



Northamptonshire  
Mental Health  
Gateway

Northamptonshire  
Young Healthy Minds  
Partnership

A Guidance Document  
for all Professionals

# The Impact of Domestic Abuse on Children, Young People and Families



Northamptonshire Inter Personal Violence Forum



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## Executive Summary

This guidance document is for people who come into contact with babies, children and young people in their work. It is designed to raise awareness about domestic abuse and guide thinking when considering how to identify and support children, young people and families who experience domestic abuse. It should be used alongside consultation with other professionals who have additional knowledge, skills and expertise in this area and alongside existing safeguarding guidance, protocols and procedures. The document includes information about domestic abuse itself, its impact on children and young people, whatever their stage of development, and their family. It includes signs and symptoms of abuse and how to support those affected. It aims to guide professionals into a coordinated response providing information about specialist services offering support to professionals and families.

This document can be used to educate and inform the interested frontline worker. It can also be used as a tool to guide and support a worker faced with a domestic abuse incident or disclosure.

For quick reference when responding to an incident or disclosure please refer to the following pages:

- What is MARAC (Multi Agency Risk Assessment Conference) and how do I discuss a possible referral? – page 20
- MARAC referral form – Appendix 8 page 36
- What is the role of the Police in DA and how can they help? – page 19
- How should I respond to DA? – page 22
- Key telephone contacts and websites – Appendix 3 page 28
- Flow chart: What to do if you become aware of DA – Appendix 1 page 26

## Contributors

This guidance document has been commissioned by the Child and Adolescent Mental Health Partnership. It is supported by Northamptonshire Domestic Abuse Forum (Nordaf) also known as the Northamptonshire Interpersonal Violence Forum (NIPVF). It represents multi-disciplinary working between representatives from the statutory and voluntary sector.

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Sunflower Centre Strategic Manager, who was influential in bringing experience and expertise to the planning and preparation of this guidance;

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## Introduction

Domestic abuse is a crime that affects 1 in 4 women and 1 in 6 men in our society (Women's Aid website 2012). The effects of domestic abuse on children, young people and families can be far reaching and devastating. At the most extreme level it can result in the death of adults and children. It can include prolonged physical, emotional and psychological abuse and result in significant distress, anxiety and trauma. The long-term impact of domestic abuse can range from 'direct' individual difficulties associated with a child's social, emotional and psychological wellbeing to significant 'indirect' effects such as changes in housing and location with reduced social support networks around the child (Hester 2006). It is important to take account of the full range of consequences for the child and family when planning and delivering support and intervention.

According to Women's Aid (2007), 'Domestic violence accounts for between 16% and one quarter of all recorded crime. One incident is reported to the police every minute.'

It is equally important to note that domestic abuse is significantly under reported due to the nature of the abuse.

This guidance document is for professionals who come into contact with babies, children and young people in their work. It is designed to raise awareness about domestic abuse at a universal level. It aims to guide thinking when considering how to identify and support children, young people and families who have experienced domestic abuse. It should be used alongside consultation with other professionals who have additional knowledge, skills and expertise in this area and alongside existing safeguarding guidance, protocols and procedures.

Throughout this document the term domestic abuse will be used to refer to domestic abuse and domestic violence. A definition of terms will be given.

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## What is domestic abuse?

### How might domestic abuse be defined?

Domestic abuse may be defined 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.' (Home Office 2005)

### What might some of the general effects of domestic abuse be?

Domestic abuse can have a significantly negative and long lasting impact on the social, behavioural, psychological and academic development of children and young people. The secondary effects of domestic abuse can also be considerable arising from lack of accommodation and poor finance to social isolation, poor emotional wellbeing and deprivation (Calder, 2004; Sterne & Poole, 2010; Dodd, 2009).

Domestic abuse affects the cycle of interactions between adults and children, attachment relationships and parenting (Dodd, 2009; Radford & Hester, 2006; Cleaver et. al. 1999). Domestic abuse also affects all social groups and cultures. It is under reported and under researched. There is little recognition of the scale of this problem and a desperate lack of support for families who have experienced this (Sterne & Poole, 2010).

Incidents of DA will vary from one situation to another and the impact on children, young people and families will differ. Not all people will be affected in the same way and it is important not to make any assumptions about the impact of DA. It is essential to treat each individual as unique. Factors that can influence the impact of DA include the duration of the abuse, previous experiences of abuse, severity, perceived risk and resilience factors. The impact can also be influenced by individual factors such as age and personality.

### What are the statistics associated with domestic abuse?

There are a number of statistics that can help to give an indication of the extent of DA, however, the British Crime Survey estimates that only 40% of DA is reported. This under reporting may be linked to the domestic abuse itself, the effects of which can include pressure to keep the abuse a secret, feelings of fear, dependency, attempts to avoid further escalation of the abuse, perceived reaction of others/agencies, embarrassment, a tendency to minimise the abuse, love for the abuser and a hope that the abuse will stop.

DA affects all communities regardless of age, social status, gender, race or sexuality.

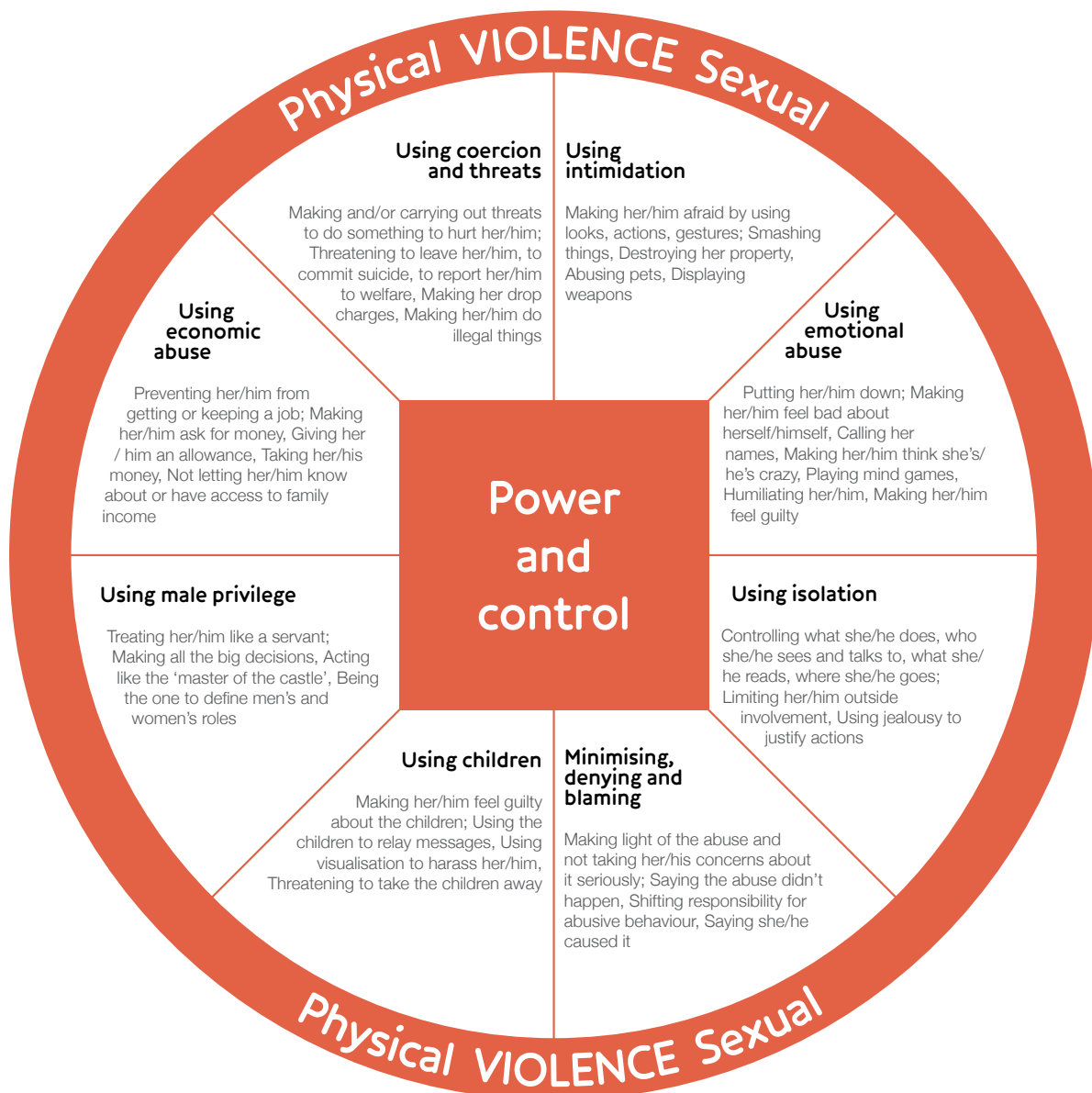
- In 2009/10 in England and Wales, 21 men and 94 women were killed by a partner, ex-partner or lover (British Crime Survey 2011)
- 28% of women aged 16-59 have experienced domestic abuse
- Domestic abuse comprises 18% of all violent incidents (British Crime Survey 2011)
- From April 2009 to March 2010, the Crown Prosecution Service (CPS) dealt with 74,113 cases of domestic abuse (British Crime Survey 2011)
- In 90% of domestic abuse incidents, children are in the same room or next room (Hughes 1992)
- Nationally 200,000 children live in a household where there is known to be a high risk of domestic abuse (Laming 2009). At least 750,000 children a year witness domestic abuse (Department of Health 2000)
- In over 50% of known domestic abuse cases, children are also directly abused (NSPCC 1997; Farmer & Owen 1995)
- 1 in 4 individuals in same sex relationships have experienced DA
- Over 30% of DA is known to start in pregnancy. Abuse frequently escalates at this time. (Sterne & Poole 2010)
- 1 in 5 teenagers think that abuse or violence against women is acceptable (Home Office 2009)
- The World Health Organisation estimates that between 130-140 million girls and women have experienced female genital mutilation and up to two million girls per year undergo some form of the procedure each year.

The Domestic Violence Disclosure Scheme states that,

- 'DA is rarely a one off incident and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over their victim.' (Home Office 2011)

### Why and how does domestic abuse happen?

Power and control are key issues that underpin DA. The perpetrator acts in a way that threatens and frightens family members to ensure that he or she has complete control. The Duluth Domestic Violence Intervention Project (1981) developed a 'power and control' wheel as a way of conceptualising and understanding perpetrators' behaviours. This early work provides a helpful starting point to understanding domestic abuse.





### What about the historical and cultural context of domestic abuse?

Attitudes and beliefs towards DA change over time and vary between cultures. In some groups and cultures throughout our society, DA may not be seen as 'out of the ordinary'. For example, historically, DA may have been seen by some White British families as an acceptable part of family life. Cultures across the world vary in their attitudes and beliefs towards DA. It is therefore vitally important to remember the definition of DA and this country's legal framework.

### What is honour based violence? Is that a form of domestic abuse?

'Honour based violence' (HBV) or 'honour crime' is an act of violence explained by the abuser as being committed in order to protect or defend the 'honour' of the family/community. These crimes include, domestic abuse and sexual violence, forced marriage, sexual harassment, social rejection and other forms of controlling and abusive practices carried out by the extended family or community members.

