

Children and families experiencing domestic violence: Police and children's social services' responses

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Executive summary

Introduction

In England and Wales, the Adoption and Children Act 2002 amended the definition of significant harm provided by the Children Act 1989, adding a new category of “impairment suffered from seeing or hearing the ill-treatment of another”. Since domestic violence and children’s exposure to it represent a widespread social problem, this amendment has acted to draw a potentially large group of families within the remit of children’s social services. The growing mountain of police notifications to children’s social services of domestic violence incidents where children are involved and the pressures that this has created have been noted by a range of commentators in the UK, North America and Australia.

The notification system has emerged against what is acknowledged to be a background of fragmented services for children and families experiencing domestic violence. It represents an attempt to improve communication and coordination between universal and highly-targeted services. This research examined both the notification process itself and the subsequent service pathways followed by families brought to the attention of children’s social services in this way. It also explored which other agencies contributed to services for families experiencing domestic violence and captured young people’s, survivors’ and perpetrators’ views of services.

Methodology

Researchers from the University of Central Lancashire undertook this study between 2007 and 2009. The research was undertaken in two sites, one in north England and one in the south. It comprised three key stages:

Stage 1: Interviews with 40 young people, survivors and perpetrators elicited their experiences and views of professional intervention in domestic violence.

Stage 2: A study of professional practice included a retrospective review of police and children’s social services records that tracked a cohort of 251 incidents of domestic violence cases over 21 months. Interviews were also undertaken with 58 practitioners, managers and

administrators from the police, independent domestic violence advocates (IDVA) services and children's social services.

Stage 3: A survey of innovative practice sent to local safeguarding children boards (LSCBs) in England and Wales collected examples of innovative practice in respect of police notifications of incidents of domestic violence to children's social services.

The notification system: key messages

- The notification system as it is currently operated draws large numbers of children and families into the auspices of children's social services but fails to deliver a service to the majority of families notified.
- For the system to operate more effectively, police and social workers need to work together to share more information more consistently. This will increase accurate identification of those children and families most at risk who need intervention from children's social services.
- Other supportive services are required for those children and families who do not reach the thresholds for receiving intervention from children's social services but for whom domestic violence is a persistent feature of their lives. These interventions could be delivered by universal services, such as health and education, but also by specialist domestic violence services, which would need to be funded for this purpose.
- As the front-line service intervening with children and families experiencing domestic violence, police officers attending an incident should acknowledge and respond to children and young people's immediate needs for information and explanation.
- High-quality, supervised contact services that families can access on a voluntary basis would offer a means of early intervention directed precisely at the circumstances where domestic violence often arises. Central government funding would be required for third sector agencies to provide this service.

Research findings

The domestic violence incidents

- The 251 incidents of domestic violence studied were wide ranging in terms of their seriousness and levels of violence. Injuries to adults and children were recorded in just under a third of incidents.
- Just over half the couples in the sample were separated, and separation provided the context in which a number of the incidents occurred.
- Access to children and questions about the care of children were also key issues contributing to domestic violence incidents. A number of incidents occurred in the setting of child contact or when the perpetrator was seeking access to the house or children.

Police intervention in incidents of domestic violence

- Young people described being excluded or ignored when police intervened in domestic violence incidents. They wanted more information and explanations from the police. The review of files indicated that police officers rarely engaged with children at domestic violence incidents and half the officers interviewed expressed some reluctance about talking directly to children.

They listen to the adults more...they don't want to talk to you.

(Nicola, young people's focus group)

...kids are our witnesses and our victims. It is important to explain everything to the children; they have a right to know what is happening.

(Specialist police officer)

- Children and survivors wanted perpetrators to be removed from the home immediately following an incident, and file data showed that the police appeared to be successful in removing perpetrators from the scene in the majority of incidents.

...they should be taken away because a mum or child wouldn't call 999 just to get a dad taken away for no reason.

(Louis, young people's focus group)

Children's social services interventions

- The notification system acted to draw to the attention of children's social services a large number of families who had had little or no previous contact with children's social workers. However, only a small proportion of families notified received a service from children's social workers and most of these were already open cases. Police notifications triggered an intervention at the level of an initial assessment from children's social services in only five per cent of sample cases.
- In cases where children were under 12 months, severe injuries and repeat notifications on families were factors that appeared to push families towards the threshold where they received a service.
- There was no difference in the rates at which families returned to the attention of children's social services over the next 21 months between those cases where a "no further action" pathway had been pursued and those where the sole intervention had been a letter sent by social services to the family. A high rate of repeat notifications indicated that domestic violence continued to be an issue in these families.

...the woman I had written to was quite... frustrated with the letter... she felt that it was the ex-partner's behaviour... that we should be addressing.

(Initial assessment social worker)

- Where families did receive interventions, it was likely to be at the safeguarding rather than family support level. Although families had multiple problems, it was not the case that the importance of domestic violence was always subsumed by other issues.
- Those families who received a safeguarding service were seen to struggle to acknowledge the extent of domestic violence in the family and its impact on children. Together with families' fears and suspicions of children's social services, this was seen to make some families unwilling to engage with social workers. As a result, a child protection rather than a family support response was more likely.
- A "stop-start" pattern characterised interventions with some families who received services with repeated notifications or referrals resulting in repeated assessments. Intervention was often withdrawn when families informed social workers that the couple

had separated; this happened despite evidence that domestic violence continues beyond, or can intensify at, the point of separation.

These families need a lot longer, more targeted work over time.

(Child protection social services manager)

- Social workers talked directly with children and victims when assessing or intervening in families. They were less likely to engage directly with male perpetrators: not all social workers felt that this was part of their role, although they noted the absence of other resources to address perpetrators' behaviour.

I've heard it said that we don't work with perpetrators in social work... I don't think you can ever say we don't work with perpetrators.

(Child protection social services manager)

- Those cases that received intervention and where children remained living at home with both parents 21 months after the notification were likely to be those where the father/mother's partner as well as the mother had engaged with support services.

The notification system

- Variation was found between sites in the amount of information included as standard in notifications sent to children's social services. In some cases, information omitted from notifications meant that the full extent of children's involvement in an incident was not conveyed to children's social services.
- Co-location schemes, where police officers and children's social workers shared information in order to filter notifications jointly, were in the process of being introduced in a number of LSCBs.
- Risk assessment tools developed by the police to filter and route notifications appear to offer a means of reducing the volume of notifications received by children's social work services, but most of the available tools are focused on the risks to victims rather than children. Since only five per cent of notifications were found to trigger a service from children's social services, the limited accuracy of such tools may be problematic.

Inter-agency work

- Police officers and social workers were positive about the work of specialist domestic violence services and noted that they relieved demands on their services. While families were directed to these services for support, there was little evidence of communication and collaboration between social workers undertaking assessments and staff in these agencies.
- Regular inter-professional training was advocated as a means of ensuring that staff in all organisations were aware of the impact of domestic violence on children and had knowledge of other agencies' roles and procedures.

Wider service provision for families experiencing domestic violence

- Practitioners acknowledged that very few families received a service from children's social work services and emphasised the need to develop early intervention services for families experiencing domestic violence.
- Young people, survivors and social workers noted that provision for supervised contact would be valued by a number of families but this service was only available for families receiving a safeguarding service or through court orders.
- Survivors, police officers and social workers raised concerns about victims who had no recourse to public funds and were therefore unable to access refuges or other forms of advice and support in relation to domestic violence.
- Resource shortfalls were noted in respect of support services for all groups experiencing domestic violence. Services that offered interventions to children exposed to domestic violence were felt to be insufficiently available. Services for perpetrators that could be accessed on a voluntary basis were described as in particularly short supply.

