

DOMESTIC ABUSE HANDBOOK

SUPPORTING CHILDREN AND FAMILIES ACROSS DERBY AND DERBYSHIRE

All agencies work together to keep children and young people safe.



Derby and Derbyshire Safeguarding Children Partnership

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Foreword

Domestic abuse remains one of the most complex and devastating challenges facing children and families across Derby and Derbyshire. As Chair of the DDSCP Domestic Abuse Thematic Subgroup, I am proud to introduce this handbook, which represents a collective commitment from our partnership¹ to safeguard children and young people affected by domestic abuse.

This resource has been developed to support practitioners across all agencies in recognising the profound impact domestic abuse has on children including unborn babies and to equip them with the tools, knowledge, and confidence to respond effectively. It draws on learning from statutory reviews, lived experiences of children, and best practice across the sector, placing the voice of the child at the heart of our response.

Domestic abuse is not always visible, and its effects are often long-lasting. Children may live in fear, confusion, and silence, and it is our duty to ensure they are seen, heard, and supported. This handbook promotes a trauma-informed, multi-agency approach that prioritises safety, strengthens professional curiosity, and fosters coordinated interventions that make a real difference.

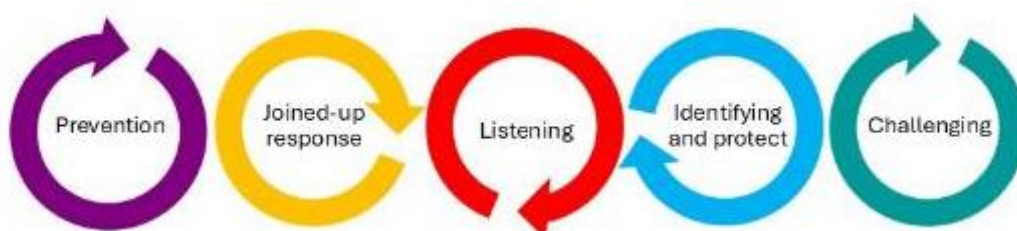
While some tools and assessments are tailored for specific agencies and may not be suitable for wider use, it is vital that all practitioners understand the roles and responsibilities of their partner organisations. This shared understanding fosters a more joined-up, informed response. This handbook clearly identifies which resources are universally accessible and which are agency specific.

I want to thank all those who contributed to the development of this handbook. Your dedication to improving outcomes for children and families is evident throughout. I encourage all practitioners to use this resource not only as a guide, but as a catalyst for reflection, collaboration, and action.

Together, we can continue to build a system where children are protected, empowered, and given the opportunity to thrive free from the harm of domestic abuse.

Detective Chief Superintendent Kerry Pope
Chair of the DDSCP Executive Board and Domestic Abuse Thematic Subgroup

¹ The [DDSCP Vision](#) is achieved by all agencies working together to keep children and young people safe by applying the values of tenacity, curiosity, openness and respecting differences.



Chapter 1 – A Multi-Agency Approach

PRACTICE TO STRENGTHEN THE WORK OF PRACTITIONERS SUPPORTING CHILDREN AND YOUNG PEOPLE



Chapter 1: A Multi-Agency Approach

Domestic abuse is a complex issue that affects individuals, families, and communities. A coordinated, trauma-informed, and child-centred response across agencies is essential to protect children and improve outcomes. This section outlines the foundations of a multi-agency approach and the shared responsibilities of professionals working with children and families.

1.1 Introduction

Domestic abuse can manifest in various forms, each with significant impacts on victims. Understanding these forms and recognising the signs early is crucial for intervention and support. Anyone can be affected by domestic abuse, and it can manifest itself in different ways within different communities. Whilst both men and women can be affected by domestic abuse, women disproportionately experience domestic abuse.

Domestic abuse is significantly under reported as there can be many barriers to disclosing abuse, accessing services, and securing criminal justice outcomes. Domestic abuse is complex and can go unidentified by agencies, families, and friends, and those experiencing domestic abuse may not recognise the behaviour is abusive. The impact of domestic abuse on victims can be profound and long-lasting. It can lead to physical injuries, mental health issues such as depression and anxiety, and a loss of self-esteem, with victims also experiencing social isolation and financial instability.

Practitioner tip: Be alert to subtle signs and barriers to disclosure — domestic abuse is often hidden.

1.2 Impact on children

Unborn babies, children and young people experiencing domestic abuse, can spend their whole childhood living in a constant state of anxiety, resulting in long-term consequences on their health, emotional, psychological, and behavioural development. Domestic abuse may start or escalate during pregnancy (please refer to the section on [routine enquiry](#)). Their education and learning may be affected negatively, along with friendships and other social relationships. They may struggle to regulate and control their emotions and exposure during early childhood can result in trauma, persisting in adulthood (Cleaver, 2025 and Dye, 2018).

- Approximately 20% of children in the UK live with domestic abuse.
- Assaults on an expectant mother are associated with increased rate of miscarriage, stillborn and premature birth, and foetal brain injury.
- Exposure to domestic abuse can affect all aspects of a young child's health and development.
- Children may spend their whole childhood in a constant state of anxiety.

- The impact of domestic abuse can last a lifetime, affect education, and job opportunities, friendships, and mental and physical health (Clever, 2025).

Practitioner tip: Always consider the child’s lived experience, even if they are not the direct target of abuse.

1.3 Voice of the child

Listening to children is central to effective safeguarding practice. Capturing their views, feelings, and experiences must inform all decisions. Article 12 of the UN Convention on the Rights of the Child establishes a child’s right to be listened to and taken seriously when decisions are made affecting them. Reinforced by national legislation and guidance such as the [Children Act 1989](#), which encourages professionals to consider a child’s legal status, rights and entitlements.

Children within Derbyshire domestic abuse services, supported by specialist workers, voice to us that being believed is the at the heart of what they need from professionals. They are usually scared, worried about consequences of speaking to professionals, embarrassed about what is happening in their family, and so disclosing domestic abuse is significant.

Children tell us that being listened to and being reassured that they are not to blame for domestic abuse (they couldn’t have behaved better, couldn’t have done something different that would have stopped their parent being hurt, didn’t annoy somebody – they have not caused abuse in their home), is what helps from adults when they disclose.

A feeling of powerlessness is common with the children supported. They want professionals to be honest, to keep them informed, to be consistent. Children tell us that, especially after they have first told somebody about domestic abuse, there can be lots of people coming to see them, asking the same questions, often never seen again. Children often do not know who is coming to see them and why. It is overwhelming and feels like lots of things are happening to them and their family because of what they have said.

Multiple referrals to different services, all with their own assessments and obligations, is not child focused and is scary. What would help children is that there is a consistent professional that they trust, to help them to understand what is happening. Making a targeted referral to specialist services, rather than a number of referrals at the same time to see who might be able to offer support first, does not help children, because they can be left without the right support at the right time, or inundated by professionals trying to assess what help they might offer.

Children’s Voices: What Helps and What Hurts in the Context of Domestic Abuse

Research conducted by the [Domestic Abuse Commissioner \(2025\)](#) captures the perspectives of children and practitioners on what supports, and what undermines children's recovery from domestic abuse.

Children consistently emphasised the need for both physical and emotional safety, alongside access to trusted adults who would listen without judgement and believe their experiences. They highlighted that their accounts of abuse may differ from those of parents, carers, or siblings, and that these differences should be respected rather than dismissed.

Many children described feeling burdened by unfair expectations from adults, particularly when navigating trauma. Their views were often sidelined or treated as secondary to adult perspectives. In some cases, children felt they had to suppress their voices or wait for permission to speak.

They called for practitioners to acknowledge the inherent power imbalance between adults and children, and to actively work against it. Confidentiality and control over personal information were also key concerns; children wanted to decide what details about themselves, or their families were shared, and with whom.

Children expressed a clear preference for support from professionals who are experienced in domestic abuse, kind, respectful, and skilled in listening. They did not want information about abuse or healthy relationships to come from regular teachers, but from specialists with appropriate knowledge and sensitivity.

Finally, they asked for greater choice in how support is delivered, including the length, location, and format of interventions, whether one-to-one or in groups, so that recovery could be shaped around their individual needs.

Children tell us they need:

- To be listened to and believed.
- Reassurance that they are not to blame.
- Consistent, trusted professionals who explain what is happening.
- Control over their personal information.

Challenges they face:

- Fear of consequences after disclosure.
- Embarrassment or shame.
- Overwhelm from multiple professionals and repeated questioning.

Practitioner tip: Make targeted referrals and avoid duplication — children need clarity, not confusion.

Refer to: [NSPCC's](#) nine practice points for hearing the voice of the child.

1.4 Diversity and inclusion

Domestic abuse affects people differently based on their identity and circumstances. Practitioners must adopt inclusive, culturally competent approaches.

