

# Domestic Abuse Practice Guidance

for both Children and Family/  
Adult Social Workers



**BASW**  
**England**

The professional association for  
social work and social workers





# AIMS AND INTRODUCTION

The following guidance is aimed at social workers within the remit of children's services in England, who carry out the critical work of supporting domestic abuse victims/survivors which includes children. We understand that social workers are time-pressed; juggling competing demands of caseloads means that time for research and training is often scarce.

This guide aims to provide a succinct overview of the most up to date findings around domestic abuse in England, the legislative framework, and evidence-based models which can be readily applied to practice.

In creating the guide, we have consulted with domestic abuse victims/survivors. Their messages are the golden thread which keeps this guide real, relevant, and focused on people with lived experience.

Written amid the coronavirus pandemic, the guidance was developed through the lens of social work in national emergencies; learning is still emerging, however early evidence from both statutory and voluntary UK agencies have highlighted the increased risk of domestic abuse. [Refuge](#) has reported a 25% increase in calls and online requests since March 2020, and visits to their [helpline website](#) have increased by 150%. The pattern is not unique to the UK; according to the UN Population Fund, at least 15 million more cases of domestic abuse are predicted around the world in 2020-2021 as a result of pandemic restrictions.

These figures are startling, and though the pandemic itself will pass, the suffering endured by domestic abuse victims/survivors may last a lifetime. Without meaningful interventions, there will be long term impact on victims/survivors lives, including children. For this reason, we have included both preventative and responsive interventions within.

We must ensure that any learning from this difficult period must be preserved, to ensure the right response in future emergency contexts.

The guide is split across the following sections:

- 1 Understanding Domestic Abuse
- 2 Black and Minoritised Communities
- 3 LGBTQI+
- 4 Disability and Learning Disability
- 5 Deaf Awareness
- 6 Mental Health, Substance Misuse and Multiple Disadvantage
- 7 Top Tips from Survivors
- 8 Initial contact with families - approach and assessment
- 9 Effective Practice Models and Support
- 10 Children and Young People
- 11 Legislation and Policy
- 12 Links to Other Resources









“Domestic abuse does not discriminate, it can happen to anyone,” so began Laura Winter, TV Presenter and sports journalist – it soon became clear that she was speaking from experience.

Recalling the night she was attacked, she continued “I thought I was going to die. I’d never felt pure terror until that night and it will never leave me... There are times when it feels like a life sentence,”

“I am lucky. I have a job I love, I had the financial means to leave, I had family and friends. There are thousands of women who have no way out, who are coerced, who aren’t believed. I’m fortunate, many women aren’t.”

Laura’s testimony, spoken from a place of privilege, reminds us that domestic abuse occurs at every intersection of society.

Social workers in all specialisms, working with people with lived experiences of diverse backgrounds across race, class and cultures know this.

Not only this, but domestic abuse has many faces and takes many forms, will be covered in more detail within the guide.



## Gender

Our aim is for this guide to be as inclusive as possible, recognising that victims/survivors identify with a range of gender identities. Every experience must be taken seriously, but we wish to acknowledge this whilst also recognising that most victims/survivors are in fact women – domestic abuse is a gendered crime. Refusing to recognise this ignores the established evidence base and minimises women's experiences.

Key distinctions between male violence against women and female violence against men are found in the amount, severity and impact. Research highlights women are likely to be repeat victims and are 'much more likely to be seriously hurt' (ibid) or killed than men (ONS, 2018). Furthermore, men are more likely to be killed by a stranger; in the year ending 2018, 33% of men were killed by a stranger, compared to 17% of women (ibid). From April 2014 to March 2017, 73% of victims of domestic homicides (by a previous or current partner or family member) were women (ONS, 2018). Over 83% of high frequency victims (involving 10 or more crimes) are women (Walby & Towers, 2018).

Domestic abuse is embedded in systemic gender inequality which is deeply rooted into the human psyche (Stark, 2007). To deny this would be an injustice.

So, within this guide, we hope to carefully balance validating the experience of male victims/survivors in all their fullness, whilst also recognising that the broader picture shows that statistically, women are at greater risk.

## Intersectionality

This guide should be read through the lens of intersectionality. An intersectional approach is rooted in an understanding of the lived experiences of those who face multiple forms of oppression – for example relating to their gender identity, race, class, sexuality, disability, age, immigration status and religion; and how these experiences intersect and create distinct experiences which require distinct responses and support.

As social workers we must seek to understand the complexity of children's and parents' experiences and identities that can act as barriers in terms of how they access support and how professionals relate to them. For example, it is important to recognise the experiences of racism or homophobia that can create barriers to reporting to the police or seeking support from other state authorities. We explore some of these barriers in more detail in following chapters and invite you to approach this guide and your work with this intersectional lens.

**WHEREVER YOU SEE THE FOLLOWING SYMBOL**



**WITHIN THE GUIDANCE, THIS WILL ACT AS A PROMPT TO VIEW EACH SECTION THROUGH AN INTERSECTIONAL LENS.**

## Black and Minoritised Communities

This guide aims to consider the unique lived experiences of Black and minoritised survivors within the context of domestic abuse, who are further oppressed through lifelong experiences of racial inequality.

It goes without saying that much remains to be addressed for social work to even come close to becoming a truly anti-oppressive, anti-racist, anti-homophobic, transphobic and ablest profession. And there are many uncomfortable truths to confront in the fight for equality and justice. We have consulted with specialist services led by and for Black and Minoritised communities and are committed to ensure this resource informs anti-racist practice and eradicates western-centric thinking.

- **Further information can be found in the 'Black and Minoritised Communities' section of this guide.**



## Re-shifting the focus

In practice, we see patterns whereby survivors are shamed, penalised and held solely responsible for their children's welfare.

A different approach is needed.

This guide aims to recognise survivors in the context of their abuse, hold perpetrators to account, whilst also ensuring that interventions remain child focused, and in their best interest.

## Anti-poverty

This guide is being written after a decade of austerity, which saw [foodbank users increase from 41,000 in 2010 to 2.1 million in 2020](#) (Refuge, 2020). According to MP Sarah Champion, [86% of the reduction in government spending is in spending on women](#) (cited in House of Commons Library, 2017). The impact of poverty is far-ranging; analysts in the UK and internationally have consistently found vulnerability to [DVA to be associated with low income, economic strain, and benefit receipt](#) (UNFPA, 2020).

We encourage readers to adopt an anti-poverty perspective when reading this guidance. For further information in this area, the University of Bristol and Joseph Rowntree Foundation produced an informative report entitled '[Evidence and policy review: Domestic violence and poverty](#)'.

## Evidence-based practice models

Throughout the guide, we refer to tried and tested models which have been found to have the best outcomes for children and families. Models rooted in solid safeguarding standards and robust ethical frameworks.

The approaches referenced are restorative, trauma-informed and strengths-based – for further information, please see the approaches section.

We recommend that you consult with your supervisor before applying them, to provide space for critical reflection and analysis with someone who understands the dynamics of your work with children and families.

## Further resources

This guide is by no means designed to be an exhaustive resource. For this reason, we have included links to the excellent work of partnering organisations, which can be found in the links to resources section.

## Contributors

This guide has been written in partnership with those with lived experience, including a focus group of victims/survivors from Women's Aid, as well as:

### Women's Aid Federation of England

**Alistair Sherlock** Accreditation Manager at Respect

**Janaya Walker** Legal, Policy and Campaigns Manager at Southall Black Sisters

**Dr Jasna Magić** National LGBT+ Domestic Abuse Project Manager at Galop

**Lucy Allwright** Project Manager at AVA

**Marie Vickers** Domestic Abuse Service Manager at Sign Health

**Dr Michaela Rogers** Senior Lecturer at the University of Sheffield

**Natasha Rattu** Executive Director at Karma Nirvana

**Rebekah Pierre** Professional Officer at BASW England

**Sarah Goff** Safeguarding Children and Young People Manager at Ann Craft Trust

■ We are grateful to everyone who participated and extend a heartfelt thank you to survivors in particular, who contributed to this guide with such honesty and vulnerability. We would also like to thank BASW members and partnership colleagues who have contributed to the development of this document, Kaukub Asia and Syra Shakir.





# 1. UNDERSTANDING DOMESTIC ABUSE



The UK Government defines domestic violence and abuse as:

The Act provides the very first statutory definition of domestic abuse, building on the previous cross-government definition in place since 2012.

Under the Act, domestic abuse is defined as:

- Where the perpetrator and victim are both aged 16 or older;
- The behaviour is abusive;
- The victim and perpetrator have a relationship which makes them 'personally connected' (see below).

Abusive behaviour is described as, but not limited to, the following:

- Physical or sexual abuse;
- Violent or threatening behaviour;
- Controlling or coercive behaviour;
- Economic abuse;
- Physiological, emotional abuse and other.

The Act recognises that the above can take place post-separation.

The term personally connected includes those who:

- are or have been married to each other;
- are or have been civil partners of each other;
- are or have been engaged to marry one another;
- have entered into a civil partnership agreement;
- are or have been in an intimate relationship with one another;
- have each had a parental relationship for the same child.

Further information can be found on the [government's factsheet on the statutory definition of domestic abuse](#).

Domestic abuse is about power and control. The Power and Control Wheel is a useful resource to help us understand the types of tactics a perpetrator of domestic abuser will use to create a web of fear and control over the victim/survivor. The Power and Control Wheel can also be a useful resource for survivors, many of whom may not recognise or name their experiences as domestic abuse.



Source: [www.coercivecontrolcollective.org](http://www.coercivecontrolcollective.org)

It's important to understand that domestic abuse isn't always physical. Controlling and coercive behaviour is designed to make a person dependent by isolating them from support and regulating their everyday behaviour – creating invisible chains and a sense of fear that pervades all elements of a victim's life. It works to limit their human rights by depriving them of their liberty and reducing their ability for action. Experts like Evan Stark liken coercive control to being taken hostage. As he says: "the victim becomes captive in an unreal world created by the abuser, entrapped in a world of



confusion, contradiction and fear.” A poor understanding of these dynamics, particularly coercive and controlling behaviour, can often lead professionals to minimise or deny domestic abuse, and/or advocate for poor and unsafe interventions such as mediation.

## Gendered understanding and Violence against Women and Girls Framework

As outlined in the introduction, we advocate for a gendered understanding of domestic abuse and it should be seen within the context of all forms of gender-based violence and Violence against Women and Girls (VAWG). VAWG encompasses rape and sexual assault, sexual abuse and exploitation, sexual harassment, trafficking and exploitation in the sex industry, female genital mutilation, forced marriage and so called ‘honour crimes’, and is described by the United Nations as “a manifestation of historically unequal power relations between men and women” (CEDAW, 1999). Whilst not explicitly referenced here, VAWG also extends to child sexual exploitation (CSE) within social work practice – further information on working effectively with CSE victim/survivors can be found [on the BASW website](#).

Whilst adopting a gendered approach is critical, men and boys can and do also experience VAWG. According to Galop, queer and non-binary folk, gay, bi and trans men and those perceived as gender non-conforming, experience and disclose all types of VAWG including sexual violence, stalking and harassment, honour based violence and forced marriage. We know that these groups are largely targeted because they are seen as soft, easy, weak targets, feminine or not-masculine enough. The abuse experienced by these groups is evidently rooted in patriarchy, gender inequality and deep-rooted social norms, attitudes and behaviours that discriminate and oppress women and girls across all communities.

## Impact on Children - Children as Victim/Survivors

It is a commonly held misconception that children witness rather than experience domestic abuse. It is critical as children’s social workers that we have an understanding of the impact of domestic abuse on children and see children as victims and survivors rather than mere bystanders. The need to shift this thinking has been highlighted by the inclusion of children as victims/survivors in proposed new statutory definition of domestic abuse (Home Office, 2020). It is critical to understand that this impact is not only in relation to living in a physically abusive home, but also the impact on children of coercive and controlling behaviour. For example, one study found that “non-violent behaviours from perpetrators/fathers placed children in isolated, disempowering and constrained worlds which could hamper children’s resilience and development and contribute to emotional/behavioural problems” (Katz, 2015).

## Tackling victim-blaming attitudes and making the perpetrator visible

It is far too common that perpetrators are invisible in the work of children’s social care, with the non-abusive parent held responsible for the abuse (e.g. problematically framed as ‘failure to protect’), or the abuse is denied or minimised. These responses are often upheld by many [damaging myths about domestic abuse and victim blaming attitudes](#), and a lack of awareness of the risks and challenges of leaving an abusive relationship. For example, leaving the relationship is the riskiest time for a survivor, with 41% (37 of 91) of women killed by a male partner/former partner in England, Wales and Northern Ireland in 2018 having separated or taken steps to separate from them (Femicide Census, 2020). Many women will remain in a relationship because of the very real fears of what will happen if they leave, and it is vital to recognise that they are the experts in managing their own risk and safety. It is also important for social workers to consider the complex [barriers to leaving relationships](#), or engaging with services. For example, understanding the impact of trauma, shame and low confidence; the lack of

support that is responsive to a survivor's unique needs; and practical barriers such as housing and finances. Unpicking these myths and victim blaming attitudes, alongside an awareness of the different barriers that survivors face, are essential to ensure you are supporting and empowering the non-abusive parent and holding the perpetrator to account.

## Understanding trauma

Living with domestic abuse is traumatic and exhausting. The impact of coercion and manipulation is exacerbated and reinforced by the body's emotional and physiological response to trauma. Survivors may also have experienced other forms of trauma, including trauma caused by other forms of oppression such as racism, homophobia and/or been (re)victimised by services or state systems. It is essential to have an understanding of the impact of trauma and be able to recognise the different ways trauma can manifest as well as different coping strategies. This is particularly important in regard to how survivors may 'present' in the safeguarding context, and how social workers interpret or frame their actions. For example, there are a range of reasons why victims in abusive relationships may not report abuse, may not support action against the perpetrator, or may even defend the perpetrator. Victims of coercive control may have developed coping and survival strategies within their relationships which impact their behaviour and the way that they respond to professionals. Repeated exposure to coercive control has significant implications for how victims 'present' to statutory services. Analysis of serious case reviews between 2011 and 2014 published by the Government found that women living with controlling men, who isolate and impose restrictions on them, may not be able to disclose the abuse but may highlight the fear that they are experiencing in other ways. The analysis found that within a context of coercion and control, women experience significant barriers to disclosing either their own or their children's suffering, particularly in situations where the abusive partner is present<sup>1</sup>.