Individuals may experience HBV if they are accused of not conforming to traditional cultural and religious expectations. The family or community may pressure the victim to return to an abusive situation or fail to support them.

([www.homeoffice.gov.uk/publications/crime/3-steps-escaping-dv/english-3-steps?view=Binary](http://www.homeoffice.gov.uk/publications/crime/3-steps-escaping-dv/english-3-steps?view=Binary))

### What is forced marriage? How does this relate to domestic abuse?

A forced marriage is when someone is made to marry someone else against their will and without their permission. A forced marriage is a marriage in which either one or both spouses do not consent to the marriage and duress is involved. This can include physical, sexual, psychological, financial and emotional pressure. This relates closely to domestic abuse. In some cases, people are taken abroad without knowing that they will be forced to marry. When they arrive in the country they may have their passport taken away from them and may be told they are not allowed to return home. A forced marriage is very different from an

arranged marriage. In an arranged marriage, families may play a role in choosing and introducing partners. The choice of whether or not to accept the arrangement should remain with the prospective spouses.

([www.homeoffice.gov.uk/publications/crime/3-steps-escaping-dv/english-3-steps?view=Binary](http://www.homeoffice.gov.uk/publications/crime/3-steps-escaping-dv/english-3-steps?view=Binary))

### What is female genital mutilation? How does this relate to domestic abuse?

The World Health Organisation (WHO) defines female genital mutilation (FGM) as: "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons" (WHO, 1996). There are 4 known types of FGM. These do not have any known health benefits and all these forms of FGM have been found in the UK. Whilst FGM is often seen as an act of love, rather than cruelty, it causes significant harm, constitutes physical and emotional abuse and can cause death. Female Genital Mutilation is considered to be child abuse and a child protection matter in the United Kingdom. For further information please read this leaflet: [www.fco.gov.uk/resources/en/pdf/travel-living-abroad/when-things-go-wrong/fgm-leaflet-100310](http://www.fco.gov.uk/resources/en/pdf/travel-living-abroad/when-things-go-wrong/fgm-leaflet-100310) [www.nordaf.co.uk/page.asp?mainsec=2&sec=9&subsec=38](http://www.nordaf.co.uk/page.asp?mainsec=2&sec=9&subsec=38)

### What is the legal overview regarding female genital mutilation in the UK

The Female Genital Mutilation Act of 2003:

- Makes it illegal to practice FGM in the UK
- Makes it illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM, whether or not it is lawful in that country
- Makes it illegal to aid, abet, counsel or procure the carrying out of FGM abroad
- Has a penalty of up to 14 years in prison and/or a fine.

To learn more about Female Genital Mutilation and legislation please visit: [www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/fgm/](http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/fgm/) and [www.legislation.gov.uk/ukpga/2003/31/contents](http://www.legislation.gov.uk/ukpga/2003/31/contents)



## The Family

### Why is it important to consider the role of the parent/carer?

The role of the parent/carer is essential in supporting child development, particularly in the context of domestic abuse, as positive parenting can be a protective factor against the negative effects of domestic abuse.

*'For those children living with domestic abuse, the experience is usually traumatic... Children who appear to cope better tend to have strong attachments to their non-violent parent or another significant adult'*  
(Devaney 2010, p.4)

If a parent/carer is at risk of abuse then any child present is likely to be significantly affected by this and at risk themselves as a consequence. It is therefore important to consider the impact of domestic abuse on the whole family.

### What might the impact of domestic abuse be on parenting?

The effect of domestic abuse on the adult themselves can have a negative impact on their ability to parent, however, it is important to note that every situation is different and not all parents/carers will respond to domestic abuse in the same way.

Some of the ways domestic abuse can negatively affect parenting include:

- Physical health: restricting the parent/carer's ability to engage in activities with their child
- Adult mental health: depression, anxiety, possible trauma as a result of the abuse, lack of confidence in their role as a parent/carer
- Family dynamics: Lack of structure and difficulties bonding with their child, inconsistent parenting, unpredictable boundaries,
- Reduced social support networks and social isolation
- Restricted financial resources

Abused adults may feel drained, find parenting stressful, have difficulty providing a stimulating environment

and find it hard to attend and respond to their child consistently and sensitively. They may find the needs of their child challenging due to the impact of the domestic abuse on their child. They may also experience feelings of guilt and blame and lack confidence in their own parenting skills affecting their ability to provide consistent boundaries, e.g. parent/carer's emotional availability may be diminished due to the impact of the abuse on them. A lack of confidence in parenting may be underpinned by specific criticism from the perpetrator, undermining the parent/carer. They may also fear losing their child with claims from the perpetrator that the child will be taken away if the abuse is disclosed. See appendix 6 for further information about the impact of DA on parenting.

### What about resilience in families?

Some families may cope extremely well despite the negative experience of domestic abuse and maintain effective parenting throughout their experiences. They may be actively taking steps and adjusting their behaviours in order to protect their child in the context they are in. Once removed from an abusive situation, parents/carers have been shown to improve their parenting styles and maintain positive parenting, 'bouncing back' from their negative experiences. Protective factors that can promote resilience include having a social support network, access to positive role models, self-efficacy and self-belief. Being given the opportunity to talk about potentially distressing events can help individuals process their experiences, make sense of them and move forward with their lives (Cairns 2002; Linley & Joseph 2004).

### How can families who have experienced DA be supported?

- Listen to and respect any disclosures of domestic abuse.
- Ensure each family has a safety plan identifying agencies to be contacted and how to do this. Consider practical steps to reduce potential risks.
- Promote empowerment and enhance their own psychological wellbeing by highlighting and strengthening their coping mechanisms and resilience. As far as possible, promote choice about gaining support and how or when to access services.

- Support adults to make sense of their own behaviours and recognise how the experience of DA, including an absence of this, may be affecting their behaviour.
  - Explore group work available from specialist agencies for adults who have experienced domestic abuse such as 'The Freedom Programme' and 'Stay Free'.
  - Facilitate access to early interventions that promote positive adult-child relationships and encourage understanding of their child's behaviour.
  - Identify and facilitate access to positive social support networks and nurturing childcare and educational settings.
  - Support parents/carers to be 'alert to' the physical and emotional needs of their child by watching and responding to them sensitively.
  - Signpost to specialist support services where required.
  - Support families to access resources to enable independent living and gain legal advice where needed.
-

## Babies and Young Children

It is estimated that 10-20% of children are at risk of living in households where DA occurs and at least 750,000 children witness DA each year (Dodd 2009; Mill & Church 2006).

All children are different and not every child who experiences DA will experience difficulties, so it is essential to consider each child individually.

Babies are never 'too young to be affected' by DA. Events in early life can have a significant and lasting effect on a child's development (Gerhardt 2004; Sterne & Poole 2010). DA often starts during pregnancy; therefore there are significant risks for an unborn child. At the most severe level this may result in death through miscarriage, forced termination or premature labour.

### What is the potential impact of DA on babies and young children?

- Increased cortisol levels which may negatively affect brain development
- Difficulty feeding and sleeping
- Emotional distress, such as clinginess, restlessness, irritability, uneasiness and crying
- Relationship difficulties with parent/carer e.g. difficulty bonding, separation anxiety
- Behavioural difficulties, such as aggression or withdrawal
- Language delay
- Limited development of social skills
- Cognitive delay

For further information about the impact of DA on babies and young children see appendix 7.

### How can we support babies and young children?

All babies and young children are different; therefore individual assessments and interventions designed to address their own unique needs are essential. It is important with babies and young children to focus on a number of issues.

These include support to parents/carers to recognise and respond to the baby or young child's needs; to promote their sensitivity to their child's needs which can act protectively, mitigating the impact of DA. Here are some general considerations.

#### Helping the parent/carer:

- Promote safety planning through identifying agencies to be contacted and how to do this, considering practical steps which may be taken to reduce potential risks.
- Remind the parent/carer to address any outstanding health needs for themselves and their child.
- Support the parent/carer to engage with specialist services or signpost to specialist agencies where required.

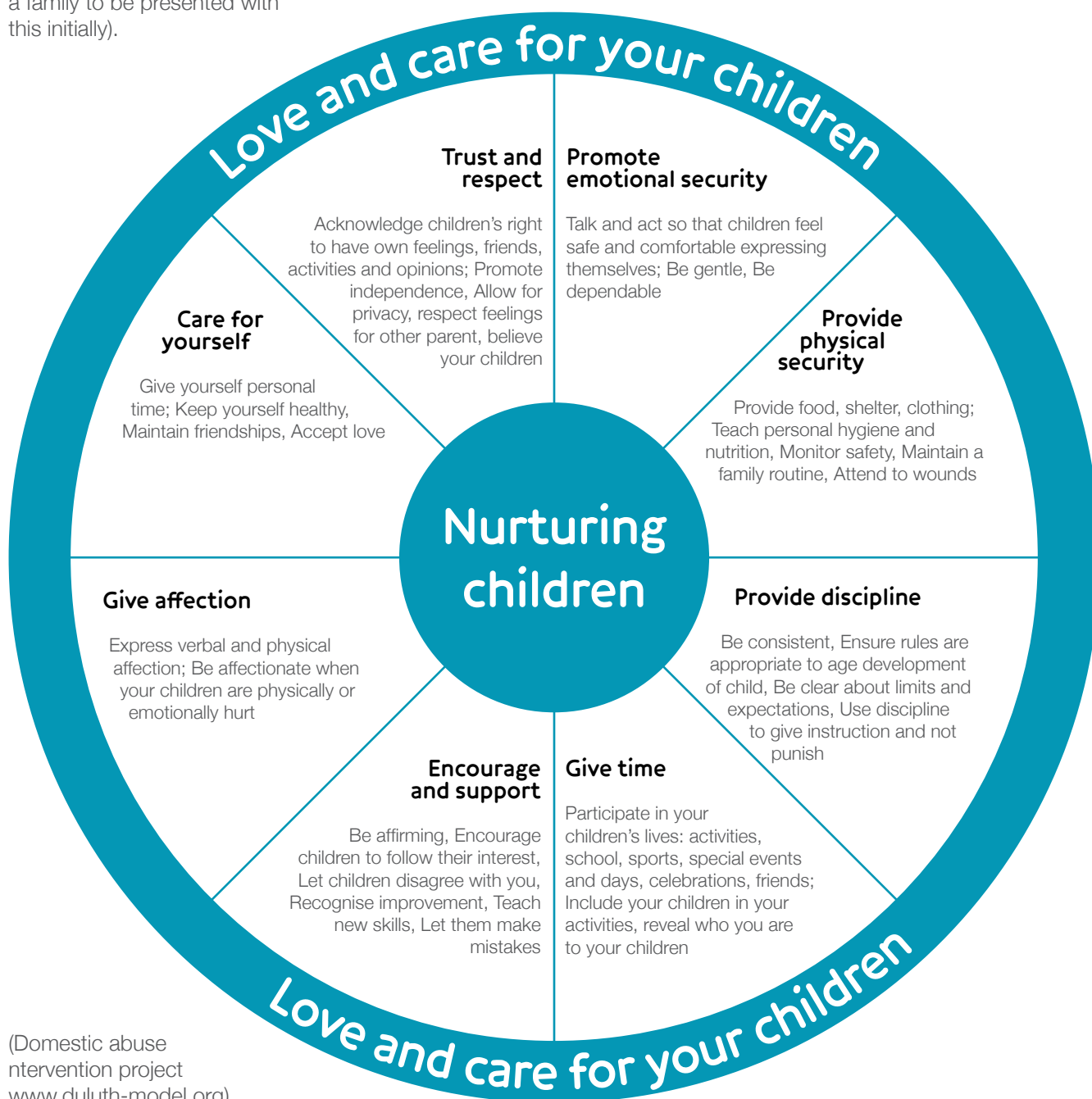
#### Psycho-educational interventions:

- Provide opportunities for the parent/carer to build on their existing relationship with their child and promote the importance of a warm, nurturing and caring relationship with opportunities for relaxation.
- Promote the importance of a language rich environment.
- Support adults to make sense of their child's behaviours and recognise how the experience of DA, including an absence of this, may be affecting their behaviour.
- Help the parent/carer respond to their child's behaviours in order to help the child to begin to regulate their emotions.
- Support the development of clear routines and structures to help the baby and young child gain a sense of predictability, security and stability.

