



SSCB Guidance: Safeguarding Children and Young People Affected by Domestic Abuse

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1. Introduction

This guidance is intended to provide practitioners with information that will help them to:

- better consider all aspects of domestic abuse and the potential impact on children and young people
- make better risk assessments of the impact on children
- be aware of what resources are available in Surrey.
- Encourage more effective partnership approaches

2. Context & Definitions

The term domestic abuse, is used to acknowledge that physical violence may be only one aspect of abuse. Abuse may be threatened abuse or actual abuse.

Domestic abuse affects all sectors of society and although it is predominantly perpetrated by men on women there is growing awareness of abuse perpetrated by women on men and within same sex partnerships

The Government definition of **domestic violence and abuse** is:

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

- psychological
- physical
- sexual
- financial
- emotional

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

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

The Government definition includes 'honour' based violence, female genital mutilation (FGM), forced marriage, violence by family members as well as between adults who are or were intimate. Family members are: mother, father, son, daughter, brother, sister & grandparents; directly-related, in-laws or step-family.

In this guidance we have tried not be gender specific in order that professionals can consider the needs of both men and women, including lesbian, gay, bisexual and transgender (LGB &T) people.

[Procedures for Specific Circumstances](#)

3 What Abusive Relationships affect children?

Adult to Adult Relationships

Domestic abuse is the physical, emotional, verbal, sexual or financial abuse of one person by another with whom they have or have had an intimate or family-type relationship. It arises from the misuse of power and control by one person over another. It is rarely a one-off event, but tends to escalate in frequency and severity over time.

Abuse in the home affects men and women of all ages, ethnicities, orientations and income levels, regardless of ability.

Young People Using Abuse in Close Relationships

The revised definition of Domestic Abuse has implications for those using abuse in relationships who are under 18 years of age.

Professionals should remember that there may be safeguarding factors to consider in working with young perpetrators of violence, as they may be subject to abuse themselves.

The Youth Justice Board have developed a list of tools and resources for working with young people who use abuse in relationships, including abuse towards intimate partners, siblings and parents. Library resources of effective practice are also available at www.justice.gov.uk/youth-justice/reducing-re-offending/domestic-abuse

Teenage Relationship Abuse

The government's definition of domestic abuse only applies to those aged 16 and above but teenage intimate personal violence and partner abuse is also evident in younger adolescents

The 2011/2012 Crime Survey for England and Wales (CSEW) found that young people aged 16 to 19 were more likely to suffer partner abuse in the previous 12 months than any other age group.

A University of Bristol and NSPCC study in 2009 undertook a confidential survey of 1,353 young people, between 13 and 17 years old, from eight schools in England, Scotland and Wales. Further 91 in-depth interviews were undertaken with 62 girls and 29 boys. The results of the survey demonstrated high levels of intimate partner violence amongst teenagers.

- A quarter of girls and 18 per cent of boys reported some form of physical IPV.
- Nearly three-quarters of girls and half of boys reported some form of emotional IPV.
- One in three girls and 16 per cent of boys reported some form of sexual partner violence (The majority were single incidents, but for a minority of young people, sexual violence was a more regular feature of their relationships.)
- Having an older partner, and especially a "much older" partner, was a significant risk factor for girls. Overall, three-quarters of girls with a "much older" partner

experienced physical violence, 80 per cent emotional violence and 75 per cent sexual violence.

Further all the girls interviewed who had a “much older” partner, experienced some form of IPV and all acts of severe physical and sexual violence were instigated by older partners. (defined as at least two years older).

Vulnerable young people (especially young women) are amongst the groups where such experiences are most common; including teenage parents, those with disrupted family and care experiences and girls with much older partners

Co-ordinated Action Against Domestic Abuse (CAADA)(now Safelives) research conducted between 2010-2012 in a group of 183 under 18's known to services due to intimate partner violence showed that 76% reported having experienced physical abuse such as broken bones; internal injury; slapping and insults whilst 22% reported experiencing Sexual Abuse. 66% were assessed as being in high risk relationships.

Research and practice experience evidence that adolescents' intimate partner relationships too often involve some form of abusive behaviour, including sexual abuse, and that within those relationships there may be elements of exploitation. Thus at times overlapping with intimate partner violence are the related issues of Child Sexual Exploitation (CSE) and Harmful Sexual Behaviour (HSB). The triad of issues of CSE / HSB / IPV are at times discrete and distinct and at times are part of the same behaviour / relationships, thus making it all the more important to recognise and respond first and foremost to the young people involved as young people .This is important whether the young people involved are those causing or suffering harm, or indeed both.