## Intersectional understanding

It is essential to take an intersectional approach when seeking to understand domestic abuse and support survivors. People who experience domestic abuse may experience multiple forms of oppression. These oppressions can also overlap ('intersect') and include sexism, racism, homophobia, transphobia, and discrimination against disabled people. An intersectional understanding and approach recognises the impact of intersecting forms of oppression on people's (including children's) identities and lived experience of abuse and services, and can respond to these diverse needs.

### REMINDER

WHEREVER YOU SEE THE FOLLOWING SYMBOL



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Please see the following chapters for further exploration of these different lived experiences. These sections have been written by specialist services leading in these areas, as well as those with lived experience. To provide this short guide, we have included key messages and top tips, however further, more in-depth information around each of these specialisms can be found in the 'links to other resources' section.

<sup>1</sup> Sidebottom, P. et al (2016) Pathways to harm, pathways to protection: A triennial analysis of serious case reviews 2011 to 2014, Department for Education.





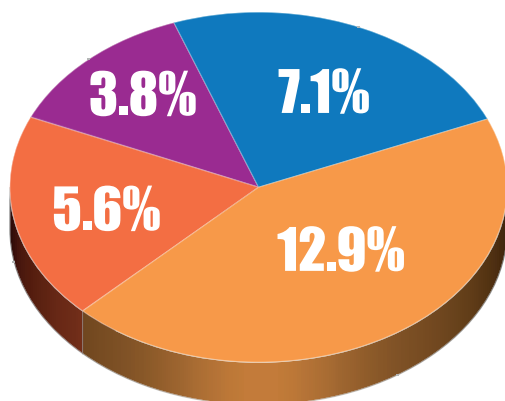
## 2. BLACK AND MINORITISED COMMUNITIES



Domestic abuse is ubiquitous across the globe, and the devastating impact is felt by people of all ethnic and cultural communities. There is, however, some evidence to suggest that individuals from Black and minoritised communities are disproportionately impacted.

Domestic abuse is far too complex (not to mention chronically underreported), to establish risk in a linear way. But according to the Office for National Statistics (ONS, 2019), in the year 2018-2019, the rates of domestic abuse victims were as follows:

■ White ■ Asian ■ Black ■ Mixed



It is important to recognise, however, that the above labels risk viewing Black and minoritised groups as homogenous, and do not reflect rich cultural and ethnic diversity or divisions along gender, class, sexuality and other lines much in the same way as any other community.

[Southall Black Sisters](#) inform that Black and minoritised women can experience abuse in the following ways:

- Often, perpetrators weaponise a survivor's insecure status as a form of coercive control. Such behaviours can include withholding documentation or tarnishing the immigration process through other means. This behaviour is recognised in the [draft statutory guidance on domestic abuse](#).

- Threats are frequently used as a form of coercive control. Survivors are told that if they report abuse to the police, they will be deported, or that the child will be removed.
- Intra-community factors mean that abuse can be carried out by multiple perpetrators, especially when women live in multi-generational households. If the woman lives with her spouse's family, this further tilts the power dynamics in his favour.
- Outside of the family home, abuse could be extended to the wider community – for example, family relationships may extend to the local place of worship or in their place of work. It is important not to assume that the wider community is a safe space.
- Victim-blaming is common. Due to the taboo nature of divorce or separation, a woman is often seen as dishonourable for leaving a relationship or even disclosing abuse.
- Women can be prevented from seeking help due to shame and stigma, which would ostracise her from family and community.
- Women may be dependent on the perpetrators for their stay in the UK or for financial support, meaning that escaping the abuse comes with immense challenges

FGM, so-called 'honour-based' abuse and forced marriage can also occur, which will be explored below.

### Forced marriage

Karma Nivarna defines Forced marriage as being where one or both people do not consent to the marriage and pressure or abuse is used. This is a deeply complex area, and can no means be fully covered within this short guide. We strongly recommend that social workers seek the latest information and research from Karma Nirvana, as well as consulting local specialist services which can be found in the links to other resources section.



## So-called 'honour-based' abuse

As with all forms of domestic abuse, so-called 'honour-based abuse' (HBA) is a gendered crime. As stated by Dr Roxanne Khan, HBA is "Built upon rigid gender-based hierarchies, it is often used to promote and excuse aggressive hypermasculinity and female dehumanisation". According to Save Lives (2020), women are tasked with carrying the 'honour' of their fathers, their husbands, and their sons, and HBA is deeply rooted in patriarchy. According to the Crown Prosecution Service, 76% of victims are female (ibid).

**Key statistics from the Spotlight Report on honour-based abuse from Safe Lives provide a snapshot into the lived experience of survivors (ibid):**

- Those at risk of HBA experience abuse for an additional two years before accessing support.
- 23% of survivors are not eligible for most benefits, tax credits, or housing assistance.
- Survivors of HBA are more than 7 times more likely to experience abuse from multiple perpetrators compared to those not identified at risk of HBA.
- 68% are at high risk of homicide or serious harm.
- 15% of those seen by the Forced Marriage Unit were under 16.
- Research suggests that at least one so-called honour-based killing takes place every month in the UK, though the true number is thought to be higher.
- 19% of survivors had attended A&E as a result of their injuries in the past 12 months, though only 6% were referred to domestic abuse services.

- **Please also refer to page 10, which outlines that queer and non-binary folk, gay, bi and trans men and those perceived as gender non-conforming can also experience honor based violence and forced marriage amongst other forms of VAWG.**

**The report made the following recommendations for Local Authorities:**

- Local Authorities should ensure that local agencies, including those that work with children, are made aware of the issue of transnational marriage abandonment and of

appropriate reporting procedures if they suspect this form of abuse.

- Local Authorities, family law practitioners and the judiciary should ensure social workers receive training on common features of HBV cases which are relevant to child contact arrangements. This includes use of child manipulation by perpetrators and the impact this has on the victim's ability to parent, and the prevalence of extensive perpetrator networks within the family.
- Local authorities should ensure that all those who work with young people, and particularly schools as they deliver the new PSHE curriculum, are aware of referral pathways for young victims of domestic abuse, HBV and forced marriage.

**In terms of practice-based tips to support survivors to raise an alarm with services, Kaukub Asia, a BASW member and social worker who has experience supporting survivors in this area, shares the following:**

1. Anyone who believes they may be taken abroad by family members should, if safe to do so, attempt to place a teaspoon or any metal object in their underwear. This will alert specially trained airport personnel that they require assistance and may be at risk.
2. When arranging initial appointments with people with lived experiences, you can suggest that if they need assistance in this area, they can sign their name in a certain colour. Be sure to offer two differently coloured pens to allow for this.
- 3. For individuals who may be unable to sign, or for those with additional needs, you can adapt this to any object, such as a piece of card (i.e. - touching a red card may signify that they need help). If the individual is sight impaired, they could tear or discreetly fold a card to indicate this. On your way out, offer to take litter with you, thus scooping up paper or card in the process.

- **Further information can be found with specialist 'by and for' services e.g. Karma Nirvana**

As a brief overview, Syra Shakir, both a BASW member, senior teaching fellow at Leeds Trinity University, as well as a social worker with direct experience supporting survivors in this area provides the following top tips:

1. Women will experience all forms of abuse that will be justified in the name of both culture and religion - how they are invoked will vary from case to case. The focus must always be on how to protect women and children, rather than worrying about what her religion or culture might say or does not say about these matters. What is paramount is what the women wants and needs to remain safe.
2. Never underestimate the power and grip of family loyalty. Victims will feel guilt for going against family traditions and expectations despite knowing they are wrong. Victims will feel loyalty and love for their families even if they are the perpetrators of the abuse.
3. Never assume you understand or know their position. Be particularly vigilant about this if you are not of similar background or heritage to the victim or family. If you do not understand something, then seek guidance or co work with a practitioner who does possess more knowledge.
4. Never underestimate disclosures of harm or potential future harm, even when you have doubt about their authenticity. Forced marriage and FGM remain very hidden and covert forms of abuse, as do the perpetrators and victims.
5. Never underestimate the pain of loss, separation or being ostracised from one's family despite being made safe from the abuse. The loneliness which encompasses the victim post abuse can often be more painful than the abusive experience itself.

## FGM

Female genital mutilation (FGM) is a collective term for a range of procedures which involve partial or total removal of the external female genitalia for non-medical reasons. It is sometimes referred to as female circumcision, or female genital cutting (Refuge, 2020).

Social workers should be aware that FGM is a crime in the UK, and, that it is illegal to take a British national or permanent resident outside the country for FGM, or to facilitate this by helping someone else trying to do so.

FGM is often performed by traditional circumcisers or cutters who do not have any medical training, often using knives, scissors, scalpels, pieces of glass or razor blades, and anaesthetics are not generally used (Savera UK, 2020). It is very painful and can cause long-term problems with sex, childbirth and mental health (NHS, 2019).

### Who is most at risk?

FGM is usually carried out to girls between the age of 1-15, but just because someone sits outside of this age range, it does not mean they are not at risk.

### **Further risk factors include:**

- Having family members who have experienced FGM.
- Marrying into a family where FGM practiced
- Coming from, or marrying into, an [FGM-practising country](#).
- If family are planning a long holiday. Girls are most at-risk during the summer holidays, as this allows time for the procedure to be completed and for some healing to take place before returning to school (NHS, 2019). Further information can be found at [Forward](#)
- If a female elder is coming to visit.

### Signs FGM may have taken place (NSPCC, 2021):

- Difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.
- Appearing quiet, anxious or depressed.
- Acting differently after an absence from school or college.



- Reluctance to go to the doctors or have routine medical examinations.

## Language

In terms of language used, FGM is sometimes, but not always, referred to as a 'special procedure', 'special occasion', or 'becoming a woman' (ibid). Other terms include female circumcision or cutting, sunna, gudnin, halalays, tahir, megrez, and kithan (NHS, 2020).

If you suspect someone you work with may be at risk, discuss this with your manager immediately and contact the police. It is also crucial to partner with local services who specialise in supporting those at risk with FGM, who can provide a wealth of insight and knowledge.

## Support for those at risk can be found at:

- Forward +44 (0)20 8960 4000 or email [forward@forwarduk.org.uk](mailto:forward@forwarduk.org.uk)  
[www.forwarduk.org.uk/violence-against-women-and-girls/female-genital-mutilation/?gclid=Cj0KCQiA4feBBhC9ARIsABp\\_nbXgbdPE\\_jqMLmLONa0MHmdsRikVVWycZOPnJfl6FVBWnWpHWak-9V0aApSPEALw\\_wcB](http://www.forwarduk.org.uk/violence-against-women-and-girls/female-genital-mutilation/?gclid=Cj0KCQiA4feBBhC9ARIsABp_nbXgbdPE_jqMLmLONa0MHmdsRikVVWycZOPnJfl6FVBWnWpHWak-9V0aApSPEALw_wcB)
- [Refuge.org.uk](http://Refuge.org.uk)
- NSPCC FGM helpline 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)
- If someone is worried about being taken abroad, they can contact the Foreign and Commonwealth Office on +44 (0) 20 7008 1500

## Transnational marriage abandonment

Transnational marriage abandonment is a form of domestic abuse. It involves the deliberate removal of vulnerable women from the protections of this country by their husbands and in-laws who take them back to their countries of origin and abandon them sometimes with and sometimes without their children. The Practice constitutes an extreme form of coercive control since it involves a deliberate strategy on the part of perpetrators to deny women access to protection, redress and justice in the UK to which they are

entitled. For further information on how to support women in these situations contact Southall Black Sisters.

## Systemic inequalities

Systemic inequalities faced by Black and minoritised communities means that not only are survivors more likely to experience domestic abuse, but they are also less likely to access support and subsequently escape.

The double jeopardy of racism and gender manifests in the way in which women from Black and minority communities experience intervention. Black women are often subject to insensitive responses from statutory services (National Education Union, 2019), and are more likely to be criminalised and viewed as complicit, as opposed to victims (ibid). According to research, between five and 12 contacts are made by women experiencing domestic abuse before receiving a positive response, which rises to 17 if the woman is Black (ibid).

Differential treatment begins early; adultification is a term used to describe a form of racial prejudice whereby Black and minoritised children are treated as older than is reasonably expected in terms of child development, which can result in punitive responses from professionals.

It is important that social workers supporting children and young people (both of which will be explored later in the guide) are aware of this, so that appropriate challenge can be made where needed amongst professionals supporting survivors.

We know that Black children and families face systematic inequality within social work; research shows that White British children are ten times more likely to be in care than 'Asian Indian' children, and 'Black Caribbean' children are 20 times more likely (Bywaters et al, 2018). Once placed, Black and Minority Ethnic (BME) young people are more likely to be placed in areas of high deprivation and high crime rates than their white counterparts (ibid).

Social workers are encouraged to refer to the [PDSP Resources and Tools Guide on Understanding the Lived Experience of Black and Ethnic Minority Children and Families](#) for further insight.

## Health inequalities

Further layers of disadvantage include health inequalities. An alarming report found that Black women were five times more likely to die in pregnancy (MBRRACE-UK, 2018). Racial bias within medicine means that the pain of Black patients is often dismissed (Hoffman et al, 2016).

Given the threat posed to the physical safety of survivors within domestic abuse cases, it is imperative that social workers advocating on behalf of Black or minoritised survivors are able to challenge such discrimination in the health field.