Recommendations

- Front-line police officers should be provided with an appropriately designed information leaflet or z card to distribute to children and young people at the scene of a domestic violence incident.
- Conceptualising children and young people as victims of domestic violence may assist police officers to acknowledge and engage with their needs more fully.
- Children's social services should review the practice of sending letters to families following a notified incident of domestic violence in the absence of any further intervention and consider whether such letters act to promote families' engagement with social work services.
- Stop-start patterns of intervention should be avoided and children's social work services should work with other organisations and through commissioning to develop opportunities for long-term monitoring and support of families with multiple and complex needs.
- Children's social workers should be provided with training, supervision and support aimed at increasing skills and confidence in working with abusive men.
- Inter-agency approaches to filtering notifications that involve staff sharing access to police and children's social services information should be further developed and evaluated.
- Not all incidents of domestic violence need to be referred to children's social services but children's social services should be kept informed of incidents of domestic violence involving children and social workers should contribute to inter-agency processes for identifying which families should be referred to children's social services.
- Multi-agency structures need to be more widely developed with the aim of engaging a range of other agencies, including both universal services and specialist domestic violence services, in delivering early intervention services to families experiencing domestic violence.

- Supervised contact services that can be accessed by families on a voluntary basis should be developed as an early intervention for children experiencing domestic violence. Such services will need to be staffed by trained and qualified staff. Central government funding should be made available for third sector agencies to develop these services.
- Government should establish legal means for victims of domestic violence with insecure immigration status to access safe accommodation and relevant support services.
- The availability of perpetrator programmes that can be accessed on a voluntary basis should be increased. Such programmes should liaise closely with children's social services to ensure that their work feeds into parenting assessments.
- Services offering therapeutic support to children and young people harmed by domestic violence should be identified as a priority area for development by central government, local authorities and children's trusts.

Chapter 1. Introduction

1.1 Context for the research: police notifications of domestic violence incidents involving children

This research was planned in a context of formal and anecdotal reports depicting children's social services in the UK as overwhelmed by the high volume of police notifications of incidents of domestic violence in families with children. The growing mountain of police notifications and the pressures created for children's social departments have been noted by a range of UK commentators (Daniel 2004; SSIW 2004; Rivett and Kelly 2006; Ofsted 2008). Cleaver et al's (2004) study of the impact of the assessment framework in England commented on the high volume of police notifications to children's social services and noted that these notifications featured in the group of cases least likely to receive an initial assessment. Lord Laming's (2009) review of safeguarding services following the death of Baby Peter recommended the establishment of the national safeguarding delivery unit which, among other tasks, would "urgently develop guidance on referral and assessment systems for children affected by domestic violence" (p87).

Similar problems in relation to referrals of domestic violence incidents are evident in Australia and North America. Strong resemblances are evident in Humphreys' (2008) picture of the system in Australia, where the volume of notifications may be augmented by the requirement for mandatory reporting in some states. She argued that a statutory child protection response to notifications of incidents of domestic violence was "not effective, efficacious, efficient or ethical" (p237) and suggested that resources for responding to the needs of children exposed to domestic violence should be diverted to the community sector. In North America, Jaffe et al's (2003) critique of policy responses to children exposed to domestic violence noted that, while classifying exposure to domestic violence as grounds for state intervention led to an improvement in inter-agency collaboration, it acted to overload child protection services and as a deterrent to disclosure of domestic violence. Edleson (2004) maintained that children vary in their responses to experiencing domestic violence and that children's exposure to domestic violence should not be automatically defined as maltreatment under the law. He argued for the development of criteria or screening tools that would predict heightened risk and indicate the need for statutory intervention.

In England and Wales, the Adoption and Children Act 2002 amended the definition of significant harm provided by the Children Act 1989, adding a new category of “impairment suffered from seeing or hearing the ill-treatment of another” (s120). Since domestic violence and children’s exposure to it represent a widespread social problem – UNICEF estimates that nearly one million children in the UK have been exposed to domestic violence (UNICEF 2006) – this amendment acted to draw a potentially large group of families within the remit of children’s social services.

Inter-agency guidance on information sharing (HMG 2006) and the *Working Together* guidelines on inter-agency collaboration in relation to safeguarding children (DfES 2006) also emphasise the need for information sharing between agencies in relation to domestic violence. *Working Together* directs the police to assess and make referrals to children’s social services, who are enjoined to take safety considerations into account in making contact with families referred in this way (HMG 2006, 11.46). The guidance recommends that children’s social services undertake an initial assessment following one serious or several minor incidents of domestic violence where there are children in the household.

Police powers under the Crime and Disorder Act 1998 to share information with other agencies were strengthened by the Children Act 2004, which placed new obligations on the police to cooperate with local authorities and relevant partners in promoting the welfare of and safeguarding children. The Association of Chief Police Officers (ACPO) (2004) guidance on domestic abuse stated that “notifications of children present at, or ordinarily resident at premises where domestic violence takes place... should be forwarded to social services departments as necessary” (6.3.2). The 2008 edition of this guidance (ACPO 2008) emphasised the need for a filtering and monitoring system to assess which police information should be shared (6.2.7).

The notification system has emerged against what is acknowledged to be a background of fragmented services for children and families experiencing domestic violence (Hester et al 2006a). It represents an attempt to improve communication and coordination between two services focused on very different aspects of domestic violence. While the police’s aim is to protect the victim and obtain evidence for prosecution, children’s social services are concerned with supporting families and safeguarding children. Studying police notifications of families experiencing domestic violence represents an opportunity to explore the interface between a universal service with a wide remit – the police – and a targeted service with a more specific role – children’s social services.

1.2 The service context

The policy changes described above were a response to the accumulating body of evidence that has demonstrated that, not only do domestic violence and child abuse or neglect frequently co-exist in families, but that exposure to domestic violence has a range of damaging effects on children (Cleaver et al 1999; Edleson 1999; Mullender et al 2002; Gorin 2004; Humphreys 2006; Holt et al 2008). Social workers were much criticised in the 1990s for failing to acknowledge the issue of domestic violence in families on their caseloads (Maynard 1985; Farmer and Owen 1995; Stanley 1997). An associated charge made against social workers concerned their failure to engage with the predominantly male perpetrators of this violence (Milner 1993; O'Hagan and Dillenburg 1995), and this lack of focus on male perpetrators has been attributed to a number of factors, including the non-availability of men for social work intervention, practitioners' fears of threats, intimidation and violence and a focus on female caregivers (Scourfield 2001).

Cleaver's work (Cleaver et al 1999, 2004, 2007) has consistently highlighted the co-occurrence of domestic violence with issues like parental mental health problems and substance misuse. Cleaver et al's (2007) study of children's social services' intervention in cases where there was evidence of either domestic violence or substance misuse, or both, found that, while managers reported high levels of inter-agency collaboration in such cases, the files revealed little evidence of such activity. Devaney's (2008) study of child protection cases in Northern Ireland reported that, although families where domestic violence was an identified issue were more likely to be known already to child protection services than other families, their cases were less likely than those of other families to reach the threshold for a child protection case conference.