One of the tasks of adolescence is learning how to navigate and behave within intimate partner relationships and inevitably the process of learning leads to mistakes. Further because of the intense emotional experiences that characterise adolescence and intimate relationships unhealthy behaviours may be evident as adolescents struggle to navigate these situations

Teenage intimate partner violence may resemble adult domestic abuse but it may also differ in particular insofar as it is more likely to be reactive and two way and (because adolescence is a period of rapid growth and development) it is also more readily susceptible to change than the behaviour of adults. Nonetheless it can be equally dangerous and damaging and the often short term nature of adolescent relationships should not be seen to imply that they are in any way trivial

When responding to young people there is a need to do so with an understanding of adolescent development, which recognises that increased risk taking and boundary testing is often a normal part of growing up and needs to be seen within that context so that responses to adolescent 'transgression' are not disproportionate and avoid criminalisation wherever possible. Further that the starting point for understanding troublesome behaviour by teenagers is to see this behaviour as an indicator of need and to recognise the vulnerability of these young people

Whilst they are under the age of 18 years these victims/survivors (in some cases teenage mothers) should receive support and safeguarding in line with the Children Acts 1989 and 2004. Professionals should be aware however that in the UK it is legal for someone of the age of 16 to marry with parental consent and therefore they may be working with women as young as 16 who co-habit or have children with their partner. Professionals should consider encouraging young women to access

specialist support via their local Outreach Services if they are aged 16 and above. Specialist adolescent support may also be available from the Youth Support Service, primarily for those aged 14-18. Surrey Youth Support Service (YSS) is a specialist adolescent service that can work with both those who cause harm, suffer harm or both.

Professionals who come into contact with young people (e.g. teachers, school nurses, sexual health professionals, GP's etc) should be aware of the possibility that the young person could be experiencing domestic and sexual abuse and violence within their relationship.

National and international research suggests that safeguarding adolescents is complex and not always done well. Thus there is a need to ensure interventions take account of the young person's developmental stage. Care should be taken to ensure that interventions with adolescents are "adolescent friendly" and not just scaled down or scaled up versions of what is available to adults or younger children

Children to Parent Abuse

Children and young people of both genders can direct abuse towards their parents or siblings. This behaviour may have its roots in early emotional harm for which the child/young person will need support and treatment.

Teen to parent violence may lead parents to disengage from their young people and draw back from the authoritative parenting that teenagers need in order to navigate adolescence and at its most extreme may lead to parents rejecting and/or evicting their teenagers, potentially leading to the young person becoming homeless. There may also be an impact on siblings who are witnessing or victims of this behaviour

Anger in the teenage years is not uncommon and parents may well be the target of this anger but if this escalates into violence then it is going beyond the realms of normal adolescent behaviour. It is also likely to be indicative of problems either within the teen parent relationship, from earlier trauma or maltreatment (including learned behaviour having witnessed domestic abuse between adults) or due to other factors within the teens life that are causing them distress. Young people in these situations need support to deal with their emotions, support to address the issues causing their distress and support to learn how to behave respectfully (and non violently) in relationships. This of course includes the need for clear messages that aggressive, controlling and violent behaviour are not acceptable. Parents meanwhile need support to secure their own safety and that of other family members, including the young person, and to re-establish their authority as parents

Depending upon the particular circumstances of the case responses to teen (or child) to parent violence may be accessed via Surrey Children's Services, Surrey Youth Support Service or the early help system.

Useful Links:

For further information about domestic abuse and how to seek help please visit;

<http://www.surreyagainstda.info/how-to-get-help/>

Surrey Joint Strategic Needs Assessment – Domestic Abuse Chapter

<http://www.surrey.gov.uk/ViewPage1.aspx?C=resource&ResourceID=878>

4. The Impact of Domestic Abuse identified in Serious Case reviews

Serious Case Reviews in Surrey and nationally have highlighted the significant impacts that Domestic Abuse can have on families.

Themes highlighted include:

- Lack of professional curiosity and challenge
- Poor risk assessment including taking into account all siblings
- Significantly increased risks at the time of break up of relationships
- Filicide
- Lack of engagement with and consideration of fathers & male carers in assessment
- Professionals failing to recognise Domestic Abuse as an issue

Appendix B provides more information on the potential impacts of Domestic Abuse

5. Barriers to Disclosing Domestic Abuse

There are many reasons why someone may be unwilling or unable to disclose that they are experiencing domestic violence and abuse. Usually it is because they fear that the disclosure and subsequently accepting help may be worse than the current situation and could potentially be fatal. Appendix C contains a comprehensive list of potential barriers to disclosure that professionals should be aware of.