## Poverty

The UK poverty rate is twice as high for Black and Minority Ethnic groups as for white groups (Joseph Rowntree Foundation, 2017).

When it comes to alleviating poverty, and improving the extent to which survivors can become financially independent, develop a sense of agency and have the means to escape, social workers should be aware of the following means of support (although further legal advice should always be sought):

## No recourse to public funds

Please refer to our [No Recourse to Public Funds Statement and Guidance](#) (2020), which aims both to explain the complexities of the NRPF status, provide our position, and signpost social workers to practice issues.

## Destitution Domestic Violence (DDV) Concession (Shelter, 2021)

From 1 April 2012, the Home Office can grant a [DDV concession](#) to people:

- who entered the UK as the partner (i.e., spouse, civil partner, unmarried or same sex partner) of a British citizen or a person settled in the UK
- whose relationship has broken down due to domestic abuse
- who are destitute without access to accommodation or the means to support themselves, and
- who are going make an application for ILR under the domestic abuse rule.

To qualify, it is essential that the applicant entered the UK as the partner of a settled person in the UK (i.e. British national or person with indefinite leave to remain).

- **Further information can be found on the [Shelter website](#).**



## KEY MESSAGES

Three key messages from Southall Black Sisters (Charity supporting survivors from Black, Asian and African-Caribbean Communities):

### **1. Treat domestic abuse survivors as victims/survivors foremost irrespective of immigration status.**

- Immigration enforcement should have no place in social care intervention. The main priority should be the duty to safeguard vulnerable children and families without discrimination.
- Women experience abuse at the intersection of gender-based violence and punitive policies around immigration status, which impacts their ability to seek help.

- If victims/survivors are treated as potential immigration offenders, this heightens their fear and isolation and destroys trust in frontline services. It may also place them at risk of re-victimisation if they are forced to return to abusers or to seek shelter and assistance elsewhere, placing them at risk of further harm.
- Our extensive casework has highlighted some of the most common themes to emerge in encounters with children's social care, which include:
  - Outright refusal to assist women and children, and a failure to provide reasons why.
  - Failure to undertake risk assessments.
  - Unlawfully providing immigration advice.
  - Attempting to mediate with abusers for the purpose of returning women and/or their children to their abusive partners.



- Threatening to only accommodate children and not their mothers.
- Insisting that women and children return to their country of origin irrespective of the circumstances and risks involved.
- Forcing women to return to originating boroughs where they face risk.
- Making inappropriate and judgemental comments and harassing women to pursue options that place them and their children in danger or work against their interests.

## **2. Try to learn as much as you can about the wider context of the hostile environment**

- Social workers should have an awareness of the risks for families with no recourse to public funds (NRPF) and the need to provide support where children are involved. Our experience finds that social services deter women with NRPF from making applications using S17 the Children Act 1989 and fail to support them.
- Make sure you are aware of the provisions available to NRPF families in your local authority, including any discretionary funds and support that may be available. This could include for example, eligibility for free child care or free school meals. Also be aware of any support for migrant women with NRPF that may be available from specialist VAWG organisations in your area, and from organisations such as Southall Black Sisters who are specialists in this area.
- Take the time to reflect on the impact of the 'hostile' or 'compliant' immigration environment on the children and families you work with, both in terms of day-to-day life as well as long-term implications.

## **3. Build relationships**

### *With BME specialist services*

- Partnership working with local BME VAWG specialist services specialist organisations is crucial – here, you will find expert knowledge and understanding of the specific issues faced by Black and minoritised women in your area.
- Specialist groups often provide advocacy support, advice on child protection procedures or immigration matters, as well as emotional support.
- Introducing survivors to specialist services can help to build their support network, at a time when they may be isolated.

### *With survivors*

- Take the time to address the basic communication needs of survivors. Ensure that translators are booked ahead of time, that the correct variation of a language is chosen, and that the interpreter has some training around the dynamics of domestic abuse. All too often, interpreters collude with perpetrators which perpetuates the unequal power dynamics.
- Children or perpetrators must not be used as translators under any circumstances.
- Keep in mind that it can be intimidating for anyone to be presented with complex, written information about child protection procedures and especially so for those for whom English isn't a first language or who may have low levels of literacy... allocate additional time in your diary to ensure that women understand every step of an intervention. Ensure that they are spoken to alone, without the presence of a perpetrator and even family or community members. Note that in black and minoritized communities women are subject to multiple perpetrators of abuse and family or community members may be complicit in the abuse."

### 3. LGBTQI+



As indicated earlier in this guide, domestic abuse can be experienced by people irrespective of their gender and gender identity and/or sexuality. This is reflected in the growing body of global literature which explores the nature of domestic abuse as experienced by lesbian, gay, bisexual and trans (LGBTQI+) communities. In terms of UK prevalence, please refer to the important key messages written by Galop later in this guide.

**Whilst heterosexual/straight and LGBTQI+ people might experience similar patterns of domestic abuse, there are unique aspects of LGBTQI+ lived experience of abuse. This includes:**

- Threats of outing through disclosure of sexual orientation and gender identity to family, friends or work colleagues (Galop, 2019).
- Threats of outing through disclosure of sexual orientation and gender identity to officials (for example, social workers for people with children) (Galop, 2019).
- Undermining someone's sense of gender or sexual identity and exploiting a person's internalised negative self-beliefs.
- Limiting or controlling access to support and networks that exist to support someone when coming out and coming to terms with gender and sexual identity.
- Controlling someone by convincing them that no-one would believe the abuse is real: by exploiting heterosexist or heteronormative myths based on the 'public story' of domestic abuse in which it is a problem of 'weaker heterosexual cisgender woman abused by a physically stronger man' (University of Durham, 2006).
- Manipulating survivors into believing that abuse is a 'normal' part of same-sex relationships or pressuring victims/survivors into submission by minimalising abuse in the name of protecting the image of the LGBTQI+ community.

Experiences of abuse differ across and between LGBTQI+ subgroups. As such, there are some specific forms of abuse which can be targeted towards trans people such as withholding medication, preventing treatment, hiding or destruction of gender signifiers (clothing or hair pieces) that are needed to express gender identity or coercing someone into not pursuing medical treatment or gender transitioning. Identity abuse can occur when an abuser refuses to use somebody's preferred name or the correct pronouns (an abusive act of misgendering) or threatens to out a person by disclosing someone's trans history (Rogers, 2020). An abuser might use derogatory names and/or 'body shaming' tactics (being derisory or ridiculing a person's body image) to manipulate and control (abusive acts of pathologising (Rogers, 2020). The impact of these abuses can often serve as distinct barriers in seeking help and accessing services.

When professionals adopt the 'public story' of domestic abuse ([University of Durham, 2006](#)), they can fail to recognise LGBTQI+ people as victims/survivors or they may trivialise or minimise LGBTQI+ client disclosing abuse ([Galop, 2019](#)). Similarly, LGBTQI+ survivors may experience feelings of anxiety or reluctance to disclose same-sex relationships and explain LGBTQI+ identity within mainstream settings (i.e. to social workers) perhaps due to previous experience of real or perceived homophobia/ biphobia/transphobia from service providers ([Galop, 2019](#)). The barriers in reporting are reflected in service data as a report from Safe Lives (2018) stated that just 2.5% of all victims/survivors accessing domestic abuse support in England and Wales identify as LGBTQI+.

Finally, it is important to be mindful that effectively assessing and supporting victims/survivors relies on an understanding of the way in which abuse is rooted to structural inequalities (gender inequality and



stereotypes, poverty and other forms) but LGBTQI+ survivors may also experience abuse of power and control closely associated with their LGBTQI+ status. It is important, therefore, that all social workers obtain and keep up-to-date an awareness of the workings and impact of homophobia/biphobia/transphobia.

It is important to remember, however, that when research has been undertaken with trans or non-binary people, sample sizes have been small or the subset of trans and non-binary people are not separated out and their experience of domestic abuse is subsumed into the broader LGBTQI+ perspective (Rogers, 2020).



## KEY MESSAGES

Three key messages from Galop (charity specialising in LGBT+ domestic abuse, sexual violence and hate crime)

### **1. Lesbian, gay, bi and trans (LGBTQI+) people experience disproportionately high rates of domestic abuse in the UK:**

- [ONS \(2018\)](#) found bisexual women are nearly twice as likely to have experienced partner abuse in the last 12 months than heterosexual women (10.9% compared with 6.0%).
- [ONS \(2016\)](#) also estimates that more than one in four (27.5%) gay men and lesbian women and more than one in three (37.3%) bisexual people report at least one form of domestic abuse since the age of 16.
- The figure for trans survivors, whose experiences are significantly under-researched, is likely to be higher ([Galop, 2019](#)).

### **2. Despite this higher prevalence of abuse, many LGBTQI+ survivors experience distinct barriers due to their sexual orientation and/or gender identity in access to services:**

- LGBTQI+ experiences do not easily fit within the public story of domestic abuse which traditionally views it as problem of 'weaker heterosexual cisgender woman abused by a physically stronger man' ([University of Durham, 2006](#)). This perception can affect the decision to seek help, as LGBTQI+ people may be less likely to recognise themselves as a survivor or abuser.

- Equally, professionals adopting the dominant narrative may fail to recognise LGBTQI+ people experience domestic abuse and may dismiss trivialise or minimise LGBTQI+ client disclosing abuse ([Galop, 2019](#)).
- LGBTQI+ survivors may experience feelings of anxiety or reluctance to disclose same-sex relationships and explain LGBTQI+ identity within mainstream settings. For some, this will arise from previous experience of real or perceived homophobia/biphobia/transphobia from service providers ([Galop, 2019](#)).

### **3. LGBTQI+ survivors share similar forms of domestic abuse as their heterosexual cisgender peers and disclose abuse from both intimate partners and family members.**

- In addition to abuse rooted in patriarchy and gender stereotypes, LGBTQ+ survivors may also experience abuse of power and control closely associated with having their LGBTQI+ status used against them. Most commonly this includes intimidation and threats or actual disclosure of sexual orientation and gender identity to family, friends, work colleagues, community and others without consent ([Galop, 2019](#)).
- LGBTQI+ survivors are not a homogenous group. Experiences of abuse differ across and between the subgroups. Abuse disclosed by lesbian women may be different to that of bisexual and trans women, equally, gay men's experiences may be different to that of bisexual or trans men ([Galop, 2019](#)).

## 4. DISABILITY AND LEARNING DISABILITY



One in five members of the population are disabled (DWP, 2011) and there is evidence that people with disabilities experience disproportionately higher rates of domestic abuse (PHE, 2015). The Crime Survey for England and Wales (ONS, 2020) reported that 14.7% of disabled women experienced domestic abuse. In addition, women with learning disabilities are at a higher risk of more frequent and prolonged domestic abuse than non-disabled women and disabled men (McCarthy et al., 2015).

Despite these rates of prevalence, there is only a modest body of research detailing the experiences of victims/survivors living with physical and sensory impairments (Thiara et al., 2011). In fact, there is evidence to argue that women with disabilities are strikingly absent from domestic abuse policy and practice (McCarthy, 2017a). When experienced by disabled people, domestic

abuse can often be directly linked to that person's impairments including: using an impairment to belittle and exploit, withholding assistance or preventing access to treatment, therapy or everyday living aids (McCarthy et al., 2015). It is also important to note that abuse is often perpetrated by an intimate partner or family member who the disabled person relies on for care (SafeLives, 2017).

As such, there can be specific risk and vulnerability factors for women with disabilities (PHE, 2015). Women with learning disabilities are more likely to experience domestic abuse as they do not receive adequate sex education, often lack the knowledge of what is appropriate within a relationship leaving them vulnerable to exploitation and less likely to report abuse (McCarthy, 2017b). There are other barriers to making disclosures and accessing appropriate support for women with disabilities, such as,





the availability of safe *and* accessible accommodation, or a lack of accessible information in easy-read format for women with learning disabilities (McCarthy et al., 2015). Additionally, making a disclosure brings risks including the loss of care and support, or the fear of losing their children.

Risk assessment tools, such as the Domestic Abuse Risk Assessment Checklist (DASH RIC) are not always appropriate for women with disabilities especially for woman with learning disabilities as it does not address the specific risk or vulnerability factors of the person being assessed in terms of their impairment, and research suggests that professionals lack the knowledge and confidence to assess and support people with learning disabilities when they experience domestic abuse (Olsen et al., 2017). To counter this lack of knowledge or confidence, social workers should be alert to the following signs:

- Physical injury particularly those linked to 'accidents' and/or hospital admissions, or missed appointments
- Social isolation: do not assume that this is linked to disability or limited mobility as isolation can be a risk factor or an outcome of an abusive relationship
- An overattentive partner or carer which results in the inability of an interview without their presence: thus, limiting a disabled women's opportunity to disclose or seek help
- Lack of confidence or willingness to make decision without consulting their partner/carers. (Woodin, 2020)

It is vitally important that social workers remain attuned to spotting these signs as these can easily be missed and inaccurately attributed to a woman's impairment. It is especially important as research has shown that it is likely that social workers do not recognise domestic abuse unless there is a direct disclosure made (Thiara et al., 2011).



## KEY MESSAGES

**Three key messages from Ann Craft Trust (a charity which develops bespoke training, carries out practice reviews and contributes to practice research, to support organisations to safeguard adults and young people at risk:**

- 1.** Many young disabled people have not had the right help to recognise abuse and harm; they face far higher risks, are less likely to be able to express it or be heard and believed. All those working with young deaf and young disabled people need to reflect on what work they should be doing to help young people recognise safe and healthy relationships, have a network and people they trust, prevent isolation and know where to go for help.
- 2.** Not all domestic abuse organisations keep statistics on who they reach or have links to disabled young people's groups and so these organisations need to start to reach out, make links across the sector and start to develop how they reach out so that those who do not know these services exist
- 3.** Make sure you ask, notice and observe; find out about and think as a team about how you can develop your skills and confidence to communicate with disabled young people, know how to contact signers and interpreters and develop a better understanding of the increased risks and unmet needs of the disabled young people out there in your community. Recognise that it takes deaf and disabled young people longer to find you, that the abuse they have suffered may have gone on for a long time and been across many aspects of their lives; twice the risks and far fewer services are available. One size does not fit all – we all need to make reasonable adjustments!



