold scale
- **CAF** – consider completing for each child in the household unless your agency and the non-abusive parent can meet the needs of the children (be aware of *control issues* and *minimisation* in making your decision on how to proceed).
If refusal to complete CAF; consult line manager, notification to C&F, inform victim.
- **Share information** with consent of victim
- **Record-** detailed & accurate notes, inform line manager re DV
- **Follow up,** keep asking the DV question- to check situation has not escalated, and offer continued support to refer to appropriate support services

Assessment –Threshold Scale 2

- Refer victim to DV support agencies
- **Children under 7 or with special needs, Victim BMER?-** can raise the threshold to scale 3
- **CAF** -completed for each child in the household; Lead professional appointed, multi-agency working/integrated support.
If refusal to complete CAF, consult line manager as this could raise threshold. Contact & discuss with duty social work consultation line whether to make a C&F notification or a referral. Inform victim.
- **Share information** with relevant multi agency professionals, seek consent however information can be shared without consent; consult line manager. Document decision to share & rationale for doing so.
- **Record-** detailed & accurate notes, inform line manager re DV
- **Follow up-** check victim is engaging with support services referred to; check situation has not escalated into scale 3 or 4 especially if not engaging with support services. Ensure partnership working- consult DV agencies and relevant professionals.

Assessment –Threshold Scale 3 -Safeguarding

- **Referral to C & F** (C&F will consider MARAC process)
- **Victim BMER?-** can raise the threshold to scale 4
- **Refer victim to DV support services** (who will consider MARAC process). If victim has no children and does not want to be referred to a DV agency make a referral to **MARAC**
- **Share information** responsibly with relevant multi agency professionals, seek consent however information can be shared without consent; consult line manager. Document decision to share and rationale for doing so.
- **Record-**Make detailed and accurate notes. Inform line manager re C&F DV referral/MARAC

Assessment-Threshold Scale 4 - Initiate Child protection procedures

- **Referral (telephone & written) to C & F** (C&F will refer to MARAC)
- **Refer victim** to DV advocacy services, if victim has no children & does not want to be referred to DV advocacy make a referral to **MARAC**
- **Share information** with relevant multi agency professionals (without consent.) Document decision to share and rationale for doing so.
- **Record-**make detailed and accurate notes. Inform line manager re DV Section 47

Follow your agency's Child Protection procedures and:

- Refer to C & F under Section 17 or Section 47
- **Record-**Make detailed and accurate notes. Inform line manager re C&F DV referral
- **Document** decision to share and rationale for doing so
- **Follow up-** C&F referral if NFA, must now complete a CAF to identify appropriate support services for child/ren

Children exposed to DV are at risk of significant harm both by direct abuse from the violent parent, intervening, and hearing or witnessing harm to the non- violent parent. The aftermath of the incident can significantly emotionally traumatise children.
Record any observations of child in days following disclosure.

In the absence of a disclosure
If you are concerned about a child or young person at risk because of DV

- Find safe and confidential ways of asking what is really wrong
- If domestic abuse is disclosed follow the above Child Protection procedures

If you suspect DV is happening but it is not disclosed discuss with line manager, identify suspected threshold scale and act accordingly

16-18 years
 Teenage pregnancy = Scale 4

Use the adult victim assessment threshold boxes and consult/refer to Connexions young people's services as well as DV support services.

Domestic Violence Support Service 0208 733 5156 (Accept referrals for Threshold scales 3&4)
Elevate Floating Support Service 0845-607 6595 01992765932 (Accept referrals for Threshold scales 2&3)
Barnet Asian Women's Association 020 8446 9897

Sangam Asian Women's Advice Centre 020 8952 7062

Jewish Womens Aid 020 8445 8060 (support & refuge)
Victim Support 020 8343 4435

Be aware of denial & minimisation

Most male perpetrators will do everything they can to avoid taking responsibility for their abusive behaviour towards their female partners.
 Couples work, anger management, mediation & restorative justice are not appropriate responses to men's abusive behaviour to women.
Only refer perpetrators to programmes accredited by Respect- UK membership association for domestic violence perpetrator programmes. www.respect.uk.net/
 Perpetrator programmes should always be integrated with specialist, associated women's services.