6. Key Principles of Enabling Disclosure of Domestic Abuse

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

- Disclosure prompted by the professional's routine questioning or identification of signs that domestic abuse could be taking place
- Unprompted disclosure by a child, adult or perpetrator
- Third party information from the public, family or community members must be taken sufficiently seriously by professionals in statutory and voluntary organisations.

Abuse in the home is one of the most common reasons for problems in children's lives, professionals should find safe and confidential ways of asking them if there is anything wrong, give them a chance to talk, be prepared to listen and know what help is available to them and the non-abusing parent/carer. Professionals should be mindful at all times that the actions they take could have an immediate impact upon the safety and well-being of an individual, child, young person or family, it is therefore imperative that they seek advice from their line manager, Surrey Children's Services or Surrey Domestic Abuse Services (details of which can be found in section 14 of this guidance).

- Professionals should only attempt to enable disclosure, or further disclosure, if they have been trained to do so and are supported by their agency's policies, procedures, referral processes and safeguarding children supervisory arrangements. All staff should receive Domestic Abuse Training appropriate to their professional role. Details about domestic abuse training in Surrey can be found at <http://www.surreyagainstda.info/do-you-work-with-people-affect/>
- Respect of another agencies professional judgement is critical as they may hold additional information which is previously unknown or changes the level of risk in a given situation.
- Professionals receiving information about domestic abuse should explain at the outset that priority will be given to ensuring that the children and their parent/carer's safety is not compromised through the sharing of information. However where professionals believe an adult or child/young person maybe at risk they should share information promptly and appropriately within the Information Sharing guidelines set out by their own agency.
- If there is a concern about the risk of significant harm to a child or young person then every professional's overriding duty is to protect that child or young person. Safeguarding is everybody's responsibility.
- Professionals must ensure that their attempts to identify domestic abuse and their response to recognition or disclosure do not trigger an escalation of abuse. They should also ensure that they clearly and accurately record any attempts to ask about experiences of domestic abuse and any disclosures, bearing in mind that these notes should never be placed on files which could become accessible to the perpetrator of abuse.
- All adults and children (accompanied or not) should be offered the opportunity of being seen alone, including in all assessments and asked, wherever practicable, whether they are experiencing or have previously experienced domestic abuse. The issue of domestic abuse should only ever be raised with a child or adult when they are safely on their own and in a private place.
- Separation does not ensure safety. It often temporarily increases the risk to the children or adult

Enabling disclosure for children and adults

If there has been a disclosure by a child or their parent/carer, the professional can ask clarification questions, such as those set out in Appendix D Communicating with a child.

Professionals should not press the child for answers, instead:

- Listen and believe what the child says;
- Reassure the child/ren that the abuse is not their fault, and it is not their responsibility to stop it from happening; and
- Where age appropriate and safe to do so, provide telephone numbers including Childline, the NSPCC Child Protection Helpline, Surrey Children's Services Contact Centre and Police.

7. Other Responses to Disclosure

Domestic abuse checklist development with children's social care

A DA Checklist and associated guidance has been developed in Surrey. It is expected that the checklist will be used consistently across Surrey from the first time Surrey Children's Services becomes aware of an incident of domestic abuse this includes at the Multi Agency Safeguarding Hub; Referral, Assessment and Intervention Service; Looked After Children Teams; Family Support Programme and Children with Disabilities Teams.

The DA checklist can be used at any point where an agency becomes aware that domestic abuse is a current or historic factor in the child or young person's life. The information gained through using the domestic abuse checklist should subsequently inform assessments carried out, be used as a tool within supervision and to promote reflective thought and professional curiosity. The checklist includes prompts regarding:

- The safety of the child or young person, their family and the worker involved
- Conversations with each child, young person and adult in the family and consideration of counter allegations
- Identifying the possible history of domestic abuse within the family and all family members involved
- Full assessment of the level of emotional abuse
- The engagement of the non-abusive parent and the impact on their parenting capacity
- What positive change looks like and empowering the non-abusive parent.