## 5. DEAF AWARENESS



The Deaf community remains one of the most marginalised groups in the UK, [despite making up around 9 million of the population](#). Barriers to equality arise early. According to Susan Daniels, chief executive of [NDCS](#), “[deaf children arrive at school with amazing potential only to begin a lifetime of being left behind.](#)”

And obstacles do not disappear once a child reaches 18 - [56% of deaf or hard of hearing employees have experienced discrimination during their career](#), making the [Equality Act 2010](#) appear redundant. With statistics like these, it is unsurprising that Deaf people are [twice as likely to suffer from depression as hearing people](#).

In almost all walks of life, deaf and hard of hearing people are faced with additional barriers when it comes to seeking the right support. Unfortunately, deaf awareness training is rarely provided for social workers, which means that the specific needs of children and families, including domestic abuse survivors, are frequently misunderstood. Below, our partners at Sign Health have provided crucial insight as to how best to support deaf survivors and their children.





## KEY MESSAGES

Three key messages from Sign Health (Charity Offering Support to Deaf People Experiencing Domestic Abuse)

### 1. Identify the specific communication need, and ensure it is met

- There are different forms of sign language, so please do not make assumptions as to which form is used. The most commonly used sign language in England is British Sign Language (BSL).
- Recognising language deprivation and needing communication to adjust accordingly.
- Try to book the same interpreter for continuity, and to allow for a positive relationship to form which will help the deaf person to communicate openly.
- Ensure that interpreters are registered with the NRCPD and are carrying their registration badges.
- Book interpreters in advance. Unfortunately, many children are asked to translate on behalf of their parent, which is highly inappropriate. On other occasions, perpetrators have even been asked to interpret, which affords them more power and control.
- Provide regular breaks for interpreters – the process requires a high amount of concentration, and the process diminishes after around 20 minutes.
- In meetings with multiple professionals, book more than one interpreter to allow for these breaks. This will also mean that when one person is not interpreting, the other can feed into something the other may have missed.
- Make sure the Deaf person is given a voice, and an advocate who understands any procedure that is taking place.
- All written information should be translated. English is not the first language of a deaf person, meaning that information can sometimes be lost through written reports. BSL, for example, has a different structure to English.
- A lack of reading/writing skills is often seen negatively, even though the Deaf person is living in a world designed for hearing people. Adopting an understanding and supportive approach here is crucial.

### 2. Seek education

- Try to educate yourself on how best to work with Deaf families. There are many linguistic and cultural nuances which means the needs of deaf families are different.
- Recognising where an advocate and a Deaf relay Interpreter may be needed.
- Ensure that interpreters are provided with at least some training around domestic abuse so that they are better equipped to work alongside you.
- Do not try to compare children born into deaf culture to those who are not. Deaf children and CODAs (children of deaf adults) experience the world differently – providing them with ‘pen and paper’ direct work may not work, so try to tailor this to their communication needs.
- The actions of Deaf families can often be misunderstood. For example, it is normal for deaf adults to ‘tap’ children or pull their face toward them to gain their attention. Try to learn more about how the family typically interact before making assumptions.
- Understand that deaf people cannot access emergency services in the same way hearing people can. Make sure the Deaf person knows to register their phone with 999 SMS service where they will be able to liaise via SMS. An alternative option to this would be for the deaf person to 999 and then press 55 so the operator knows they are deaf. Ensure that you explain how best to use this system and how to send a text message rather than assuming this is already known.

### 3. Be aware that the dynamics of a deaf-hearing relationship can be complex

- Do not assume that a Deaf person cannot accomplish tasks without support. Often, hearing perpetrators undertake medical or administrative tasks on behalf of their partner, which takes away their autonomy and diminishes power.
- Often patterns occur where the hearing partner will try to reduce the confidence of a deaf partner by ridiculing their signing or criticising their skills.
- Exclusion is a common tactic – hearing perpetrators have been known to insist that they care for children or reduce the extent to which children communicate in sign language to the hearing parent.

## 6. MENTAL HEALTH, SUBSTANCE MISUSE AND MULTIPLE DISADVANTAGE



In addition to the physical and sexual harms resulting from domestic abuse, impacts are commonly associated with serious psychological and emotional consequences not only for the survivor, but others in the family such as children. Psychological effects of domestic abuse include:

- Negative emotions such as fear, shame, guilt and low self-esteem
- Stress-related medical conditions such as headaches
- Mental health conditions and disorders such as depression, general anxiety disorders (GAD), bipolar disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), sleep disorders and eating disorders
- Using substances such as drugs and alcohol, or self harming, to cope with the abuse.

[Research](#) shows women who experience abuse from their partner are three times more likely to suffer depression, anxiety, or severe conditions such as schizophrenia or bipolar disorder (Chandan et al., 2019). Psychological consequences may also manifest through psychosomatic symptoms, sexual dysfunction and eating problems. At its most extreme, domestic abuse can result in mental health impacts including suicide ideation or suicide (Southall Black Sisters, 2011). Everyday almost 30 women attempt [suicide](#) and every week three women take their own lives to escape domestic abuse. Similar psychological side effects are reported by survivors of female perpetrated violence (with exception to gynaecological symptoms) or those in a same sex relationship (Refuge, 2017). Whether new or pre-existing, the impact of domestic abuse on mental health is likely to be severe and long-lasting resulting in more demands placed on an already over-burdened mental health system.

You should also have an awareness of the ways in which a perpetrator may escalate the abuse when his partner is pregnant.



Domestic abuse during pregnancy is linked to mental health impacts and research shows that there can be physiological effects of stress from current or past abuse on foetal growth and development (Allen, 2013). Specifically, the psychological stress caused by domestic abuse can result in: higher rates of preterm labour and stillbirth; placental abruption; low birth weight; other infections and complications (Coker et al., 2012; Allen, 2013). The strongest risk factors for developing antenatal mental ill health have constantly been found to include the existence of domestic abuse as well as other factors, including low socioeconomic status, insufficient social support and a history of psychiatric illness (Moncrieff, 2018). Of concern, pregnancy significantly increases a woman's risk of becoming a victim/survivor of the domestic abuse and domestic homicide and men who abuse their pregnant partners are very dangerous and more likely to kill them (Campbell, 2002; Moncrieff, 2018).

Whilst DVA can lead to mental ill health, poor mental health is also a risk factor for abuse perpetration as abusers can exploit a survivor's poor mental health in ways to belittle, control and manipulate (e.g. in questioning a woman's ability to cope, make decisions and parent). In this way, mental ill





## KEY MESSAGES

### Three key messages from AVA (Charity Working to End all Forms of Violence Against Women and Girls)

1. We must understand that many women have faced a range of traumatic experiences. Professionals should work in a way that understands trauma, its impact on the body and focus on interactions that maximise both physical and emotional safety.
2. When women use substances it is often as a coping strategy to manage their experiences. Work in a way that acknowledges what they have done to survive and do not blame women but rather listen to them and believe them.
3. We must understand behaviour as a communication - consider what is going on under the surface for women and take time to be professionally curious. Focus on building trusting relationships with women that acknowledge their strengths and capabilities.

health has been used by perpetrators in family court settings to question a woman's ability to provide care and safeguard her child/ren. Gaslighting is a particular harmful form of emotional abuse. It is the act of manipulating a person to the extent that it results in them questioning their own thoughts, feelings, memories, and even the events as they occur around them. Gaslighting, whether intentional or not, is a form of manipulation and can have devastating impacts as a victim of gaslighting can be pushed so far that they question their own sanity.

It is important to be clear that mental ill-health and substance misuse does not cause and can never be used to excuse domestic abuse. However:

- substances may be used as a coping strategy by survivors
- domestic abuse often impacts one's mental health

- mental ill-health and substance misuse can be weaponised by the perpetrator and the system
- and there is evidence to suggest, for example, that alcohol use by perpetrators can increase the frequency and seriousness of violence.

It is key to have a thorough understanding of these factors, but it is also vital to be mindful how you frame and think about how these factors interplay. For example, you may often hear the phrase 'toxic trio'. This is when a survivor or perpetrator may be using drugs/alcohol and have mental health issues or where domestic abuse occurs within the context of drug/alcohol use and with mental ill health. We see such terms as labelling and harmful, and believe that it takes the focus off the perpetrator by placing the problems or issues on the survivor. Such terms imply that it is the survivor that has the problem or is the cause of any issues they may be facing due to the abuse. The term is not helpful as it suggests that the survivor is toxic or is the main source of risk. Acknowledge that survivors may have differing needs that they need support with using their inbuilt strengths and resources. There are other terms that can be used, such as 'multiple needs' or 'multiple disadvantage'.

### Additional resources

#### Information on women and multiple disadvantage:

##### Breaking Down Barriers

<https://avaproject.org.uk/breaking-down-the-barriers-findings-of-the-national-commission-on-domestic-and-sexual-violence-and-multiple-disadvantage>

##### Access to training: AVA e-learning

<https://avaproject.org.uk/ava-training/elearning>

##### AVA training - many CPD accredited courses:

<https://avaproject.org.uk/training>

## 7. TOP TIPS FROM SURVIVORS



Survivors from Women's Aid's Experts by Experience Network took part in a focus group whereby they were asked to share their insight as to how social workers can best support survivors and children. Their knowledge and experience is shared below in both the graphic and the video.

### 1. Graphic – Survivors' Social Worker of the Year

Survivors were asked what attributes, skills and knowledge would best describe the social worker of the year.



## 2. Video – Top Tips from Survivors



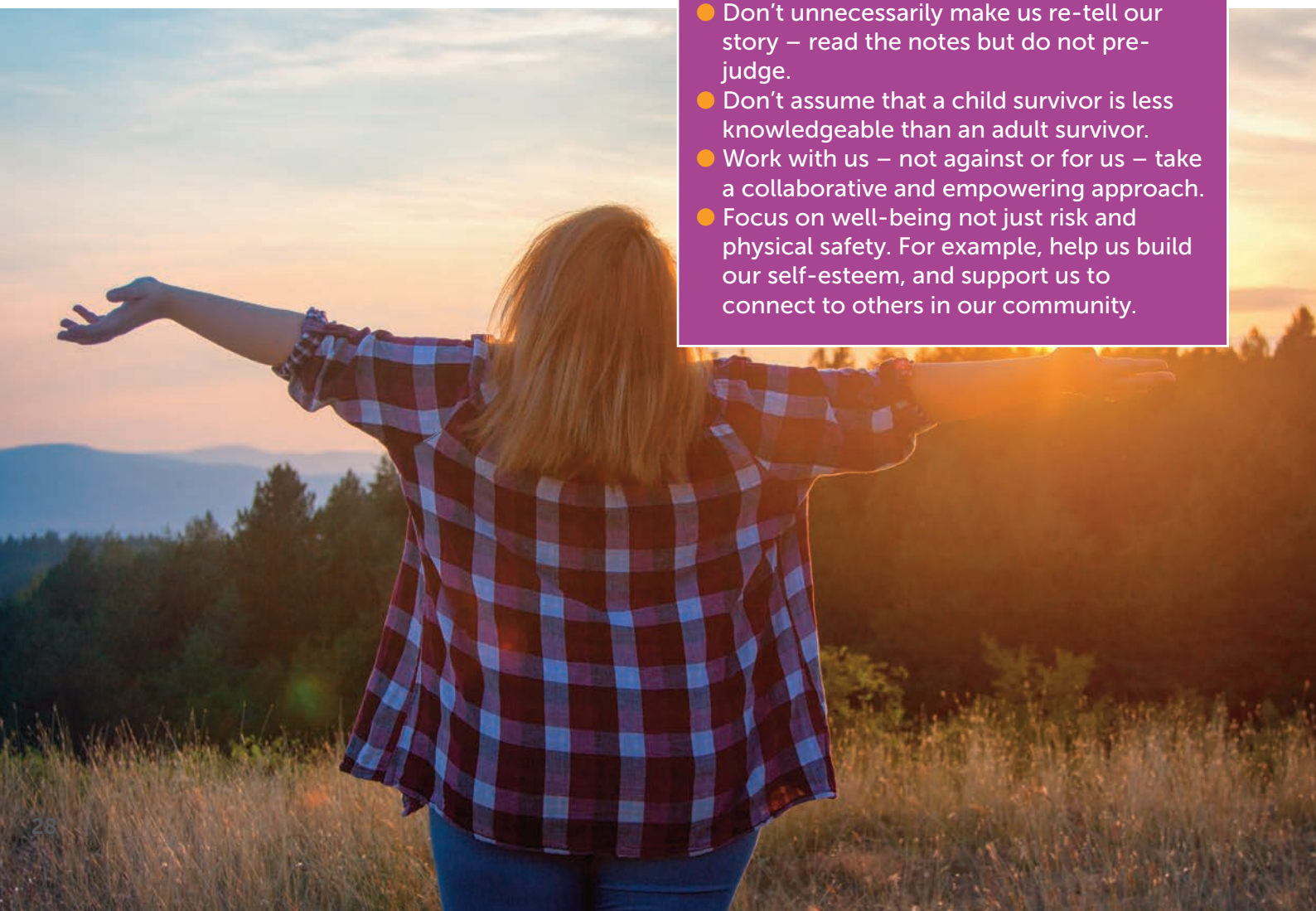
<http://bit.ly/domestic-abuse-guidance-video>

Survivors from Women's Aid's *Experts by Experience Network*, worked in partnership with the British Association of Social Workers (BASW), to produce this short film sharing their top tips for social workers. The footage taken by the survivors themselves.