#### Community support/resources:

- Provide them with information about community resources available for babies and young children that promote quality play experiences such as preschool settings, children's centres and play groups
- Explore what group work may be available from specialist agencies for children and families who have experienced DA. Refer to these, if appropriate and considered helpful by the family.

The Duluth model of the 'nurturing wheel' offers a structure or framework of the elements of nurturing. Professionals may find this helpful when discussing with parents or carers the creation of a nurturing environment around babies and young children who have been exposed to domestic abuse. (This should be used sensitively as it may be overwhelming for a family to be presented with this initially).



(Domestic abuse intervention project  
[www.duluth-model.org](http://www.duluth-model.org))





## Children and Young People

The amount of children potentially exposed to DA is high with at least 750,000 children witnessing DA each year (Dodd 2009; Mill & Church 2006). Every child is unique and will respond differently to this experience; many children are significantly affected by DA.

### What is the potential impact of DA on children and young people?

Observable behaviours may be a result of a range of difficulties and life experiences therefore presenting behaviours should be considered alongside additional contextual information. It is important to keep an open mind to the possibility that DA may be contributing to a child's difficulties. This may include internalising difficulties such as anxiety. It is important to be aware of and recognise possible signs of DA which may then be explored further.

Exposure to DA may affect the physical development of children and young people. It may have an impact on their psychological, emotional, social and behavioural development. It could also impact on their learning and affect the environment and context they are living in. DA has been shown to affect children and young people in the following ways:

#### Physical

- Physical injury as a direct victim of the abuse
- Attempting to protect others putting themselves at risk of physical injury
- High levels of anxiety and distress causing symptoms of ill health
- Tiredness and fatigue, sleeping difficulties
- Eating difficulties or lack of appetite
- Toileting difficulties
- Neglect

#### Psychological and Emotional

- Acute emotions including feelings of fear, loss, shame and embarrassment.
- Guilt and feeling responsible for the abuse

- Anxiety about what will happen to them, the safety of other family members and taking care for others.
- Lack of self esteem and self confidence due to the abuse
- Being placed in a position of having to keep the abuse a 'secret'
- normalising of the abusive experiences as an expected part of family life
- feelings of loss in relation to changing family dynamics and possible separation from one or more caregivers within the family
- Trauma symptoms and, in some cases, possible Post-Traumatic Stress Disorder (PTSD) e.g. repetitive dreams and nightmares, flashbacks etc
- Heightened sensitivity and 'hyper-vigilance'
- Neglect

It is important to remember that children and young people may demonstrate 'trauma response' behaviours at a later stage in their development or in a way which disguises the underlying cause for their behaviour.

#### Social and Behavioural

- Emotional outbursts of anger
- Over-reacting to situations
- Becoming quickly agitated
- Difficulties accepting boundaries and guidance
- Trying to control situations
- Difficulty trusting adults in positions of authority
- Risk taking behaviours e.g. alcohol, drug use, anti-social behaviours, running away and risk of exploitation
- Separation anxiety, showing clingy behaviours and a reluctance to separate from their parent/carer
- Internalising behaviours such as being very passive, withdrawn, shy, avoidant and in some cases showing signs of depression
- Difficulty developing and maintaining friendships
- Risk of poverty, homelessness, short-term temporary accommodation and/or living in refuges
- Young carer/taking on the adult role

#### Learning and development

- Developmental delay, particularly in the area of expressive language skills.
- Difficulties making academic progress in school
- Lack of attention and concentration for learning
- Poor school attendance and gaps in education

### How can we support children and young people who have experienced DA?

When considering how to support children and young people who have experienced domestic abuse, each child will be different and therefore individual assessment and intervention are crucial. However, there are a number of general considerations for practice. These include providing children with:

#### Personal development

- Opportunities to build a positive trusting relationship with an adult
- Recognising and acknowledging their personal strengths and successes
- Promoting safety planning, e.g. identifying key people and support services for children and young people to contact if needed and how to do this.
- Opportunities to be actively involved in decision making where possible

#### Social and emotional wellbeing:

- Opportunities to talk about their experiences and be listened to
- Support to help children express their feelings, emotions and anxieties
- Support to extend their social support networks
- Promotion of positive interactions with others and access to positive role models for behaviour and learning.
- Providing boundaries and routines to give a sense of stability and security

#### Agencies:

- Information sharing and joint working within and between agencies regarding children and young people's difficulties, strengths and needs.
- Signposting and referrals to specialist agencies where required.

#### School/Community:

- Pastoral support e.g. learning mentor, breakfast clubs and homework clubs where available.
- Opportunities to engage in extra-curricular activities to develop interests and positive activities
- Support with transitions including home and school moves
- Support to maintain school attendance including quick access to school placements following relocation.

The next section will consider how to support older children and young adults. It is important to note that some of these ideas will also be helpful when considering how to support children and young people.





## Older Children and Young Adults

### What is the potential impact of DA on older children and young adults?

DA may significantly affect an older child/young adult's development in a range of ways. They may have been living with DA for a large proportion of their childhood making them extremely vulnerable to long-term effects. The impact of DA may present itself at varying points in their development and may not have been identified until later on in a child's life. Therefore it is essential to consider the information referred to in the previous section of this guidance document on children and young people.

Some older children and young adults may have experienced psychological, sexual or physical abuse themselves. They may also be at risk of a range of physical, psychological and social factors. These include:

#### Physical:

- Pregnancy, sexually transmitted disease, difficulty attending medical appointments, and/or injury, if a direct victim of physical abuse

#### Psychological and emotional:

- Mental health difficulties such as depression, self-harm, questioning their own identity, experiencing suicidal thoughts.
- Anxiety about the possibility of the cycle of abuse repeating in their own lives
- Vulnerability to being labelled as an abuser or victim themselves

#### Social and cultural:

- Risk-taking behaviours, anti-social behaviour, use of violence and aggression to solve conflicts
- Exposure to drug and alcohol abuse and social vulnerability
- Risk of forced marriage
- Difficulty maintaining positive relationships with members of their family as well as difficulty recognising when relationships are healthy.

- Difficulty trusting and respecting figures of authority and peers who are seeking to support them.
- Exclusion from education/work place
- Social exclusion or social withdrawal

Many older children and young adults demonstrate signs of recovery and resilience despite experiencing DA. It is important not to assume that they will go on to become the perpetrators of DA themselves. This labelling may negatively affect a young person's self-perception, leading to a possible self-fulfilling prophecy of demonstrating those behaviours.

There are some specific considerations to bear in mind when working with older children and young adults, including their stage of development and attitudes towards DA in intimate relationships between young adults.

### What is significant about adolescence and how might DA affect this stage?

Adolescence is a stage of development which affects all young people. Adolescents experience changes in their physical and emotional development. They seek independence, breaking away from family members and challenging familiar routines. They may experience difficulties with empathy and forward planning. They are increasingly influenced and motivated by their peer group and role models. This is also a time of increased brain activity. According to Morgan (2005),

*'The teenage brain has always been special. Different, fascinating and important things are happening inside, which happen to everyone'*

Between the ages of 10 -12 years, there is an increase in the density of neurons in the frontal cortex, which is the part of the brain that has most to do with thinking, reasoning, logic and decision making. Following this growth spurt, there is a period of pruning and strengthening of the connections made.

The adolescent brain is still undergoing significant development and change. Therefore, during this stage of development in particular, the brain may be more vulnerable to the negative impact of DA (Morgan 2005; Teicher 2010).

### How do older children and young adults think about DA in relationships?

Evidence indicates a level of acceptance of DA among adolescents. These are attitudes that will require appropriate challenge to begin to reduce the prevalence and acceptability of DA within the population of older children and young adults. Some older children and young adults, when asked about DA, claim there are times when it may be an acceptable response to another person's behaviour. Research shows that 1 in 3 teenage boys and 1 in 5 teenage girls agree with the statement 'some women deserve to be hit' (Mullender et. al. 2002).

The LGA (2005) reported findings from a large study in Scotland and the North of England which explored the views of 2039, 14 to 21 year olds. Abuse was considered by 1 in 8 boys to be a justifiable response to 'nagging'. There is an increased drive to challenge these views and promote positive, trusting and respectful relationships.

### How can we support older children and young adults who have experience DA?

Each person should be provided with individual assessment and support to meet their own unique needs. Many older children and young adults will benefit from the general considerations listed in the previous section in this document written for children and young people. However, additional considerations include providing older children and young adults with:

#### Personal development:

- Access to Personal, Social and Health Education that provides information and advice relating to family planning, sexual health and teenage pregnancy.
- Advice and information about drug use and problematic alcohol use

#### Social and emotional wellbeing:

- Opportunities to promote positive relationships built on mutual respect and trust. This may include use of programmes of work in education that promote positive relationships such as the 'Expect Respect' Toolkit (Women's Aid) and SEAL (social and emotional aspects of learning) resources

- Access to youth counselling where available and appropriate

#### Agencies:

- Access to online services that can provide national support, counselling and advice
- Referral and signposting to specialist services including Child and Adolescent Mental Health Services where there is evidence that the older child or young adult may have mental health needs

#### Community:

- Promotion of socially inclusive behaviours and opportunities to feel included in the community. This may include use of prevention services, multi-agency working and youth offending services where necessary.



# Professional roles and responsibilities Safeguarding is everyone's business...

## Is DA my responsibility?

DA is everyone's responsibility, including yours. If you work with children and young people you are likely to come into contact with many children and young people who are being affected by DA. Ways you may become involved include:

- Direct disclosure from a child or young person where they tell you they are experiencing DA
- Disclosure from a parent/carer or extended family member where they tell you they are experiencing DA
- Awareness of signs and symptoms
- Sharing of concerns raised by other professionals

## Is DA a safeguarding and child protection issue?

Yes, domestic abuse is a safeguarding issue and child protection issue. It is essential that if you have any concerns relating to the safety of a child or young person, you refer to existing child protection procedures and guidance including the following:

- Child Protection Procedures Manual: Local Safeguarding Children's Board Northamptonshire. (Section 4.20 Domestic Abuse)
- National guidance including Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children.

## What is the role of the Police in relation to DA? How can they help?

Northamptonshire Police work closely with other agencies such as Northamptonshire Sunflower Centre, Crown prosecution Service (CPS) and Victim Support to help get the support needed.

