



Health Visiting and School Nursing Programmes: supporting implementation of the new service model No.5: Domestic Violence and Abuse – Professional Guidance

Purpose

This guidance acknowledges that domestic violence and abuse are a significant part of the midwife, health visitor or school nurse role. By nature of their role, these professionals are often one of the first to become aware of such issues within the family.

Violence damages physical and emotional health and can have long lasting negative impacts across a wide range of health, social and economic outcomes. We also know that domestic violence and abuse have a major impact on the health, social, emotional and intellectual development of the child and young person and have a major impact on the family.

Identification of need and early intervention/work with families can significantly reduce risk of ongoing harm and is important not only for the wellbeing of the child but to the health and well being of the children and families affected.

The guidance aims to increase knowledge within the field and support improved integration and partnership working with others who have an interest in preventing, working in and identifying domestic violence and abuse, and supporting those affected.

Scope

The guidance considers domestic violence and abuse against women, men and children including same sex relationships. Although it focuses primarily on intimate partner violence other elements of domestic violence will be referenced i.e. Female Genital Mutilation, forced marriage and familial abuse. Whilst recognising their influence and effect, this document does not include a major focus on these areas.

This guidance provides an overview of important aspects relating to domestic violence and abuse, although not addressing these in detail. It brings together links and resources for further reference, to raise awareness and signpost to best practice, information and learning resources. It will support professionals to recognise factors that may indicate domestic violence and abuse; and describes steps required to ensure appropriate support and onward referral where necessary.

One of the key factors considered within the guidance is the importance of understanding different family values and how the professionals can work with different family characteristics.

This guidance is complementary to, but does not replace the need for local protocols and frameworks. It recognises and stresses the importance of professional judgement at all times. This document therefore links to a number of published pathways. Examples have been included (Maternal Mental Health) but this list is not exhaustive.¹

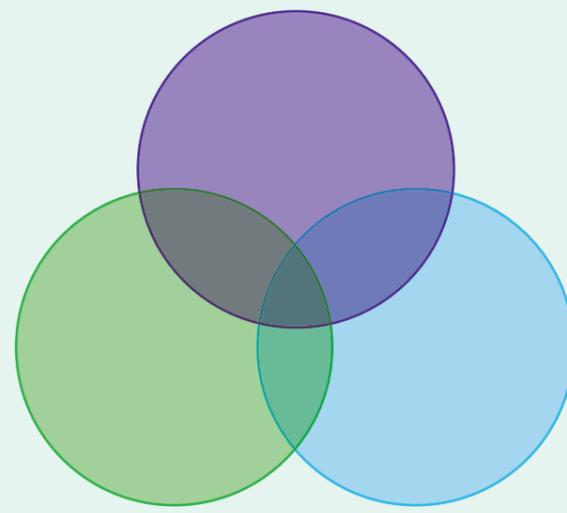
Key Facts

- More than one in four women has experienced at least one incident of domestic violence in England and Wales since age 16 (equivalent to 4.8m women)
- Approximately 1 million women a year experience at least one incident of domestic violence, equating to nearly 20,000 women a week
- On average a woman will experience 35 assaults before going to the police
- 2 women a week are killed by their current or former partner
- 1 in 7 males will experience domestic violence and abuse
- Domestic violence often starts or intensifies during and after pregnancy
- 3.7 million women in England and Wales have been sexually assaulted at some point since the age of 16
- Around 2,000 women are raped a week. 34% of all rapes recorded are committed against children under 16 years of age
- In 2008 the Forced Marriage Unit received over 1,600 calls on suspected incidences of forced marriage
- Estimated 66,000 women in England and Wales have undergone Female Genital Mutilation and over 24,000 girls are estimated to be at risk
- In 2003 there were up to 4,000 women trafficked for sexual exploitation within the UK
- One in four lesbian, gay, bisexual and transgender people have experienced domestic violence and abuse in their relationship
- Disabled women are twice as likely to experience domestic violence and abuse than non-disabled women and over a longer period of time, suffering more severe injuries as a result of the violence²
- Domestic violence and abuse in teen relationships is increasingly recognised as a serious issue. Research now suggests that women between the ages of 16 and 25 are at highest risk.