For those unable to access the video, the Top Tips highlighted were as follows:

### TOP TIPS:

- Listen to survivors – we are the experts in our own lives.
- Ensure you have a real understanding of the dynamics of domestic abuse – especially coercive control, and how perpetrators can manipulate the system and professionals.
- Understand the impact of domestic abuse on our mental wellbeing and the different coping mechanisms survivors may have.
- Approach us on a human level and as a whole person.
- Respect our different cultures, identities, and life experiences – do not make judgements based on prejudices, stereotypes, or assumptions.
- Make sure perpetrators are part of the picture and try to work with them – the perpetrator is responsible for the abuse, not the survivor!
- Don't jeopardise our safety. For example, ensure you know the safe methods to communicate for the survivors you are working with.
- Be transparent and clear.
- Don't unnecessarily make us re-tell our story – read the notes but do not pre-judge.
- Don't assume that a child survivor is less knowledgeable than an adult survivor.
- Work with us – not against or for us – take a collaborative and empowering approach.
- Focus on well-being not just risk and physical safety. For example, help us build our self-esteem, and support us to connect to others in our community.





## 8. INITIAL CONTACT WITH FAMILIES – APPROACH AND ASSESSMENT



Whether processes for *Children in Need* or for *Child Protection* under the Children Act 1989 underpin your role and duties, or indeed some other legislation or team role, there are some common principles in relation to working with families affected by domestic abuse.

Historically, across the board there has been a tendency for children's social care to place the locus of responsibility onto the parent who is the survivor, which is typically the mother.

Claims of 'failure to protect' reinforces the notion that the responsibility to safeguard a child is firmly located with the woman. This has several dangers, including failing to recognise and respond to the harm the perpetrator is causing to the survivor and their child, and increasing the barriers facing the woman in engaging with services and getting the support she needs. Protecting children must be at the very heart of interventions – however, this cannot be achieved if the relationship between services and victims is fractured and lacking in trust (Robbins and Cook, 2018).

Taking a victim-blaming approach can be experienced as stigmatising and re-victimising. It also tilts the power and control in the favour of the perpetrator, who has often already diminished the victim's self-esteem, and made them believe that they are entirely to blame for abusive behaviour. For this reason, it is crucial that practitioners adopt a needs-led, strengths-based approach to working in partnership.

From the outside, it is easy to ask, 'why doesn't the victims just leave?' The reality, however, is not so simple. In fact, leaving is often the most dangerous time for victims; 75% of domestic violence related homicides occur upon separation and there is a 75% increase of violence upon separation for at least two years (The Centre for Relationship Abuse and Awareness, 2020). Women are at significant risk at the point of separation from

an abusive partner. It follows, then, that many women therefore stay with an abusive partner, for fear of their lives and their children's lives. The view that a victim of domestic abuse can better protect her children by leaving a perpetrator is far too simplistic and not based on an evidence based understanding of risk in this area.

The barriers preventing survivors from leaving are multi-layered and complex. Perpetrators often disempower survivors over time through isolating survivors from support networks, as well as restricting, exploiting and sabotaging access to money and other resources in order to limit their freedom – not to mention the physical, emotional, psychological and coercive methods as outlined in the 'Understanding Domestic Abuse' section of this guide. These impacts often leave victims isolated and powerless – without alternatives, victims feel they have no choice but to stay. Understanding the barriers, which means listening without judgement – whilst not necessarily agreeing – is the first step toward enabling meaningful change.

### A Strengths-Based and Needs-Led Approach

A strengths-based approach is underpinned by some fundamental principles:

- Every individual, group, family and community has strengths;
- Trauma, abuse and adversity may be harmful, but they may also be sources of strength and opportunity;
- Do not assume to know the limits of a person, group or community's ability to change and grow;
- Best practice should be collaborative practice;
- Every environment (family, or community) will be abundant with resources;
- Social work is about care, care-taking and hope. (Saleebey, 2013)

This approach views the survivor as a 'whole person' with resilience and skills alongside needs. It relies on a collaborative approach which prioritises engagement and relationships as the means to promote safety, wellbeing and change. Strength-based approaches prioritise partnership in order to centre the survivor in the decision-making process. This means working alongside survivors to identify what matters to them and how best outcomes can be achieved. This means that work with the survivor is needs-led, based on their priorities rather than your service's criteria and limited resources. This enables you to work with survivors and their children to find the best solutions for themselves and to support them to make independent decisions about how to live. Importantly, this draws on strengths and builds resilience for the future. This approach can be restorative for a person who has lived with domestic abuse and for whom the effects of abuse have resulted in a diminished sense of self-efficacy and reduced confidence in everyday processes such as decision-making and planning for a future that is free from abuse.

### Trauma-Informed Practice

As noted elsewhere in this guide, the impact of living with domestic abuse is traumatic. Often, there are long-lasting outcomes for mental and physical wellbeing. Taking into account that a traumatic event, for many of us, is rarely experienced and overwhelming, consider living with a pattern of traumatic events, on a daily basis for some, and the impact that this has. Trauma-informed practice for social work is not about therapy and treatment, but about doing no further harm. It is about creating a safe environment, building trust, promoting collaboration and sharing power to be empowering and help a survivor regain confidence in their own ability to move forward and create a safe, nurturing home for their child or children.

### Multi-Agency Working

Multi-agency working is key to effective safeguarding and child protection (Sidebotham et al, 2016). The recommendations of this guidance should be adopted only within the context of [Working](#)

### [Together to Safeguard Children \(2018\)](#)

guidance - no social worker, no matter how experienced, should respond to domestic abuse cases working in silo.

Serious case reviews consistently highlight the devastating consequences of poor, or indeed altogether absent communication between organisations. For further reading, the [NSPCC has pulled together learning for best practice about multi-agency working](#) from analyses of case reviews across the UK and Ofsted's analysis of joint targeted area inspection (JTAI) reports in England. Further learning in relation to multi-agency working can also be identified from [domestic homicide reviews](#).

In practice, working together occurs in the following contexts:

- Through referrals to the local MASH (Multi Agency Safeguarding Hub) team. This is the single point of contact for professionals to report safeguarding concerns, consisting of staff from health, social care, police, education, probation, and possibly other agencies dependent upon the local authority. The MASH facilitates early intervention, thorough assessment and cross-sectional information sharing with a view to safeguarding children and families.
- Through referrals to a local MARAC (Multi Agency Risk Assessment Conference) Coordinator. A MARAC meeting consists of representative of both statutory and non-statutory organisations who are actively supporting those at high risk of domestic abuse. Representatives discuss and analyse the ongoing risk to the safety and wellbeing of both adult survivors, and children, and actions are agreed with a view to safeguarding them.

### How to ask about domestic abuse and how to respond to disclosures

In social work it is always important to recognise the many barriers to disclosing experiences which are rooted for fear, anger, mistrust and, at times, shame. To gain a clear picture of what is going on takes time as you need to build trust. In reality, having adequate time is very much dependent on your role and the nature of your team. Therefore, the messages contained in this guide are all the

more important in terms of having at the fore your understanding of the dynamics, impacts and barriers relating to survivors' experiences. Understanding how coercive control, fear and lack of trust in services may impact this is critical to ensure that you do not label survivors as resistant, defensive, aggressive and difficult.

It is your responsibility to undertake social work enquiry by creating a safe environment. A safe environment can be fostered by arranging a confidential space where the perpetrator/s are not present, not using family members or children to translate, or giving survivors non-verbal opportunities for disclosing that they are in danger – i.e. by allowing them to write/draw in a red as opposed to black pen, as mentioned on p.15. As with any social work intervention, you need to be clear about the limits of confidentiality. Undertaking enquiry then relies on skilled questioning (that is, asking questions that do not apportion blame and which are strengths-based and solution-focused). This also requires active listening and being able to respond appropriately. You should:

- Listen to survivors without judgement – never blame them for the abuse, excuse the perpetrator's behaviour, ask them why they have not left, or tell them to leave;
- Believe them;

- Validate what they are telling you. For example, use affirming statements such as 'I'm really glad you told me.' 'It's not your fault.' 'You are not alone.'

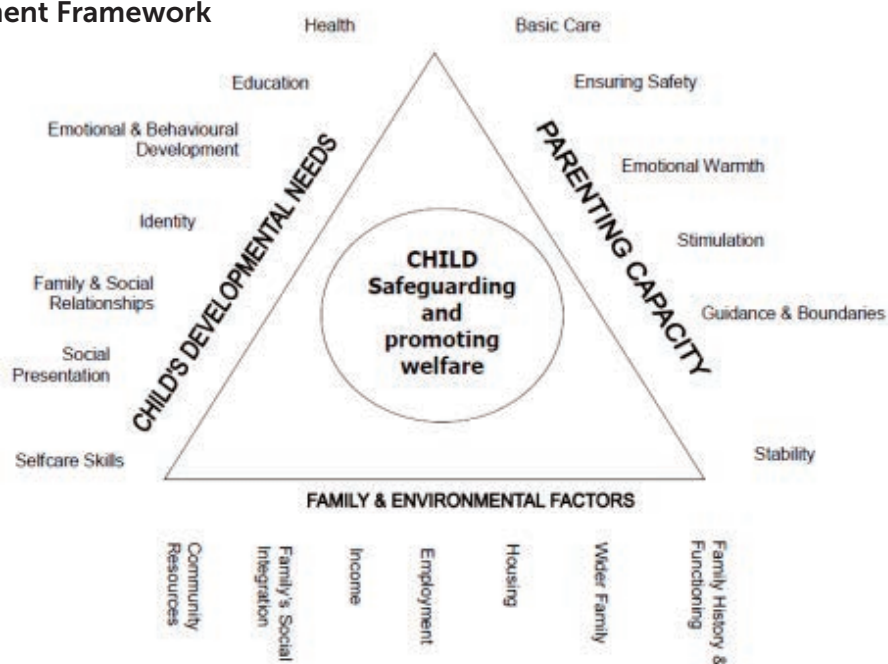
As part of your ongoing assessment, you should establish if there is an immediate need for safety planning and action. If action is needed, you should manage expectations; always be transparent and honest, checking understanding at all stages. For example, it might be agreed that refuge accommodation is necessary. However, refuge accommodation is in high demand and short supply. Before refuge space is secured it may be that a safe alternative is local authority provided homeless accommodation. This is not ideal but could be a safer option than staying in the home. Returning to the message about taking an approach that is strength-based and needs-led, remember that such decisions should be made in partnership with the survivor.

### Assessments

Most child care assessment frameworks are designed chiefly to measure a child's wellbeing and development and, as such, do not adequately accommodate the assessment of adult-oriented issues (Murphy and Rogers, 2018). The opposite can be said for adult assessment frameworks which mostly neglect the child care element. Often, an eclectic

**Figure 1: The Assessment Framework**

Reproduced from:  
*Framework for the Assessment of Children in Need and their Families:*  
 National Assembly for Wales: Cardiff.



Source: Welsh Government (2015: 35)



approach is needed which combines different models for assessment or an approach which centres one assessment model (the Assessment Framework (AF) for example) but adds specific questions on domestic abuse at relevant stages or in relation to the three dimensions of the AF triangle: child's development needs, parenting capacity, and family and environmental factors.

Another way to think about the assessment might be to ask specific questions about domestic abuse and then map these onto the three dimensions of the AF. Questions should include:

- What type of domestic abuse is taking place?
- How long has it been taking place?
- Is it constant or intermittent? How there been an escalation and is this recent?
- How does this impact on parenting availability, predictability and behaviour?
- What strengths and resources can be identified? How can these be drawn upon and built?

It is worth reminding ourselves that existing models are used in cases of domestic abuse and many local authorities have adopted Signs of Safety® (SoS) as the underpinning model for practice in children's social care and, therefore, many of you will be familiar with the SoS® tools and techniques. It may be helpful to look in more detail at a case study where domestic abuse is present and one can be found on the SoS® website:

<https://knowledgebank.signsofsafety.net/resources/whole-case-examples/end-to-end-cases/lucy-nancy-lacie/lucy-nancy-and-lacie>

There are existing models and structures that local authorities use in cases of domestic abuse such as *Family Group Conferences* and *Contextual Safeguarding* and it is worth reflecting on how well these function in your local authority in supporting families affected by domestic abuse. Family Group Conferences (FGCs) represent a cultural shift in children's social care as these position families as the 'experts' on their own family situation and FGCs are family, not professionally, led as families should be actively engaged and involved in decision-making about children and young people in their family (Rogers and Parkinson, 2018). The model is a strengths-based and solution-focused approach recognising the strengths and resources that exist within families and encourages families to take responsibility for children by sharing decision making and pooling their resources to meet their needs. Please note that split FGCs should always be offered in cases of domestic abuse to allow survivors with a safe space to share concerns in the absence of the perpetrator/s.

FGCs do represent a whole family approach overall, but it is important to remember that in the case of domestic abuse, this will mean that risk assessment must be undertaken with perpetrators excluded where there is the potential for further harm. Social work intervention should not create further trauma for survivors or their children. However, a holistic assessment will ensure that all members of the family are included, and this means ensuring that the perpetrator is not invisible (this is not the same as 'present'). In the past, social workers have been criticised for not including men or fathers in their direct work and whilst this is improving, it is important that you make attempts to ensure that men are included, and not invisible. This is particularly important if the perpetrator is the father of the child/children in the family, has parental rights and is likely to pursue contact with his child or children in the future. Another important aspect of any assessment is to ensure that the child or young person feels that they have had choices and that they are in control of their lives. Additional



guidance on how to hold conversations with children and young people is given below. However, it is important that you understand the cogence of ensuring the child's voice in relation to your assessment.

Section 53 of the Children Act (2004) requires social workers to encourage and support children to give their views, find out how children feel regarding the intervention and give due consideration to these opinions (more commonly referred to as 'wishes and feelings'). This duty is further emphasised within Working Together to Safeguarding Children (Department for Education, 2018), with every child and family assessment requiring the child to understand the concerns held for their family and providing opportunities to build the child's response into the heart of the assessment.