In New South Wales, Australia, where children's emotional abuse consequent to exposure to domestic violence was introduced as a "child at risk" notification category as early as 1994, Irwin and Waugh (2007) tracked 431 referrals to child protection services and compared the response to cases where domestic violence was the primary reason for referral to that for other cases. They found that the domestic violence referrals were less likely to be investigated and confirmed, and argued that children's exposure to domestic violence was responded to less seriously than other forms of child abuse and neglect. English et al's (2005) study in Washington State, US, also compared pathways and outcomes for child protection cases where domestic violence was indicated with those of other cases, and found that the domestic violence cases were very much more likely to be re-referred. Together, these studies suggest

that the response of children's social services to families experiencing domestic violence could still be improved.

The police have also attracted much criticism in the past, particularly from women's organisations, for the inadequacy of the service's response to domestic violence. However, most commentators (Buzawa and Buzawa 2002; Richards et al 2008) acknowledge that a considerable shift in police policy and practice in this field has been achieved in both the UK and North America since the early 1990s. In the UK, this has been driven by the Crime and Disorder Act 1998, the Protection from Harassment Act 1997 and the Domestic Violence, Crime and Victims Act 2004 as well as Home Office guidance. The Home Office circular 60/1990 urged the police to give the response to domestic violence parity with that for other violent crimes and introduced specialist domestic violence police officers and units; it was updated by the Home Office circular 19/2000, which confirmed the policy of positive action with an arrest where possible for all domestic violence incidents. Police performance measures that have focused on driving up the percentage of domestic violence incidents where an arrest is made have also contributed to this pattern, although the outcomes for victims within the current system have been queried (Hoyle and Sanders 2000).

There is surprisingly little recent literature exploring the interface between the police and children's social services. A review (Cross et al 2005) of evidence found some differences in attitudes, practice and perspectives between the two agencies but emphasised the value of sharing information and noted that conducting joint investigations could convey authority and offer a means of managing safety concerns while promoting communication with families. Cross et al's (2005) US research comparing child protection cases with and without police involvement found that cases where the police were involved were more likely to have allegations of harm substantiated and were more likely to receive a service from child protection services.

In the US, the *Greenbook* initiative provides an example of a demonstration project conducted over six sites across five years (Edleson and Malik 2008), which aimed to increase collaboration between services working to improve the safety of all family members experiencing domestic violence. This programme, which was led by the judiciary, focused on the child welfare system, domestic violence services and the courts. The evaluation (Banks et al 2008) found that training, the introduction of co-located advocates and other work on developing relationships with specialist domestic violence agencies led to increased awareness of domestic violence among child welfare workers, collaborative work and sharing of resources and expertise.

A number of studies (McGee 2000; Mullender et al 2002) have elicited children's and victims' views of services and professionals intervening in the field of domestic violence. McGee (2000) found that children saw the police's involvement as evidence of the serious nature of domestic violence, while adolescents were more critical of police intervention. She discovered that children and young people had mixed views of social workers and they reported that professionals often failed to inform them about what was happening. Mullender et al's (2002) study reported that children and young people needed someone to talk to about what had or was happening in their families as well as wanting the abuse to stop. They wanted the police to act effectively to remove the perpetrator after an incident of domestic violence and they also noted that the police frequently failed to talk to them.

1.3 A multi-perspective study

This research was designed to examine the issue of notifications from a number of different perspectives. While children and young people's experiences of domestic violence were the primary focus, it was acknowledged that their safety and wellbeing were closely associated (although not always commensurate) with that of their mother, who is the parent most likely to be the victim of domestic violence. It was considered important to collect young people and victims' experiences and perceptions of interventions delivered by the police and social workers. In addition, our research aimed to capture the perspective of perpetrators as we started from the premise that interventions in domestic violence need to take account of and include a focus on perpetrators' experiences if domestic violence is to be effectively challenged. The views and experiences of young people, victims and perpetrators therefore provide the backdrop against which the service response to domestic violence is explored.

Featherstone and Peckover (2007) have suggested that police call-outs to domestic violence incidents represent "key moments" (p167) for intervention in the social problem of domestic violence. Moving the private, family experience of abuse into the realm of the public is usually a major decision for those victims and children who make the call to the police. Such calls are likely to be made in the context of a history of numerous previous incidents (Nicholas et al 2005); the British Crime Survey has drawn attention to the fact that domestic violence is the crime with the highest rate of repeat incidents (Povey et al 2009). Examining what happened when police were called to incidents of domestic violence therefore emerged as an important aspect of the research.

The research sought to examine both the notification process itself and the subsequent service pathways followed by families brought to the attention of children's social services in this way, as well as the outcomes for those families. In addition to exploring the nature of communication and collaboration between the police and children's social services, we wanted to discover which other agencies contributed to services for families experiencing domestic violence. We aimed to answer a number of key questions in relation to notifications:

- What were the characteristics of the incidents and the families who were the subject of notifications to children's social services?
- How did the police respond to family members' needs when intervening in an incident of domestic violence?
- What information was conveyed to children's social services and how was this information used to determine the response to these notifications?
- Which cases received a service and what was their subsequent pathway through children's social services?
- What other agencies and practitioners were engaged in delivering services to the children and families? What form did inter-agency communication and collaboration on these cases take?
- What were the outcomes for cases notified by the police to children's social services 21 months after the original domestic violence incident?

1.4 About this report

The structure of this report follows reasonably closely the sequence in which the research was executed with the findings from the first stage of the research – the interviews with young people, survivors and perpetrators – reported first following an account of the research methodology. Discussion of the second stage of the research begins in chapter 4 with an account of the characteristics of the incidents of domestic violence that made up our sample of cases.

Chapter 5 then describes police practice and perceptions regarding domestic violence incidents with particular emphasis on work with children. Chapters 6 and 7 examine how children's social services worked with which cases and conclude by reporting outcomes for children and their families 21 months after the original incident. Chapter 8 looks at the issue of inter-agency collaboration, primarily from the perspective of children's social services (police views of inter-agency communication and collaboration are outlined in chapter 5).

Finally, chapter 9 reports the finding from the brief survey of local safeguarding children boards (LSCB) that was undertaken in order to develop a picture of innovative practice in relation to notifications of domestic violence incidents. Conclusions and recommendations are presented in chapter 10.

Tracking cases across agency boundaries proved a complex task and our sample was subject to considerable attrition. Throughout this report we have attempted to provide transparency and detail concerning the size of the sample, how it was created and how it altered when the research focus shifted from one agency's records to another's, as well as identifying sub-groups within the sample.

1.5 Definitions and terminology

This research was concerned with the work of statutory services and the sample used for this research originated with the police. It therefore adopted the definition of domestic violence used by the police to report incidents.

...any violence between current or former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical, sexual, emotional or financial abuse.

(Home Office 2008a, 1.10)

The term "domestic violence" has been adopted in preference to other terms since this is the language used by government in England and Wales and it is the terminology most familiar with research participants.

Domestic violence is heavily gendered and, while there is evidence for women's violence towards men (Walby and Allen 2004; Povey et al 2009), the most severe violence and that which inflicts the most serious harm is perpetrated by men on women (Mirrlees-Black 1999; Walby and Allen 2004; Hester 2009). It is usually helpful to adopt language that makes the gendered pattern of domestic violence explicit.

However, the sample used for this research originated in police records and these records did not always distinguish clearly between perpetrator and victim or assign them a gender - this issue is discussed in more depth in chapter 4.

We have chosen to adopt the terms "perpetrator" and "victim" throughout most of this report as these were the terms used in police records and this language covers those cases where women were identified as perpetrators of abuse. The term "perpetrator" also allows us to distinguish the perpetrator of domestic violence from the father of the children or a woman's current partner when the two were not synonymous. In chapter 3, we refer to the group of predominantly female interviewees as "survivors" since these research participants described themselves as having "moved on" from their experiences of domestic abuse.