Key Principles and Actions

- To ensure the right approach is maintained when working with families in relation to identifying risk factors, the following high-level principles should be considered by every health professional, every time they enter the home to visit a family, starting with the first ante-natal visit:
- Respect the right to live without violence (zero tolerance to violence or abuse in the family)
- Act immediately on disclosure and respond to risks
- Ensure child safety is paramount and consider the rights of the child to live safely
- Ensure right to positive family life (does not override safety)
- Ensure adult safety is a priority
- Consider also the needs of the perpetrator as this can increase the safety of the victim
- Initiate contact and assessment of risk factors at the earliest point i.e. pregnancy, working closely with Midwifery and the Family Nurse Partnership colleagues
- Use sensitivity (differences should be respected but not used as an excuse for accepting violence, abuse or harmful practices such as infant circumcision or genital mutilation)
- Consider the rights of the child and young person and ensure that every intervention is child focused whilst providing support to the whole family
- Work to clear local protocols and be aware of local services and referral pathways
- Consider rights of the family to remain a family (restore /repair work)
- Support if child is in care following domestic violence
- Ensure seamless transition to the School Nursing Service, with clear reporting to highlight risk factors where known
- Be aware of when to share information with other agencies.

Domestic Violence and Abuse



Parental mental ill-health

Parental substance abuse

The term 'Toxic Trio' has been used to describe the issues of domestic violence, mental ill-health and substance misuse which have been identified as common features of families where harm to women and children has occurred. They are viewed as indicators of increased risk of harm to children and young people.

Key Components of Effective Practice

- Never assume someone else is addressing the domestic violence and abuse issues
- It is not the professional's role to comment on or encourage the woman to leave her partner
- Enquire sensitively; create an opportunity, providing a quiet environment where confidentiality can be assured for the woman to talk about her experience
- Be familiar with and give relevant information - about local domestic violence agencies – if safe to do so
- If a woman does not disclose but you suspect otherwise, accept what is being said but offer other opportunities to talk and consider giving information (e.g. 'for a friend')
- Focus on safety - Assess the immediate safety of the mother and child by asking if it's safe for her to return home with her child using tools such as the CAADA-DASH (see below) Risk Identification Checklist. Discuss and construct a basic safety plan if necessary
- Document any suspicion of domestic violence and abuse in health professional record (not in service user held record). Check where and how to send safe correspondence e.g. texting
- Be familiar with local child protection procedures and use as appropriate
- Share information appropriately subject to policy on child protection and adult safeguarding
- Encourage informal information exchange i.e. children's centres/schools
- Be aware of and provide information on the laws around Female genital mutilation and safeguarding
- Use professional interpreters never family members, friends or children³
- Be aware of your own safety needs.

At every visit, listen, assess, action, document.

Skills/Knowledge/Competence



Risk Factors

Summarised below for the professional to be aware of are some of the main risk factors associated with domestic violence. These are grouped and are not exhaustive.

A useful acronym to remember some key high risk factors is **SPECCSS**

- **S**eparation/Child Contact: Leaving a violent partner is extremely risky; in London 76% of domestic abuse murder victims had recently ended the relationship ⁴
- **P**regnancy (pre-birth and under 1s): 30% of domestic violence and abuse starts in pregnancy
 - Teen parents – One in five teenage victims is pregnant (CAADA website)
- **E**scalation of violence: Previous domestic violence is the most effective indicator that further domestic violence will occur. 35% of households have a second incident within five weeks of the first ⁵
- **C**ultural factors
 - Language barriers
 - Immigration status
 - Isolation
 - From FGM practicing community
- **S**talking: Research finds that intimate relationship stalkers use more dangerous stalking behaviours than non-intimate relationship stalkers
- **S**exual Assault: Where abusers use both physical and sexual violence victims are at an elevated risk
 - Minimising or normalising (by both victim and perpetrators) Multiple perpetrators
- Toxic trio
- Multiple attendance at A&E/GP for non-specific illness (help seeking behaviour).