Northamptonshire Police aims to protect the victim, remove the risk of further attack, offer support and reassurance, fully investigate criminal offences, and facilitate access to other agencies. They work closely with the Crown Prosecution Service.

### What to do if you need help:

- 24 hour service
- In an emergency always dial 999
- For non-emergencies contact Northamptonshire Police on 03000 111 222
- Contact the 24-hour National Domestic Violence Helpline (free phone) on 0808 2000 247

## What is the legal framework in relation to domestic abuse in the UK?

According to Women's Aid, whilst there is no specific offence of 'domestic violence or domestic abuse', under criminal law, many forms of DA are considered to be crimes such as assault, false imprisonment, harassment, rape, and criminal damage. Many aspects of DA may be difficult to define as 'crimes'. Each case will depend on the particular circumstances of the DA, and the responses of the criminal justice agencies such as police, probation and courts.

[www.womensaid.org.uk/domestic\\_violence\\_topic.asp?section=0001000100220007&sectionTitle=Criminal+Law](http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220007&sectionTitle=Criminal+Law)

The criminal justice system has an important role to play in preventing and challenging DA. There are currently a number of legal frameworks that relate to DA. These include:

- **Domestic Violence Crime and Victims Act 2004** which introduced new powers for the police and courts to tackle offenders, whilst ensuring that victims get the support and protection they need.
- **Female Genital Mutilation Act 2003** This Act makes it an offence for the first time for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.
- **The Gender Equality Duty 2007** which requires all public bodies to respond to the needs of women and men fairly and tailor their services accordingly.

- The Crime and Disorder Act 1997 This Act placed a duty on local authorities and the police to work together with other agencies to tackle crime at local level through the provision of a Community Safety Strategy that should include domestic violence.
- **The Protection from Harassment Act 1997** was introduced to tackle stalkers and also to provide more effective protection for abused women, in particular those who do not live with their abuser.
- **The Children Act 1989 and the Children Act 2004** This law establishes the legal framework for child protection and the key principle that the welfare of the child is the paramount consideration. It affirms that children should usually be cared for within their own home, but that children should also be safe and protected if they are at risk of significant harm.
- **Adoption and Children Act 2002** Section 120 of the Adoption and Children Act 2002 extends the legal definition of 'significant harm' to children to include the harm caused by witnessing or overhearing abuse of another, especially in a context of domestic violence.

## Local Procedures and Protocol

### What is Inter-Personal Violence Forum/ NorDAF?

The Inter-Personal Violence Forum (IPVF) is the County's strategic lead and key delivery group for domestic abuse. It is also known as NorDAF (Northamptonshire Domestic Abuse Forum); it deals with issues relating to domestic abuse and sexual violence. It has been working towards an integrated approach to domestic abuse, the goal of which is to protect victims and their children from harm. The forum is made up of 25-30 partner agencies and organisations across the county. Nationally, emphasis has been placed on coordination of services, safety planning, provision for high risk victims and risk assessment systems. ([www.nordaf.co.uk](http://www.nordaf.co.uk))

### What is MARAC?

MARAC stands for Multi-Agency Risk Assessment Conference.

The conference is a multi-agency meeting held on a regular basis to provide safety planning for high-risk victims of domestic abuse and their families, through formulation of a Risk Management Plan, to ensure a joined up approach to interventions to keep them safe. This is attended by a range of professionals, including Initial Assessment Team Managers from within Adult and Children's Services, who ensure information is cascaded throughout this organisation.

### What is the DASH?

The DASH is used to help inform assessment of risk (Domestic Abuse Stalking Harassment and Honour Based Violence). the criteria for referring a case to MARAC is outlined in the MARAC referral form which includes the DASH, See Appendix 8.

### What are the aims of the MARAC?

- To share information to increase the safety, health and well being of victims – adults and their children;
- To determine whether the perpetrator poses a significant risk to any particular individual or to the general community;

- To construct jointly and implement a risk management plan that provides professional support to all those at risk and reduces the risk of harm;
- To reduce repeat victimisation;
- To improve agency accountability; and
- Improve support for staff involved in high-risk DA cases.

Both statutory and voluntary organisations attend MARAC including: health, adult and children's services, education, housing, police and refuge providers. MARAC is exclusively for victims and their children – there does not need to be an outstanding criminal offence in order for somebody to be referred to MARAC. Professionals can refer a high risk domestic abuse victim for consideration of a MARAC review. The earlier a referral is made the better chance of intervening and preventing more serious incidents.

### How do I discuss a possible referral or get more information?

#### MARAC Team

Please contact the MARAC Team for further information about how to refer or to discuss any issues you may have.

Tel: 01604 838366

Email: [marac@northants.pnn.police.uk](mailto:marac@northants.pnn.police.uk)

#### The Sunflower Centre

The Sunflower Centre support this work. There are two Sunflower Centre offices in Northamptonshire, one in Corby and one in Northampton. They are able to offer outreach support through venues across the county including: Daventry, Brackley Towcester, Kettering, Wellingborough, Raunds, Rushden and Irthlingborough.

#### Northampton Office

Fish Street Northampton, NN1 2AA

Tel: 01604 233 684

#### Corby Office

Elizabeth Street, Corby, NN17 1PN

Tel: 01536 204 691

#### Opening Times

Monday to Thursday - 9am to 5pm

Friday - 9am to 4.30pm

When possible, it is preferable (but not mandatory) to advise clients to contact the centre to arrange an appointment because they can then ensure dedicated staff time is available to support families. Alternatively, you can inform families of the web form which is available and the centre will contact the client.

### What happens once a referral has been received?

The Sunflower centre is a client-led service. As an initial assessment, a risk assessment will be completed alongside the client. This guides the Independent Domestic Violence Advisors (IDVA's) to the most appropriate course of action to ensure the clients safety. Following completion of the risk assessment the IDVA's could:

- Develop an individual safety plan for the client and their family
- Make a referral to MARAC
- Liaise with other agencies
- Signpost to other specialist agencies
- Help clients to understand the impact of domestic abuse on both the direct victim and those indirectly affected

### What is MAPPA?

MAPPA stands for Multi Agency Public Protection Arrangements. MAPPA is a set of arrangements to manage the risk posed by certain violent offenders, including those who carry out sex offending. MAPPA brings together the Police, Probation and Prison Services in Northamptonshire into what is known as the MAPPA Responsible Authority. A number of other agencies are under a duty to co-operate with the Responsible Authority. These include: Adult and Children's services, Health Trusts, Youth Offending Teams, local housing authorities and certain registered social landlords, Jobcentre Plus, and electronic monitoring providers.



## What is the purpose of MAPPA? How does MAPPA work?

MAPPA ensures comprehensive risk assessments are completed and directs available resources to best protect the public from serious harm.

Offenders eligible for MAPPA are identified and information is gathered and shared about them across relevant agencies. The nature and level of the risk of harm they pose is assessed and a risk management plan is implemented to protect the public. In most cases, the offender will be managed under the ordinary arrangements applied by the agency or agencies with supervisory responsibility. A number of offenders require active multi-agency management and their risk management plans will be formulated and monitored via MAPPA meetings attended by various agencies.

## How should I respond to DA?

DA is an extremely sensitive issue and people often find it difficult to share or talk about. You may be the first and only person with whom the issue of domestic abuse is shared. The way you respond may have a huge impact on those involved (See Appendix 1 for a flow chart diagram of how to respond to DA).

If a child or young person has chosen to tell you about what is happening, it is very likely that they have made a judgment that they can talk to you openly. Try to remain calm and take your time, whilst adhering to child protection guidance. Remember they may have thought about telling someone for quite some time and this could be difficult for them. They may or may not be aware of the significance of the information they are sharing. It may be helpful to consider the following:

- Make sure you are focusing on the safety of the child and young person in line with local safeguarding and child protection procedures
- Be available for the child/young person and give them opportunities to talk. Listen to what they have to say and acknowledge the importance of what they are sharing.
- Explain confidentiality and ensure that the child/young person is aware that you may have to share the information with another agency.

- Be careful not to use leading questions, interrupt the child or try to 'interview' the child/young person about the incident, this is not your responsibility.
- Be supportive and reassure the child/young person explaining what might happen now that you have had this discussion. Take care not to appear judgemental.
- Write a record of what the child/young person has told you including details such as timing, setting and who was present. This record should be in the child/young person's words and not your own interpretation of what was said. Follow your services data protection procedures and information sharing guidance.
- Help the child/young person to identify a suitable support network where one exists.
- Be aware of and contact local services and agencies for more information and guidance. See Appendix 3 for a list of local and national contacts.

**It is important that it is clear to the child/young person that it is not their responsibility to challenge the situation at home or to try to make things better. This may lead to problems including placing them at increased risk of danger, particularly in the short term.**

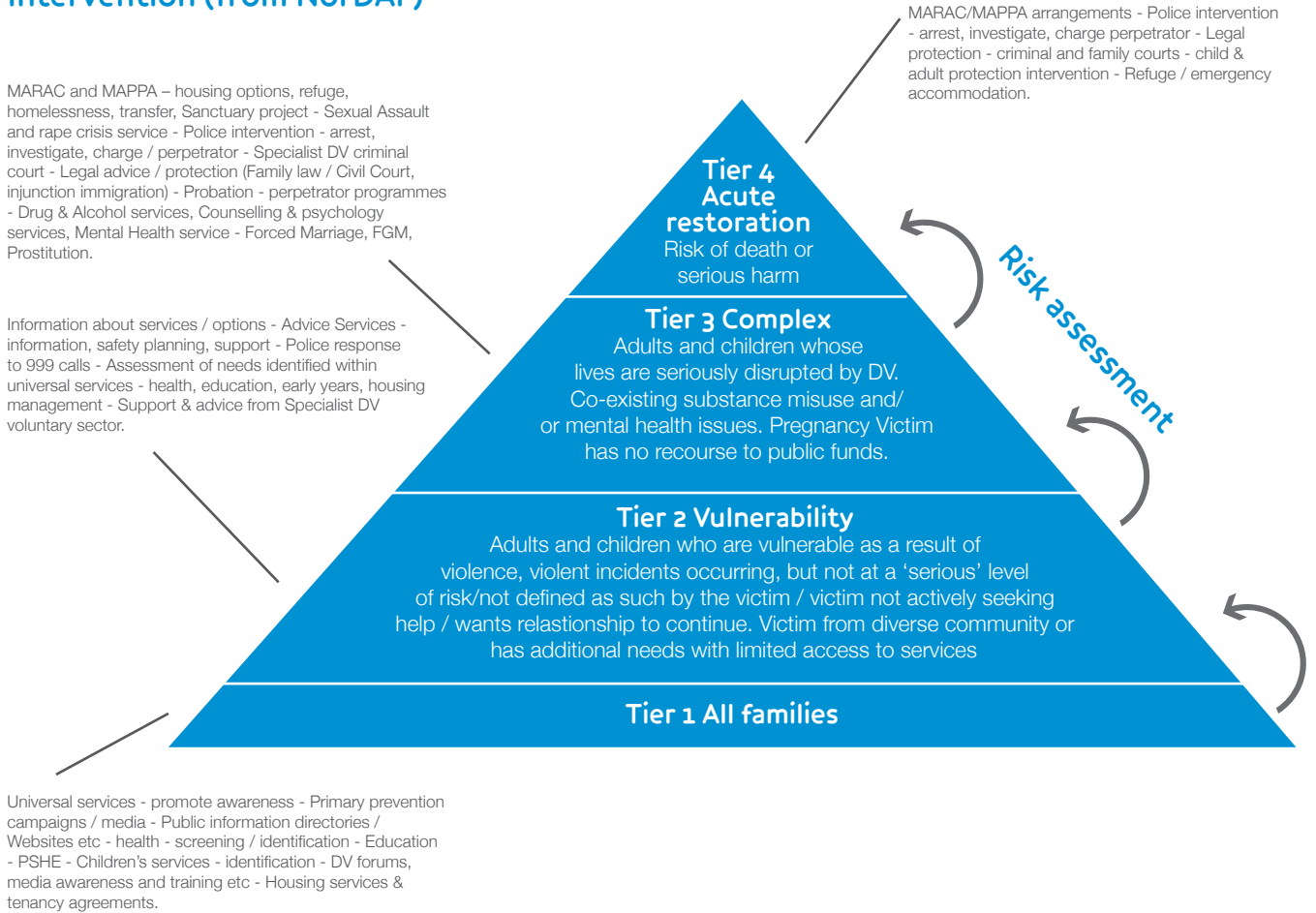
Be aware of your own limitations and responsibilities to inform a manager/designated professional for child protection and adhere to the Local Safeguarding Children's Board Northamptonshire (LSCBN) procedures and protocol.