Whilst there is often debate surrounding the issue of 'protection' versus 'participation', the majority of research studies conclude that sensitive, age-appropriate participation is not harmful – children are viewed as 'social actors', actively responding to their environments (Cossar et al, 2016). The initial sharing of information is therefore crucial to provide a context for a child's 'wishes and feelings', keeping the child focused on the impact of social work intervention and service provision for their family (Dillon, 2019).

Consideration must be given to the 'surprise' element of any social work presence within a child's environment, such as unannounced social worker visits to the home or requests for on-the-spot 'wishes and feelings' (Dillon, 2016). Creating child-friendly resources that explain social work intervention to children can help reduce worry or concern, and encourage children to think about how they feel, in their own time. Examples of these can be found within the Children and Young People section of this guide.

### Risk based assessments

The [DASH Risk Identification and Assessment Model](#) (2009) is used by multi-agency professionals, including some social workers. However, without an embedded understanding of coercive control, such risk-led approaches can be problematic, in that

professionals risk colluding with perpetrators and disempowering survivors (College of Policing, 2016).

Risk in domestic abuse cases is dynamic, and can change frequently. Analysis of domestic homicide reviews (DHR) has shown that a lack of understanding around coercive control has meant that some victims are assessed as medium/standard risk by professionals, and therefore remained below the radar of services and threshold for intervention. Further information can be found in the following [DHR case analysis report](#).

- Safe Lives <https://safelives.org.uk/practice-support/resources-identifying-risk-victims-face>

**Alternative risk-based models which adopt a strengths based, needs-led approach include:**

- [Space for Action](#) (Kelly, Sharp and Klein, 2014) – see p.36.
- LGBT survivors. Below is a link to LGBT+ risk practice toolkit <https://safelives.org.uk/sites/default/files/resources/LGBT%20risk%20practice%20tool.doc>

### Record Keeping and Language

Social workers tell us that 80% of their time is spent on administrative tasks, which leaves little time for direct relationship based social work and reflective practice. It is crucial that social workers are able to record information succinctly and accurately, particularly when working with victims of domestic abuse, both in terms of recording evidence and analysing information.

We have created this [good recording guide](#) for social workers to promote best practice in this area.

- **For further information around language use in the recording of domestic abuse notes, please refer to both the Change that Lasts model on page 36, as well as the Top Tips section from Respect on page 27.**

## 9. EFFECTIVE PRACTICE MODELS AND SUPPORT



There are various models of intervention currently in use within England, which are designed to support women, children and men.

Below, we will summarise two, before discussing how best to access specialist support for survivors, and recommended perpetrator interventions.

### The Safe and Together™ Model

The Safe & Together™ Model is an internationally recognised suite of tools and interventions designed to help child welfare professionals become domestic abuse informed.

This child-centred model derives its name from the concept that children are best served when we can work toward keeping them safe and together with the non-offending parent (the adult domestic abuse survivor).

The Safe & Together™ Model provides a framework for partnering with domestic abuse survivors and intervening with domestic abuse perpetrators in order to enhance the safety and wellbeing of children. The Safe & Together™ approach can easily be imposed on our existing processes and systems – it simply requires us to think differently about what we already do.

It fits well with other models currently in use and encourages us to move away from looking at individual incidents of abuse, to identifying patterns of behaviour, and exploring their impact on the family.

The Safe & Together™ Model advocates that where children are involved, and their safety is being considered to keep the perpetrator's actions at the fore. Explore his parenting choices, identify how his actions are impacting on the family. Try to adopt a 'perpetrator pattern based approach' (Mandel, 2019)<sup>12</sup>. This is more than a 'perpetrator engagement' approach which has a limited

focus on the practice of finding and meeting with the perpetrator.

A perpetrator pattern-based approach is applied regardless of whether the perpetrator is engaged or not. It has the following characteristics:

1. the perpetrator's pattern of behaviour and choices are identified as the sole source of the harm to children caused by domestic abuse
2. the perpetrator is exclusively responsible for their own behaviours and choices
3. it applies high standards for men as parents, and
4. it understands the foundation of good child-centred domestic abuse practice rests on the ability to describe the specific behaviours of the domestic abuse perpetrator and their impact on child and family functioning.

**“WHEN DOMESTIC VIOLENCE IS THE CONCERN THE PERPETRATOR AND HIS BEHAVIOUR ARE THE FOUNDATIONAL SOURCE OF THE RISK AND SAFETY CONCERNS FOR CHILDREN NOT THE ADULT SURVIVOR OR HER BEHAVIOUR.”**

Try to hold a perpetrator pattern-based approach:

- At case conferences
- At core groups
- In case notes and reports
- In conversations with other professionals
- In conversations with family members

The Safe & Together Institute is dedicated to:

- Advancing inquiry, knowledge, practice and collaboration related to a perpetrator pattern based approach within the intersection of domestic abuse and children
- Developing a network of professionals, organisations and communities that work together to create domestic abuse informed child welfare and related systems



- It does this by providing:
  - Organisational Assessment & Consultation
  - CORE and Advanced Training
  - Mapping and Other Practice Tools
  - Coach and Trainer Certification
  - Advocate Certification
  - Data and Research
  - E-Courses

**For more information about The Safe & Together Model visit:**

[www.safeandtogetherinstitute.com](http://www.safeandtogetherinstitute.com)

**For online learning and resources visit:**

<https://academy.safeandtogetherinstitute.com>

**For Safe & Together Events in the UK visit:**

<https://safeandtogetherinstitute.com/events-main/Europe>

**Or contact Anna Mitchell, Safe & Together Institute UK Lead –**

[annamitchell@safeandtogetherinstitute.com](mailto:annamitchell@safeandtogetherinstitute.com)

# women's aid

## change that lasts

the right response to domestic abuse



### Change That Lasts

The Change That Lasts approach ensures that whoever a survivor comes into contact with, they are met with **strengths-based** and **needs-led** support, an understanding of the gendered nature of domestic abuse and an awareness of specialist services. It places the survivor at the heart of the response.

Change That Lasts is made up of three programme strands, Ask Me, Trusted Professional and Voices. Together, these schemes drive system change and ensure survivors get the right response the first time.



### Trusted Professional

Trusted Professional brings the Change That Lasts values and working practices to professionals who are already in contact with and trusted by survivors. The process of training to become a Trusted Professional is not about adding to workloads or distracting from existing responsibilities; it builds upon your knowledge to increase your understanding and confidence to better support survivors. Knowing more about domestic abuse can help you understand this client group better.

The time that professionals spend with survivors is maximised to create meaningful change by seeking support for the **needs that matter the most**. This process empowers both you as the professional, and the survivor.

Here are a few practical suggestions (from the Trusted Professional training) of how you can use a strengths-based, needs-led approach to respond to and support survivors. All Trusted Professionals should work from a position of 'do no harm'.



### Space for Action

The following diagram shows ten domains of a survivor's life where her space for action can be narrowed as a result of being in a coercive and controlling relationship. The lived experiences of domestic abuse will be different for each survivor and this is because of the personal information that an abuser holds over the survivor and the experiences they have shared. These restrictions on the survivor's freedom is often described as the most serious harm caused to them.



Diagram adapted by Women's Aid with permission from Liz Kelly, 2014

You can help to empower a survivor by asking strengths-based questions to better understand her needs and support her ability to expand her own space for action. Survivors are not passive victims and it is important to meet someone wherever they are at within their own understanding and journey.



Take time to acknowledge her strengths and coping strategies then use the relevant domains as a basis to review any changes or progress in future. It is important to do this alongside the survivor.

Here are some examples of questions to ask:

- Who do you trust/who makes you feel safe?
- When do you spend time away from (perpetrator)?
- Tell me about a challenging day that you've had and what helped you to get through it?
- What do/did you like doing in your free time?
- Tell me what you would do if you had full control over your money?

## Safety planning

There may be occasions where a survivor chooses not to work with a specialist domestic abuse service yet. This means that other professionals are required to think about how to negotiate with her to mitigate the risks posed by the perpetrator and work alongside her to identify a safety plan.

Within our strengths-based, needs-led approach, Women's Aid recognises the importance of assessing for harm that could be posed to a survivor and their children. However, this is just one step in the process of identifying what a survivor wants and how to address her needs.

Survivors should feel in control of their safety plan and feel that it is realistic as they are the best judge of what will work for them. The process should provide practical options so survivors can make informed decisions and the plan should be updated regularly to reflect the survivor's wishes.

## Strengths-based collaboration

A strengths-based approach to your work encourages you to help a survivor to assess her own needs and make her own decisions. It is also a way of positively disrupting the perpetrator's voice and manipulations and help build her confidence.

An example of a strength-based validation is reminding the survivor that they are doing the best they can and that the responsibility for the abuse lies with the abuser.

Here are some examples of how you can help survivors to build upon their resilience:

1: Search for strengths

Ask about her interests, hobbies, skills and who and what makes her feel good about herself.

2: Personal model of resilience

Identify obstacles and how she tackles these.

Obstacles are the window into resilience.

3: Apply the personal model of resilience

Identify problem areas in need of resilience. Focus on building resilience, not the outcome.

## Recording conversations

Here are some examples that show how important language can be when responding to a survivor:

Commonly used language	Explanation	Alternative for a Trusted Professional
'An Incident of domestic abuse'	We believe it is important to hold the perpetrator to account. This language hides the emotional impact of the abuse and hides emerging patterns.	Instead of focusing on incidents, try to describe emerging patterns. Make sure your notes join the dots between conversations and make the actions of the perpetrator visible.
'Relationship problems'	This language can hide the intensity of abuse and holds both parties accountable for the 'problems'.	Where you suspect domestic abuse, try to ask direct questions about fear and control to build an accurate picture and record this.
'Alleges'	This was introduced as a way of ensuring professional were not taking sides, but it implies disbelief of the account and can damage credibility.	Try 'states' or 'records' and where possible use the woman's own words in inverted commas to highlight the power of the account.

## Learn more

Building on the trusting relationship already established with survivors, the Trusted Professional training course focuses on the non-physical, coercive and controlling signs of domestic abuse. Trusted Professionals are provided with a practical toolkit to support needs-led conversations to help survivors.



## Specialist support for survivors

It is critical to emphasise the importance of independent advocacy and specialist support for the non-abusive parent; and the importance of working in partnership with the specialist Violence against Women and Girls and Gender-Based Violence sector. This includes the specialist services run 'by and for' Black and minoritised survivors, LGBTQi+ survivors, and disabled survivors.

### Local support services

These services can support survivors to think through their different options for example in relation to housing or applying for protective orders, provide support in child protection meeting, support them through the criminal justice system if they choose to report to the police, and support them with their mental wellbeing.

### **To find your local service:**

- Women's Aid England Directory of Local Domestic Abuse Services  
[www.womensaid.org.uk/domestic-abuse-directory](http://www.womensaid.org.uk/domestic-abuse-directory)
- Welsh Women's Aid Directory of Local Services  
[www.welshwomensaid.org.uk/information-and-support/find-your-local-service](http://www.welshwomensaid.org.uk/information-and-support/find-your-local-service)
- Rape Crisis Centres England and Wales  
<https://rapecrisis.org.uk/get-help/find-a-rape-crisis-centre>
- Imkaan Directory of 'By and For' Services for Black and minoritised women  
[www.imkaan.org.uk/get-help](http://www.imkaan.org.uk/get-help)
- LGBT+ DVA specialist services:  
[www.galop.org.uk/domesticabuse-national](http://www.galop.org.uk/domesticabuse-national)

### National helplines:

- England's National Domestic Abuse Helpline: 0808 2000 247
- Wales – 24hr Live Fear Free Helpline for Violence Against Women, Domestic Abuse and Sexual Violence: 0808 80 10 800
- CAIS All Wales Domestic Abuse Helpline: 0345 06 121 12
- Rape Crisis National Helpline (Sexual Violence): 08088 029 999
- Rights of Women's (legal advice):  
<https://rightsofwomen.org.uk/get-advice>

- Southall Black Sisters Helpline – a national helpline for Black and minoritised women and migrant women, including women with No Recourse to Public Funds (NRPF): 0208 571 9595 - Monday to Friday 9am-5pm
- Women's Aid Live Chat:  
<https://chat.womensaid.org.uk>
- Karman Navara helpline ('Honor' based abuse and forced marriage): [0800 5999 247](tel:08005999247)
- Sign Health: Text, email or video (BSL contact available):  
<https://signhealth.org.uk/contact>
- National LGBT+ Domestic Abuse Helpline (Galop) T: 0800 999 5428 E:  
[help@galop.org.uk](mailto:help@galop.org.uk)
- Men's Advice Line: 0808 8010327

## Effective support for survivors

It is crucial to compliment evidence-based models with practical support in order to meet the holistic needs of survivors. Below is a brief overview of housing support and legal support available to survivors in the UK.

### Housing options

As a social worker, you do not need to be an expert in housing, however it is important to have at least a basic understanding of options available to survivors so that you can inform them of their rights, and advocate on their behalf where necessary.

### **Local authority housing support:**

The local council must help with emergency housing if survivors are classed as [priority need](#). This is a complex area; however, priority need is automatically applied if:

- A survivor is pregnant or has children
- If the survivor is a care leaver under 21
- Shelter [provides information](#) on what support is available to survivors who may not be able to access help in the first instance due to residence or immigration.

### **Important facts to bear in mind:**

- Survivors fleeing their home due to domestic abuse can approach any council where they feel safe, and, cannot be referred back to their council of residence if there is a risk of violence.

- A housing officer of the same gender can be requested
- An interpreter can be requested if needed
- There is no obligation for survivors to report any incident from the police should they seek help from the council

### Refuge:

A refuge is a safe form of accommodation where those experiencing domestic abuse can stay free from fear. The majority are for women and children delivered by women's organisations. However Men's Advice Line provides information on options available for male victims. Refuge addresses (and sometimes telephone numbers) are confidential. There are over 500 refuge and support services in England, Scotland, Wales and Northern Ireland.

