

DOMESTIC ABUSE POLICY

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The Domestic Abuse Policy should be read in conjunction with:-

- Sandwell Inter Agency Child Protection Procedures;
 - Sandwell Organisation Against Domestic Abuse Guidelines and Directory;
 - KCSIE 2020
- Operation Encompass

1.0 Introduction

1.1 Domestic Abuse is a serious social, criminal and medical problem that has far reaching consequences for those directly affected by it and for society as a whole (Henwood M 2000). The government defines domestic abuse 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”. This includes issues of concern to black and minority ethnic (BME) communities such as in so called honour killings (A National Report, March 2005).

1.2 Domestic abuse is an important issue for Sandwell. It occurs regardless of who the victim or offender is, where they come from or how they live. Sandwell PCT is a member of the Sandwell Domestic Violence Partnership and supports the Sandwell Domestic Violence strategy. Sandwell has one of the highest incidences of reported domestic abuse in the West Midlands with 5000 reported incidents in the past 2 years, 90% of the victims being women (Sandwell Domestic Violence Partnership April 2005).

1.3 Whatever form it takes domestic abuse is rarely a one off incident and escalates in frequency and severity over time. It is a pattern of behaviour that is used to exert power and control over the victim. Domestic abuse occurs across society regardless of age, gender, race, sexuality, wealth and geography and can be perpetrated by family and extended family members through forced marriage.

1.4 Whilst statistics identify that one in four women and one in six men will be a victim of domestic abuse in their lifetime incidents mainly consist of violence by men over women, with women at greater risk of repeat victimisation and serious injury. Eighty nine percent of those suffering four or more incidents are women and on average 2

two women a week are killed by a current or former partner (Broadhurst and Owen, 2005). For women aged between 19-44 domestic abuse is the leading cause of morbidity greater than cancer or motor vehicle accidents (A National Report, March 2005). Domestic abuse forms up to 25% of all violent crime and is a huge public health issue which impacts negatively on victims and their communities. However the greatest cost is to women and children from all social backgrounds. Consequently this policy focuses primarily on the needs of women and children who suffer abuse, as education professionals are often a women's first or only contact with someone who could offer them support. This does not negate the experience of a man suffering domestic abuse where the perpetrator is a woman or where domestic abuse occurs in same sex couples. The policy can be applied to men and same gender couples who experience domestic abuse and are entitled to the same respect and support from education professionals.

1.5 Children are often affected as they may be traumatised by the events they witness or be directly injured during the incident. In 90% of domestic abuse cases where there are children in the family, they witness or hear the incident (A National Report, March 2005). Equally worrying is the fact that many young people will be subjected to relationship abuse during their teenage years (NSPCC).

1.6 There is also a strong correlation between domestic abuse and child abuse and research clearly indicates that children are often as much at risk as their mothers (Hester et al 1998). 52% of child protection cases involve domestic abuse (DoH, 2006). Findings from Serious Case reviews (Chapter 8 enquiries) often highlight domestic abuse as a key theme. Under the Adoption and Children Act 2002, living with or witnessing domestic violence is identified as a source of significant harm for children.

1.7 For many women and their children the effects will be catastrophic and the impact on their physical and mental health and well-being deeply damaging, and sometimes fatal. The sheer scale of the violence and abuse has many dreadful consequences not only for the individuals directly involved, but for their wider families and the whole community (Home Office 1999)

1.8 Education professionals have a particular contribution to make as it is one of the services that almost all victims of domestic abuse with children will come into contact with at some point in their lives. There can be few Education professionals who have not seen parents/carers whom they suspect are being abused at home, but have not known what to do about it. However all Education professionals who have contact with parents/carers need to be aware of the risks of all forms of domestic abuse and be alert to the possible indicators that it is taking place (Henwood M 2000). "You should never assume that someone else will take care of domestic abuse issues, you may be the woman's first and only contact" (Responding to Domestic abuse P35 DOH 2006)