Considerations:

- Ethnicity, culture, and language
- Disability and neurodiversity
- Gender identity and sexual orientation
- Immigration status and systemic barriers

Best practice:

- Use professional interpreters—never children, family, or friends.
- Refer to specialist services (e.g. Galop, Hadhari Nari, Refuge).
- Respect confidentiality and autonomy.

Practitioner tip: Intersectionality matters — tailor support to individual needs.

1.5 Trauma Informed Approach

A trauma-informed approach recognises the lasting impact of abuse and prioritises safety, empathy, and empowerment.

Principles:

- Shift from “What’s wrong?” to “What happened?”
- Recognise signs of trauma and cumulative harm.
- Promote resilience through strength-based support.
- Understand the impact of Adverse Childhood Experiences (ACEs).

Statistic: Individuals with 4+ ACEs are significantly more likely to experience poor outcomes in adulthood (Safer Lives 2020).

Practitioner tip: Early intervention can break cycles of harm — know your families well and aim to develop trusting relationships at the first available opportunity.

1.6 Think Family Approach

Domestic abuse can affect people of all ages, including older adults. Age-related factors such as frailty, cognitive impairment, and reliance on the perpetrator for care

may make disclosure or intervention more complex. Practitioners should remain alert to these issues and apply adult safeguarding duties where appropriate. Under the [Care Act 2014](#), domestic abuse is recognised as a form of abuse that adults with care and support needs may experience.

Key actions for practitioners:

- Identify wider family risks and strengths to understand the broader context.
- Share information across children's and adult services to ensure coordinated safeguarding ([Adult safeguarding decision making guidance - Derby and Derbyshire Safeguarding Adults Boards](#))
- Coordinate support using a whole-family lens to address risks and build resilience.

Practitioner tip: Use joint assessments and planning to ensure no one in the family is overlooked. Watch: [Think Family – Royal Wolverhampton NHS Trust \(YouTube\)](#).

1.7 Parental Conflict

The difference between 'Parental Conflict' and domestic abuse: Some level of disagreement between parents is a normal part of everyday life. However, research shows that frequent and unresolved inter-parental conflict can significantly affect children's mental health and long-term outcomes.

Definition and Impact of Parental Conflict: Parental conflict can be either constructive or destructive. Constructive conflict involves respectful disagreement that strengthens relationships. In contrast, destructive conflict is frequent, intense, and poorly resolved—often causing emotional harm and relational strain.

Damaging conflict may take many forms, including persistent arguing, prolonged silence, disrespectful communication, defensiveness, unresolved issues, criticism, and personal attacks. These behaviours, especially when ongoing, can create a hostile environment that negatively affects children's wellbeing.

Importantly, conflict can impact children across all types of parental relationships. This includes parents who are together (married or unmarried), those who are separated or divorced, biological and stepparents, foster and adoptive parents, same-sex couples, and extended family members who take on a parenting role.

Indicators of parental conflict: Practitioners may observe several signs from an adult or child, indicating parental conflict. These can be similar to those exhibited by experiences of domestic abuse. These signs can be physical, emotional, behavioural, and situational.

Parental Conflict is not Domestic Abuse: When addressing parental conflict in a relationship, practitioners should continue to be vigilant and confident there are no

indicators of domestic abuse, including fear, imbalance of power and controlling behaviour. If there are signs of controlling behaviour that adversely affects one person in a relationship, this can be an indicator of an abusive relationship.

Practitioner tip: Be vigilant — parental conflict does not mask signs of coercive or controlling behaviour.

Support available: The Reducing Parental Conflict (RPC) programme has provided both Derby and Derbyshire local authorities with the opportunity to design and deliver practitioner training and produce a range of resources (tools / intervention) to support practitioners in their work with families.

Tools include supporting to identify the presence and extent of conflict, the impact on a child, appropriate strategies to help understand and reduce destructive behaviours. The DDSCP provide an e-learning course on parental conflict.

Refer to: Reducing Parental Conflict (RPC) programme and DDSCP e-learning.



Chapter 2:

Understanding domestic abuse



Discover more about the types and indicators of domestic abuse, the barriers to disclosure and how to identify domestic abuse using local responses and pathways.

Chapter 2: Understanding domestic abuse

This section provides a foundational understanding of domestic abuse – what it is, how it manifests, and how it affects children and families. It equips practitioners with the knowledge to identify abuse, understand its complexity, and respond appropriately.

2.1 Definition and Legal Context

Domestic abuse is defined under the [Domestic Abuse Act 2021](#) as abusive behaviour between individuals aged 16 or over who are personally connected. This includes intimate partners, ex-partners, family members, or those sharing parental responsibility. There is no requirement for them to reside within the same household.

The Act also recognised that children affected by domestic abuse should automatically be treated as victims regardless of whether they were present during the domestic abuse.

Abusive behaviour includes:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse (e.g. restricting access to money or resources)
- Psychological, emotional, or other forms of abuse

Key point: Abuse may consist of a single incident or a pattern of behaviour. It can be directed at others (e.g. children or pets) to exert control over the victim.

While domestic abuse is not itself a specific criminal offence, related offences could include but are not limited to controlling or coercive behaviour, harassment, stalking, criminal damage, physical assault, sexual assault, rape, and murder.

Domestic abuse can encompass a wide range of behaviours and can involve abuse facilitated and perpetrated online or offline. The perpetrator's desire to exercise power and control over another is at the centre of abusive behaviours. Those who experience domestic abuse can experience a wide range of abusive behaviours simultaneously, where perpetrators can use different tactics to gain power and control.

Understanding the causes of domestic abuse is important because although power and control may be at the centre of abusive behaviours there are a whole range of triggers to this which may be conscious or unconscious to the perpetrator and driven by their own experiences as children and have longstanding histories of abuse and trauma, mental health and substance use.

The power and control wheel (Duluth) shows some of the ways in which a perpetrator gains and exhibits their control over the victim. Where the model states ‘her’ the victim could also refer to being a male. If any of these examples exist, then it is an indicator that coercive control is being perpetrated. The Duluth wheel has been expanded to incorporate other forms of domestic abuse and resources are [available](#) for practitioners to access.



www.thedeluthmodel.org

2.2 Types of Domestic Abuse

The [Domestic Abuse: Statutory Guidance](#) provides descriptions and examples of a range of abusive behaviours to help with identifying domestic abuse, the types of domestic abuse and the different experiences, needs and related considerations.

Types of abuse include:

- **Intimate partner abuse** - Domestic abuse most commonly takes place in intimate partner relationships/ex-relationships, including same sex relationships.
- **Teenage relationship abuse** – Children and young people can experience domestic abuse within their relationships however they or their parents or carers may not identify it as such. It has the same potential to be harmful and life threatening as abuse in adult relationships. Abuse involving those under 18 is a safeguarding issue, even if the child experiencing abuse and the child causing harm are at least 16 years old and fall under the statutory definition of domestic abuse. More information on [Children who Present a Risk of Harm to Others](#) is available in the procedures.
- **Family member abuse** - by children, grandchildren, parents, those with “parental responsibility”, siblings, or extended families including in-laws. Abuse may be perpetrated towards a victim by more than one relative and can encompass a number of different harmful behaviours, including [so-called ‘honour based’ abuse](#), [forced marriage](#) and [female genital mutilation \(FGM\), Forced Marriage Procedure](#).
- **Child-to-parent abuse** - commonly referred to as [Adolescent to Parent Violence/Abuse \(APV/A\)](#) can involve children of all ages, including adult children, and abuse toward siblings, grandparents, aunts, uncles as well as other family members such as those acting as kinship carers.
- **‘Honour’-Based Abuse, Forced Marriage, and FGM:** Often rooted in cultural or familial control.

Note: Abuse involving individuals under 18 years is a child safeguarding issue, even if the child is 16 years of age or over and fall under the statutory definition of domestic abuse.

It is a complex process to identify children as victims and/or perpetrators of harm and abuse, and difficult for parents to manage risk when the options may include reporting their own children to the police and statutory agencies. Prevention and intervention advice can be sought from commissioned domestic abuse services.

Practitioner tip: Where children's behaviours are a concern, especially when they are harming themselves, displaying violence or neglecting their personal needs, we should understand these behaviours in the context of their experience of domestic abuse to ensure that the most appropriate response is formed.

The [Domestic Abuse: Statutory Guidance](#) provides descriptions and examples of a range of abusive behaviours to help with identifying domestic abuse, the types of domestic abuse and the different experiences, needs and related considerations. Additional guidance is available on [controlling or coercive behaviour](#). Coercive Control has a pervasive effect on children and is damaging to their emotional, psychological, and physical health and the longer they have lived it, the greater is the likelihood of long-term harm. Children live the experience as victims and impact is often hard for them to articulate or explain so there needs to be a trauma focussed approach to interviewing and direct work.

2.3 Coercive Control and Power Dynamics

At the heart of domestic abuse is the perpetrator's desire to exert power and control. Coercive control is a pattern of behaviour that strips away autonomy and creates fear.