Chapter 2. Methodology

2.1 Introduction to chapter 2

This chapter outlines the methodology used for the research and provides information on research participants and sites. The research comprised three main stages:

Stage 1: Interviews with children, survivors and perpetrators – these were completed in 2007, the first year of the research, so that the findings could be used to inform the second stage of the research

Stage 2: Study of professional practice in two sites that included:-

- A retrospective study of police and children's social services records, used to track a cohort of cases from the starting point of a domestic violence incident notified in January 2007 through to October 2008.
- Interviews with a range of practitioners and managers from police and children's social services undertaken between 2008 and 2009.

Stage 3: Survey of innovative practice – a survey of LSCBs in England and Wales, undertaken during December 2007 and January 2008, collected examples of innovative practice in respect of police notifications of incidents of domestic violence involving children to children's social services.

As noted in the Introduction, we aimed to interrogate a range of perspectives on the service response to families' experiences of domestic violence, with a particular focus on the notification system. These included the views of children, survivors and perpetrators, evidence of professional intervention as recorded in police and children's social services records and practitioners' views.

Capturing a range of perspectives offered opportunities for triangulation and allowed us to use one data source to fill the gaps found in another. For instance, the picture provided by agency records is far from comprehensive: only a proportion of professional activity is recorded and files may provide information on decisions taken without supplying a full account of the evidence or thinking that informed those decisions.

Interviews with practitioners allowed us to develop a fuller picture of the attitudes and criteria that informed actions recorded on files.

In order to study outcomes for families 21 months after the original police notification that precipitated engagement, a retrospective study of files was planned; it was therefore not possible to interview practitioners in respect of activity on particular cases. The lengthy time gap would have resulted in many respondents being omitted from the study and would have raised issues about recall of the events recorded in the files. Likewise, ethical considerations and barriers to recruitment made it unfeasible to interview those same children and families whose files were studied. It was therefore decided to conduct this stage of the research separately and in advance of the research of professional practice in order that findings from these first stage interviews could inform the analysis of agency files and interviews with practitioners.

The data collected in the two research sites offered an in-depth picture of current systems and their strengths and weaknesses but we were aware that agencies in other parts of the country were grappling with the same issues and had developed a range of approaches to managing them. In order to capture some of this activity, a third stage was added to the research with the aim of identifying models of effective practice.

Since this stage of the research was an add-on, not included in the original research budget, limited resources were available to support it. However, a postal survey allowed us to collect some examples of innovative practice in relation to notifications, which suggest directions for future research and development.

2.2 Stage 1: Interviews with children, survivors and perpetrators

This stage of the research aimed to elicit the perspectives of young people, victims and perpetrators of domestic violence with regard to their expectations, views and experiences of services, particularly the police and children's social services. It was considered that undertaking interviews with members of the same family could present problems in terms of both access and safety and the three groups of interviewees were therefore recruited separately and had no relation to one another.

The young people participating in the research were contacted through established groups addressing young people's experiences of domestic violence. The aim was to undertake focus group discussions with young people aged over 10 in contexts where they were already familiar with one another and where they expected to talk about domestic violence.

Identifying appropriate groups from which young people could be recruited proved more difficult than anticipated. While some refuges ran children's programmes, their work was often with younger children and was not undertaken in the context of a therapeutic group setting.

Practitioners contacted described a lack of services directed at children who experienced domestic violence, particularly for older children who might not accompany their mothers into a refuge. The search for suitable groups was widened beyond the two study sites and eventually three focus groups were held in areas near the northern site and two focus groups were conducted close to the southern site. Three of the groups were recruited through NSPCC-funded programmes, one group was accessed through a local authority programme and the final group was identified through a voluntary sector domestic violence service.

Information about the research and the purpose of the interviews was distributed beforehand and both the young people's consent and that of their parents was obtained prior to the focus groups. In one group, the agency group leaders remained in the room and participated in the focus group. The groups were held at the premises where the young people usually met and each group lasted between 60 and 80 minutes. A series of exercises and questions were utilised to stimulate discussion. These included posters and scenarios that aimed to get the young people thinking about their experiences with, and views of, police and social workers who they had encountered as a result of domestic violence in their families. Young people's expectations, evaluations and suggestions for what would have been useful in these situations were explored in what were often lively and sometimes angry discussions.

Survivors were accessed through domestic violence services, such as refuges, in the two research sites. They were interviewed in locations that they selected; in most cases these were the offices of the organisation through which they had been contacted. Perpetrators were identified for interview through programmes for perpetrators of domestic violence delivered by both the probation service and by voluntary organisations. In providing information aimed at recruiting perpetrators to the study, it was emphasised that participation in it was voluntary and confidential and that the decision not to participate would not affect their probation order in any way.

All interviews and focus groups were recorded with participants' permission and transcribed. Stage 1 participants have been given pseudonyms in this report to preserve their anonymity. An NVivo software package was used to assist in storing and sorting data for analysis. Themes were identified in part by the semi-structured schedules used for interviews and focus groups but also as they arose from the data using grounded theory principles (Ritchie and Spencer 1994; Strauss and Corbin 1990).

2.3 Stage 2: Study of professional practice

This main stage of the research involved the collection of data from both police and children's social services files, as well as interviews with practitioners and managers from the two services in both sites. In negotiating access to this data, the two research fellows responsible for data collection spent a considerable amount of time in agency offices talking to practitioners and managers and working alongside administrative staff to locate and collect information from files.

In this way, much was learnt about local systems and practice through informal observation and discussions and the knowledge generated was used to inform project planning and data analysis. A commitment to ensuring that findings from the research were fed back to local stakeholders was met by including representatives from all four agencies contributing to the research in the project's advisory group and by providing feedback sessions to local practitioners and managers at the end of the project.

2.3.1 Police file data

The month of January 2007 was chosen as the time period from which the sample notifications would be drawn. Selecting this month allowed sufficient time for the outcomes of cases to be examined 21 months after notification. The following criteria were used to select cases for inclusion in the sample:

- Cases identified as resulting in a notification to children's social services – as indicated by a tick box in police records in the northern site or through interrogating and cross-referencing two police databases in the southern site.
- Cases flagged as domestic violence incidents on police databases where the victim and/or perpetrator were identified as having children and the incident occurred between persons who were or had been in an intimate relationship.

- Incidents classified by the police in a range of categories where the lowest category was non-crime domestic incidents and the highest categorisation was violent crime involving injuries and rape.

Incidents between a parent and an adult child or adult siblings were excluded from the sample.

In the northern site, all incidents of domestic violence in families with children (either living at or residing at the address during the incident) were assigned a specific marker within a domestic violence database. Those incidents that took place in January 2007 were identified and examined to discover whether a notification to children's social services had been made. Data was collected on all cases that met the criteria above. This data included an identifying marker for the incident, the date of the incident and the date when the notification was forwarded to children's social services, as well as details of the incident and incident location. This information was anonymised and copied and pasted into an MS Word document.

In the southern site, the same data had to be accessed through three separate police databases. The main crime reporting system (CRIS) included a flag that indicated if an incident was classified as domestic violence, but there was no reliable systematic method that could be used to determine whether a child was present or if there was a corresponding entry in the children's database (MERLIN) from which notifications were created.