Domestic Abuse, Stalking, Harassment & 'so-called' Honour Based Violence (DASH) Risk Assessment

Surrey Police and Surrey' specialist Domestic Abuse Services use the DASH Risk assessment tool to help them identify current risk factors in order to intervene in a way that minimises risk and increases safety. The DASH should only be used by appropriately trained professionals and therefore all other professionals should seek immediate advice from either Surrey Police or Surrey' specialist Domestic Abuse Services should they suspect or know domestic abuse is occurring within a family or relationship.

Aim of the DASH form:

- To help frontline practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.

- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

The DASH should be used with all disclosures of current abuse to identify the levels of risk they may be exposed to and to offer appropriate services.

A referral to MARAC can be made if a case is assessed by professionals as reaching the agreed 'high risk' threshold or professional judgement dictates a referral should be made.

Professionals should be aware that MARAC support is for the Adult Victim and is not focussed on the risk to children

Stalking is a particularly serious behaviour posing significant risk of serious harm or death to victims and friends or family. National experience holds learning from many cases where not only the victim but their family or friends have been targeted, their lives restricted and negatively impacted and ultimately people have been killed or seriously injured. Stalking should always be seen as a serious escalation of domestic abuse or other abusive behaviours and should be discussed with the MARAC coordinators and with local outreach services when it is suspected. Stalking can include a wide range of behaviours from continual intrusive texts or calls, letters, being followed, use of spy software or tracking devices. Further information is available at the following sites:

<http://paladinservice.co.uk/>

<http://www.stalkinghelpline.org/about-the-helpline/>

<http://www.suzylamplugh.org/about-us/>

8. Assessment and Intervention

Professionals should support children and parents who disclose by:

- Listening to what the child/non-abusive parent says and taking what they say seriously.
- Explain the need to make sure that they and others in the family are safe. This will mean sharing information with professionals who can help the child/ren and/or non-abusive parent to stay safe.
- Reassuring the child/ren and the non-abusive parent that the abuse is not their fault and it is not their responsibility to stop it from happening. However in many cases the non-abusive parent will be expected to take steps to protect their children and therefore all professionals should work within a framework of empowerment to enable them to do so.

When a professional becomes aware of domestic abuse in a family, whether or not it has been disclosed, in order to assess and attend to immediate safety issues for the child, parent/carer and professional, the professional should establish:

- The nature of the abuse (remembering that domestic abuse takes many forms and that risk of harm is often not predicted by the existence of physical abuse).

- Whether there are other children in the household, if so, the number of children and whether they are under 7 years of age or have special needs. (young children and those with special needs are especially vulnerable because they do not have the ability to implement safety strategies and are dependent on their parent/carer to protect them. This includes children and young people who may visit the property for contact.
- Whether the perpetrator lives with the survivor and where the children are, including any children who may not be living in the household.
- Whether there is a need to seek immediate assistance and
- Whether the child and the parent/carer have somewhere safe to go
- Ensure that safety planning with survivors of domestic abuse considers the safety of children and animals within the family

To report animal cruelty, request assistance or concern about animal welfare, call the RSPCA's National Cruelty and Advice Line, 0870 5555 999

Follow the links below for additional Guidance:

[NICE Guidance February 2014](#)

9. Other Factors to Consider

Drug/Alcohol Misuse / Mental Ill Health

The procedure relating to parental substance misuse can be accessed at [Parental Substance misuse](#)

Professionals working with children should:

- Ensure that assessments consider the needs and the risk of harm to children within the family
- Be observant about the care and treatment of family pets whilst carrying out assessments

10. Responsibilities of Different Agencies and Organisations

Different agencies and organisations have specific responsibilities relating to disclosures/reporting of Domestic Abuse.

[Working together to safeguard children](#) reinforces that Safeguarding children is everyone's responsibility and consideration should always be given to the impact of abuse on all known members of the family affected.

11. Safety Planning

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

In some cases which reach the threshold of severe risk, the emergency safety plan should be for the children and, if possible, the parent, not to have contact with the

abuser. Professionals should seek advice from specialist Domestic Abuse Services should they wish to undertake safety planning with a survivor or domestic abuse. Further information can also be found at <http://www.surreyagainstda.info/how-do-i-keep-myself-and-my-ch/>

12. Contact

The law presumes that separation constitutes a form of deprivation for children and therefore preserves their right to contact the absent parent provided that it is safe and positive. Domestic Abuse is not in itself a bar to contact.

The abused parent can be most vulnerable to abuse, harassment and violent assault in the period after separation. Children having contact may be exposed to further domestic abuse and violence at the point of handover or during contact. Contact can be a mechanism for the perpetrator to locate the abused parent and children.