1.9 The Education service alone cannot meet all the needs of those experiencing domestic abuse but it is uniquely placed to ensure that they access services that can help change their situation. Since 2004, Local Authority and Partner Organisations have had a statutory responsibility to work with local agencies to reduce crime and domestic violence forms a quarter of all violent crime (Responding to Domestic Violence DOH 2005). 3

2.0 Confidentiality

2.1 The sharing of information amongst practitioners working with children and their families is paramount. In many cases it is only when information from several sources is put together that a child can be seen to be in need or at risk of harm. You may have concerns about sharing information with other practitioners/ agencies. It is important that you are aware of the legislation governing this and that you comply with the code of conduct or other guidance applicable to your profession.

2.2 If you are unsure whether or to what extent you should share information with another practitioner/agency seek support from a designated member of staff for Child Protection.

3.0 Aims

3.1 To optimise opportunities for disclosure of domestic abuse in a safe environment.

3.2 To enable Education Staff to respond effectively to those who disclose that they are victims of domestic abuse or who staff suspect may be a victim.

3.3 To be able to deal with victims in a way that does not create barriers likely to inhibit or discourage disclosure.

3.4 To identify and address any safeguarding issues for children.

4.0 Objectives

4.1 To enable staff to respond positively and appropriately when dealing with incidences of actual or suspected domestic abuse.

4.2 To ensure that the safety of the person (and of any dependent children) is the paramount consideration before deciding on a particular intervention.

4.3 To encourage staff to treat individuals with respect and dignity and not be judgmental.

4.4 To raise awareness of additional issues which can impact upon the safety of victims of domestic abuse from black and minority ethnic communities.

4.5 To be able to undertake a risk assessment of the domestic abuse situation and share information with other agencies appropriately.

4.6 To recognise the skills and contributions that other agencies are able to make, and co-operate with them appropriately.

4.7 To signpost clients to relevant agencies who can offer advice and support for example Black Country Women's Aid

4.8 To ensure that staff do not place themselves or their colleagues at risk in a potentially violent situation.

4.9 To monitor the numbers of Domestic Abuse notifications and levels of risk.

5.0 Examples of Domestic Abuse

5.1 Physical

Shaking, smacking, punching, kicking, presence of finger or bite marks, starving, tying up, stabbing, suffocation, throwing things, using objects as weapons, female genital mutilation, and honour violence. Physical effects are often in areas of the body that are covered and hidden (i.e. breasts and abdomen).

5.2 Sexual

Forced sex, forced prostitution, ignoring religious prohibitions about sex, refusal to practice safe sex, sexual insults, sexually transmitted diseases, preventing breast feeding.

5.3 Psychological

Intimidation, insulting, isolating a woman from friends and family, criticising, denying the abuse, treating her as an inferior, threatening to harm children or take them away, forced marriage

5.4 Financial

Not letting a women work, undermining efforts to find work or study, refusing to give money, asking for an explanation of how every penny is spent, making her beg for money, gambling, not paying bills.

5.5 Emotional

Swearing, undermining confidence, making racist remarks, making women feel unattractive, calling her stupid or useless, and eroding her independence.

6.0 Recognition of Domestic Abuse in Adults

6.1 Circumstances that are likely indicators and which should arouse suspicion:

- Injuries which seem inconsistent with the explanations given as to how they were caused.
- Evidence of multiple injuries (e.g. burns, bruises, areas of erythema consistent with slap injuries) at different stages of healing.

- A parent/carer trying to minimise the extent of injuries, or trying to keep them concealed by clothing.
- Someone who appears frightened, excessively anxious and depressed or distressed.
- Recurrent patterns or excessive authorised/unauthorised absence of a child/young person.
- A history of psychiatric illness and alcohol/drug dependency.
- A woman who is always accompanied by a partner or other family member when they attend a school meeting and may seem to be passive or afraid of the person, especially the partner.
- A partner who appears aggressive and overly-dominant and reluctant to allow the woman to speak for herself.