A complex query was developed to search the MERLIN system for records that indicated either that they concerned domestic violence (via a box ticked) or contained relevant keywords or phrases in their description (such as "family argument", "domestic") and included a CRIS number in the field where other database record numbers were recorded. Once this list was completed, the researcher then cross-referenced the MERLIN records against the CRIS records to access additional data on the incident not related to the child.

A third database was used to collect incident response times, but the research team was not given access to this database. The database manager provided the relevant data from the researcher's list of identifiers. Data was anonymised and provided with an identifying marker, downloaded into a spreadsheet and an MS Word document and passed to the research team on CDs. These CDs were stored in a locked safe and returned to the police to be destroyed when data entry was completed.

This approach produced a sample consisting of 251 notifications. As discussed later in chapter 4, this figure was calculated as a proportion of all domestic violence incidents in the two sites for January 2007 and was checked against the rates for February and March 2007. The anonymised data was entered into an MS Access database, either using codes or as open text data. The open text data was then coded and all data was transferred into SPSS (a computer program used for statistical analysis) for analysis.

2.3.2 Children's social services file data

In the northern site, where all children's social services records were stored on the integrated children's system (ICS) database, sample cases were located through electronic searches using the identifying markers allocated. This approach identified most, but not all, cases in the sample. However, it was also possible to use additional information collected from police records to search for cases and so maximise the numbers of cases identified.

Chapter 6 provides details on the numbers of cases lost from the original sample at this stage in the research; in the northern site, some cases were identified by electronic searches of diary sheets and were found in files for other member of the same family. Anomalies between police and children's social services' data with regard to demographic details were noted and these are discussed more fully in chapter 6. The researcher was provided with administrative support from the local site to enable key documents to be downloaded, anonymised and printed.

In every case, the most recent document available, and that immediately following the notified incident, was selected for downloading. However, in complex cases, more documents were selected, including initial assessments, Section 47 enquiries and core assessments, child protection case conference minutes (where available), children's care plans, looked after children's reviews, letters sent to families, diary sheets and "events" (notes made on the file).

In the southern site, the local authority had not yet fully implemented the ICS system and maintained hard-copy records on families. However, an electronic system was used for recording some basic details on every case and this system identified the location of the hard-copy file for each family. Administrative staff in children's social services used the identifying marker allocated to each sample case to locate the relevant files for the research team.

Anonymised data covering the same depth and range of information as that collected in the northern site was then extracted from the files identified and entered into pre-designed data collection forms. Some files proved difficult to find, and variations on the data contained in the identifying markers had to be explored in order to track some files down. Chapter 6 provides explanations for the considerable shrinkage that occurred in tracking the sample across to those records held by children's social services.

When it came to examining those cases that had received a service comprising an initial assessment or more from children's social services, the size of the group of cases available for study had diminished considerably through a process of attrition. We therefore supplemented this group of cases with a booster sample drawn from notifications received in the two sites in February 2007. This approach is described in more depth in chapter 7.

File data from both sites was initially entered into MS Excel spreadsheets. Quantitative data was then coded and analysed using SPSS. Separate databases were used for the police and children's social services data, with key variables being merged where we wished to examine children's social services intervention in relation to characteristics of the original domestic violence incident. Qualitative data was extracted from the spreadsheets and analysed under various themes; thematic reports and case vignettes were developed.

2.3.3 Stage 2: Interviews with practitioners

2.3.3.1 Interviews with police officers and IDVAs

In both sites, the research team had aimed to provide members of staff with information requesting volunteers to participate in interviews. However, senior management in both police forces did not consider that such an approach would be fruitful and, instead, managers nominated officers, both in front-line and specialist posts, to take part in interviews. Supervising officers and senior supervising officers were also recruited to take part in interviews. The aim was to achieve a sample that included specialist and front-line officers, as well as practitioners and managers. Interviews were also undertaken with staff members acting as independent domestic violence advocates (IDVAs).

Table 1 shows the posts held of those participating in the 33 interviews undertaken in autumn 2008.

Table 1 Police officers and IDVAs participating in interviews

| Position held | Number |
|--|---------------|
| Front-line response officer | 10 |
| Domestic violence specialist officer | 7 |
| Child abuse specialist officer | 1 |
| Front-line response officer supervisor | 3 |
| Specialist supervisor | 4 |
| Senior supervising officer | 2 |
| IDVA | 6 |
| Total | 33 |

Of the 27 police officers, 15 were interviewed in the northern site and 12 in the southern site. There were five women and 22 men; most of those interviewed (23) were white British. One officer was black British and the remaining three officers described themselves as of mixed ethnic background. Those interviewed ranged in age between 20 and 48 years, with the majority (14) between 30 and 39 years. The majority of officers interviewed (23) had worked only for the police force in which they were currently employed. The length of experience varied, from one to 26 years. Over half had 10 or more years' experience of police work and the average length of experience was 11 years. Therefore this can be described as an experienced group. Officers had varying amounts of experience in their current posts; most (23) had five years or less in their current post and the average time spent in the current post was 2.5 years.

All six advocates interviewed were female. Three were from the northern site and were IDVA-funded. The three advocates interviewed in the southern site, although not IDVA-funded, provided a service similar to that offered by those advocates funded by the IDVA. Since the IDVA role had only recently been established, respondents' experience in their current posts was limited, but most had extensive experience in support work with victims of domestic violence, and in counselling and advice work.

A semi-structured interview schedule was designed and piloted. Officers were interviewed individually on police premises and advocates were interviewed individually at their own offices. All were given the opportunity to refuse to be interviewed but all of them agreed to it. Most officers appeared happy to have the opportunity to talk at length about their work and were prepared to be critical of police systems and procedures. Interviews were recorded with

participants' permission; only one officer chose not to have the interview recorded; instead detailed notes were made.

2.3.3.2 Interviews with social workers

Social workers were recruited for interview through email requests for volunteers, circulated by senior managers. In selecting social workers for interview, attempts were made to ensure that different teams and areas within the two research sites were adequately represented and that front-line workers and managers were included in the research. Participants were interviewed in the offices of children's social services in December 2008 and January 2009. Most were interviewed individually but four participants chose to be interviewed in groups of two. All interviews were recorded with the participants' permission.

Twenty-five children's practitioners and managers were interviewed in total: 15 in the northern site and 10 in the southern site. The group consisted of 14 front-line social workers, two administrators and 11 middle and senior managers. The range of posts covered by the interviews is shown in table 2. The group consisted of four men, all of whom were managers, and 21 women.

Most of those interviewed (22) described themselves as white British, two described themselves as black British and black African, and one worker described their ethnicity as "other".

Table 2 Social workers participating in interviews

| Post held | Number |
|----------------------------------|-----------|
| Administrative worker | 1 |
| Administrative manager | 1 |
| Initial assessment family worker | 3 |
| Initial assessment social worker | 3 |
| Initial assessment manager | 4 |
| Family support worker | 2 |
| Family support manager | 1 |
| Child protection social worker | 4 |
| Child protection manager | 3 |
| Hospital social worker | 1 |
| Senior manager | 2 |
| Total | 25 |

Those interviewed ranged in age from 23 to 65 years. Three-quarters of the group were aged over 40 years. The level of relevant experience varied considerably, with some having as little as 18 months in social work or family support work, while others had as much as 30 years. The majority of those interviewed (n=17) had over 10 years of experience so, again, this was an experienced group of interviewees.