Children can also be vulnerable to violent assault as a means of hurting their parent for ending a relationship. Perpetrators may also use contact with the children as a means of further abusing the abused parent by, for example, being critical of the abused parent, blaming them for the separation and trying to gain information about the abused parents activities. Thus, through contact children can be exposed to further physical and/or emotional harm.

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

13. Staff Safety

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

Professionals should:

- Be aware that domestic abuse may be present within families but is as yet not known or undisclosed.
- Ensure that they are familiar with and follow their agency's safety at work policy.
- Not undertake a visit alone to a home where there is a possibility that a violent partner may be present, nor see a violent partner alone in the office
- Avoid putting themselves in a dangerous position (e.g. by offering to talk to the abuser about the abused person or being seen by the abuser as a threat to their relationship).
- Ensure that any knowledge of and or potential for risk is communicated to other agency workers involved with the family
- Managers should ensure that professionals have the appropriate training and skills for working with children and families experiencing domestic abuse and use supervision sessions both to allow a professional to voice fears about

abuse in a family being directed at them and also to check that safe practice guidance is being followed.

- Be aware that they themselves may be used by the perpetrator as a means of further abusing the survivor and/or children.

• **Further Information and Contact Details**

- **Surrey 24 hour Domestic Abuse Helpline** 01483 776822

- Surrey Domestic Abuse Services

Outreach services offer an independent, confidential, listening service to anyone affected by domestic abuse. They are free and impartial services, which can assist by giving practical help and emotional support as well as providing information on a wide range of issues including housing, benefits, safety planning and the needs of children affected by domestic abuse. They can also assist with accessing refuge accommodation if you need to leave your home in order to keep yourself safe.

Support can be given by telephone or, where appropriate and safe, with one to one meetings. Outreach services offer anything from a one off opportunity to talk, to longer term, ongoing support and assistance. They will also help you deal with other agencies, in an advocacy role, to help you get the services or information that you need. This means they will support you in talking to the police, legal services, housing or benefits agencies, according to your wishes and needs. Outreach services are also able to talk to you about how to get appropriate legal information and advice.

During office hours: If you need to talk to someone at outreach Monday – Friday 9am - 4pm see numbers below

- **East Surrey Outreach: 01737 771350**
Serving Reigate and Banstead, Mole Valley and Tandridge
- **yourSanctuary Outreach: 01483 776822**
Serving Woking, Runnymede and Surrey Heath
- **North Surrey Outreach: 01932 260690**
Serving Epsom and Ewell, Elmbridge and Spelthorne
- **South West Surrey Outreach: 01483 577392**
Serving Guildford and Waverley

<http://www.surreyagainstda.info/how-to-get-help/>

- **Surrey Children's Services** 0300 200 1006
- www.surreycc.gov.uk

- **Surrey Safeguarding Children Board**
[www.surreyschildrensafeguardingboard](http://www.surreyschildrensafeguardingboard.org.uk)

Surrey Youth Support Service yss@surreycc.gov.uk

Surrey Youth Support Service (YSS) is a specialist adolescent service that offers an integrated, multi-agency response to a range of vulnerable young people. The service comprises local teams, one in each of the county's eleven boroughs and districts, that deliver services to young people who are homeless, who are deemed children in need (s.17 CA 89), who are open to but not engaged with CAMHS, who are NEET and / or are in the criminal justice system, either formally or informally.

Solace Sexual Assault Referral Centre (SARC) <http://www.solacesarc.org.uk>

Solace Sexual Assault Referral Centres (SARCs) provide local communities with a safe, discreet and caring environment to support victims of rape and sexual assault. Services are available to men women and children.

The Solace Centre is able to:

- Perform a forensic examination by a specialist forensic doctor
- Provide crisis support at your initial visit and arrange follow up appointments
- Provide telephone advice
- Provide independent advocacy and support with practical matters
- Introduce other support services, for example Rape Crisis and Victim Support

SafeLives (formerly CAADA) <http://www.safelives.org.uk/>

Information for children and young people affected by DA and other issues

- **The Hideout**
- www.thehideout.org.uk
- **National Society for the Prevention of Cruelty to Children**
- www.nspcc.org.uk
- **Childline** **0800 11 11**
- <http://www.childline.org.uk>

Appendix A: Families with Additional Vulnerabilities

Culture

The culture in some communities means that it is often more difficult for women to admit to having marital problems. This is because a failed marriage is often seen as being the woman's fault and she will be blamed for letting down the family's honour. In some cultures a woman may not be in a position to divorce her husband. If the husband does not want to comply with this he can prevent giving a religious divorce to his wife.