Examples of coercive control:

- Monitoring movements or communications.
- Isolating from friends and family.
- Restricting access to money or essentials.
- Enforcing strict rules or routines.

Impact on children:

- Emotional and psychological harm.
- Difficulty articulating their experience.
- Long-term trauma and developmental disruption.

Additional guidance is available on [controlling or coercive behaviour](#).

Practitioner tip: Use trauma-informed approaches to explore these dynamics sensitively.

2.4 Impact on Children and Young People

Children may experience domestic abuse directly or indirectly. Even witnessing abuse can have profound effects.

Any abuse directed towards the child is defined as child abuse.

Where there is domestic abuse, the wellbeing of the children in the household must be promoted and all assessments must consider the need to safeguard the children, including unborn children and connected children who live elsewhere. Children can often take on caring responsibilities for adults in their lives that are being abused which in turn places them at greater physical and emotional risk, which can lead to tiredness, low self-esteem, physical or mental ill-health or leave children feeling isolated. With the correct support in place, the negative impacts of a caring role on the young person can be reduced. Please take a moment to watch this video by HCI Health on a [Whole Family Approach Think About the Young Carer in Your Life](#).

Short- and long-term impacts:

- Anxiety, depression, trauma.
- Disrupted education and social relationships.
- Behavioural issues, emotional dysregulation.
- Increased risk of becoming victims or perpetrators in adulthood.

Children may take on caring roles, experience social isolation, or feel responsible for the abuse. Their voices must be heard and validated.

Practitioners should also recognise that children and young people who cause harm in their intimate relationships or to relatives are likely to have several challenges and will need support to help change their behaviour.

In all cases it is important that practitioners from children's agencies and adult agencies work together using a 'Think Family' approach to ensure the needs of both the child and parent are considered. At all times, the welfare of the child remains paramount.

2.5 Adverse Childhood Experiences (ACEs)

Recognising the impact of Adverse Childhood Experiences, parental experiences, and cumulative harm is essential in providing comprehensive support. By considering these factors, professionals can offer more empathetic and effective assistance to those affected by domestic abuse. Domestic abuse is recognised as an ACE.

Understanding the impact of adverse childhood experiences: When working with families and assessing their background it is helpful to understand if they have been impacted by adverse childhood experiences (ACEs). ACE's include instances of maltreatment such as physical, sexual, and verbal abuse or grew up in a household where there was parental separation, domestic abuse, drug or alcohol abuse, mental illness or where a parent/carer was incarcerated. There is a cumulative impact of ACEs compared to someone with no ACEs, someone with four or more is more likely to

experience a range of negative outcomes in adulthood. For example, they are 16 times more likely to perpetrate violence and 20 times more likely to be incarcerated at some point in their lifetime (Safer Lives 2020).

Key facts:

- Children with 4+ ACEs are significantly more likely to experience poor outcomes in adulthood.
- ACEs are preventable through early intervention and nurturing environments.

Understanding our families at the earliest opportunity will allow us to support earlier and consider those families that could be at increased risk of domestic abuse. We should also consider how we may break the cycle of ACE's as we know negative experiences in childhood and teenage years may put children at risk for chronic health problems, mental illness, and substance use in adulthood. They may also create a continued cycle of domestic abuse. Therefore, having the conversation and knowing our families well will help us to best support them.

Practitioner tip:

- **Assess family history and risk factors early.**
- **Use ACE-informed frameworks to guide support.**
- **Promote resilience and protective factors.**

ACEs are preventable: There are several factors that may increase or decrease the risk of perpetrating and/or experiencing violence. To prevent ACEs, we must understand and address the factors that put people at risk for or protect them from violence. Strategies to help reduce ACEs in families include promoting safe, stable, nurturing relationships and environments for children and families.

2.6 Indicators of domestic abuse

All Practitioners with the support of their managers should be alert to the signs that a child may be experiencing domestic abuse directly or indirectly. Recognising these factors is crucial for prevention, intervention, and support.

Practitioners who are working with adults who are threatening or abusive to them need to be alert to the potential that these individuals may be abusive in their personal relationships to help assess whether domestic abuse is occurring within the family where children are present.

Children who experience domestic abuse may exhibit a range of indicators, including:

- **Behavioural Changes:** such as changes in play, increasing aggression or bullying, withdrawal, attention seeking, help seeking behaviour, apologetic behaviour, or frequent outbursts, increasing or decreasing use of social media.
- **Emotional Signs:** such as signs of anxiety, depression, being overly fearful or anxious or low self-esteem.
- **Physical Symptoms:** bedwetting, experiencing nightmares or insomnia or frequent illness, increase or decrease in weight, rigid eating patterns.
- **School-Related Issues:** difficulty concentrating or learning at school, behavioural issues, poor attendance, withdrawal from support offered by school staff.
- **Risky Behaviours:** Such as drug and or alcohol use or self-harm, weapon carrying, other reckless behaviours i.e. associating with criminal peers.

It is important to remember that some children and adults may not show any indications that they are experiencing domestic abuse, however this does not mean that they are not impacted by the abuse.

Practitioners may observe several signs indicating that an adult is experiencing domestic abuse. These signs can be physical, emotional, behavioural, and situational:

- **Physical Signs:** including injuries, frequent visits to healthcare providers or wearing clothing that covers up injuries.
- **Emotional and Psychological Signs:** such as anxiety, depression, or low self-esteem, fearfulness, or nervousness around their partner, sudden or protracted changes in mood or behaviour.
- **Behavioural Signs:** including withdrawal from social activities and isolation from friends and family, reluctance to speak openly or make decisions without their partner's approval or increased use of alcohol or drugs as a coping mechanism, avoiding contact with practitioners.
- **Control and Isolation:** such as limited access to money, transportation, or communication devices, partner frequently checking up on them or monitoring their activities or being prevented from attending work, school, or social events.
- **Work and Social Life:** including frequent absences or lateness at work, losing or leaving employment, decreased productivity or concentration, partner showing up unexpectedly at their workplace or social gatherings, rigid lifestyle pattern/routine.

- **Situational Signs:** reports of controlling or jealous behaviour by the partner, evidence of financial control, such as not having access to money or being forced to account for every penny spent or signs of coercive control, such as being forced to follow strict rules or schedules. Frequent changes of address particular without informing involved agencies, withdrawal of children from school or restricting their activities within school and avoiding contact by practitioners, concealing significant life events like pregnancy, treating siblings differently.

2.7 Barriers to Disclosure

On average, victims will experience numerous incidents before disclosing abuse. Practitioners must understand the barriers that prevent disclosure.

Common barriers:

- Fear of retaliation or escalation.
- Shame, stigma, or cultural norms.
- Economic dependency.
- Concern for children or family dynamics.
- Mistrust of services or legal systems.

Practitioner tip:

- **Build trust through consistency and empathy.**
- **Avoid judgment and validate experiences.**
- **Offer clear pathways to support.**

2.8 Identifying domestic abuse

Adults who are experiencing domestic abuse may not have disclosed what they and their children are going through; on average they are reported to have experienced multiple incidents before there is any form of disclosure. Practitioners should be mindful of the significant reasons for this, including fear of retaliation from the abuser, shame and embarrassment, social stigma and cultural norms, economic dependency, concern for children and the impact on family dynamics, lack of awareness about available support services and legal protections and mistrust of services.

2.9 Routine Enquiry

Practitioners (such as midwives, health visitors and children's/adult services) can support the identification of children and adults experiencing domestic abuse by

conducting routine enquiry as part of the services they provide. Those experiencing domestic abuse are more likely to tell someone about it if they are directly asked.

Routine enquiry is especially important for health services such as Emergency Departments, Midwifery, Health Visiting, General Practice, sexual health, alcohol or drug misuse, mental health as well as children's/adults' services.

Routine enquiry involves asking people about their experiences of domestic abuse, regardless of whether there are any signs of abuse, or whether abuse is suspected. Careful consideration must be given when enquiries are being made to ensure risk is not increased. For example, ensuring an individual is asked when they are alone and using an appropriately qualified professional interpreter rather than a family member. There is specific [domestic abuse guidance for virtual health settings](#) which sets out how to safely ask patients about domestic abuse.

Practitioners, especially those in health, children's or adult services should ensure that they make enquires about domestic abuse as this may help to identify individuals at risk and ensure support is made available. Where it is not possible to conduct routine enquiry privately with the individual, practitioners should ensure they make arrangements to explore if domestic abuse is occurring for an individual or family.

Practitioner tip: Routine enquiries must not be used by educational settings following receipt of a police domestic abuse notifications. Please refer to the section on Operation Encompass later in the document on the actions education need to take.

2.10 Police response to domestic abuse

The Police are often the first point of contact when there is a domestic abuse incident, and they (or any other agency that becomes aware of domestic abuse) should ensure the immediate safety of child and adult victims. Please refer to [the Derby and Derbyshire domestic abuse referral pathway](#).