There were some differences between the two sites regarding levels of social work experience. Most of those interviewed in the southern site had more than 10 year's experience, while only half those interviewed in the northern site had this level of experience. In the northern site, most of those interviewed had only worked for the local authority they were currently employed by. Only two had worked in other local authorities. There was much more evidence of movement among those interviewed in the southern site; seven had worked for children's social services in other authorities and three had only worked for their current employer.

A semi-structured interview schedule was piloted before use. All interviews were transcribed and NVivo was used to sort and structure the data for analysis. Themes were identified, both in accordance with the interview schedules but also as they arose from the data using Grounded Theory¹ principles.

2.4 Stage 3: Survey of innovative practice

This snapshot survey was not included in the original plan for the research but was added as a means of capturing recent developments across England and Wales in practice and procedure concerning police notifications of domestic violence. A short postal survey was sent to the chair or manager of all LSCBs in England and Wales in December 2007. Reminders were sent to those that did not respond. The survey asked whether respondents could identify any innovative practice in relation to managing police notifications of domestic violence incidents involving children in their area, and requested a brief description of any such initiative, including details of contributing agencies. Respondents were also asked if the impact of any such initiatives had been measured or evaluated in any way.

From the 161 questionnaires posted, 57 responses were received; a response rate of 35 per cent. Of those, 30 respondents identified innovative practice in relation to police notifications in their area. Some respondents included examples of local policy statements or protocols.

¹ Grounded Theory (GT) is a systematic qualitative research methodology in the social sciences emphasising generation of theory from data in the process of conducting research.

Email enquiries were made of some respondents to clarify or provide additional detail on the responses received. The responses were read and analysed and patterns or models of innovative practice common to a number of areas were identified. These are reported and illustrated with some examples in chapter 9.

2.5 Ethical issues

Ethical approval for the study was given by the University of Central Lancashire's Research Ethics Committee and the NSPCC's Research Ethics Committee. The research also benefited from the advice and support of the project's advisory group, which met on three occasions. All participants were provided with age-appropriate information about the research, which emphasised that, unless there was a risk of harm to a person or persons, confidentiality would be maintained and their anonymity protected. Standard consent procedures were adopted for all research participants. Throughout this report, care has been taken to anonymise all individuals and the two sites. Similarly, all file data was anonymised before being removed from police or children's social services offices and the case summaries included throughout this report are anonymised with identifying details omitted or changed.

In interviewing young people and survivors, care was taken to ensure that the interviews did not inflict further harm. Since the young people who took part in the focus groups were accessed through established groups that addressed the issue of domestic violence on a regular basis, participants came to the focus groups with some preparation and also had the opportunity to address any issues arising from participation in the research with their group facilitators afterwards. Similar support was available through the organisations that facilitated interviews with survivors and perpetrators, and interviewees were encouraged to seek support from the relevant organisation if required.

It is now standard practice to offer service users or members of the public some payment in recompense for the time and trouble taken when contributing to research (Liamputtong 2007). Gift vouchers were offered to young people and survivors to encourage recruitment. Practice with regard to gift vouchers for perpetrators varied according to the position taken by local probation services on this issue. In one site, probation managers agreed that men participating in interviews should receive gift vouchers to compensate them for their time; in the other site, this was judged inappropriate and participants did not receive vouchers. This evoked some concerns in the research team about parity but it was not considered appropriate to deny gift vouchers to participants in one site because the organisation providing access to interviewees in the other site had taken this decision.

The use of semi-structured interview schedules allowed information to be collected at a pace set by interviewees. The interview schedules were piloted with appropriate professionals to ensure that questions were positioned and asked appropriately.

2.6 The research sites

Two research sites were utilised for the study in order that variations in practice and policy could be identified and compared. Together, they allowed us to study the response to domestic violence in two different settings. The northern research site covered two areas within a large county council: a small city and a district including both small industrial towns and rural areas. The southern site was a large metropolitan area, chosen in part because of the presence of a multi-agency domestic violence centre within the area.

Office for National Statistics data for 2007 (ONS, 2008) was used to compare the demography of the two sites and the combined population of those areas that comprised the northern site (376,400) was found to broadly match that of the southern site (339,500). In both sites, children aged 0–15 years represented 22 per cent of the local population. Some parts of the northern site had substantial Asian communities, with Asian groups constituting 10.7 per cent of the population and all black and minority ethnic (BME) groups representing 12.8 per cent of the total population. The southern site was more diverse, with BME groups making up nearly 35 per cent of the population; black communities represented nearly half of this group and a wide range of other groups accounted for the other half.

2.7 Chapter 2 summary

- The first stage of the research aimed to elicit the experiences and views of young people, survivors and perpetrators concerning professional intervention in domestic violence. These groups of participants were recruited separately from agencies where they were already receiving services.
- The second stage of the research explored professional practice using a retrospective file review through which 251 incidents of domestic violence were tracked through from police records to children's social work services records 21 months after the original incident. This picture of practice and agency systems was illuminated by interviews with practitioners and managers from both services.

- A snapshot survey of LSCBs was conducted to identify examples of positive practice in relation to the management of notifications.
- The two sites were reasonably well matched in terms of population size, particularly the children's population. However, in other respects, they were contrasted with the northern site including rural areas and the southern site having a considerably more diverse population.

Chapter 3. Experiencing domestic violence and using services

3.1 The research participants

The methodology used for this stage of the research was described in chapter 2. Here we provide a brief description of the young people, survivors and perpetrators who participated in group and individual interviews aimed at eliciting their experiences of domestic violence and their perspectives on services, particularly the police and children's social workers.

In total, 19 young people participated in five focus groups. The young people ranged in age from 10 to 19. Eight were male and 11 were female. Sixteen young people classified themselves as white British, one as white and Asian, one as white and black Caribbean and one as white and black African. Nine of those participating in the young people's groups currently had no contact with the perpetrator of domestic violence, while 10 had some form of contact with the perpetrator.

Ten of the 11 survivors of domestic violence interviewed were women. The group were aged between 25 and 48 years, with a mean age of 38 years. Four described themselves as white British, three as black Caribbean, three as black British and one as British Indian. Five of the group had only one child, one had two children, while the remaining five had between three and five children. They were therefore a diverse group in terms of age, ethnicity and family size. Most of the survivors interviewed were currently living in local authority or housing association accommodation, three were in their own homes and two were in other forms of accommodation.

At the time of the interviews, none of the survivors were in a relationship with the perpetrator and only four of the survivors appeared to have been involved in new relationships since they had separated from their abusive partner. Eight out of the 11 survivors were still in contact with the perpetrator, usually as a result of child contact arrangements, and in one case this was due to her ex-partner residing in the same building.

The survivors' children (n=26) were in the main living with them (n=22), one was at university and the remainder had left home (three were over 20). Of those living at home, eight were under 11 (with four aged under five) and the remaining 15 were in their teens. Most of the 26 children and young people in these families still had some contact with the perpetrator: only five were recorded as having no contact at all.

Of the ten perpetrators interviewed, four were voluntary participants in the programmes they were attending, while six had been mandated to attend by the courts. All were male and most were aged between 30 and 45, with two in their twenties and one in his late forties. Six of the group identified themselves as white British; the other ethnic groups represented included black Caribbean, black African, white Asian and white Irish.

The men had been selected for interview on the basis of their status as parents and most had three or more children, with three men having four children, one having five and one six. Three of the perpetrators interviewed were living with their partner and their children at the time of the interview; in the remaining cases, the men had contact with their children although they were not living with them.

Having described the participants, we now move to report the findings of this stage of the research. Participants' perceptions of the impact and consequences of domestic violence are described, before considering their views and experiences of services.