Female Genital Mutilation

Female Genital Mutilation (FGM) is a collective term for procedures, which include the partial or total removal of the external female genital organs for cultural or other non therapeutic reasons. It is an extremely harmful practice that violates the most basic human rights

Female circumcision, excision or infibulation was made illegal in this country by the Prohibition of Female Circumcision Act 1985, except on specific physical and mental health grounds. The Female Genital Mutilation Act 2003 strengthens and amends the 1985 legislation. It 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

<http://sscb.proceduresonline.com>

Forced marriage

'Forced' marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the valid consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. Duress can include physical, psychological, financial, sexual and emotional pressure.

In 2004, the Government's definition of domestic violence was extended to include acts perpetrated by extended family members as well as intimate partners. Consequently, acts such as forced marriage and so-called 'honour crimes' (which can include abduction and homicide) now come under the definition of domestic violence.

Forced Marriage may involve the young person being taken out of the country for the ceremony, is likely to involve non-consensual and/or underage sex, and refusal to go through with a forced marriage has sometimes been linked to 'honour killing' (see [Honour Based Violence Procedure](#))

Forced Marriage is an abuse of human rights and where a child is involved an abuse of the rights of the child.

Honour Based Violence

A child who is at risk of honour based violence is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member

[Honour Based Violence Procedure](#)

Immigration Status

Children and their parents may have an uncertain immigration status that could prevent them from accessing services. The parent may also be hesitant to take action against her partner for fear of losing their right to remain in the UK. In some cases women have received threats of deportation from their partner or extended family if they report domestic abuse and have had their passports taken from them.

Similarly, children may have had their passports taken away from them and may fear that they and/or their parent could be deported if there is domestic abuse in the family. The Home Office provide guidance on pathways for asylum issues and domestic abuse.

Language/literacy

Children and their parents may face the additional challenge of engaging with services when English is not their first language. Only professional interpreters with an up to date Criminal Records Bureau check should be engaged to work with families where this is an issue. It is not acceptable to use a family member, friend or a member of the extended community.

Temporary Accommodation

Many families live in temporary accommodation. When a family moves frequently they may be facing chronic poverty, social isolation, racism or other forms of discrimination and the problems associated with living in disadvantaged areas or areas with which they are unfamiliar. These families can become disengaged from or may not have been able to become engaged with; health, education, social care, welfare or personal social support systems. There are also issues about accommodating a family as older boys may not be able to be placed in a refuge.

Recent Trauma

Some recently immigrant families often have a traumatic history and/or a disrupted family life and can need additional support to integrate into their host country.

Vulnerable Adults

A vulnerable adult is a person aged 18+ who may need community care services due to mental or other disability, age or illness; and who maybe unable to protect themselves against significant harm or exploitation. The abuse that they can suffer can be physical, sexual, verbal, financial, psychological or an act of neglect or institutional practice. Children living with vulnerable adults may be particularly vulnerable as the adult may have difficulty in responding to their particular needs. (Who decides? 1997 Lord Chancellor's Department and 'No Secrets' 2000)

Social Isolation

Keeping the victim isolated can often be a part of abusive behaviours. This may be compounded by other factors such as where English is not the first language or where cultural norms keep issues within key cultural, religious or other groups.

Rurality

Where the victim(s) live in a rural area, they may not have close neighbours or have access to transport. This can limit access to information or opportunities to talk to others about their circumstances, store escape packs or key items away from the home, potentially making them more likely to remain in an abusive relationship and/or harder for agencies to reach. They may also have limited experience of more healthy relationship role models.

Children with Disabilities

Disabled children and young people could experience increased difficulties in making a disclosure. They may;

- be more likely to be accompanied by another person which could include the perpetrator
- be more likely to have specialist equipment or adaptations either at home, in school or elsewhere in their environment which could make moving house difficult
- be in a specialist educational placement which may not be easily transferable to a new area
- have care /respite provision which may not be available or subject to reapplication or delay in implementation in a new area
- be often treated as different, and are less likely to receive adequate sex education or information about their own bodies
- be generally more isolated, both physically and socially and also from mainstream facilities and services
- at an increased risk of abuse because of using different systems of communication or may have restricted mobility
- be more likely to rely on others for personal and intimate care

Travellers

This group consists of Gypsy Roma, Travellers of Irish Heritage, fairground and circus communities. Each is very distinct but generally they have a very close family bond and the children have grown up knowing that they are expected to marry within the community.