## What intervention is available in Northamptonshire?

A four-tiered approach to intervention is used in Northamptonshire for all families from low and medium to high risk with the view that "...no one agency can deal effectively and safely with the effects of domestic violence..." [This tiered approach is shown in the diagram on the following page:](#)



## Tiers of Violence Intervention (from NorDAF)



The four tiers represent the levels of risk and appropriate services for that level of risk, eg level 1 refers to all families focusing on promoting awareness of domestic abuse through universal services. This guidance document is intended to complement the information available for all professionals at a universal level. Level 4 represents high level intervention where there is risk of harm, so likely to be subject of a MARAC/MAPPA, requiring police intervention e.g. arrest and charge, housing options such as sanctuary and refuge etc. A diagram summarising some of the key agencies that are available to respond to the tiered model of intervention in Northamptonshire is shown in appendix 2. It is important to note that this is not an exhaustive list of support services but summarises some of the key agencies available locally. A list of telephone contacts locally and nationally is also shown in appendix 3.

### What other interventions are available locally?

There are a number of group intervention programmes which are run across the county by representatives from S.A.F.E Northamptonshire (Safe from domestic Abuse Free and Empowered), formerly known as Northamptonshire County Refuge Group. There are also some pilot projects being run by organisations including the Educational Psychology Service, with a view to expanding future support and interventions available for families and young people locally.

### What are the Targeted Prevention Teams?

There are Targeted Prevention Teams (TPT) across Northamptonshire. These teams offer a family and home based service that strives to support children, young people, vulnerable adults and their families to function in their natural settings of home, school and neighbourhood. Intervention will be put in place when

children and young people are at significant risk of being excluded from their families, education and community and will promote well-being and positive social behaviour whilst decreasing negative behaviours that might result in families escalating into high cost specialist interventions.

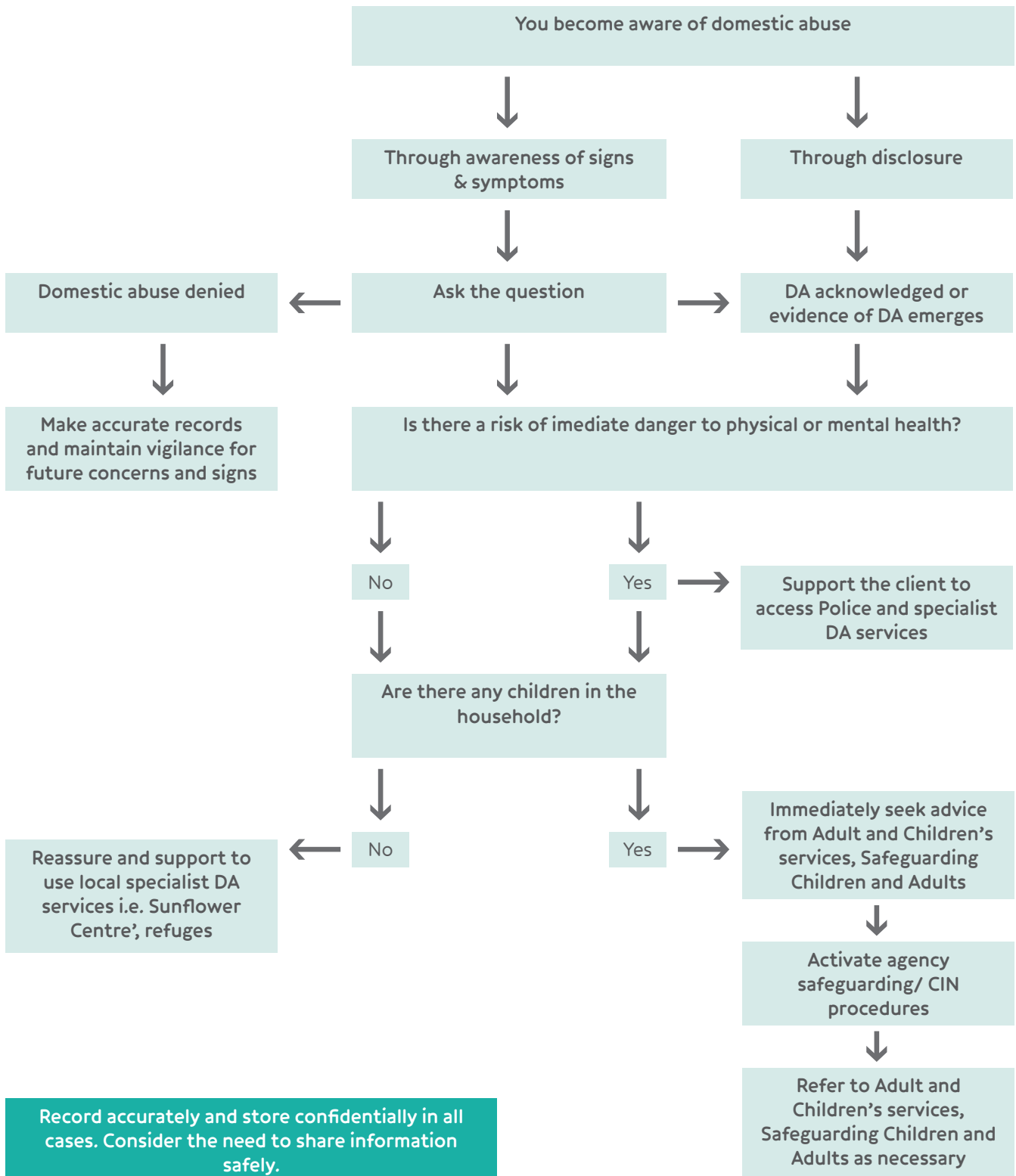
TPT consists of 4 Team managers and 32 practitioners working between 6 to 10 families at any one time, interventions will typically last up to 6 months. For further information regarding the Targeted Prevention Service please contact the area Team managers.

### How does this guidance link with the Northamptonshire Vulnerability Matrix and Threshold Criteria?

The Northamptonshire Vulnerability Matrix and Threshold Criteria guidance also provides an overview of the continuum of needs of all children and young people in Northamptonshire. This will be helpful when considering what support and services are required and available for families who have experienced domestic abuse. It provides guidance on when to undertake a CAF Assessment as well as when it is appropriate to request the involvement of Local Targeted and Specialist Services.



## Appendix 1 Flowchart: What to do if you become aware of DA?



## Appendix 2

### Diagram summarising some of the Domestic Abuse Support Services in Northamptonshire



It is important to note that some services will move between the circles depending on the needs of their client and the area and breadth of specialism within their organisation



## Appendix 3

### Key Telephone Contacts and Websites

#### Northamptonshire Contacts

##### Police

In an emergency always dial **999**  
For non-emergencies contact  
Northamptonshire Police  
Tel: **03000 111 222**

Contact the 24-hour National  
Domestic Violence Helpline  
(free phone)  
Tel: **0808 2000 247**  
**[www.northants.police.uk/default.aspx?id=3216](http://www.northants.police.uk/default.aspx?id=3216)**

##### The Sunflower Centre

Offers support and advice services  
to male and female victims of  
domestic abuse  
North Tel: **01536 204691**  
South Tel: **01604 233684**

##### Northampton Women's Aid

Offers 24hour emergency refuge,  
support, outreach and aftercare to  
women and their children who are  
victims of domestic abuse  
Tel: **0845 123 2311**

##### Wellingborough and East Northamptonshire Women's Aid

Offers 24hour emergency refuge,  
support, outreach and aftercare to  
women and their children who are  
victims of domestic abuse  
Tel: **01933 224943**

##### Nene Valley Christian Family Refuge

Provides a 24-hour service for  
women with or without children  
escaping domestic abuse,  
offering accommodation in refuge,  
advice, crisis help, aftercare and  
resettlement.  
Tel: **01604 230311**  
**[www.nvcfr.org.uk](http://www.nvcfr.org.uk)**

##### NSPCC (National Society of the Prevention of Cruelty to Children)

Offers post abuse therapeutic work  
to children and young people who  
have suffered abuse or neglect.  
Services include individual work with  
children and young people who have  
been sexually abused, and individual  
and group work with children who  
have witnessed violence, together  
with support for their non-violent  
carers. The NSPCC runs DART  
(Domestic abuse Recovering  
Together) which is a ten week group  
programme that helps mothers and  
children (7-11yrs) to strengthen their  
relationship by creatively working  
through their post domestic abuse  
experiences.  
Tel: **01604 493336**  
**[www.nspcc.org.uk](http://www.nspcc.org.uk)**

##### Dostiyo

Offers advice for Asian women on a  
range of issues including benefits,  
debt, housing, domestic violence,  
disability, immigration, drug and  
alcohol misuse. Also offer advocacy,  
befriending and counselling services.  
Tel: **01604 745340**  
**[www.dostiyo.org.uk](http://www.dostiyo.org.uk)**

##### Serenity Sexual Assault Referral Centre

Provides free medical and emotional  
support to male and female victims

of rape or sexual assault. Support is  
available 24 hours a day, 7 days a  
week.  
Tel: **01604 601713**

##### Northamptonshire Rape & Incest Centre (NRICC)

A local charity, run by women  
for women and girls who have  
experienced sexual violence,  
whether recently or in the past.  
They offer counseling and support  
for anybody who has been sexually  
abused, whether it was two weeks  
ago or 40 years ago.  
Tel: **01604 250721**  
Email enquiries: **[info@nricc.com](mailto:info@nricc.com)**  
**[www.nricc.com/en/default/contact.asp](http://www.nricc.com/en/default/contact.asp)**

##### Victim Support

Offers emotional and practical  
support and information to male and  
female victims of crime by telephone  
or in a safe environment  
North Tel: **01536 417119**  
South Tel: **01604 603477**  
**[www.victimsupport.org.uk](http://www.victimsupport.org.uk)**

##### Relate

Offer a confidential counseling  
service to people with relationship  
problems or difficulties and can  
work individually with survivors of  
domestic abuse  
Tel: **01604 634400**  
**[www.relatenorthants.org.uk](http://www.relatenorthants.org.uk)**

##### Child and Adolescent Mental Health Services

Service for children with significant  
mental health needs.  
There is a CAMHS liaison line  
available for professionals to gain  
advice and support.  
North Tel: **01536 313887**  
South Tel: **01604 656060**

**Educational Psychology Service**

They provide consultation service offering support and advice regarding the learning and development of children and young people aged 0-25. They work with families and educational settings and are based within Customer, Communities and Learning Directorate.