CAADA-DASH Risk Identification Checklist. ⁶

Barnados Risk Assessment Matrix. ⁷

Definitions

The renewed definition issued by the Government which was implemented from March 2013 state that 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 their victim.'

The government definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Definitions and examples of domestic violence and abuse. ¹⁰

Protective factors

Most perpetrators and victims underestimate the impact on children (e.g. they think that if children are in the next room it does not affect them, which is not the case). Identification of protective factors when working with the family is essential when considering interventions. The following list identifies some of the important protective factors but is not exhaustive:

- Child-mother relationship is nurturing, protective, stable, and still able to meet needs of child
- Older children using coping/protective strategies and showing resilience
- Significant others in child's life – with positive and nurturing relationships
- Abuser accepts responsibility for abuse and violence
- Abuser uses genuine remorse and is willing to seek support for abusive behaviour
- Victim has insight into the risks to children and young person posed by the abuse
- Victim has positive support from family, friends and community
- Victim able and willing to work with and access specialist services in domestic violence and abuse.

Learning Lessons from Serious Case Reviews and Local Case Reviews

It is important for professionals to learn from local and national case reviews and to incorporate the learning in practice.

The following list identifies some of the recurring themes from a range of reviews (including the six recurring messages that have come out of Ofsted's evaluation of serious case reviews) (2011). ⁸

- Focus on good practice
- Ensure that the necessary action takes place
- Use all sources of information
- Carry out and record assessments effectively
- Implement effective multi-agency working
- Value challenge, supervision and scrutiny and the child being central.

Themes from other reviews have also identified:

- Maintain focus on the child and mother
- Recognise importance of good record keeping
- Recognise communication is essential between all agencies
- Recognise need for greater interface working between agencies including General Practitioner interface
- Ensure early identification of mental health issues
- Recognise links with alcohol and drug abuse but also abuse of animals
- Identify safe place for woman to be seen alone
- Recognise the potential importance of missed appointments
- Recognise need for improved handover from professional to professional
- Ensure professionals have a clear point of referral
- Need to improve continuity between agencies
- Ensure adequate training for staff
- Promote strengths-based working
- Professionals should seek advice.

Ten pitfalls and how to avoid them: What research tells us Children living at home: The initial assessment process. ⁹

Key components of effective practice to support the professional in their role

The following process can improve effectiveness and confidence in domestic violence and abuse:

- Regular clinical/ safeguarding/ child protection supervision and access to restorative supervision
- Access to training on domestic violence and abuse and to skills in motivational interviewing including CAADA and MARAC (see references) training
- Post qualification preceptorship
- Local protocols, referral pathways and flow charts
- Services offered for survivors and perpetrators
- Routes for raising issues of concern
- Promote and encourage role professionals in future commissioning of services
- Consider Specialist Health Visitor role locally (Lead or Link Worker)
- Links to schools and partner agencies.

Asking the question – A guide

Ensure it is safe to ask

- Consider the environment
 - Is it conducive to ask?
 - Is it safe to ask?
 - Never ask in the presence of another family member, friend, or child over the age of 2 years
- Create the opportunity to ask the question
- Use an appropriate professional interpreter (never a family member).

Ask

Frame the topic first then ask a direct question. Examples:

Framing: *“As violence in the home is so common we now ask contacts about it routinely”*

Direct Question: *“Are you in a relationship with someone who hurts or threatens you?”*
Did someone cause these injuries to you?”

Validate

Validate what's happening to the individual and send important messages to the contact:

“You are not alone”

“You are not to blame for what is happening to you”

“You do not deserve to be treated in this way.”