3.2 Impact and consequences of domestic violence

3.2.1 Children and young people's awareness of domestic violence

There was considerable variation in the extent to which survivors and perpetrators acknowledged that their children had been exposed to the abuse and affected by it. Parents' capacity to identify the extent of children's exposure to domestic violence is likely to be circumscribed by feelings of shame and guilt. McGee's study (2000) found that often it was only after women had left a violent relationship that they could begin to acknowledge the possibility that their children had witnessed the abuse. Such feelings were pervasive among both survivors and perpetrators and appeared to be compounded by awareness of the social stigma attached to domestic violence.

While most of the perpetrators interviewed were not prepared to take sole responsibility for the abuse, they did articulate feelings of guilt in relation to the impact of their behaviour on their children (see Stanley et al 2009a). Survivors acknowledged children's lack of options in the face of domestic violence and were anxious about the possibility that they had inflicted long-term harm on their children by not leaving earlier than they had.

...“Why did I do that? Why did I stay so long? Have I damaged the kids? What if this...?”, you know and it's..., so it's hard to keep, keep being a positive strong parent...

(Christine, survivor)

While a number of survivors and perpetrators admitted that their children had directly observed violence between themselves and their partners, others considered that their children had been shielded from witnessing the abuse: “*he was upstairs when this was going on*”.

However, when researchers probed this question, a number of perpetrators and survivors acknowledged that, even if their children had not observed a physical or verbal attack, they would have witnessed the aftermath, such as the removal of the perpetrator from the family home, and that this in itself would have been highly distressing.

A number of the perpetrators, and some participants in the young people's focus groups, considered that only older children were able to understand what they were witnessing. In contrast, some of the survivors believed that even very young infants would be affected by the experience of witnessing domestic violence. Other survivors described hearing their children describe their experiences of witnessing violence some time after the event or to other people. Children's drawings could be a means by which their mothers discovered the extent of their awareness of domestic abuse.

I was shown a picture and it broke my heart because it was too real and too lifelike, if you will, for him to have picked that up from anywhere else other than being at home, you know? And that's horrible.

(Sarah, survivor)

3.2.2 Psychological impact of domestic violence on children

Studies (McGee 2000; Gorin 2004; Mullender 2006) that have explored children's accounts of domestic violence have identified high levels of fear and trauma; in this research, survivors, perpetrators and young people also highlighted the fear and distress experienced by children exposed to domestic violence.

My little girl's told me it scares her. She's scared when we argue.

(Mark, perpetrator)

While some perpetrators perceived domestic violence to have had minimal or no effects on their children's behaviours, survivors were more likely to be concerned about the long-term impact of domestic violence on their children's lives. Mothers expressed trepidation about how violent memories might be manifested in negative and deviant behaviours and wondered whether these would become apparent as their children grew older.

...so I tried to minimise the impact but whether that will affect him, who knows? You don't know until they get older do you, as to how it's affected him. You don't know until they are older really.

(Christine, survivor)

During the interviews, survivors talked about the impact of domestic violence on their own mental health and described experiences of isolation, depression, anxiety, lack of self confidence and self-harming behaviours. Some had been prescribed anti-depressants, which were described as "*not the answer*" (Karen, survivor). Survivors' feelings of shame and guilt were compounded by their realisation that children had been exposed to and harmed by the abuse.

I think that was part of the breakdown as well 'cos I was watching my children suffer... and I felt guilty, then guilty inside and I'm thinking "why am I letting them go through this?" But, at the time I couldn't find a way out.

(Pearl, survivor)

Indications of depression and anxiety were evident in parents' accounts of their children's responses to ongoing exposure to domestic violence. In common with the findings of other studies (McClosky et al 1995; Mullender 2006), parents identified hyperactivity, nervousness, anxiety, depression and a lack of confidence in their children.

I think it's made my youngest one quite nervy and I think it's probably knocked their confidence a bit.

(Matthew, perpetrator)

...she went through a very bad depression where she even kept having tantrums and it was really hard to punish her because I, I, I even took her to interviews where I thought she was suffering from ADHD, or something like that.

(Pearl, survivor)

Humphreys (2009) identified sleep disruption in mothers and children exposed to domestic violence and, in this study, both survivors and young people themselves described sleeping difficulties in children of all ages related to fear, anxiety and hyper-vigilance.

...my child... wet the bed most nights, had nightmares every night, cowered when his dad came into the room.

(Sarah, survivor)

At night time I can't really sleep because like I feel like he's going to, like, come and to, like, do something or get into the house.

(Jackie, young people's focus group 5)

Studies of the impact of domestic violence on children have emphasised the loss of self-confidence, feelings of being different and the burden of secretiveness, which impact on young people's friendships and social networks (Gorin 2004; Buckley et al 2007). Young people participating in the focus groups and survivors described children's social withdrawal as a consequence of domestic violence.

Yeah, when it happens it sort of spoils my mood, because normally I'm really happy but when it happens I just like, I don't speak for, like a day at a time or something, I just don't want to speak at all.

(Louis, young people's focus group 5)

Some young people were described as separating themselves from the rest of the family as a means of avoiding the conflict at home.

...the older one... she became withdrawn, so to speak, and sought to go out in an effort, I thought, to escape the situation.

(Stephen, survivor)

In common with the young people in Buckley et al's (2007) study, young people participating in the focus groups emphasised the ways in which domestic violence could impact on their lives at school. Aggressive behaviour in school was linked to experience of domestic violence and poor concentration and attendance and the consequences for academic achievement were highlighted.

Say, say you were upset and you've got, like, exams or something, you do poorly on them or whatever, if you've got that on your mind.

(Tupac, young people's focus group 1)

3.2.3 Anger and aggression in children exposed to domestic violence

Survivors, perpetrators and young people tended to conceptualise domestic violence as learnt behaviour. Survivors identified anger, aggression and frustration in children as a consequence of being exposed to domestic violence. In younger children, this was described as aggressive play with toys or "temper tantrums". One survivor saw such behaviour as an expression of anger and described it as particularly evident following her son's visit to his father.

Now if his dad turned up tonight, for the next four, five days, pfffft, he'd go off the wall and he'd just boom. But a lot of it is just anger, there's so much anger inside him, and I don't believe they know how to get rid of that anger and to deal with that anger.

(Sarah, survivor)

In common with other research studies (McGee 2000; Mullender et al 2002; Buckley et al 2007), older children were described by both survivors and young people themselves as directing their anger towards their mothers.

...just angry and then, like, you'll take it out on your mum and things. It's been building up and then it's just war at them, and then they think that you don't care about them because you shout at them.

(Tremayne, young people's focus group 1)

Young people and survivors saw young people's aggression within the family, which was in some cases described as extremely threatening, as a direct imitation of the perpetrator's violence.

When me and my brother was younger, my dad used to, like, hit us and now my dad's left, my brother's started.

(Tanya, young people's focus group 2)

You know, he's gone to punch me, he's gone to punch his cousins and said you know "it's alright, Daddy does it".

(Sarah, survivor)

In this case, a young person was described as using the threat of the perpetrator's violence as a means of exerting control over his mother.

If I do something to him [son] he doesn't like, he turns the telly off, turn the telly off or something, you know, or if I say "What's wrong?", he says "I'll get my dad to beat you up". So he's aware of it. He knows, aware of it, that his dad keeps hitting me.