You can search for vacancies by contacting the Freephone National 24-hour Domestic Violence Helpline on 0808 2000 247. Alternatively, you can access Women's Aid's dedicated service for professionals seeking refuge accommodation and support for survivors: [www.womensaid.org.uk/dedicated-service-for-professionals](http://www.womensaid.org.uk/dedicated-service-for-professionals)

Refuge is a specialist service delivered by women's organisations.

There are several ways to safeguard survivors who choose to remain in their property, or who are unable to move for various reasons:  
**Safety measures at home**

The support offered to survivors will differ between local authorities – in some areas, a [Sanctuary Scheme](#) may be available, which is a multi-agency victim initiative enabling those at risk of domestic abuse to remain safely in their homes. Some examples of safety measures include:

- Installing a hidden alarm button
- Replacing or strengthening locks
- Strengthening resistance to doors, door frames and windows
- Installing fireproof letterboxes
- Dedicated mobile phones linking directly to the police to prioritising calls

If a survivor needs to contact the police but fears the perpetrator may overhear, they can use the '[silent solution](#)' to do so.

### Changing joint tenancies

The laws around changing tenancies depend on various factors, such as whether the accommodation is privately owned, relationships status, and more. Detailed advice can be found on a helpful guide from [Rights of Women](#), or by calling 020 7251 6577. Alternatively, those who are deaf or hard of hearing can use the [NGT Lite Text Relay app](#).

### Domestic Abuse Bill

Priority need legislation has changed in line with the domestic abuse act. Under previous legislation, victims of domestic abuse who were not in priority need for another reason, for example due to being pregnant or having dependent children, had to satisfy the vulnerability test by showing that they were 'vulnerable' as a result of fleeing domestic abuse in order to be identified as having a priority need. The new domestic abuse act gives victims of domestic abuse priority need status, without needing to fulfil the vulnerability test. Further information can be found at Homelessness – GOV.UK ([www.gov.uk](http://www.gov.uk))

### Legal orders

Anyone who has experienced domestic abuse can apply for an injunction, a court order as follows:

- **A non-molestation order:** This protects survivors and their children from being harmed or threatened by perpetrators.
- **Occupation order:** Decides who can live in the family home or enter the surrounding area – this is called an 'occupation order'

Anyone can apply online via <https://injunction.courtnav.org.uk/register>. Emergency orders can be requested through the application process if protection is required immediately – further information about what this looks like in practice can be found [here](#).

Other orders include:

- **A prohibited steps order:** This order can prohibit anyone with parental responsibility from taking away a child from the care and control of a survivor with parental responsibility (NCDV, 2020). Only someone with parental responsibility can apply. The Court will grant a prohibited steps order if it considers that order to be in the best interests of the child.
- **Restraining order:** If the police charges an abuser and the case goes to the criminal courts, the court may make a restraining order to protect a survivor. The criminal court can make the restraining order whether or not your abuser is found guilty. Further information available at [Rights of Women](#).

New Domestic Abuse Protection Orders have been introduced in line with the domestic abuse act. Further information can be found here: Domestic Abuse Protection Notices / Orders factsheet - GOV.UK ([www.gov.uk](http://www.gov.uk))

- **Please refer to p.17 for information on the destitution domestic violence concession (DDV).**

## Perpetrator interventions

Unfortunately, working with perpetrators of domestic abuse has the potential to increase harm toward survivors. Given the risk, such intervention must be delivered with the utmost caution and sensitivity. Interventions with perpetrators must always be delivered separately to work with a survivor'

To navigate risk, social workers are encouraged to check whether services are accredited by Respect, who have devised a set of working principles to ensure only safe and effective work with perpetrators takes place. Respect is a pioneering UK domestic abuse organisation leading the development of safe, effective work with perpetrators, male victims and young people using violence in their close relationships.

Social workers can find out whether services are Respect accredited, and access relevant resources [here](#).





## Why mediation should be avoided in Domestic Abuse cases

It is essential to recognise concerns about the inappropriateness of mediation in cases where there has been domestic abuse, especially when coercive and controlling behaviour is involved. Research by Feresin et al, 2018 has shown that mediation can help to maintain unequal power relations between ex-partners and can mistakenly conflate domestic abuse and 'parental conflict'. This helps to conceal domestic abuse and violence, while placing blame on survivors who are seen as 'difficult' or prioritising 'conflict' over their child's best interests.



### KEY MESSAGES

Three key messages from Respect (Domestic Abuse Organisation Developing Safe, Effective Work with Perpetrators, Male Victims and Young People who Use Violence)

- 1. Engage with the parent who is perpetrating domestic abuse and do so proactively and creatively. The parent perpetrating abuse should always be contacted as part of your work unless establishing contact with him will increase risks to the survivor and their children. If a decision is made not to engage with the abusing parent due to this, then this decision needs to be clearly noted with a defensible rationale.**

Effective engagement with those who perpetrate abuse needs to be reflected in both the number of contacts as well as the quality of contacts. A practitioner may have multiple discussions with an abusing parent but these need to have a focus on abusive behaviour in a manner that develops motivation to change and clearly places responsibility for the abuse with the abusing parent.

- 2. Accountability for the abuse, its impacts on the children and responsibility for ending the abuse should always sit with the perpetrator of that abuse and the language within case notes and allocation of actions within a case plan should reflect this.**

If the perpetrator's actions and abuse have had an impact on the survivor's parenting, mental health or substance misuse which in turn impacts on the children, then accountability for this harm should be evident in the case notes.

- 3. Avoid the use of vague and mutual language to describe the domestic abuse. For example, instead of there is a history of domestic abuse describe the abuse and its frequency, distinguishing between who is perpetrating the abuse and who is harmed and impact on the child's home life.**

■ Information on accredited services can be found on the Respect website, as can information about Respect's Safe and Together Partnership with London Boroughs of Hackney and Waltham Forest.

Perpetrators can seek help from 9am-8pm through the hotline: 0808 802 4040 or via email on

[info@respectphoneline.org.uk](mailto:info@respectphoneline.org.uk)





# 10. CHILDREN AND YOUNG PEOPLE



Children experience domestic abuse in different ways. It is estimated that children witness about three-quarters of abusive incidents in relationships where there is domestic abuse (Royal College of Psychiatry, 2020). Of this number, half have themselves been badly hit or beaten, and sexual and emotional abuse is more likely to occur in these families (ibid).

All children who witness domestic abuse are being emotionally abused, and this is now recognised as 'significant harm' in legislation (Radford et al, 2011). Please see caveat on changes to the definition in line with the domestic abuse bill on p51.

Children are affected by domestic abuse in different ways; however, some common traits have been identified according to age group (Royal College of Psychiatry, 2020):

### Common to all children:

- May develop Post-Traumatic Stress Disorder
- Nightmares
- Flashbacks
- Becoming 'jumpy'
- Headaches
- Physical pains
- Difficulties concentrating on school or school refusal

### Younger children:

- Tummy aches
- Bed wetting
- Difficulties sleeping
- Difficulty separating from non-abusive parent when going to school or nursery
- Demonstrating behaviours which may be expected of children at an earlier stage of development

### Older children:

The Royal College of Psychiatry (2020) suggest that girls and boys may respond differently (though of course there may be individual differences, and it is important to remember that many children are non-binary).

### Girls may be more likely to:

- Keep their distress inside
- Become withdrawn
- Become anxious or depressed
- Think badly of themselves
- Develop an eating disorder
- Self-harm through cutting or taking overdoses
- Report vague physical symptoms
- Enter into a relationship with an abusive partner

### Boys may be more likely to:

- Express distress more outwardly
- Act aggressively
- Refuse to follow instructions
- Imitate violent behaviours to solve problems
- Refuse to go to school
- Use alcohol or substances as a way of blocking out disturbing memories

The impact of domestic abuse on children can have long-term affects; children who have witnessed abuse are more likely to become involved in such a relationship themselves (ibid). Of course, not all patterns are repeated, and many children grow up to develop healthy, respectful relationships. Early intervention is crucial to minimise the long-term harms that domestic abuse can cause to children and young people. This will enable children to learn about what constitutes a healthy, loving relationship, whilst also providing an opportunity for safety planning

**When working with children, social workers should seek to:**

1. **Validate a child's experiences and emotions.** Simply acknowledging a disclosure – and indicating that a child is believed – can be significant for children who may have had their experiences minimised by perpetrators.



2. **Reassure a child that the abuse is not their fault.** This can help to reduce unwarranted guilt or shame, which the child may have internalised.

3. **Create protective networks around children.** Whilst maintaining confidentiality is important, it is imperative that key professionals in the child's life are made aware of presenting risk on a need-to-know basis. Serious case reviews consistently find that poor communication sharing between multi-agency professionals is a compounding factor that can lead to the serious harm, abuse or death of a child (Home Office, 2014). It is also critical to signpost to local, specialist support services for children and young people where available'.

4. **Ensure school is a positive safety net, rather than an unintentionally oppressive environment.** Research shows that the adverse effects of domestic abuse extend to educational performance. Therefore, if teachers are made aware of risk, not only can they support the safeguarding process, but they are also less likely to further penalise a child for poor performance, behaviour arising due to distress, or a reduced ability to pay attention in class. School should be a respite from stress and emotional harm, rather than a contributing factor. Social Workers should also encourage schools to actively work with [Operation Encompass](#), a police and education early information sharing partnership enabling schools to offer immediate support for children and young people experiencing domestic abuse.'

5. **Actively include the child in safety planning.** Social workers should use their expertise to tailor the activities below to the needs, learning styles and interests of the children concerned, working with professionals such as speech and language therapists or teachers where necessary. Research shows listening to children and involving them in planning and decision-making can have a positive impact on their ability to cope (Mullender et al, 2002).

Examples of safety plans (which can be adapted as necessary) can be found on the following pages: To compliment safety planning, a host of resources can be found at '[The Hide Out](#)', a space to help children and young people to understand domestic abuse and take positive action, designed by Women's Aid.

### Strengthening and Repairing Relationships between the non-abusive parent and children

The most important protective resource to enable a child to cope with exposure to violence is a strong relationship with a competent, caring, positive adult, most often a parent, (Osofsky, 1999). It is therefore in the child's best interest to strengthen, and if necessary, repair their relationship with the non-abusive parent.

Repairing relationships ought to be achieved in a way which does not put the onus on the non-abusive parent as the 'problem'. Rather, the responsibility for the perpetrator's behaviour should be placed firmly with the perpetrator.

Social workers are encouraged to refer to interventions which effectively support the non-abusive parent (usually the mother) and child together eg: *Safe And Together*; , as well as *'You and Me Mum'*, developed by Women's Aid Federation Northern Ireland. This is a ten-week programme for mothers with experiences of domestic and sexual abuse. It aims to empower and support survivors in furthering their understanding of their role as mothers and in addressing the needs of children and young people who have lived with domestic abuse. An evaluation of *You and Me Mum* conducted in Northern Ireland outlines the positive impacts that the programme has on the whole family unit. The programme has delivered benefits to children, young people and mothers - including supporting mothers to respond to the needs of their children and helping them to come to terms with the abuse they have experienced." (<https://www.womensaid.org.uk/what-we-do/training/facilitator-training/mum-facilitation-programme>)

4-11 years old

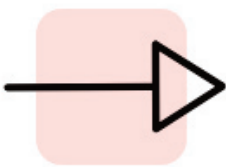
# Superhero Safety Sheet

My name is \_\_\_\_\_

My superpower is \_\_\_\_\_

Even the most super of superheroes need help sometimes. If you're scared or worried about something, it is okay to tell someone or ask for help - no matter how big or small the scary thing is!

If people you know say or do angry things, it is not your job to save the day. And it is not your fault! Here are three things you can try to do:



1. Try to get out of the way



2. Go to a safe spot. At home this is \_\_\_\_\_  
Outside of home this is \_\_\_\_\_



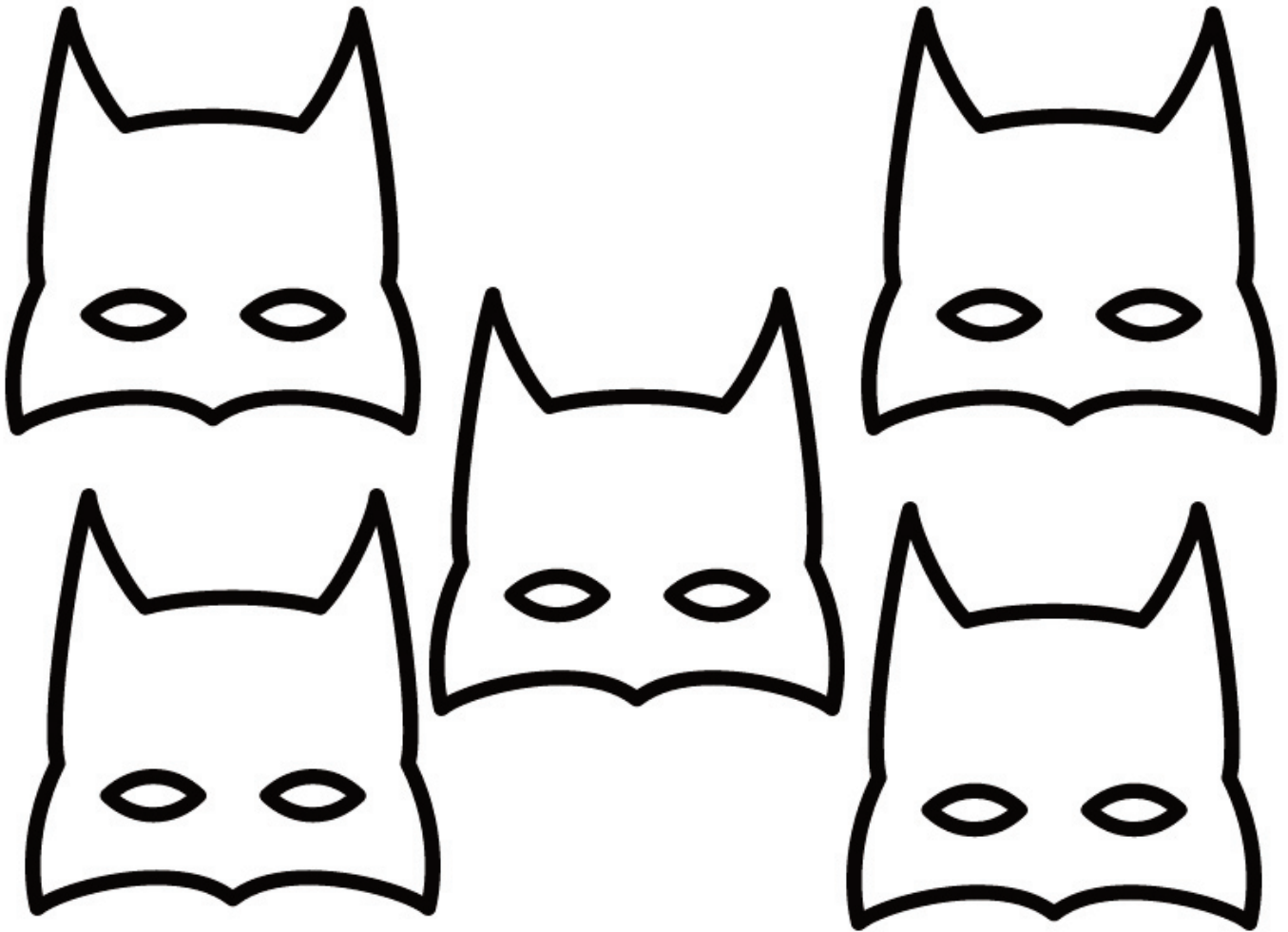
3. Call 999 if it is safe. Say your name, address, and what is going on.