Assessment -Threshold Scale 1

- **Refer** - to Respect accredited perpetrators programmes (PP) and provide information about Respect perpetrator help line
- **Children under 7 & special needs, Victim BMER?** can raise the threshold scale
- **CAF** –Due to risk of minimisation of abuse complete for each child in the household. **If refusal to complete CAF;** consult line manager, and make a notification to C&F -inform perpetrator.
- **Share information** with consent of perpetrator
- **Record-** detailed & accurate notes, inform line manager re DV
- **Follow up,** to check situation has not escalated, and perpetrator is engaging with support.

Assessment-Threshold Scale 2

- **Refer** –to Respect accredited PP if there is genuine willingness to engage with services to address his behaviour. PP should start to discuss plans for keeping his partner safe from his abusive behaviour, prior to PP beginning. **If unwilling to accept responsibly & engage** this raises the threshold to scale 3.
- **Children under 7 & special needs, Victim BMER?** can raise threshold to scale 3
- **CAF** - Due to risk of minimisation of abuse complete for each child in the household; Lead professional appointed, multi-agency working/integrated support. **If refusal to complete CAF,** consult line manager as this raises the threshold; contact and discuss with duty social work consultation line, make a notification or referral to C&F. Inform perpetrator.
- **Share information** with relevant multi agency professionals, seek consent however information can be shared without consent, especially if there are no children involved & you have concerns about the risk of harm to the victim. Consult line manager. Document decision to share & rationale for doing so.
- **Record-** detailed & accurate notes, inform line manager re DV
- **Follow up-** Check with PP that perpetrator is attending & engaging

Assessment –Threshold Scale 3 -Safeguarding

- **Referral to C & F** (C&F will consider MARAC process)
- **If no children involved, refer to MARAC** & inform police of potential/risk of harm
- **Share information** responsibly with relevant multi agency professionals, information can be shared without consent, consult line manager. Document decision to share & rationale for doing so
- **Record-**Make detailed & accurate notes. Inform line manager re C&F/MARAC referral

Assessment-Threshold Scale 4 - Initiate Child protection procedures

- **Referral (telephone & written) to C & F** (C&F will refer to MARAC)
- **Immediately inform police & refer to MARAC if no children involved**
- **Share information** with relevant multi agency professionals without consent Document decision to share and rationale for doing so.
- **Record-**make detailed & accurate notes. Inform line manager re S. 47/MARAC
- **Safety plan** for professionals in contact with perpetrator

Police good practice

- 124D Form**
- Describe the child's involvement in the incident
 - Record what the child saw/heard at the scene
 - Document the child's demeanour and emotional state
 - Document duration of incident child was witness/subjected to.

MERLIN/F78
 SPECCS identified risk factors documented on MERLIN. Ensure mobile telephone number of victim listed where available

CSU Referrals
 Proactively refer victims to local DV support agencies ASAP. Consider MARAC process

Barnet
 Police Community Safety Unit
 020 8733 5159

Child & Families
 Child protection referrals
 020 7359 4066
 Out of hours 020 8359 2000

Older Adults Team
 020 8359 2439
 Out of hours 020 8359 2000

Barnet Homeseekers
 0208 359 4797
 Out of hours 020 8359 2000

National
 Childline **0800 1111**
www.hideout.org.uk

National 24hr DV Helpline
 (Language line available)
 0808 2000 247
www.womensaid.org.uk

Broken Rainbow for LGBT people experiencing DV
 08452 60 44 60

Men's Advice Line for men experiencing domestic abuse
 0808 801 0327

Respect phone line - for DV perpetrators & professionals seeking advice
 0845 122 8609