Corby/Kettering  
Tel: **01604 361416**

Daventry and South  
Northamptonshire  
Tel: **01604 630082**

Northampton  
Tel: **01604 630082**

Wellingborough and East  
Northamptonshire  
Tel: **01604 361416**

**Youth Counselling**

Provide counselling information and advice for all 12-25 year olds.

Kettering Youth Information  
Tel: **01536 510089**

Wellingborough/NE:  
Service Six  
Tel: **01933 226615**

Lowdown (Northampton)  
Tel: **01604 634385** Time 2 Talk

(Daventry)  
Tel: **01327 706706** CHAT (Oundle)  
Tel: **01832 274422**

**Learning Skills  
& Education - SEN**

Offer advice and support for children and young people with specialist educational needs  
Tel: **0300 126 1013**

**School Nurses**

Provide support and advice for children, young people and families from the ages of 4-18. For school nurse obtain details via local school.

Corby/Kettering  
Tel: **01536 400600**

Daventry and South  
Northamptonshire  
Tel: **01604 656060**

Northampton  
Tel: **01604 678027**

Wellingborough and East  
Northamptonshire  
Tel: **01536 494268**

**Health Visiting Service**

Provide support and advice for babies, children and families aged 0-5 years

Corby/Kettering  
Tel: **01536 400600**

Daventry and South  
Northamptonshire  
Tel: **01327 708101**

Northampton  
Tel: **01604 415364**

Wellingborough and East  
Northamptonshire  
Tel: **01536 494297**

**Safeguarding - Initial  
Contact Team**

Offer advice about how to respond to concerns regarding the possibility of children, young people and families being at risk of significant harm.

Tel: **0300 126 1000 (Option 1)**

**NCC Disabled Children's Team**

Contact Family Information Service  
Tel: **01604 367722**

CAF (Common Assessment  
Framework) Helpdesk  
Tel: **01604 367336**

**Northamptonshire Carers**

Offer support service to carers living in Northamptonshire.

General Enquires  
Tel: **01933 677837**

**Housing Advice**

Offer free, confidential, impartial advice and support to anyone with housing or benefits problems or who has questions regarding these issues. They can help you in person or over the phone.

Corby  
Tel: **01536 464000**

Daventry  
Tel: **01327 871100**

East Northants  
Tel: **01494 830991**

Wellingborough  
Tel: **01933 231805/01933  
231812/01933 231838**

Northampton  
Tel: **0300 330 7000**

South Northants  
Tel: **01327 322067**

**Citizens Advice Bureau**

Offers free, confidential, impartial and independent advice and information on a wide range of subjects.

Tel: **0844 8552122**



## National Contacts and websites

### Women's Aid

Women's Aid is the key national charity working to end domestic violence against women and children. They support a network of over 500 domestic and sexual violence services across the UK.

Tel: **0808 2000247**

**[www.womensaid.org.uk](http://www.womensaid.org.uk)**

### NSPCC (National Society for the Prevention of Cruelty to Children)

The NSPCC Child Protection Helpline offers advice and support to anyone concerned about the welfare of a child. The helpline is open 24 hours a day 7 days a week. Helpline counsellors are all trained child protection officers.

Tel: **0808 800 50000**

**[www.nspcc.org.uk](http://www.nspcc.org.uk)**

### Childline

Free helpline for children and young people in the UK available 24 hours a day 7 days a week with access to trained counsellors

Tel: **0800 1111**

**[www.ChildLine.org.uk](http://www.ChildLine.org.uk)**

### The Mankind Initiative Helpline

Support and information for male victims of domestic abuse Website

Tel: **01823 334244**

**[www.mankind.org.uk](http://www.mankind.org.uk)**

### National Domestic Violence Helpline

24-hour helpline for victims of domestic abuse

Tel: **0808 2000 247**

### Refuge

An organisation that offers a range of services aimed at female victims of domestic abuse.

Tel: **020 7395 7700**

**[www.refuge.org.uk](http://www.refuge.org.uk)**

### Victim Support National Helpline

Supports people affected by crime by providing free and confidential support to help victims' deal with their experience

Tel: **0845 30 30 900**

**[www.victimsupport.org.uk](http://www.victimsupport.org.uk)**

### Broken Rainbow

Provides support for lesbian, gay, bisexual and transgender (LGBT) people experiencing domestic violence.

National LGBT Domestic Violence Helpline (Mon 2pm-8pm, Wed 10am-1pm, Thu 2pm-8pm)

Tel: **0300 999 5428**

**[www.broken-rainbow.org.uk/](http://www.broken-rainbow.org.uk/)**

### **[www.thehideout.org.uk](http://www.thehideout.org.uk)**

Information raising awareness of DA and giving advice about how to deal with it. This website includes a section for children, young people and adults. Includes sections on safety planning, quizzes, interactive games and virtual tour of a refuge.

### **[www.missdorothy.co.uk](http://www.missdorothy.co.uk)**

A charity created by a news presenter who suffered abuse as a child including an interactive learning programme for primary and secondary school children.

### NORMEN

NORMEN, is the Northamptonshire Mental Health Gateway. and includes a range of, training and support materials accessible to schools and other universal settings, alongside more targeted and specialist services to meet emerging and complex mental health needs.

NORMEN will help you to find further information and support – Just ask.

**[www.asknormen.co.uk](http://www.asknormen.co.uk)**

## Appendix 4

### Related Reading

#### Key documents related to this guidance include:

- Child Protection Procedures Manual: Local Safeguarding Children's Board Northamptonshire. (Section 4.20 Domestic Abuse) [www.lscbnorthamptonshire.org.uk](http://www.lscbnorthamptonshire.org.uk)
- National guidance including Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children. [www.workingtogetheronline.co.uk](http://www.workingtogetheronline.co.uk)

#### National Guidance

**Other related documents and guidance that may provide helpful information and advice when supporting a family, child, young person or young adult who have experienced domestic abuse include:**

- Women's National Commission (2009). Together we can end violence against women and girls: A strategy. HM Government.
- Department of Health (2005). Responding to domestic abuse: A Handbook for Health Professionals. London: DOH.

#### Local Guidance

**At a local level, there are also a number of guidance documents, procedures and policies which may complement information in this booklet. These include:**

- Integrated Working Procedures for Practitioners and Managers. Northamptonshire Children and Young people's partnership and Local Safeguarding Children's Board Northamptonshire. [www.northamptonshire.gov.uk/en/councilservices/cyp/caf/pages/integratedworking.aspx](http://www.northamptonshire.gov.uk/en/councilservices/cyp/caf/pages/integratedworking.aspx)

This document is intended to support integrated working in services to children, young people and families across the county with view to improving both the quality of service delivery and outcomes for children. It includes reference to integrated working across all levels of need, a Northamptonshire vulnerability matrix and threshold criteria for targeted and specialist services; information about area based working and local operational teams and

provides guidance and information associated with the Common Assessment Framework (CAF).

- Mental Health is Everybody's Business: Children and Young People's mental health – A handbook for schools and other agencies in Northamptonshire. Northamptonshire Children and Young People's Partnership (2007)
- Anxiety – Tackling it Together, Northamptonshire County Council (2006)
- Self-harm booklet
- Mental health shoe box
- Stigma
- Anti-bullying
- Target Mental Health In Schools (TaMHS)

#### Useful resources and books

##### Expect Respect Toolkit (2008)

A comprehensive resource developed by Women's Aid working with teachers, consisting of a core lesson for each year group from reception to year 13 based on themes that have been found to be effective in tackling DA.

##### Talking about Domestic Abuse: A Photo Activity Workbook to develop communication between mothers and young people.

Humphreys et. al. (2006) Jessica Kingsley Publishers Photocopiable activity book for use with children aged 9 upwards whose families have experienced DA.

##### Talking to My Mum: A Picture Workbook for Workers, Mothers and Children Affected by Domestic Abuse.

Humphreys et. al. (2006), Jessica Kingsley Publishers This book is aimed at 5 to 8 year olds and features illustrated activities with animal characters.

##### Stop Hitting Mum! Children Talk About Domestic Violence.

Mullender et. al. (2003) Young Voice. Young people describe the fear and confusion of living with DA

**Domestic Violence and Children: A Handbook  
for Schools and Early Years settings.**

Sterne & Poole (2010) Routledge

This book explores the impact of DA on young people and families with information about how to support children in school and early years settings

**For more information on domestic abuse:**

[www.homeoffice.gov.uk/crime-victims/reducing-crime/  
domestic-violence/](http://www.homeoffice.gov.uk/crime-victims/reducing-crime/domestic-violence/)

[www.bbc.co.uk/relationships/domestic\\_violence/index.  
shtml](http://www.bbc.co.uk/relationships/domestic_violence/index.shtml)

[www.adviceguide.org.uk/index/family\\_parent/family/  
domestic\\_violence.htm](http://www.adviceguide.org.uk/index/family_parent/family/<br/>domestic_violence.htm)



## Appendix 5

### **Taxonomy summarizing the needs of children and families who have experienced domestic abuse: Exploring the support required for children and family members, with considerations for professionals.**