Sex Workers

It is common for sex workers to be forced or coerced into sex work using physical, sexual, verbal, financial and psychological abuse and or drugs. Many sex workers are controlled by a pimp who can often be seen as, or referred to by the sex worker as their “boyfriend” or “husband”. Frequently the relationship between the sex worker and the pimp will involve control of the sex worker using physical, sexual, verbal, financial and psychological abuse.

Fear of prosecution for sex working may make sex workers reluctant to come forward for help for themselves and their children.

Women who are in the country illegally or have been trafficked for sex are at particular risk for the above-mentioned reasons. In addition, their immigration status may prevent them from seeking help as also mentioned above.

The points made in section 4 about the safety of unborn children are also true with regard to sex workers. In addition, the following points may be of particular concern:

- Physical and or sexual abuse may begin or escalate during pregnancy with the aim of causing miscarriage so that the woman can continue sex working or she may be forced to continue sex working anyway
- Attendance for antenatal care may be prevented by pimps due to loss of earnings
- If forced drug use is involved this also has repercussions for an unborn child.
- It is also possible that sex workers may be forced or coerced into accepting a new temporary client, e.g. customers seeking sex with a pregnant woman.

Appendix B: The Potential Impact of Domestic Abuse

The Impact upon Unborn Children

Almost a third of cases of domestic abuse begin or escalate during pregnancy. It is associated with:

- increased rates of miscarriage
- premature birth
- foetal injury and foetal death.

The mother may be prevented from seeking or receiving proper ante natal care or post natal care. In addition, if the mother is being abused this can affect her attachment to her child, the more so if the pregnancy is as a result of rape by her partner/ex partner.

The Impact on Children and Young People

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

- Fearful that they are to blame
- Protective of their parent/carer
- Protective of the abusing parent/carer
- Extremely fearful of the consequences of sharing family secrets with anyone. This may include fears that it will cause further abuse to their parent/carer.
- Being threatened by the abuser
- Fearful of being taken into care
- Afraid of losing their friends and school
- Afraid of exposing the family to shame, embarrassment or dishonour
- Afraid that their parent/carer may be deported
- Disabled and is unable to communicate that they are being abused
- Unaware that what they are experiencing is abuse

The risks to children living with domestic violence and abuse include:

- Feeling responsible for the abuse and/or taking responsibility for the survivor
- Direct physical or sexual abuse of the child or threats of abuse
- Being abused as part of the abuse against the parent;
- Being used as 'pawns' or 'spies' by the perpetrator in attempts to control the victim
- Being forced to participate in the abuse and degradation by the perpetrator
- Emotional abuse and physical injury from witnessing the abuse;
 - Hearing the perpetrator verbally abuse, humiliate and threaten violence
 - Observing bruises and injuries sustained by the victim
 - Hearing the victims screams and pleas for help
 - Observing the perpetrator being removed and taken into police custody

- Witnessing the victim being taken to hospital by ambulance
- Attempting to intervene in a violent assault
- Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault
- Negative material consequences for a child or young person of domestic abuse;
 - Being unable or unwilling to invite friends to the house
 - Frequent disruptions to social life and schooling from moving with their carer fleeing abuse or staying at home to become a carer
 - Being unable to play or learn

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

- The severity and nature of the abuse
- The length of time the child/young person is exposed to the abuse
- Characteristics of the child/young person's gender, ethnic origin, age, disability, socio economic and cultural background
- The warmth and support the child receives in their relationship with their mother, siblings and other family members
- The nature and length of the child's wider relationships and social networks
- The child/young persons capacity for and actual level of self protection

Some may experience emotional and/or psychological maltreatment and may have low self-esteem, experience increased levels of anxiety, depression, anger and fear, aggressive and violent behaviours, including bullying, lack of conflict resolution skills, lack of empathy for others and poor peer relationships, poor school performance, anti-social behaviour, pregnancy, alcohol and substance misuse, self blame, hopelessness, shame and apathy, post traumatic stress disorder – symptoms such as hyper-vigilance, nightmares and intrusive thoughts – images of violence, insomnia, enuresis and over protectiveness of parent and/or siblings.

Difficulties for children from Minority Ethnic backgrounds may be compounded by difficulty in seeking help, language and interpreting problems and the loss of community.

The Impact on Carers and their Ability to Parent

Children and young people are often reliant upon the victim as the only source of good parenting, as the perpetrator will have significantly diminished the ability to parent well. Domestic abuse very often includes high levels of punishment, the misuse of power and a failure of appropriate self-control by the perpetrator.