The police will:

1. Complete the [Safelives DASH Risk Identification Checklist](#) – also known by the Police as a Public Protection Notice (PPN).
2. Find out whether there are any children living in the household, including any unborn children.
3. Take steps to ascertain the child's voice and assess their safety, and in emergency situations take immediate action.

4. Send a domestic abuse notification to the school attended by statutory school age child or the relevant local authority education service when a child is not in school e.g., electively home educated, child missing education, without a school place, not in employment or training, via Operation Encompass (previously known locally as the Stopping Domestic Abuse Together or SDAT) as set out in the [Victims and Prisoners Act 2024, Section 20](#).
5. Notify relevant health services via agreed processes.
6. Inform parents that a notification will be sent to relevant health services, education providers for child who are statutory school age and where appropriate social care. or local authority education service if they are not in school.

All cases are reviewed and triaged by the police Domestic Abuse Review Team (DART) to review risk and determine if information needs sharing with children's social care.

The DART team will automatically refer to children's social care and share information in the PNN based on their assessment of the incident where:

- High-risk domestic abuse and a child/unborn is living in the household.
- Child/unborn child is open to social care.
- Child is not currently in school (see DA Referral Pathway).
- Three or more previous DA incidents in last three months (any risk level).
- The application of [Threshold](#) criteria dictates a referral.
- The police also currently notify children's social care about all medium risk cases.

In addition to the above information sharing system, the police, and children's social care hold 'Pitstop' meetings to discuss notifications, explore threshold decisions and determine if a notification is needed to be sent to children's services outside of the usual domestic abuse pathway.

The initial contact and referral services for Derby and Derbyshire Children's Services (the Initial Response Team or Starting Point Team respectively) employ screening processes considering any previous incidents or concerns in line with the [DDSCP Threshold](#) document to consider intervention or assessment. The needs of 16 or 17-year-olds experiencing domestic abuse or causing harm will also be considered in this process to ensure appropriate assessment and interventions.

The police will notify children's social care about young people under the age of 16 via separate processes. Health providers who receive police domestic abuse notifications will follow their own policies and processes for the management notifications.

2.11 Schools and Operation Encompass

Where there is a statutory school age child, the police will notify Derby and Derbyshire schools via [Operation Encompass](#) (previously known as [Derby and Derbyshire Education Providers Stopping Domestic Abuse Together \(SDAT\)](#)) informing them that a domestic abuse incident has taken place.

When a notification is received, school safeguarding staff should initially respond as they do in any situation where concerns are raised about a child. The child (and their parent/carer) should not be directly approached and asked about the incident, instead general observation, and enquiries about how they are should be made.

The school should consider what support they could offer the child according to the child's individual needs (see section on Assessment of a child's needs).

Practitioner tip: If the school/college becomes concerned about what a child tells them and/or as a result of any assessment of the child, they should refer to the [DDSCP Threshold Document](#) to support their decision making about the child's level of needs, risks and the help required and if felt necessary, make a [referral to local authority children's services](#).



2.12 Derby & Derbyshire Domestic Abuse Referral Pathway		
	STANDARD	MEDIUM / HIGH
Miscarriage or termination (within last 18 months)	NORTH MIDWIVES (FOR HP, DALES, CC, C'FIELD – EXCLUDING AV) crhft.maternitysafeguarding@nhs.net	
Pregnant or child (aged 0 to 18 months)	<p>REFERRAL TO DERBYSHIRE COMMUNITY HEALTH SERVICES (FOR HP, DALES, CC, C'FIELD, AV, E'WASH & SWAD) DCHST.StartingPoint@nhs.net</p> <p>OR</p> <p>DERBY CITY HEALTH (DHCFT) (FOR CITY SECTIONS) dmh-tr.SafeguardingChildrenUnit@nhs.net</p> <p>&</p> <p>NORTH MIDWIVES (FOR HP, DALES, CC, C'FIELD – EXCLUDING AV) crhft.maternitysafeguarding@nhs.net</p> <p>OR</p> <p>SOUTH MIDWIVES (FOR CITY SECTIONS, AV, E'WASH & SWAD) uhdb.safeguarding@nhs.net</p>	<p>REFERRAL TO DERBYSHIRE COMMUNITY HEALTH SERVICES (FOR HP, DALES, CC, C'FIELD, AV, E'WASH & SWAD) DCHST.StartingPoint@nhs.net</p> <p>OR</p> <p>DERBY CITY HEALTH (DHCFT) (FOR CITY SECTIONS) dmh-tr.SafeguardingChildrenUnit@nhs.net</p> <p>&</p> <p>REFERRAL TO CHILD SOCIAL CARE DERBY CITY DV.referrals@derby.gov.uk</p> <p>OR</p> <p>DERBYSHIRE COUNTY (FOR HP, DALES, CC, C'FIELD, AV, E'WASH & SWAD) information.startingpoint@derbyshire.gov.uk</p> <p>&</p> <p>NORTH MIDWIVES (FOR HP, DALES, CC, C'FIELD – EXCLUDING AV) crhft.maternitysafeguarding@nhs.net</p> <p>OR</p> <p>SOUTH MIDWIVES (FOR CITY SECTIONS, AV, E'WASH & SWAD) uhdb.safeguarding@nhs.net</p>
Child 18 months to 4 years (up to 5 th birthday)	<p>REFERRAL TO DERBYSHIRE COMMUNITY HEALTH SERVICES (FOR HP, DALES, CC, C'FIELD, AV, E'WASH & SWAD) DCHST.StartingPoint@nhs.net</p> <p>OR</p> <p>DERBY CITY HEALTH (DHCFT) (FOR CITY SECTIONS) dmh-tr.SafeguardingChildrenUnit@nhs.net</p>	<p>REFERRAL TO DERBYSHIRE COMMUNITY HEALTH SERVICES (FOR HP, DALES, CC, C'FIELD, AV, E'WASH & SWAD) DCHST.StartingPoint@nhs.net</p> <p>OR</p> <p>DERBY CITY HEALTH (DHCFT) (FOR CITY SECTIONS) dmh-tr.SafeguardingChildrenUnit@nhs.net</p> <p>&</p> <p>REFERRAL TO CHILD SOCIAL CARE DERBY CITY DV.referrals@derby.gov.uk</p> <p>OR</p> <p>DERBYSHIRE COUNTY (FOR HP, DALES, CC, C'FIELD, AV, E'WASH & SWAD) information.startingpoint@derbyshire.gov.uk</p>
Child 5 years to 17 years (up to 18 th birthday)	EDUCATION THROUGH SDAT (OP ENCOMPASS)	<p>EDUCATION THROUGH SDAT (OP ENCOMPASS)</p> <p>&</p> <p>REFERRAL TO CHILD SOCIAL CARE DERBY CITY DV.referrals@derby.gov.uk</p> <p>OR</p> <p>DERBYSHIRE COUNTY (FOR HP, DALES, CC, C'FIELD, AV, E'WASH & SWAD) information.startingpoint@derbyshire.gov.uk</p> <p>&</p> <p>DERBY CITY HEALTH (DHCFT) (FOR CITY SECTIONS) dmh-tr.SafeguardingChildrenUnit@nhs.net</p>
Automatic Referrals to CSC (All risk levels)	<p>High Risk DA Child in Household Child is open to Social Care Case Child is not currently in School Three or more previous DA incidents in last three months (any risk level) Application of Threshold criteria dictates referral</p>	

Chapter 3:

Responding to domestic abuse

Assessments and multi-agency referrals, Section 47 enquiries, safety planning and protective and prevention orders for responding to domestic abuse.



Chapter 3: Responding to domestic abuse

3.1 Assessment of the Child's Needs

Children who experience domestic abuse are recognised as victims in the Domestic Abuse (2021) act if they see, hear, or experience the effects of domestic abuse, reflecting the impact that domestic abuse has on children, including unborn babies. All forms of domestic abuse, including coercive control, can affect children both directly and indirectly if they live or are connected to households where there is domestic abuse. Alongside the distress prior to, while the abuse is occurring or afterwards, there is the likelihood that mental and physical health, development, behaviour, and emotional wellbeing of children are affected in the short, medium, and long term.

Domestic abuse can also bring significant disruption to a child's life. Children and young people of different ages may respond in different ways to domestic abuse, depending on their stage of development. The impact will vary depending on a range of factors such as age, sex, disability, race, socio economic context, severity of abuse and length of time subject to abuse, which can be compounded by disadvantage, marginalisation, and access to support.

Practitioner tip: All behaviours displayed by children including those that are abusive should be considered as expressions of need and that it is important for practitioners to assess and respond to all behaviours in the context of the lived experiences of children.

Babies and young children may be particularly vulnerable when living with domestic abuse, with protective factors often minimal for this age group. Children with special educational needs and disabilities (SEND) are also particularly vulnerable. Incidents of domestic abuse towards pregnant women are associated with poor obstetric outcomes, such as increased rates of miscarriage, premature birth, low birth weight, foetal injury, and foetal death.