Assess (Use CAADA-DASH Risk Identification Checklist)

Assess contacts safety:

“Is your partner here with you?”

“Where are the children?”

“Do you have any immediate concerns?”

“Do you have a place of safety?”

Action

Be aware of your local domestic violence agency, how to contact local independent domestic violence advisor (IDVA), offer leaflet and suggest referral.

Action any local safeguarding procedures.

Document

Consider safety and confidentiality when recording information in patient notes.

Be aware of appropriate Read-codes to use. ¹¹

- Medical records can be used by survivors in future criminal justice proceedings and may be called on to be used in MARAC.

Identification of domestic violence and abuse and how it is measured

There are many hidden aspects of domestic violence and abuse which make it difficult to gauge the level of success of assessment and intervention; however there are measures that can be used to qualitatively consider impact of guidance and on service delivery:

- Increased number of disclosures
- Improved confidence and awareness in this area of work by professionals and partners
- Increased skills and knowledge/ uptake and access to training
- Monitoring of number of referrals to MARAC, IDVA service
- Public health outcomes framework: public health indicators related to violence¹²
- Referral to local intervention services/programmes
- Assess Familial Abuse and the potential for it
- Identification and consideration of resilience and protective factors
- Undertake audits and surveys to measure staff skills/confidence.

Multi Agency Risk Assessment Conference (MARAC)

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors.

After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with others to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety.

Victims do not attend the meeting but are represented by an IDVA who speaks on their behalf. (Wording taken directly from CAADA: Health Visitors, School Nurses and Community Midwives – Toolkit for MARAC).¹³

Preventing domestic violence and abuse

Programmes to identify victims of violence and provide effective care and support are critical. This includes awareness of screening tools and training for staff.

Domestic violence and abuse can be prevented. There are a wide range of strategies that can be used to address risk factors for and promote protective factors across the life course.

Interventions that develop parenting skills, support families and strengthen relationships between parents, carers and children can have long lasting prevention benefits. They can prevent child abuse and improve child behaviour, reducing children's risks of involvement in later life.

Programmes that develop life and social care skills can build social and emotional competencies in the child. Programmes can include pre, primary and secondary (gangs, teenage girls), school programmes and access to children's centres for both parents and children.

Other effective interventions include mentoring programmes, community based interventions, and early intervention programmes as well as interventions as part of the school curriculum, for both parents and children.

Professionals need to be aware of advocacy programmes and support agencies such as, Local Independent Domestic Violence Advocacy (IDVA), Sexual Assault Referral Centres (SARCs), MARAC conferences; Refuge provision and Criminal Justice interventions to work with perpetrators of domestic abuse (Support/management).

Key Documents

- Striking the Balance - Practical Guidance on the application of Caldicott Guardian Principles to Domestic Violence and MARACs (Multi Agency Risk Assessment Conferences) – ([Department of Health, 2012](#))
- Protecting People Promoting Health ([Department of Health, 2012](#))
- Call to End Violence Against Women and Girls: Action Plan – [Home Office -2013](#)
- Improving safety, Reducing harm - Children, young people and domestic violence – A practical toolkit for front-line practitioners – ([Department of Health, 2009](#))
- Safeguarding – Roles and Competencies – ([Safeguarding Children and Young People: roles and competencies for health care staff, intercollegiate document, 2010](#)).
- Be aware of current research in relation to Safeguarding – including [Child & Maternity Health Observatory](#) and [Care Quality Commission](#)
- Health Visitor Implementation Plan – ([Department of Health, 2011](#))
- Listening to Troubled Families – ([Department of Health, 2012](#))
- Helping Troubled Families turn their lives around – ([Department of Health, 2013](#))
- CAADA Learning and development products ([CAADA](#))
- RCGP / IRIS / CAADA Guidance for general practices on Responding to DA ([CAADA](#))
- DH Female Genital Mutilation: Multi-agency practice guidelines – ([Department of Health, 2011](#))
- A statistical study into prevalence of FGM in England and Wales ([Forward, 2007](#))
- Safety and Justice: sharing personal information in the context of DV – ([Home Office](#))
- Inquiry into Child Sexual Exploitation in Gangs & Groups – Interim Report ([Office of the Children's Commissioner, Nov 2012](#))
- Interim Government Response to the Report of the Taskforce on the Health Aspects of Violence Against Women and Children (VAWC) – ([Department of Health, 2010](#))
- Domestic violence and substance use: overlapping issues in separate services – ([Mayor of London, 2005](#))