Many victims seek help because they are concerned about the risk domestic abuse poses to their children. However, domestic abuse diminishes a victim's capacity to

protect the children and can lead to victim's being preoccupied with their own survival within the relationship and lessen their awareness of the effects upon the children.

Victims of domestic violence and abuse have described the effects including:

- Loss of self-confidence as an individual and parent
- Feeling emotionally and physically drained, and distant from the children
- Not knowing what to say to the children
- Inability to provide appropriate structure, security or emotional and behavioural boundaries for the children
- Difficulty in managing frustrations and not taking them out on the children
- Inability to support the children to achieve educationally or otherwise

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

The Perpetrator's Ability to Parent

There is research to indicate that perpetrators may have inferior parenting skills including being:

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

It is important to treat each case individually.

Professionals need to be aware of the risk of becoming inadvertently collusive with perpetrators and potentially manipulated by their perceived level of credibility; disguised compliance has been a factor in Serious Case Review's.

Appendix C : Barriers to Disclosure

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

- Fearful that they are to blame
- Protective of their parent/carer
- Protective of the abusing parent/carer
- Extremely fearful of the consequences of sharing family secrets with anyone. This may include fears that it will cause further abuse to their parent/carer.
- Being threatened by the abuser
- Fearful of being taken into care
- Afraid of losing their friends and school
- Afraid of exposing the family to shame, embarrassment or dishonour
- Afraid that their parent/carer may be deported
- Disabled and is unable to communicate that they are being abused

Unaware that what they are experiencing is abuse

- Minimise their experiences and/or not define or recognise them as domestic abuse
- Be unable to express their concerns (language can be a significant barrier)

- Have had a previous poor experience when they disclosed
- Not be ready to disclose (but it is important to keep asking the question and re-iterating that people can seek support repeatedly).

Additional barriers for children or survivors with particular needs and disability may include;

- Being dependent on their abusing parent/carer for care e.g. if they have a physical disability
- Being unaware that their situation is abusive, e.g. if they have a learning disability
- Being generally more isolated, both physically and socially from mainstream facilities and services
- Being at an increased risk of abuse because of using different systems of communication or may have restricted mobility
- Having received threats from the perpetrator as to having their mobility or sensory devices removed or damaged which they require for independence
- Threats of care being withheld or undertaken in a neglectful or abusive manner
- Care packages: Survivors who are unable to take their care packages and carers with them when moving areas find their options severely limited.
- The perpetrator using their disability or particular need to taunt or degrade them
- Accommodation: Survivors may be reluctant to leave their own housing if it has been adapted for them
- Experiencing economic abuse – the perpetrator may use their disability benefits

Appendix D: Communicating with a Child

When talking with and listening to a child about domestic abuse professionals should:

- Never promise complete confidentiality – explain your responsibilities
- Do promise to keep the child informed of what is happening. This helps to create a relationship of openness, honesty and trust
- Be empathetic. Give the child time to talk and yourself time to understand the situation from the child's perspective
- Create opportunities for the child to disclose whether, in addition to the domestic abuse they are also being, or at risk of being physically or sexually abuses by the perpetrator. It is important to encourage children to speak, even when they have something difficult or negative to express
- Be straightforward and clear using age and developmentally appropriate language
- Encourage the child to talk to the non-abusive carer about their experience, as appropriate.
- Emphasise that the abuse is not the child's fault
- Let the child know that they are not the only one experiencing this
- Make sure that the child understands that it is not their responsibility to protect the abused carer whilst validating the child's concern and any action they may have taken to protect the abused adult.
- Do not assume that the child will hate the perpetrator. It is likely that they may simply hate the behaviour
- Allow the child to express their feelings about what they have experienced
- Check with the child whether they know what to do to keep themselves safe and have a network of adults whom they trust. If not, work on this with them or ensure that any work done with the child by other practitioners includes safety planning.
- Recognise that children will have developed their own coping strategies to deal with the violence and abuse. Some of these may be negative for the child in the longer term but where they are positive they should be drawn on to develop safety strategies for the future
- Do not assume that the child will consider themselves to be abused
- Do not minimise the violence
- Offer the child support with any difficulties in school or ensure that any work done with the child by other practitioners includes support in school
- Give the child information about sources of advice and support
- Give the message that the child can come back to you again
- Games, writing and drawing can be used to make the process easier for a child to express what they are experiencing. Life story work can be a way to involve children in reflecting on their situation.