Children who are cared for by family members other than their parents and looked after children may also have additional needs that practitioners should consider. Kinship carers play a unique role in enabling children to remain with people they know and trust if they cannot, for whatever reason, live with their parents. These children may or may not be looked after by the local authority or even known to the local authority. While many children in kinship care thrive, they can often face additional challenges due to the circumstances and experiences which led to them coming into kinship care. Many carers both want and need support to enable them to meet the needs of the children they care for.

Children subject to Special Guardian Orders (SGO's) or other kinship arrangements often continue to spend time with family which could leave them vulnerable to domestic abuse. Kinship carers may continue to need support, to identify and understand the impact of adversity and trauma in the child they are caring for lives. Professionals need to be alert and recognise where parents or carers may not be acting in the best interest of the child or where children may be experiencing abuse, neglect, and exploitation because of actions by parents, carers, or other individuals in their lives.

Where there is evidence of domestic abuse, the implications for any children or unborn children in the household or connected to the household should be considered. This should include the possibility that the children may themselves be directly subject to violence or abuse. It is important to remember that each child will respond to the trauma arising from domestic abuse differently and some may not exhibit any direct negative effects, or they may exhibit them later in life.

If practitioners identify that a child/unborn baby is living in a household where there is domestic abuse, parental/carer mental ill health and parental/carer drug and/or alcohol issues, the interaction between these complex issues, and cumulative harm they can cause, must be fully considered. These are indicators of increased risk to children and the likelihood of poor outcomes into adulthood, therefore effective assessment to clearly identify risk, strengths and resilience is required.

Practitioner tip: The prevalence and imminence of domestic abuse should be considered and extra care taken to evaluate how it may prevent parents from making necessary changes to safeguard their children.

Practitioners must ensure that all cases where cumulative harm is present are discussed with their line manager and/or designated safeguarding lead to ensure that appropriate support and interventions are identified. They must also be alert to increased risk to the adult and child experiencing domestic abuse when the relationship with the perpetrator is ended or in the process of ending.

Practitioner tip: Assessments and plans should accurately reflect concerns and be endorsed by managers. It is important to be positive but not overly optimistic about parents' abilities to safeguard their children when domestic abuse is a feature.

See the procedures for children in these specific circumstances: [Working with Parents who are Misusing Substances Procedure](#) and [Working with Parents / Carers Who Have Mental Health Needs Procedure](#).

A child's relationship with a trusted adult who has capacity to support them, wider family networks, friendship groups, and the type and frequency of the abuse are

principal factors. A trauma-informed approach, including receiving help from specialist children's services reduces the impact of domestic abuse on children and improves their safety and health outcomes.

All practitioners should ensure that needs of the child are understood and prioritised. It is important for all practitioners to remain child focused and gain a clear perception of the lived experience of the child and to ensure that the child's voice is informing their assessment and analysis. An individual response for every child, including for unborn babies and siblings should be developed.

Practitioner tip: Be mindful not to collude with or be over sympathetic with parents/carers. Exercise professional curiosity looking beneath the behaviour, work with families to overcome any potential barriers and build strong relationships, making sure the child's lived experience remains central.

3.2 Assessments forms and resources

Practitioners should use tools to support the assessment of needs, risks and strengths including:

- Safelives DASH Risk Checklist (RIC) (see [Documents Library, Assessment Tools](#)) for victims age 16 or over.
- Domestic Violence Risk Identification Matrix (DVRIM) (see [Documents Library, Assessment Tools](#)) to assess risks to children. This can help education providers and other agencies reflect on what is known, not known and make a judgement about risk. Some children may benefit from an early help assessment to address any emerging needs and co-ordinate support from a range of early help services.
- Domestic Violence Risk Assessment Model (DVRAM) an assessment tool for use by Children's Social Care.
- A chronology of the frequency, severity, and details of previous incidences of abuse and the impact on the child will help practitioners make judgements about the support, risks and services required.

Parenting assessments can contribute to a comprehensive and effective response to children who are experiencing domestic abuse, ensuring their safety, and promoting their recovery by focussing on identifying risk and need, evaluating parenting capacity, developing safety plans, informing interventions, and strengthening legal and social responses.

3.3 Referrals to Multi-Agency Risk Assessment Conference (MARAC)

The Multi Agency Risk Assessment Conference is a multi-agency approach to managing cases of high-risk domestic abuse, where the victim/survivor has been identified as being at high-risk of serious harm or homicide.

MARAC meetings bring together representatives from both statutory and voluntary agencies like children and adult services, housing, health, probation, police, mental health, drugs and alcohol services, domestic abuse services, among others. The objective is to safeguard the adult victim/survivor by sharing information that will develop a multi-agency safety plan for victims/survivors and their children. All agencies may have follow-up actions as part of a safety plan.

A referral can be made to MARAC with or without the consent of the victim/survivor, if a professional assesses, or considers, that the risk of harm or domestic homicide meets the MARAC threshold. The victim/survivor does not attend the meetings but is represented by an Independent Domestic Violence Advisor (IDVA) who speaks on their behalf.

It is good practice that the professional making the referral, or the MARAC representative in their agency, will present the case to MARAC, so that all relevant safety and risk considerations pertinent to the referral, are visible in the safety planning. All agencies need to complete a SafeLives DASH RIC (Domestic Abuse, Stalking, Honour-Based Violence Risk Indication Checklist). It can be downloaded in different languages at <https://safelives.org.uk/resources-library/dash-risk-checklist/>.

In the event that the risk assessment does not score 14 ticks or more but a professional has serious concerns about a victim's situation, such as extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence, they should refer the case to MARAC and the reasons should be justified clearly on the referral form. Professional judgement might also be informed by the risk presented by a repeat or serial perpetrator.

MARAC meetings are held every week, alternating between the south of the county and the north. This allows cases from both areas of the county to be discussed fortnightly. The MARAC referral and flow chart for referral is available at <https://www.saferderbyshire.gov.uk/what-we-do/domestic-abuse/marac/domestic-abuse-and-marac-referrals.aspx>.

For more information about [MARAC](#) in Derby and Derbyshire, please visit [Safer Derbyshire](#).

3.4 Multi-Agency Public Protection Arrangements (MAPPA)

MAPPA meetings play a crucial role in managing the risks posed by certain offenders, including those involved in domestic abuse, within Derbyshire. MAPPA is a framework that brings together various agencies, such as the police, probation, and social services, to ensure that individuals who pose a risk to the public are effectively managed and monitored.

In relation to domestic abuse, MAPPA helps to:

- **Assess Risk:** MAPPA facilitates the assessment of the risk posed by offenders, including those with a history of domestic abuse, to ensure that appropriate measures are in place to protect potential victims.
- **Coordinate Resources:** By bringing together different agencies, MAPPA ensures that resources are coordinated effectively to manage offenders and support victims.
- **Develop Management Plans:** MAPPA helps in developing comprehensive management plans that outline the actions to be taken by each agency involved to mitigate risks and protect victims.
- **Monitor Offenders:** Continuous monitoring of offenders is conducted to ensure compliance with any conditions imposed and to respond swiftly to any breaches.
- **Support Victims:** Through its collaborative approach, MAPPA ensures that victims of domestic abuse receive the necessary support and protection.

3.5 Responding to concerns

Anyone who has concerns about a child experiencing domestic abuse should consult with their agency designated/named professional for child protection. Consideration should be made to the level of needs, complexity and seriousness of the situation and the most appropriate response.

All agencies and practitioners should refer to the [DDSCP Threshold Document](#) to identify the level of need and the appropriate assessment and interventions.

Input from specialist domestic abuse agencies should be sought to ensure appropriate support and advice is secured. In Derbyshire this can be accessed via the [Domestic Abuse Support Line](#) and in the City via [Refuge Outreach](#). Where appropriate, adults experiencing domestic abuse should be encouraged and supported to access domestic abuse support services. Domestic abuse services also have specialist children's support, e.g., therapeutic services and 1:1 support for children experiencing domestic abuse and for children at risk of causing harm.

3.6 Emerging Needs

Where there are low level needs not requiring early help or referral to Children's Services, agencies may take actions internally to provide support to the child and their family.

Where there are emerging needs the child and family will require support and co-ordinated services through an Early Help Assessment. (See [Providing Early Help Procedure](#)). Practitioners should be mindful that there are likely to be circumstances where escalating levels of concern mean that the completion of an Early Help Assessment may be difficult; this could be due to the lack of agreement of the abusive adult or that by raising concerns there is an increased risk of harm to the child and/or the non-abusing parent/carer.

Work should be completed by practitioners involved with the child and family, if appropriate to do so, through an Early Help Assessment and Team Around the Family meetings. In the absence of consent or engagement where threshold is not met, practitioners should continue to monitor impact and offer support and signposting as required.