|                      | Child  | Family   | Professionals   | Educational settings   |
|----------------------|--|--|---|--|
| <b>School age</b>    | <ul style="list-style-type: none"> <li>- Opportunity to develop/maintain a positive attachment relationship with a significant adult</li> <li>- Opportunity to develop and extend social relationships and support networks</li> <li>- Opportunities to talk and to be listened to</li> <li>- Peer support – positive role models and social inclusion within peer group</li> <li>- Opportunities for discussion of shared experiences with other children who have experienced domestic abuse through option of group work</li> <li>- Staying safe – information and support with safety planning</li> <li>- Information about domestic abuse, support agencies, resources and websites involved in decision making, maintaining an element of control in their life</li> <li>- Access to a structure and routine for living balanced by flexibility in response to individual needs</li> </ul> | <ul style="list-style-type: none"> <li>- Access to information about domestic abuse and the potential impact on children</li> <li>- Opportunities to develop a clear structure and routine to establish daily living patterns</li> <li>- Information about support services for adults and children</li> <li>- Caring responsibilities for all family members organised and structured, e.g. siblings, extended family members, young carers</li> <li>- Access to support networks with opportunities to talk about and share experiences</li> <li>- Access to support with practical issues e.g. financial planning, accommodation and legal system,</li> </ul> | <ul style="list-style-type: none"> <li>- Clear safeguarding and child protection procedure and policies</li> <li>- Awareness of protocol when managing disclosures</li> <li>- Awareness of impact of domestic abuse on children with consideration given to social, emotional and psychological impact</li> <li>- Awareness of signs of possible trauma and signposting to appropriate agencies</li> <li>- If offering group work, gaining support and advice from appropriate agencies and ensuring homogeneity of group/group dynamics</li> <li>- Opportunities to recognise the needs of individual children and build positive relationships with families</li> <li>- Awareness of cultural values</li> <li>- Explore opportunities for multi-agency working</li> </ul> | <ul style="list-style-type: none"> <li>- Training and information for school staff on domestic abuse and the impact on children.</li> <li>- Anti-bullying policy which relates and impacts on practice</li> <li>- Pastoral support systems in place which provide children with access to learning mentors/key adults</li> <li>- Awareness of the children's need to talk and be listened to with understanding of how to refer to outside agencies if required.</li> <li>- Peer buddying systems in place</li> <li>- Policies and procedures that support admission of new arrivals into school and aid transitions/transfers.</li> <li>- Extended learning opportunities for children including access to homework clubs, breakfast clubs and gaps in curriculum knowledge</li> <li>- Awareness of cultural consideration</li> </ul> |
| <b>Preschool age</b> | <ul style="list-style-type: none"> <li>- Opportunity to develop and maintain positive, trusting and responsive reciprocal social relationship with significant adult/parent/carer</li> <li>- Opportunity to express/communicate experiences</li> <li>- Access to therapeutic play-based experiences in line with their developmental stage if required which promote reciprocity and communication.</li> </ul>   | <ul style="list-style-type: none"> <li>- Opportunities for mothers to talk about their experiences and extend support networks</li> <li>- Parenting support work – developing an awareness of their child's needs and ability to respond to that</li> <li>- Support to develop a consistent parenting approach with structures, routines and stability where possible.</li> </ul>  | <ul style="list-style-type: none"> <li>- Awareness of impact of domestic abuse on children and families</li> <li>- Information to staff about services available</li> <li>- Opportunities to support mothers who have experienced domestic abuse</li> <li>- Opportunities to provide developmentally appropriate positive play experiences for mothers and their children</li> <li>- Awareness of how to promote positive social interactions and build reciprocity</li> </ul>  |  |

## Appendix 6

### Further information about DA and parenting

#### Does DA affect the consistency of parenting and how do parenting styles differ?

For families who have experienced domestic abuse the parenting styles of the non-abusive adult and perpetrator may differ resulting in experiences of conflictual co-parenting. This lack of consistency and unpredictability can cause children confusion, uncertainty, anxiety and limit a child's awareness of boundaries for their behaviour. There may also be a negative impact of DA on the non-abusive parent/carer's parenting style who may demonstrate inconsistent use of discipline and a lack of warmth and nurturance. Research has explored a range of parenting styles. Four main parenting styles have been identified as shown in the diagram below.

An authoritative parenting style has been shown to have a positive impact on child development. They tend to demonstrate a warm child-centred model of parenting, with some control, which encourages children to become autonomous and develop problem-solving skills and positive support networks.

| High level of responsiveness/sensitivity To, and interest in, the child table |   |   |  |
|---|---|---|--|
| Low level of parental control and expectations for learning and behaviour     | <b>Permissive/Indulgent Parenting</b><br>(high acceptance, low control) | <b>Authoritative parenting</b><br>(high acceptance, high control) | High level of parental control and expectations for learning and behaviour |
|   | <b>Neglectful Parenting</b><br>(low acceptance, low control)            | <b>Authoritarian Parenting</b><br>(low acceptance, high control)  |  |
| Low level of responsiveness/sensitivity to, and interest in, child            |   |   |  |

Figure 1: Baumrind's parenting styles (From Cameron & Maguinn 2009)

Supporting families who have experienced domestic abuse to consider their parenting style and methods of psychological control may support the longer term development of their children.

Psychological control has more recently been identified as an aspect of parenting style which may also be particularly relevant for families who have experienced domestic abuse. Encouraging positive methods of

psychological control such as helping the child to reflect on their actions, giving them encouragement, affirmation and explanation will support families and may counteract negative techniques used such as guilt, possessiveness, threat and humiliation.

## **Appendix 7**

### **The impact of DA on babies and young children**

#### **How might DA be associated with early brain development?**

During the first few years of life the human brain is rapidly developing neural pathways connecting cells in the brain and organising the brain in order to respond to the environment. During the first year of life in particular the brain experiences a significant 'growth spurt'. Following this growth spurt there is a period of pruning and strengthening the connections made. Therefore before birth, and in the first year of life in particular, the developing brain is most vulnerable to early emotional trauma and distress, such as domestic abuse. When humans suffer stress, levels of the hormone cortisol rise; increased levels of cortisol can have a negative effect on newly formed brain cells. This can have an impact on a baby's development, resulting in over-sensitivity to events around them, primed to respond to changes and showing very sensitive 'fight or flight' responses. They may also demonstrate 'freeze or surrender' responses to the world around them, demonstrating minimal or numbed responses to events or withdrawal (Gerhardt 2004; Sterne & Poole 2010; Sunderland 2006; Quinlivan 2000).

#### **How might DA affect a baby's relationship with others?**

As part of healthy development, babies and young children develop close, loving relationships with their parents or carers. Their parent/carer is an 'attachment figure' from whom the child seeks comfort and support. However, domestic abuse is likely to have a detrimental effect on a baby's attachment to their parent/carer. This may be due to the restricted availability or responsiveness of the adult because of the abuse they are experiencing, rapid changes in behaviour of different parents or carers at different times, and/or increased levels of distress and fear in these in the home. In such confusing circumstances, the baby may not develop consistent or coherent methods of gaining help and comfort from his/her parent/carer (Gerhardt 2004; Sterne & Poole 2010; Sunderland 2006).

Babies/young children show heightened anxiety and distress on separation from their parent/carer or show a minimal response to either the presence or absence of their parent/carer. Babies and young children need support to make sense of and regulate their emotions. Without this help they may experience difficulties regulating and moderating their own feelings which could have a negative impact on their emotional and behavioural development.

#### **How might DA affect a baby's social and emotional development?**

Babies and very young children may have great difficulty understanding and making sense of their experiences. As well as having difficulties independently regulating their emotions, they may also have difficulty communicating and expressing these verbally. They may therefore express themselves through their behaviour. By the age of three, they may show increased levels of aggression, distress or sometimes alternating with being quiet and withdrawn. Some of these behaviours may represent attempts to keep themselves safe and can be seen as rational reactions to living in a situation of domestic abuse (Sterne & Poole 2010; Dodd 2009).

#### **How might DA affect early language and cognitive development?**

Babies' cognitive and language development is influenced by the environment around them. Appropriately stimulating and nurturing early learning experiences and opportunities for supported play promote their development. They learn through a variety of ways, including watching others, exploring the environment through play, repeating experiences, copying others and through role play. Babies and young children who have been exposed to DA often experience delayed language and cognitive development. The domestic abuse may be associated with a lack of access to stimulating play activities and minimal exposure to helpful language. This can arise from the limited emotional or physical availability of the parent/carer; the need to reduce noise levels and stimulation to avoid provocation of the perpetrator; reduced opportunities to access early years experiences and groups in the community; and restricted financial resources.



## Appendix 8

### Multi Agency Risk Assessment Conference

# MARAC

#### REFERRAL FORM

#### Referring Agency & Member of Staff Details

##### Agency Name:

Member of Staff Name:

Full Postal Address:

Phone Number:

Fax Number:

E-mail Address:

Date of Referral:

##### Victim Details

First Name:

Last Name:

DOB: Age:

Gender:

Ethnicity:  
(please do not use codes)

Sexuality:

Safe Contact Number:

Address (currently living):

##### Perpetrator Details

First Name:

Last Name:

DOB: Age:

Gender:

Ethnicity:  
(please do not use  
codes)

Sexuality:

Safe Contact Number:

Address (currently living):

First Language:

Interpreter Required: Yes ☐ No ☐ Nk ☐

Victims GP Details:

Mental health issues? Yes ☐ No ☐ Nk ☐  
If known what is the diagnosis?

Relationship to Victim:

Does the Perpetrator know where the Victim lives? Yes ☐ No ☐ Nk ☐

Perpetrator Physical Disability? Yes ☐ No ☐ Nk ☐

Perpetrator eligible for MAPPA Yes ☐ No ☐ Nk ☐

Victim physical Disability? Yes ☐ No ☐ Nk ☐

Victim alcohol misuse Yes ☐ No ☐ Nk ☐

Victim drug misuse Yes ☐ No ☐ Nk ☐



**MARAC****Risk indicator checklist**

| Question<br>(please 'x' / tick and complete appropriate boxes)   | Yes | No | Don't Know |
|--|-----|----|------------|
| 1. Has the current incident resulted in injury (within last 3 months)?<br>(Please give details and whether this is the first injury?)  |     |    |            |
| 2. Are you frightened? Any comment:  |     |    |            |
| 3. What are you afraid of? Is it further injury, arson or violence? (please give an indication of what you think the abuser might do and to whom, including children)<br>(Please state specific details)   |     |    |            |
| 4. Do you feel isolated from family/friends, i.e. does the abuser try to stop you seeing friends / family / Doctor or others?<br>(If 'yes' please state specific details)  |     |    |            |
| 5. Are you feeling depressed or having suicidal thoughts?<br>(For how long / have you sought help / has there been any self harm?)   |     |    |            |
| 6. Have you separated or tried to separate from the abuser within the past year?<br>(How many times? What was the outcome?)  |     |    |            |
| 7. Is there conflict over child contact (within last 12 months)?<br>(Specific details required / where is child(s) living?)  |     |    |            |
| 8. Does the abuser constantly text, call, contact, follow, stalk or harass you? Identify whether you believe that this is done deliberately to intimidate you? (Define 'constantly' / Are you responding? Have you kept a log or notified police?) |     |    |            |

| Question<br>(please 'x' / tick and complete appropriate boxes)  | Yes | No | Don't Know |
|---|-----|----|------------|
| 9. Are you pregnant or have you recently had a baby? (within the last 18 months)<br>(Include recent miscarriages / termination if related to domestic abuse)  |     |    |            |
| 10. Are there any children, step-children that aren't in the household?<br>Or are there other dependents in the house (i.e. older relative)?<br>If yes provide information: (Refers only to children visiting the household or adult dependants that live there and not children living there). |     |    |            |
| 11. Has the abuser ever hurt the children/dependants?<br>(this may be repeated in question 21 so be mindful when adding the ticks)  |     |    |            |
| 12. Has the abuser ever threatened to hurt or kill the children/dependants and you believed them?   |     |    |            |
| 13. Is the abuse happening more often?  |     |    |            |
| 14. Is the abuse getting worse?<br>(Qualify what the abuse is)  |     |    |            |
| 15. Does the abuser try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example). Consider 'honour-based' violence and specify behaviour:                                      |     |    |            |
| 16. Has the abuser ever used weapons or objects to hurt you (in the past 12 months)?<br>(provide specific details, take into account any time spent in prison)  |     |    |            |

| Question<br>(please 'x' / tick and complete appropriate boxes)   | Yes | No | Don't Know |
|--|-----|----|------------|
| 17. Has the abuser ever threatened to kill you or someone else and you believed them?  |     |    |            |
| 18. Has the abuser ever attempted to strangle / choke / suffocate / drown you (in the past 12 months)?   |     |    |            |
| 19. Does the abuser do or say things of a sexual nature that make you feel uncomfortable or that physically hurt you or someone else? (if someone else, please specify):   |     |    |            |
| 20. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV):   |     |    |            |
| 21. Do you know if the abuser has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV):<br><br>Children:<br><br>Other family member:<br><br>Someone from previous relationship: Other (please specify):   |     |    |            |
| 22. Has the abuser mistreated an animal or the family pet within last 12 months?   |     |    |            |
| 23. Are there any financial issues? For example, are you dependent on the abuser for money / have they recently lost their job / other financial issues?   |     |    |            |
| 24. Has the abuser had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (if yes, please specify which and give relevant details if known):<br><br>Drugs:<br><br>Alcohol:<br><br>Mental Health (confirmed diagnosis): |     |    |            |
| 25. Has the abuser ever threatened or attempted suicide?   |     |    |            |

| Question<br>(please 'x' / tick and complete appropriate boxes)   | Yes | No | Don't Know |
|--|-----|----|------------|
| <p>26. Has the abuser ever broken bail / an injunction / and / or formal agreement for when they can see you and/or the children in the last 12 months? (you may wish to consider this in relation to an ex-partner of the perpetrator if relevant):</p> <p>Bail conditions:</p> <p>Non-molestation Order: Occupation Order:</p> <p>Child contact arrangements:</p> <p>Forced marriage protection order:</p> <p>Other (specify):</p> |     |    |            |
| <p>27. Do you know if the abuser has ever been in trouble with the Police or has a criminal history? (if yes, please specify):</p> <p>Domestic violence:</p> <p>Sexual violence:</p> <p>Other violence:</p> <p>Other (e.g. Criminal Damage):</p>   |     |    |            |