Referenced Documents

- 1 Maternal Mental Health Pathway ([Department of Health, 2012](#))
- 2 British Crime Survey ([British Crime Survey, 1995 onwards](#))
- 3 Standing Together Guidance on Use of Interpreters ([Standing Together, 2008](#))
- 4 How to deal with and recognise patients who are victims of DV ([NHS London, 2013](#))
- 5 Reducing Domestic Violence... What Works? Assessing and Managing the Risk of Domestic Violence ([Walby, S. & Myhill, A, 2002](#))
- 6 DASH Risk Checklist ([Edwards, 2009](#))
- 7 Barnados Risk Assessment Matrix ([Barnados, 2011](#))
- 8 Ofsted Serious Case Reviews ([Ofsted, 2011](#))
- 9 Ten pitfalls and how to avoid them: What research tells us Children living at home: The initial assessment process (NSPCC) ([Karen Broadhurst, Sue White, Sheila Fish, Eileen Munro, Kay Fletcher, and Helen Lincoln, 2010](#))
- 10 DH Handbook – Responding to domestic abuse: a handbook for health professionals – ([Department of Health, 2005](#))
- 11 Read Codes – ([Wessex LMC, 2013](#))
- 12 Healthy Lives, Healthy People: Improving outcomes and supporting transparency ([Department of Health, 2012](#))
- 13 MARAC Toolkit ([CAADA, 2012](#))

Key Partners

This pathway will only be useful in successful working with domestic violence partners is achieved, focussing on referral systems, record keeping and joined up working. Listed below are the organisations that are key to success:

- Domestic Violence services (e.g. IDVA Services)
- Borough Violence against Women and Girls (VAWG Co-ordinators)
- Health visitor/School Nurse involvement in Multi-Agency Public Protection Arrangements (MAPPA)
- Health visitor/School Nurse involvement in Multi-Agency Risk Assessment Conference (MARAC)
- Drugs and alcohol/Substance Misuse services
- Local Authorities
- Probation Services
- Education (Schools/ Colleges/ Children's Centres/ Early Years Providers)
- Local Voluntary Sector
- Social Services/Multi Agency Safeguarding Hub (MASH)
- Local Safeguarding Children's Board
- Mental Health Services
- Youth Offender Teams (YOTS)
- Child and Adolescent Mental Health Services (CAMHS)
- Youth Justice/Services
- Local Support services
- School Nurses
- Police
- Local Partnership meetings/forums
- Community Services
- Health Professionals
- Sexual Assault Referral Centres (SARCs)
- Royal College of General Practitioners
- Early intervention programmes
- Partnerships in academic settings.

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Contact Details for Local Services and Leads

Domestic Abuse Intervention Services (For Women) – (For Young People) – (For Men) –

Multi-Agency Risk Assessment Conference Health Representative – Multi-Agency Risk Assessment Conference Co-ordinator –

Multi-Agency Public Protection Arrangements contact – Rape Crisis Centre – Child and Adolescent Mental Health Services –

Social Services – Sexual Assault Referral Centre – Alcohol/Drug Services –

Additional contacts:

1) 3) 5)

2) 4) 6)

24-hour National Domestic Violence Free-phone Helpline Number 0808 2000 247