Whenever there is an unborn child, practitioners should refer to the [Multi-agency Protocol for Pre-Birth Assessments and Interventions Pre-birth Protocol](#) to help their decision making and assessment processes when working with the pregnant woman, her partner and family. If required, early help, targeted or child protection processes should occur in a timely manner once a pregnancy is known.

Where there is a concealed pregnancy professionals should explore with parents the reasons for concealing the pregnancy, including the impact of domestic abuse, and consider the significance of those and the associated vulnerabilities. See [Concealed and Denied Pregnancy Guidance FINAL November 2024.pdf](#).

If a practitioner wishes to speak to a qualified Social Worker for advice, especially if they are uncertain whether the threshold is met for children's social care involvement, they should contact the relevant local authority children's social care in their area. See [Local Contacts](#) for referrals and advice details.

In all cases a record should be made of the concerns, discussions, decisions, and reasons for decisions. These should be kept under review and if things do not improve or deteriorate the situation should be reconsidered.

3.7 Referral to Children's Social Care

1. **Immediate Risk:** If the child is at immediate risk of harm the practitioner must contact the Police on 999.

2. If needs are believed to be complex/serious requiring targeted interventions or where there are child protection concerns, a referral must be made to [children's social care](#).

Any social care response to referrals should be discreet, ensuring that contact is made with the adult experiencing domestic abuse in ways which will not further endanger them or their children.

3.8 Strategy Discussion and Section 47 Enquiries

On receipt of a referral, children's social care should identify whether a Strategy Discussion must take place between social care, the Police, Health, and other agencies to share the information and determine whether the threshold for a Section 47 Enquiry has been reached. See [Child Protection Section 47 Enquiries procedure](#).

It is essential that all key agencies attend this meeting – this must include children's social care, the police, health, education representatives. Other services may be invited to attend include providers of support services which may include domestic abuse organisations and if they are involved, the Probation Service and Youth Justice Service.

All agencies attending the Strategy Discussion should bring any relevant information that they hold (in writing, if possible), outlining their concerns and their assessment of the risk presented to the child. There should be specific clarity about any sensitive information that may place the children or parent at risk of significant harm and any restrictions to whom it may be shared.

Circumstances in which a strategy discussion may be undertaken include where:

- The police PPN or a Safelives DASH Risk Identification Checklist (RIC) (see [Documents Library, Assessment Tools](#)) indicated high risk.
- A child has experienced significant harm during any domestic abuse incident (even if unintentionally injured).
- Informal agreements have broken down, placing the children at increased likelihood of suffering significant harm.
- The adults are unable to accept the serious impact the violence or abuse has on the child.
- A child has witnessed another person being seriously injured.
- There has been an escalation in frequency and/or severity of incidents.
- The abuse involved sexual assault or attempted strangulation or the use of weapons or threats to kill.
- Contact arrangements exist, or are planned, and there is a risk of significant harm.
- Where a child is known to be involved in a violent relationship.

The Police are required to determine whether any court orders or injunctions are in force, these could include Domestic Violence Protection Orders or Stalking Protection Orders.

The purpose of the strategy discussion is to determine the child's welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering, or is likely to suffer, significant harm. Where a child is experiencing domestic abuse the strategy discussion will also:

- Consider the assessment of the safety needs of the child and non-abusing adult as interrelated.
- Recognise the role of the Police to focus on the criminal process on the perpetrator.
- Agree on requirements for further information and assessment, including medical examination or treatment.
- Consider how the child and non-abusing parent can be provided with strategies to "exit" safely from the circumstances where they are experiencing domestic abuse.
- Consider which other agencies should provide services to meet the needs of the child and non-abusing adult (for example risk of homelessness).
- Consider the vulnerability of the non-abusing parent (for example a woman with no recourse to public funds i.e. who may have had her bank account frozen or may be seeking asylum) and the impact this may have on the welfare of the child.
- Careful consideration should be given to the purpose and method of contacting the family, particularly in relation to the wording of any letters sent out. (This would need to take account of the level of power and control the abusive partner has over the non-abusive partner).

The impact of domestic abuse on the welfare of a child and non-abusing parent may be complex. Assessments, plans, and support should ensure that the impact on the non-abusing parent is fully understood, particularly in considering their ability to keep themselves and their child/ren safe. Strategies to challenge, hold perpetrators to account for their behaviour and offers to support changes in their behaviour should also be considered. The Police and other agencies have defined powers in criminal and civil law which can be used to help those who are subject to domestic abuse.

Abusive partners should be interviewed by children's social care where an assessment is being undertaken, although the timing of this must not place the child or their non-abusive parent/carer or practitioner at risk of serious harm. Specific advice and support should be sought from the police or other agencies to ensure that all appropriate information is obtained.

There may be situations where the child will be at continuing risk of significant harm, and it becomes necessary to take the matter to an Initial [Child Protection Conference](#) or consider legal intervention.

In some situations where the child cannot be kept safe consideration will need to be given to removing the child by way of consent or court order. Where there is evidence of significant harm to the child/ren further assessment tools e.g. the Domestic Violence Risk Assessment Model (DVRAM), should be used to inform the assessment. This should be completed during the first review period if subject to a child protection plan or as part of a PLO or any application to the court.

3.9 Safety Planning

Safety planning for children and adults experiencing domestic abuse is an essential element to safeguarding children and the non-abusing parent from harm. All assessments should include a judgement on existing safety planning and recommend any alteration. Strengthening a plan can help the child and child experiencing domestic abuse take control, increase their options, and ensure a greater degree of safety than previously experienced.

Specialist services or police will collaborate with a victim to devise a safety plan. Safety plans can be helpful whether a victim is living with abuse, preparing to leave, or has already left an abusive relationship. In some situations, a safety plan may not always be an option. In an emergency the police, Derbyshire Domestic Abuse Helpline, National Domestic Abuse Helpline, Refuge have access to information about emergency accommodation and refuge provision.

If the victim/survivor feels that refuge is the best option to ensure their safety specialist services will explore this. This can be done in an emergency or prior to leaving to give time to review the options. There are a range of refuge options across Derbyshire and nationwide. Refuge options for victims and their children, can be explored as part of a safety plan **before** leaving. This may be necessary if there are more than three children, or the family includes older boys (where communal refuge options are more limited). There is also specialist 'by and for' refuge places across the country, including Derbyshire. Rail/Road to refuge is a national scheme to provide free transport to refuge when a place is arranged. This will be arranged by a refuge when a place is found. Leaving an abusive situation is a time of significant risk, and safety planning must be constantly updated to ensure that post separation risk and abuse is considered.

Practitioner tip: A Safety Plan should only be developed by a practitioner with suitable professional knowledge and skills. There may be serious risks to the lives of the child and child and practitioners must seek specialist advice if they are any doubt e.g. Independent Domestic Violence Advocate (IDVA).

All agencies can refer to the [comprehensive safety planning outline](#) which can be used by professionals provided by the [domestic abuse helpline website](#).

CAFCASS only: please refer to the [Domestic Abuse Safety Planning Aid](#) which can be used to enhance the safety of spending time arrangements where domestic abuse has been identified but the severity and likelihood of ongoing domestic abuse is low.

Practitioner tip: Practitioners should remain mindful of their own safety, as well as that of colleagues within their agency and partner organisations. If there is a risk of harm from an abusive adult, advice must be sought from within their organisation. Where a Safety Plan is established to address risks posed by a service user, practitioners must obtain explicit guidance on when and how this information should be shared with other agencies that may be unaware of the risk.

3.10 Perpetrators

Child Perpetrators of Domestic Abuse: A Child-Centred Approach: Where the perpetrator is a child there should be a focus on prioritising children’s individual needs, strengths, sense of community and past experiences.

Reframing the Narrative

- **Children as Protectors, Not Perpetrators:** Some children may engage in violent behaviour within the home as a response to trauma or to protect family members. This behaviour must be understood in context—not equated with adult perpetration.
- **Developmental Sensitivity:** Even if a child transitions into adulthood shortly after an incident, their actions should still be interpreted through the lens of their developmental stage at the time.

Understanding the Complexity

- **Dual Role of Victim and Risk:** Children who pose a risk of domestic abuse may also be victims of abuse, neglect, or systemic failure. Practitioners must assess both dimensions without defaulting to punitive frameworks.
- **Trauma-Informed Practice:** Recognising the impact of adverse childhood experiences (ACEs) is essential in understanding the motivations behind harmful behaviour.

The Child First Framework: Evidence-based principles: The [Child First Framework](#) is based on the evidence on what works best for children in the justice system to improve outcomes, prevent offending and achieve safer communities with fewer victims. The framework prioritises:

- Individual needs and strengths.
- A sense of belonging and community.
- Positive past experiences and resilience.

It aims to improve outcomes, prevent reoffending, and build safer communities with fewer victims.