Blank light blue area for writing a list of superheroes.

Here is a list of the superheroes in my life at home, school or elsewhere. Okay, so they might not have REAL superpowers, but these people make me feel safe. I know I can talk to them if something is wrong.

## 4-11 years old

Sometimes we hide our emotions, like wearing a mask. Can you design masks showing different types of feelings?



When was the last time you felt each of these?

How does your body feel at the time? What are the signs your body gives you to tell you that you might need help in that moment?

Next time I feel \_\_\_\_\_, I will tell \_\_\_\_\_

Here are some super cool things about me:

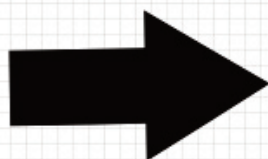




11+ years old

# Safety Plan

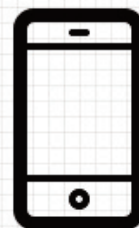
If you feel scared & unsafe at home, it is never your fault. Here are 3 things you should try to do if you or someone else is at risk:



Move out of the way



Go somewhere safe.  
At home this is \_\_\_\_\_.  
Outside, this is \_\_\_\_\_.



If it is safe, call the police. Say your name, address, and what is going on.



My top likes

- 
- 
- 
- 
- 



My top dislikes

- 
- 
- 
- 
- 



I would describe myself in these 5 hashtags:

- #
- #
- #
- #
- #

Write a list of people you could tell if you needed support.

▶ Emergency contacts

▶ Professionals

▶ Family/guardians and carers

▶ Friends

Agree a code word or emoji you can use to communicate if you're not safe, and share this with those above

# 11+ years old



## Mapping

Print out a map/find one on your phone of your area. Put a green dot next to places you feel safe, a red dot next to places you don't, and an orange dot next to places that are sort of in the middle.

## Emoji faces

Emojis are a great way to share how we're feeling without even saying a word. When was the last time you felt like these? Feel free to use your own emojis instead!



## Socials Challenge

Research says we remember stuff we teach others. If you had to teach other teenagers about how to stay safe, what would you tell them? Come up with a Tik Tok/Music Video/Photo Collage with your social worker. This will be deleted afterwards!



## Domestic abuse and young people's relationships

It is important to remember that domestic abuse is an umbrella term that captures different forms of abuse including young people's experiences as victims/survivors and as perpetrators (rather than as witnesses to family violence when occurring between the adult carers). What is apparent and alarming, is that young people experience domestic abuse at rates that are equivalent to adults (Stonard et al., 2014). In 2009 a report by Barter et al., based on research commissioned by the NSPCC, drew sharp attention to this very issue. The study surveyed and interviewed 1,353 young people aged 13-17 years old representing eight secondary schools across England, Wales and Scotland.

The study found that 88% of young people surveyed had experienced some form of intimate relationship with 22% experiencing moderate physical violence (pushing, slapping or holding down) and 8% experiencing more severe physical violence (punching, strangling, using an object). Emotional abuse was reported to be high with around three-quarters of the girls and around half of boys reporting some experience of emotional maltreatment. One in three girls and 16% of boys reported some form of sexual abuse from an intimate partner. Whilst Barter et al.'s study found that both girls and boys were victim/survivors of domestic abuse, a gender bias was noted as it was clear that 'girls, compared to boys, reported greater incidence rates for all forms of violence' (Barter et al., 2009: 4)

In the decade since Barter et al.'s report there have been several studies detailing young people's experiences (see Stanley and Humphreys, 2015) which have supported the original findings. There is also more evidence that describes adolescent-to-parent violence and research in which young people report experiencing abuse through digital technologies and social media (Hellevik et al., 2015). Despite this there remain policy and practice gaps and a report by SafeLives (no date) advocate for better training for children's social workers to understand the dynamics of domestic abuse for young victim/survivors and those who harm, as well

as to have clarity about how to refer into MARAC. Social workers should seek to:

- Make time to engage with the young person in the way they feel most comfortable, for instance meeting them in the value or place of their choice.
- Recognise that the young person may not have a basic understanding of healthy or unhealthy relationships or their rights within the context of an intimate relationship.
- Recognise that you might need to use some of the usual tools in working with domestic abuse, e.g. safety planning.
- Consider a holistic approach in that domestic abuse is not the issue discussed and considered – other aspects of the young person's life should be taken into account (such as adverse circumstances, social network, resilience and coping).
- Discuss the role of the parent or carer in agreeing a way forward, in completing a risk assessment, creating a safety plan, or in sharing information.
- Ensure that the young person understands confidentiality in terms of safeguarding and your legal duty as a social worker.
- **Further information on educating teenagers about domestic abuse can be found at <https://loverspect.co.uk> as well as on the 'Expect Respect' toolkit on [www.womensaid.org.uk/what-we-do/education-and-public-awareness/expect-respect](http://www.womensaid.org.uk/what-we-do/education-and-public-awareness/expect-respect)**









## Domestic Abuse Act

The Domestic Abuse Act which was passed in April 2021 creates a statutory definition of domestic abuse, emphasizing that domestic abuse is not just physical violence but can also be emotional, coercive, controlling, and economic abuse. In addition, priority need status for housing has changed (see p.41 for details) - As part of this definition, children are now explicitly recognised as victims in their own right. Other measures in the Act include:

- 1.** A recognition that children who live in a home where domestic abuse takes place are victims in their own right, as opposed than witnesses. A child who sees or hears, or experiences the effects of, domestic abuse/is related to the person being abused or the perpetrator is regarded as a victim.
- 2.** A duty on local authorities in England to provide support to victim-survivors of domestic abuse and their children, in safe accommodation.
- 3.** Increased protections for families impacted by domestic abuse under Domestic Abuse Protection Orders and the Domestic Violence Disclosure Scheme (see page 40).
- 4.** An extension of victim protections to young people aged 16 and over. The minimum age for a person to be classed as a victim of domestic abuse by a partner was lowered to 16 in 2020, which means every element of the Act affects young people aged 16 and above. This includes strengthening rules around controlling or coercive behaviour, targeting revenge porn and ending the "rough sex defence" in court.
- 5.** All eligible homeless victims of domestic abuse, aged 16 and above, are given "priority need" for homelessness assistance.

# LINKS TO OTHER RESOURCES

## Black and minoritised communities

<https://southallblacksisters.org.uk/need-help/abused-women-with-no-recourse-to-public-funds>

Information as to how to support women with no recourse to public funds

<https://southallblacksisters.org.uk/need-help/abusive-relationship/>

Information for survivors as to how to leave an abusive relationship

<https://karmanirvana.org.uk/child-marriage-report-stories>

Report on child marriage in England and Wales

[www.dofeve.org](http://www.dofeve.org)

Information around FGM (female genital mutilation), as well as signposting to relevant services

### About – Step Up Migrant Women

Support for migrant women reporting domestic abuse

[www.forwarduk.org.uk](http://www.forwarduk.org.uk)

African-women led organisation working to end VAWG and FGM

[www.dashriskchecklist.co.uk/honour-based-abuse](http://www.dashriskchecklist.co.uk/honour-based-abuse)

Screening questions to support victim/survivors of so-called honour abuse

[www.imkaan.org.uk](http://www.imkaan.org.uk)

Provides support for Black and minoritized women, including specialised resources and reports for professionals

[www.imkaan.org.uk/get-help](http://www.imkaan.org.uk/get-help)

Provides a list of 'by and for' local services

## Children

[www.nspcc.org.uk/what-is-child-abuse/types-ofabuse/domestic-abuse](http://www.nspcc.org.uk/what-is-child-abuse/types-ofabuse/domestic-abuse)

Advice and information if you're worried about a child who might be experiencing domestic abuse

<https://thehideout.org.uk>

A space to help children and young people to understand domestic abuse, and how to take positive action

[www.womenshealth.gov/relationships-and-safety/domestic-violence/effects-domestic-violence-children](http://www.womenshealth.gov/relationships-and-safety/domestic-violence/effects-domestic-violence-children)

Information around the effects of domestic abuse on children.

[www.cedarnetwork.org.uk/for-practitioners/mikey-jools-animation](http://www.cedarnetwork.org.uk/for-practitioners/mikey-jools-animation)

An animation aimed at children who find themselves in unsafe situations without knowing what they can do to protect themselves.

## Deaf victim/survivors

<https://signhealth.org.uk/with-deaf-people/domestic-abuse>

Accessible resources for deaf survivors

<https://signhealth.org.uk/for-professionals/domestic-abuse-service>

Advice for professionals supporting deaf survivors

## Young People

<https://loverespect.co.uk>

Provides advice about relationships and abuse for young people.

<https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf>

A report pertaining to young people and domestic abuse in the UK

## Men

### Men's Advice Line

Line (ran by Respect) 0808 801 0327

<https://mensadviceline.org.uk/wp-content/uploads/2020/01/Respect-Toolkit-for-Work-with-Male-Victims-of-Domestic-Abuse-2019.pdf>

Research on men's experiences and needs, case studies, assessment forms and more for professionals supporting male victim/survivors.



## Multiple Disadvantage

<https://avaproject.org.uk>

Information with a view to ending gender-based violence by championing evidence-based change.

**Home - Agenda ([weareagenda.org](http://weareagenda.org))**

Support for women and girls at risk of abuse, poverty, poor mental health, addiction, homelessness and contact with the criminal justice system.

## LGBTQI+

[www.galop.org.uk](http://www.galop.org.uk)

Galop is a national service which provides confidential and independent advice and support for LGBT+ people who have experienced domestic abuse, hate crime and/or sexual assault, abuse or violence.

## Older People

[www.wearehourglass.org](http://www.wearehourglass.org)

Hourglass are working to protect older people from all forms of harm, abuse and neglect, including domestic abuse.

[www.safelives.org.uk/spotlight-1-older-peopleand-domestic-abuse](http://www.safelives.org.uk/spotlight-1-older-peopleand-domestic-abuse)

A spotlight on older people who experience domestic abuse. Website includes link to their report which has policy and practice recommendations.

[www.iriss.org.uk/resources/esss-outlines/olderwomen-abuse](http://www.iriss.org.uk/resources/esss-outlines/olderwomen-abuse)

Allcock, A (2018) Older women and domestic abuse. ESSS Outline, IRISS.

[www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/id204298-domestic-abuse-a5-booklet.pdf](http://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/id204298-domestic-abuse-a5-booklet.pdf)

Pamphlet made by Women's Aid and Age UK

## Stalking and Harassment

[www.dashriskchecklist.co.uk/stalking](http://www.dashriskchecklist.co.uk/stalking)

Screening questions to support victim/survivors of stalking and harassment

<https://paladinservice.co.uk>

Resources to support victim/survivors of stalking and harassment

## Women in Prison

[www.womeninprison.org.uk](http://www.womeninprison.org.uk)

## Women

[www.womensaid.org.uk/the-survivors-handbook](http://www.womensaid.org.uk/the-survivors-handbook)

Provides practical support and information for women experiencing domestic abuse, with simple guidance on every aspect of seeking support.

<https://avaproject.org.uk>

Information with a view to ending gender-based violence by championing evidence-based change.

<https://chayn.co>

<https://rapecrisis.org.uk>

Rape Crisis Centers

## Women with disabilities

<http://staysafe-east.org.uk/index.php/domestic-abuse-risk-assessment-for-disabled-survivors>

Domestic abuse risk assessment for disabled survivors

**Spotlights: Hidden victims | Safelives**

A spotlight, including case studies, on the particular experiences of disabled women experiencing domestic abuse.

[www.sisofrida.org/about](http://www.sisofrida.org/about)

Sisters of Frieda

## Women with Learning Disabilities

<http://staysafe-east.org.uk/wp-content/uploads/2017/04/easyread-information-august-2015-pdf-version.pdf>

Easy to read information for people who may be experiencing domestic abuse as to how to stay safe and who to contact for support.

[www.choicesupport.org.uk/about-us/what-we-do/supported-loving/supported-loving-toolkit/domestic-violence-and-women-with-learning-disabilities](http://www.choicesupport.org.uk/about-us/what-we-do/supported-loving/supported-loving-toolkit/domestic-violence-and-women-with-learning-disabilities)

A toolkit around how best to support victim/survivors with learning disabilities.

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