7.0 Recognition of Domestic Abuse in Children

7.1 Over recent years there has been a growing body of research which indicates that the links between domestic abuse and child abuse are substantial. A child living with domestic abuse is likely to be affected by fear, distress, and disruption in their family lives even if they are not directly abused.

7.2 Whilst a child will respond differently to the abuse they have witnessed or experienced depending on their age, their personal resilience and support mechanisms, there is evidence that children suffer long term damage through living in a household where domestic abuse is taking place even though they themselves may not be directly harmed. Their emotional, physical and psychological development may be impaired.

7.3 Physical effects

- Bruising
- Broken bones
- Burns or stab wounds
- Death
- Neurological complications
- Tiredness and sleep disturbance
- General poor health
- Stress related illness, asthma, bronchitis or skin conditions
- Day/night wetting or soiling
- Running away leading to homelessness
- Eating difficulties
- Damage following self harm
- Teenage pregnancy
- Gynaecological problems

7.4 Psychological / behavioural effects

- Fear, panic, guilt and anxiety
- Depression/ poor mental health
- Introversion or withdrawal
- Thoughts of suicide or running away
- Post traumatic stress disorder
- Anger, aggressive behaviour and delinquency
- Substance misuse
- Loss of self confidence
- Assumes a parental role
- Hyperactivity
- Tension
- Low self esteem
- Sexual problems or sexual precocity
- Suicide
- Eating disorders
- Difficulty in making and sustaining friendships
- Truancy and other difficulties at school including patterns of authorised/unauthorised absence.

8.0 Questioning the Parent/carer

8.1 The staff member who has the main contact and best working relationship with the parent/carer should ask questions about their concerns. Questioning should be undertaken in a suitable environment, which does not include the perpetrator or any other inappropriate person, and respect should be given to the parent/carers entitlement to privacy and dignity.

Staff therefore should never ask about possible domestic abuse in the presence of the partner, her children or other family members.

9.0 Action Following Disclosure

9.1 Consider immediate safety of child/ren/victim, follow Sandwell Inter Agency Child Protection Procedures where appropriate.

9.2 Following disclosure the response should be sympathetic supportive and non judgemental. Avoid stereo-typical responses.

9.3 The victim's confidentiality should be emphasised. However the victim must be reminded of the practitioners need to share information if there are children in the household as a multi-agency response may be necessary.

9.4 The victim should be supported by being made aware of all available options.

10.0 Response and Risk Assessment

10.1 Once any immediate needs of the person have been met, e.g. treatment of physical injuries, an „assessment of safety“ should be undertaken, such as:

- The risk of self-harm or suicide threat by the abused person.
- Availability of emotional and practical support.
- Has the violence increased in intensity, frequency and severity?
- Is it believed that children are at risk of abuse or neglect? If this is the case, then Sandwell Inter Agency Child Protection Procedures must be adhered to.
- In considering the likely risks the principal responsibility of the education professional is to support the victim in the decisions and choices they wish to make.

10.2 Education staff need also to take account of their own safety and that of their colleagues, and must minimise the risks that they may face from the perpetrator of domestic abuse.

10.3 Providing information and signposting.

10.4 It is not the responsibility Education Staff to instruct someone experiencing domestic abuse on what action they should take.

10.5 The person should be provided with information about where she/he can go for help and how to contact local services.

NB In all decision making and risk assessment processes please remember the Welfare of the Child is Paramount.

11.0 Record Keeping

11.1 Each Education service/establishment should consider the need for recording information and the value of monitoring data in order to reinforce good practice. Staff should clearly explain to the victim the importance of documenting their experience. Records of injuries may prove vital at a later date if they choose to prosecute the abuser. Additionally clear and concise documentation of their abuse is a helpful way of validating their experiences and demonstrates that you have taken seriously their account of events. The documentation can also be used to evidence concerns about the welfare of children when completing a Multi-Agency Safeguarding referral form.

11.2 However extreme caution should be taken when documenting domestic abuse in order to maintain confidentiality. Disclosure or suspicion of domestic abuse should never be recorded in documentation that will be held by the parent/carer.