Adult perpetrators: Perpetrators may manipulate victims and/or those around them, including practitioners, to hide or normalise abusive behaviours. They may seek to minimise allegations, normalise the behaviour, and discredit reports of abuse. It is important that all practitioners hold perpetrators to account for their behaviour and ensure that the safety of the child and adult experiencing domestic abuse remains central to all decision-making. However, practitioners must also recognise that directly challenging or confronting perpetrators can increase the risk to victims, children, and professionals. Therefore, holding perpetrators to account may need to be done through safe and structured means — such as working in partnership with the police, applying for civil protection orders, or using multi-agency safeguarding procedures. The potential for a perpetrator’s behaviour to change should be considered as part of any assessment but not assumed.

A serial perpetrator is defined as, 'Alleged to have used or threatened violence against two or more victims who are unconnected to each other and who are or have been intimate partners of the perpetrator (as opposed to repeat offending against the same victim or persons in the same household).' A repeat perpetrator is defined as someone who has committed 'two or more incidents of domestic violence against an intimate partner.' Serial or repeat offending will be considered in any action by the Police. The Probation Service (PS) will hold important information in relation to a perpetrator and there is a focus on risk assessment, risk management and intervention, whether as a single agency or through multi-agency groups such as Safeguarding, [Multi-agency public protection arrangements](#), [Multi-agency Risk Assessment Conference](#) or Integrated offender management (IOM).

If a perpetrator has received a prison sentence of 12 months or above for sexual and/or violent offences, the PS will offer statutory victim contact to a victim of that offence. In addition, some perpetrators are sentenced via the courts to attend [approved perpetrator programmes](#). Locally there is one overarching accredited programme delivered by the Probation Service across Derby and Derbyshire, called [Building Choices](#); a cognitive-behavioural programme for men and women age 18+, which provides a structured opportunity to learn, strengthen and practice skills and behaviour that targets areas of common criminogenic need without defining or limiting what participants can address by offence labels. The programme enables participants to develop skills for change and future focused goals that may support them in building a

crime free life. The victim of a perpetrator on a programme will be offered contact by a Women's Safety worker in the PS. Interventions should be offered at an early stage when a perpetrator may be most motivated to change their behaviour. Even where a perpetrator leaves a family or is excluded this remains important given the likelihood of either their return, continued contact with or their future involvement in a new household is very-high. The Home Office have also developed a set of overarching principles and practice guidelines for commissioning and delivering [interventions for perpetrators of domestic abuse](#).

Perpetrator and behaviour change programmes: There are perpetrator and behaviour change programmes embedded in domestic abuse services across Derbyshire and Derby City, offering both one-to-one and group work. They accept both self-referrals and professional referrals. The [180 programme](#) focused on high-risk/high harm perpetrators, will consider referrals from professionals and self-referrals.

All commissioned domestic abuse services run programmes, which are usually up to 26-week duration of support, encouraging ownership of abusive behaviours, responsibility, and change. Clients receive regular check-ins, with dedicated support and safety advice also offered to partners, ex-partners and children of people receiving support, to ensure safety and risk management. All referrals will be assessed before acceptance onto a programme. A referral will not be accepted if a perpetrator engages in family court proceedings, or for 12 months after. Ongoing investigation into domestic abuse offences will also mean that a referral will not be accepted until concluded. Professionals can seek advice before a referral is made.

- <https://findtheglow.org.uk/>
- <https://www.derbyshiredomesticabusehelpline.co.uk/>
- <https://www.derbyshirevictimsservices.co.uk/types-of-crime/domestic-abuse/>

3.11 Protective Orders

There are legal orders available to victims of domestic abuse, to offer protection from further harm. Emergency orders are granted by a civil court, they are usually issued without the perpetrator knowing about it until they are served with the order. The most common types are:

- **Non-Molestation Order:** These are designed to stop someone from threatening physical violence, intimidating or harassing their victim and/or children. Each victim's circumstances are treated as individual and includes the safety of children. Orders can restrict communication, restrict proximity to home/school/work, and are usually granted for a period of 12 months. Breaching a non-molestation order is a criminal offence, with the power of arrest, and should be reported to the police. Orders can be applied for as an emergency (immediately following an incident) and can be granted without giving the perpetrator notice. They can also be applied for through the Family Court at any time, though this will mean that notice will usually be given to the perpetrator.

- **Occupation Order:** Occupation orders specify who can live in the family home, and can mean eviction of the perpetrator, allowing the victim and children to move back into their home. Courts usually grant them for six to 12 months, and a power of arrest can be attached to an occupation order in certain circumstances.

Referrals: Referrals can be made by practitioners or self-made. They will assess whether a victim is eligible for an emergency order and will apply on their behalf.

- DV Assist - <https://www.dvassist.org.uk/make-a-referral>
- National Centre for Domestic Violence - <https://www.ncdv.org.uk/>

3.12 Prevention Orders

Stalking Protection Orders: Stalking is a pattern of fixated, obsessive, unwanted and repeated behaviour, which is often present in domestic abuse. It is a significant risk indicator in domestic homicides (Monckton-Smith, 2021). A stalking protection order can only be applied for by the police. It is a feature of domestic abuse and is a criminal offence Stalking Protection Orders (SPOs), which are civil orders designed to protect victims at the earliest opportunity (see [Stalking Protection Orders: Statutory Guidance for the Police](#)).

Restraining Order: This order is only available at the end of criminal proceedings but can be granted even if a defendant has been found not guilty, but the court believes that the victim still requires protection for all forms of abuse. Restraining orders can be for a specified period, or until further notice.

Domestic Violence Protection Orders: Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs) (see [Guidance](#)) provide protection to victims by enabling the police and magistrates to put in place protection in the immediate aftermath of a domestic violence incident.

With DVPOs, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need. NOTE: [Domestic Abuse Protection Orders and Domestic Abuse Protection Notices](#) are currently being piloted and will replace Domestic Violence Protection Orders ([Domestic Abuse Act 2021](#)).

Domestic Violence Disclosure Scheme ('Clare's Law'): The [Domestic Violence Disclosure Scheme \(DVDS\) Guidance](#) (also known as 'Clare's Law') sets out a formal mechanism for the “Right to Ask” and the “Right to Know”. Under the scheme an individual or relevant third party (for example, a family member) can ask the police to check whether a current or ex-partner has a violent or abusive past. This is the “Right to Ask”. If records show that an individual may be at risk of domestic abuse from a partner or ex-partner, the police will consider disclosing the information.

The “Right to Know” enables the police to make a disclosure on their own initiative if they receive information about the violent or abusive behaviour of a person that may impact on the safety of that person’s current or ex-partner. This could be information arising from a criminal investigation, through statutory or third sector agency involvement, or from another source of police intelligence.

Prohibited Steps Order: A [prohibited steps order](#) which can restrict a parent from exercising specific aspects of their parental responsibility where there’s concerns of this being misused. It can cover a wide range of issues, including, but not limited to restrictions on changing a child's school or nursery or not being allowed to take a child out of the UK, change a child's name or authorise specific medical treatment for a child.



Chapter 4:

Resources and tools

RESOURCES, TOOLS AND TRAINING

For supporting you to
respond to domestic
abuse



Section 4: Resources and Tools

This section outlines key resources, tools, and training materials available to support practitioners in identifying, assessing, and responding to domestic abuse. It includes universal tools, agency-specific resources, and guidance for effective multi-agency collaboration.

4.1 Universal Tools for All Practitioners

These tools are designed for use across agencies and support consistent, trauma-informed practice.

Tool / Resource	Purpose
Safelives DASH Risk Checklist	Identifies risk level and informs safety planning
DDSCP Domestic Abuse Referral Pathway	Guides appropriate referrals and escalation routes
Domestic Violence Risk Identification Matrix (DVRIM)	Assesses the risk to children
Voice of the Child Practice Points (NSPCC)	Supports practitioners in capturing and responding to children’s views
DDSCP Information Sharing Guidance	Clarifies lawful and proportionate sharing of safeguarding information
Reducing Parental Conflict Toolkit	Helps assess and address harmful conflict between parents
Operation Encompass Guidance	Supports schools in responding to police notifications of domestic abuse

Note: These tools are accessible to all safeguarding partners and should be embedded in day-to-day practice.

4.2 Agency-Specific Tools

Some tools are tailored for specific professional contexts. While not universally applicable, all practitioners should understand their purpose and limitations.

Agency	Tool / Resource	Notes
Health	Routine Enquiry Protocols	Used in midwifery, health visiting, ED, mental health, substance misuse
Police	Public Protection Notice (PPN)	Includes DASH checklist and child safety assessment
Education	Operation Encompass Notification Response	Schools must not conduct routine enquiry following notifications

Agency	Tool / Resource	Notes
Social Care	Whole Family Assessment Framework	Supports Think Family approach and coordinated planning
Domestic Abuse Services	Specialist Recovery Programmes and Advocacy Tools	Tailored interventions for victims and families

Practitioner tip: If a tool is agency-specific, collaborate with the relevant service to interpret and apply findings.