Details of children under 18 who live at either property, or visit either property.  
Indicate pregnancy as unborn with expected delivery date (EDD)

| First Name | Last Name | DOB | Address of the child | Relationship to Victim | Relationship to Perpetrator |
|------------|-----------|-----|----------------------|------------------------|-----------------------------|
|            |           |     |                      |                        |                             |
|            |           |     |                      |                        |                             |
|            |           |     |                      |                        |                             |
|            |           |     |                      |                        |                             |
|            |           |     |                      |                        |                             |
|            |           |     |                      |                        |                             |

Details of Non Dependent/Dependent/Vulnerable Adults (over 18 yrs only) who live at either property, or visit either property

| First Name | Last Name | DOB | Address of the child | Relationship to Victim | Relationship to Perpetrator |
|------------|-----------|-----|----------------------|------------------------|-----------------------------|
|            |           |     |                      |                        |                             |
|            |           |     |                      |                        |                             |
|            |           |     |                      |                        |                             |
|            |           |     |                      |                        |                             |
|            |           |     |                      |                        |                             |

Names & Contact Details of any representatives already involved AND/OR who may need to be involved from other agencies

| A&CS:                     | Referral made? | Yes / No | Currently Open? | Yes / No | Spcial Worker |
|---------------------------|----------------|----------|-----------------|----------|---------------|
| Health Visitor / Midwife: |                |          |                 |          |               |
| School/Nursery            |                |          |                 |          |               |
| Probation Officer         |                |          |                 |          |               |
| Other                     |                |          |                 |          |               |



**This page MUST be completed at time of referral and will be used to present at MARAC therefore this may require updating prior to the meeting:**

---

Reason for referral:

- Dash Score =

- Professional Judgement reasoning =

---

Description of last incident (if reported to Police include crime/incident number and date):

---

List details of any other significant reported crimes/incidents between victim and perpetrator:

---

What are the significant risks?

---

What safety measures are in place?

---

What does the victim want from MARAC?

---

Explain why MARAC would help this victim:

---

---

Is the Victim aware of the referral to MARAC? Yes ☐ No ☐

Has the Victim given consent for MARAC referral? Yes ☐ No ☐

#### SFC or MARAC ADMIN ONLY TO COMPLETE:

Matrix score: \_ / 6

PJ: Yes ☐ No ☐

#### Gate Keeping ADMIN ONLY TO COMPLETE:

Victim Vulnerabilities (as details on Page 1) ☐ Yes ☐ No ☐

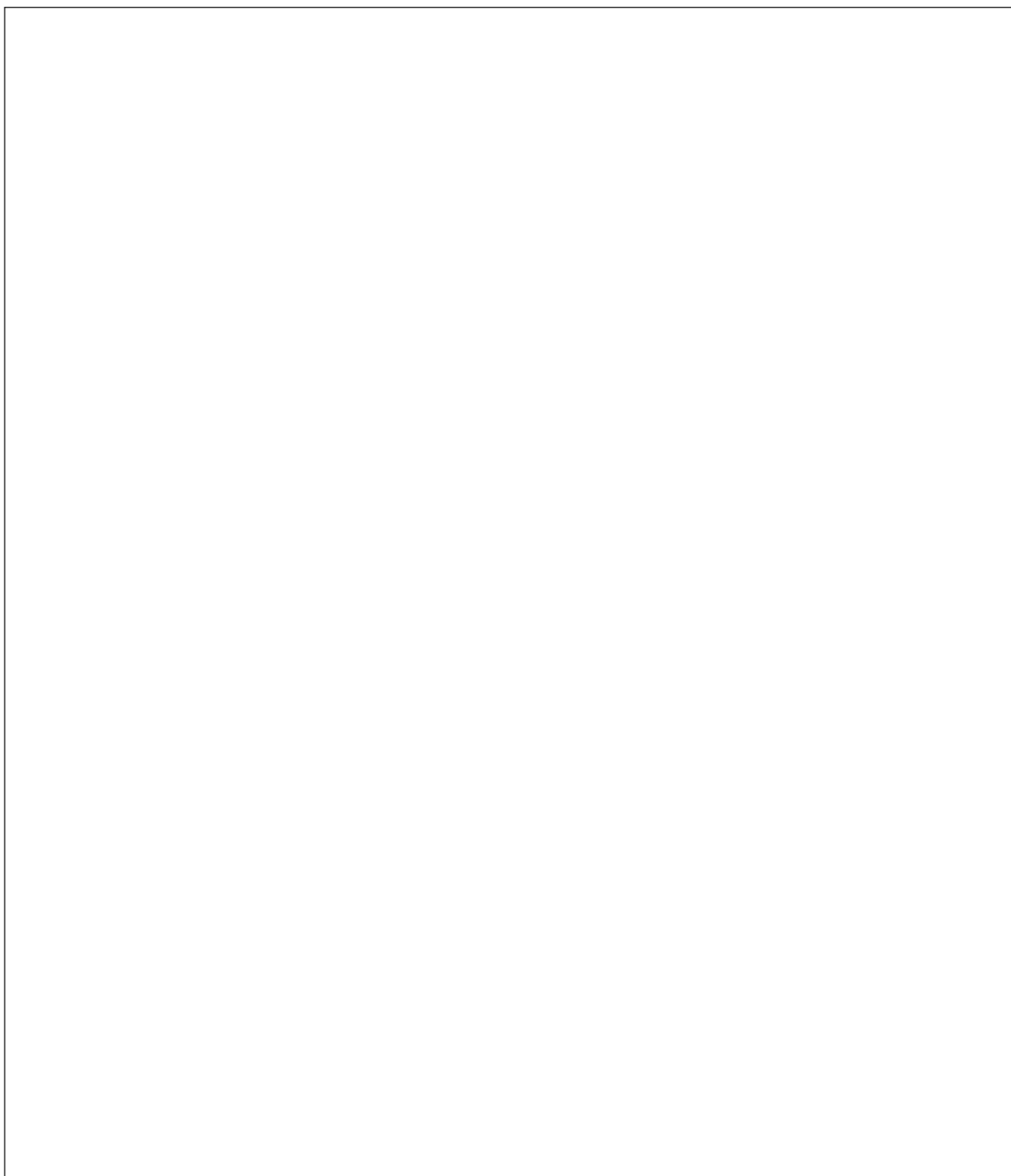
Victims Fear (see DASH Question 2) ☐ Yes ☐ No ☐

Isolation of Victim (see DASH Question 4) ☐ Yes ☐ No ☐

Coercive Control (see DASH Question 15) ☐ Yes ☐ No ☐

#### LEAD AGENCY UPDATES PRIOR TO MARAC MEETING

e.g. client contact/perpetrator contact, referrals made to other agencies,  
contact with other agencies etc



## Guidelines on completing the DASH – MARAC referral form

The purpose of the DASH is to help practitioners identify adult victims who are at high risk of harm and those cases that should be referred to a MARAC in order to manage their risk.

All sections of the form i.e. pages 1 to 6 should be filled in. Incomplete forms will not be considered and returned to the referrer for more information as it would not be possible to make a full risk assessment.

### Front page:

- Page 1 should state any victim vulnerabilities eg substance misuse, disability, mental health issues.

### Questions 1 – 27:

- It is important that sufficient detail is provided with a yes answer to a question for it to be validated as a 'tick'. Prompts are provided within the question box for the type of detail required, it is not sufficient just to say yes.

### Questions 1, 2, 13 & 14:

- This information should clearly identify who the victim is frightened of eg ex-partner, partner, or other family member, and the nature of abuse – physical or emotional.

### Children and pregnancy (page 5):

- Page 5 asks for details of children under 18 yrs who either live at the property or visit properties of either the victim or perpetrator. Pregnancies should also be included as 'unborn' with expected delivery date (EDD).

### Presentation at MARAC (pages 6 & 7):

- Page 6 details the information that will be presented at MARAC and should be completed at time of referral. It is necessary to understand why a MARAC hearing will help this victim. The form is designed for those suffering current rather than historic domestic abuse and ideally used around the time of the last incident of abuse that somebody has suffered.
- Page 7 is for the lead agency to record updates prior to the MARAC.

### Consent (page 6):

- In practice, the victim should always be made aware of the referral to MARAC and this should be clearly stated on page 6. If consent is not obtained or refused, disclosures can still be made under the DDA, HRA and Caldicott Guidelines but this must be clearly stated so that it is properly documented and decisions made on the restrictions of use of any information disclosed. Each agency should have a protocol in place for sharing information without consent.

### Repeats:

- Repeat incidents will automatically be heard at MARAC even though the DASH has not been revisited. A repeat is one incident recorded as a crime, or three incidents of non-crime, within 12 months of the last MARAC. Referrals are made using the repeat incident form.

### Threshold and Gate keeping:

- The threshold for referrals has been set at 17. However, for DASH scores of 14-16 from agencies other than SFC, referrals will go to a gate-keeping panel to determine the level of risk and whether it is applicable to MARAC. All referrals sent on professional judgement will go to the gate-keeping panel.
- The gate-keeping panel applies a matrix of 6 criteria as well as considering the victim's vulnerabilities and circumstances.
- Once a referral has been accepted at gate-keeping, a Sunflower Centre IDVA will automatically attempt contact with the victim. Be aware the referral might not go to gate-keeping for up to 4 weeks. If you feel IDVA contact should be made earlier then speak to Sunflower Centre at time of sending referral

Referrals should be emailed to [marac@northants.pnn.police.uk](mailto:marac@northants.pnn.police.uk) or, if not using secure email, then by fax to 01604 233685.

## Appendix 9

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Northamptonshire  
Mental Health  
Gateway

Northamptonshire  
Young Healthy Minds  
Partnership



Northamptonshire Inter Personal Violence Forum