4.3 Training and E-Learning

Ongoing professional development is essential for confident and competent practice.

Available training:

- DDSCP E-learning on Domestic Abuse and Parental Conflict
- DDSCP training – Impact of domestic abuse on children

Access: Visit the [DDSCP training portal](#) or contact your agency’s safeguarding lead.

- Safer Derbyshire e-learning – [Domestic Abuse: An Introduction](#)
- Safer Derbyshire webinar – [Domestic Abuse Awareness](#)
- Safer Derbyshire webinar – [Domestic Abuse Risk Assessment](#)
- The Elm Foundation - [Training Courses | The Elm Foundation](#)
- Rural Action Derbyshire – [The Willow Project](#)
- Home Office e-learning - [Recognising and preventing FGM training](#)
- Home Office e-learning – [Awareness of Forced Marriage - Virtual College](#)
- Operation Encompass - [Online National Key Adult Training](#)

4.4 Specialist Services and Support

Refer to these organisations for tailored support, consultation, and resources:

Organisation	Focus Area
Refuge	Support for women and children experiencing domestic abuse
Galop	LGBTQ+ inclusive domestic abuse support
Hadhari Nari	Culturally specific services for Black and minoritised women
SafeLives	Risk assessment tools and national guidance
Domestic Abuse Commissioner	Research, policy, and practice insights

4.5 Embedding Tools into Practice

Best practice tips:

- Use tools consistently across agencies to reduce duplication and confusion.
- Share tools and findings in multi-agency meetings.
- Record use of tools clearly in case notes and assessments.
- Reflect on how tools support—not replace—professional judgement.

4.6 Joint Services

- **Derbyshire Police** - [report domestic abuse online](#)
- **Derby and Derbyshire SAB Adult Safeguarding decision making guidance:** [Adult safeguarding decision making guidance - Derbyshire Safeguarding Adults Board](#)
- **Domestic Abuse and older adult practice guidance:** [Policies, procedures and practice guidance - Derbyshire Safeguarding Adults Board](#)

4.7 Derby City Services

1. **City Standard/Medium Risk Domestic Abuse – Refuge.** Provides services to people experiencing domestic abuse in Derby city. The service provides free confidential support. Referrals can be self, family / friends or professionals if the victim has given consent. Tel: 0800 085 3481 Email: helpline@refuge.org.uk (<https://www.refuge.org.uk>)
2. **City High Risk Domestic Abuse (IDVA) – Glow.** Provides trained Independent Domestic Abuse Advisors to high-risk domestic abuse victims in Derby City who are being supported through MARAC.
3. **Derby City Housing Options:** emergency housing advice on 01332 888777.
4. **Hadhari Nari:** Offers support for women and children affected by domestic violence, particularly targeting black and minority ethnic women. Contact: 01332 270101.
5. **Bambu**: Provides support for survivors of domestic abuse.
6. **Women's Work - Freedom Programme:** A 12-week support group for women who have experienced domestic abuse.
7. **SV2** provide specialist, confidential counselling, and advocacy support to anyone affected by sexual abuse in Derbyshire and Derby City. Victims can either make a self-referral or a professional can refer on their behalf. Telephone: 01773 746115 - Website: <https://www.sv2.org.uk/>
8. **For adult safeguarding concerns in Derby** [Safeguarding referrals by external agencies - Derby Safeguarding Adults Board](#)

4.8 Derbyshire Services

1. **The Elm Foundation** - Derbyshiredahelpline@theelmfoundation.org.uk. Single point of access for advice and referrals to all prevention and intervention work across commissioned domestic abuse services in Derbyshire. Available to self-referrals or professionals. Tel: 08000 198 668
2. **Derbyshire Victim Services – Remedi**. This service is the overarching service for all victims of crime. Anyone who is a victim of crime or anti-social behaviour (including hate crime) is entitled to this service. Call: [0800 612 6505](tel:08006126505)
Email: support@dvssupport.org
3. **County High Risk Domestic Abuse (IDVA) – Glow**. Provides trained Independent Domestic Abuse Advisors to high-risk domestic abuse victims in Derbyshire who are being supported through MARAC.
4. **Standard/Medium Risk Domestic Abuse – County Consortium (Crossroads Derbyshire, Derbyshire WISH and The Elm Foundation)**. Provides community outreach, practical, emotional, and legal help to standard victims of domestic abuse. There is also safehouse accommodation and bespoke services for children. Call: 0800 0198 668
5. **For adult safeguarding concerns in Derbyshire** [Safeguarding adult referrals - Derbyshire Safeguarding Adults Board](#)
6. **DSAB Domestic abuse and older adults leaflet:** [Domestic abuse and older adults leaflet](#)

4.9 Children and Young People Services

1. [NSPCC helpline](#) – **0808 800 5000**. Helpline for adults who are concerned about a child's welfare.
2. [NSPCC Female Genital Mutilation \(FGM\) helpline](#) – **0808 028 3550**. Helpline for adults who are concerned about a child at risk of or experiencing FGM.
3. [Childline](#) – **0808 1111**. Helpline offering a space for children and young people to talk about anything that is worrying them.
4. [The Mix online mental health support for under 25s](#). The Mix is a place when under 25s can get support for their mental health over text, email, or live chat.
5. [Kooth](#) – mental health support for children and young people aged 10 and over.
6. [Young Minds](#) – mental health support.

4.10 National Services

1. **National Domestic Abuse Helpline:** 24-hours a day on 0808 2000 247. A chat service is also available Monday to Friday, 3pm to 10pm. A BSL interpreter service is available Monday to Friday, 10am to 6pm. (For use by **Derby City Residents**.)
2. **SafeLives:** UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

3. **Refuge**: The largest specialist domestic abuse organisation in the UK, offering tailored support for survivors.
4. **Women's Aid**: Supports women and children affected by domestic violence.
5. **Survivors UK**: Supports boys and men who have been sexually abused.
6. **Rape Crisis**: Supports survivors of sexual violence.
7. **National Association for People Abused in Childhood (NAPAC)**: Supports survivors of childhood abuse.
8. **Galop - The National LGBT+ Domestic Abuse Helpline** - provides emotional and practical support for LGBT+ people experiencing domestic abuse. Freephone 0800 999 5428.
9. **Karma Nirvana**: support for victims of 'honour-based' abuse. Their helpline is free and confidential and open Monday to Friday, 9am to 5pm 0800 5999 247.
10. **PEGS (Parental Education Growth Support)**: Supports parents and professionals dealing with Child to Parent Abuse (CPA).
11. **Respect Phonenumber**: Provides help and support for both male and female perpetrators of domestic abuse.
12. **Mankind**: Offers information, support, and signposting for men experiencing domestic abuse. Freephone 0808 801 0327.
13. **Respect Men's Advice Line**: A helpline specifically for male victims of domestic abuse.
14. **Advocacy after Fatal Domestic Abuse (AAFDA)**: Advocating for families after the homicide, suicide or unexplained death of their family member or friend, following domestic abuse. Tel: 07887 488 464 or email help@aafda.org.uk
15. **Sikh Women's Aid**: Provide culturally sensitive domestic abuse advocacy.



Image courtesy of DA Commissioner (2025)

Appendix 1 – Safety Planning

Strategic planning: Plan how you might respond in different situations, including emergencies. Anticipate various scenarios and consider your responses.

Evaluate your options: Think critically about the options available to you, both immediate and long-term.

Be prepared to leave: Always be ready to leave your home in an emergency. This includes having an escape plan that you and your children can follow.

Emergency training for children: Teach your children to dial 999 in emergencies, ensuring they know their full name, address, and what to communicate to the operator.

Seek supportive neighbours: Identify trustworthy neighbours who can offer refuge in an emergency or call the police if they suspect a violent incident. Make them aware of your situation discretely.

Pack emergency bag: Prepare an emergency bag for you and your children, storing it in a secure location away from home, like at a trustworthy neighbour's or friend's house—preferably someone not connected to your partner.

Financial preparedness: Keep a small amount of money on hand at all times, which should include change for public transport and phone calls.

Rehearse your exit: Regularly practice your escape plan to ensure you and your children can exit quickly and safely if needed.

Access to phone: Ensure you always know where the nearest phone is located. If you have a mobile phone, keep it charged and on you at all times.

Important contacts: Carry important and emergency contacts with you, including domestic violence support services, your GP, social worker (if applicable), your children's school, your solicitor, and the Freephone 24 Hour National Domestic Abuse Helpline: 0808 2000 247.

Identify low-risk areas: If you feel an attack is imminent, move to a lower-risk area in your home—one with exits and phone access. Avoid places like the kitchen or garage where weapons might be accessible, and spaces where you could be trapped, such as the bathroom.

Practitioner tip: Always consider the child's lived experience, even if they are not the direct target of abuse.

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