(Rose, survivor)

3.2.4 Growing up too quickly

Survivors, perpetrators and in particular young people emphasised how domestic violence had forced children and young people to "*grow up*" and to adopt the roles and responsibilities of adulthood in order for their families and themselves to "survive".

You have to grow up quicker because if you didn't then you'd just, you'd melt, you'd just go.

(Jodie, young people's focus group 3)

A number of young people described themselves as taking on parental roles within the family. Their adult responsibilities took a range of forms, including offering support to distressed siblings and parents and monitoring their safety.

If, if, like, my dad was there and my sister would be crying, then I'd just go, like, in her bedroom, just, like, lay down with her on her bed, just, like, I'll go hug her and then she, like..., and she'll be all right.

(Jackie, young people's focus group 5)

I called Parentline a lot because [my daughter] went off the rails a little bit. [My daughter] stayed with her dad on what she called his suicide watch, she was checking on him and he was coming into her bedroom at night waking her up and saying “I need to talk” and “I am so distraught about your mum and about what happened”.

(Christine, survivor)

Young people also described themselves as taking responsibility for protecting siblings when violence was occurring at home.

I take my little brother, my two little brothers into the bathroom and because [my brother] is only four and my other brother is only two, I tell [my older brother] to lock the door until I tell him to open it.

(Louis, young people’s focus group 5)

Children were also described as being inappropriately exposed to the intimate details of adult relationships. One of the survivors described how her ex-partner had tried to elicit information about her new relationship through their son and had interrogated him about issues that were “*too old for his head*” (Christine, survivor). The enactment of these “adult” roles was seen to represent a form of maturity but also elicited some anger. In one group in particular, young people expressed considerable resentment about having these responsibilities thrust upon them.

I used to have my mum crying on my shoulder, now isn’t it supposed to be the other way round? Isn’t it supposed to be you crying on your mum’s shoulder? Whereas I had my mum sat on the stairs, crying on my shoulder at four years old, asking me what she was going to do. Well I didn’t know. I don’t know how to deal with situations at four years old and that’s why it makes an impact, you end up more mature.

(Jodie, young people’s focus group 3)

Adult responsibilities were perceived to have the effect of isolating young people from their peers and from childlike activities.

I’ve never actually had that time to live and be a kid. I haven’t had that time to go running about, messing with my friends or going to do my things, play football and, you know, and so in other words, I just used to run away and find that, that little moment where I could sneak out the house and just go, shoot off and just hide under trees.

(Ann, young people’s focus group 3)

3.2.5 Effects on parenting and family relationships

The impact of domestic abuse on parenting and family relationships was cited by survivors, perpetrators and young people. Conflicting viewpoints emerged, with some mothers and fathers describing fractured and damaged relationships, whereas others did not consider that it had affected the parent-child bond.

Domestic violence was considered to have disrupted children's relationships with their parents in various ways. Some parents worried that they would never be able to recreate a positive bond with their children. Some described manifestations of extreme "separation anxiety".

I think it must have affected her, yeah...doesn't like me that much and they spend more time with their mother than they do me. So I think, you know, they've got a stronger bond with her.

(Matthew, perpetrator)

He is so attached to me to the point where I couldn't go and work because I left him with someone...the whole day he would cry for me, he doesn't stop, he will sleep fine but once he's awake he cries for the whole day.

(Keisha, survivor)

Mothers frequently assume responsibility for ensuring that men fulfil their parenting roles (Featherstone 2009), and a number of survivors described themselves as adopting a mediating role between their children and their partner both prior to and following separation. They would make "excuses" for their partner's abusive behaviour; avoid children's questions and "brush it [the violence] under the carpet", in the interests of maintaining a positive bond between children and their fathers. However, in a small number of cases, children were depicted as refusing any contact with their fathers following separation.

Other survivors reported that children missed their fathers and some perpetrators described their children as "*torn between two people who they love*" (Isaac, perpetrator). Some parents lived some distance away from each other following separation, so that children's contact with their fathers was limited or non-existent. Perpetrators resented bail conditions that denied them access to their children and some described negotiating arrangements with their partners to see the children despite the bail conditions.

The impact of domestic violence on parenting behaviour following separation was also conveyed in survivors' interviews. A few spoke of over-zealous parenting in terms of frequent trips to the doctors, or indulging their child's every whim.

This is when I went to my doctor's and... I goes: "I look after my child so much and even if a little thing happens, I bring her to the doctors". And the doctor goes: "you need to look after yourself".

(Rajika, survivor)

I think it's like my stepmum, she says "is he being bad now because he's been spoilt?", you know, because I did spoil him when we first left. "Oh yeah you can have that, yeah you can have that, you can have that, yeah love you can have that".

(Sarah, survivor)

3.2.6 Rebuilding families

A range of strategies for rebuilding family relationships following separation from an abusive partner were identified. Some survivors described trying to make their children "forget" what had happened and focus on positive caring behaviour. However, as McGee's (2000) study found, for others, perceptions that children were too young or that the subject matter was too distressing led to avoidance of any discussion of past violence.

I don't know, I can't explain it to him. Maybe when he's older, I'll explain it to him but for now I can't explain it to him. He doesn't understand, but he does remember it though, he does. He kept asking what did he do, all that man hitting you so hard and you cried, you know.

(Keisha, survivor)

A few survivors and perpetrators advocated open and honest dialogue with children about past violence to help them understand the present situation and to assist in rebuilding relationships.

I don't want her to grow up thinking she didn't get enough from mummy, to say that mummy didn't speak to me enough about it or even if she expressed herself to me or allowed me to express myself about how I'm feeling, 'cos I ask her questions too, you know, "what is it?", "how do you feel?".

(Pearl, survivor)

...one of the things I will do is be honest with them, to say “look this is what I’ve done, I’m not proud” because I think if you highlight that to your kids, they’re going to think you know what, gosh Dad actually did something wrong and he’s confessing it rather than hide it, and make it seem as though... he’s not talking about it and it’s brushed under the carpet.

(Isaac, perpetrator)

A couple of survivors also felt that being open with their children would encourage them to talk about their own personal experiences should they end up within an abusive relationship.

So whatever I experience, I don’t want my child to be afraid to come to me and say “Mummy, I’ve been beaten” or come to me to say anything at all.

(Rose, survivor)

A small number of young people talked about how they wanted to adopt different behaviours from those of their abusive parent, and be a “good man”.

The range of approaches described and the uncertainty expressed about how best to raise the issue of domestic violence with children suggests the need for professional support in this area. As Humphreys et al (2006a) have noted, such support is not easily accessed, as one perpetrator commented.

...at no stage has anyone said to me “would you like to come to a session and hear what you’re kids are going through or the effect you’ve had on them?”, so I’m sort of really, I’m really in the dark.

(Isaac, perpetrator)

While materials (Humphreys et al 2006b) are available to assist refuge staff in work with survivors and their children on rebuilding relationships in the aftermath of domestic violence, there are limited opportunities for such work in community settings and only isolated examples of interventions addressing the parenting of violent men (for example, see Scott and Crooks 2004 account of the Caring Dads programme developed in Toronto, Canada, and now established in a small number of sites in the UK).

3.3 Experiences and perceptions of police intervention in domestic violence

3.3.1 Attitudes towards the police

All three sets of interviews revealed considerable variation in attitudes and a degree of ambivalence towards the police. The young people participating in the focus groups had varied experiences of police interventions in domestic violence and acknowledged differences between individual officers.

One of them might be strict and one of them might not be...

(Tremayne, young people's focus group 1)

However, several of the young people participating in the focus groups had had negative experiences of the police in previous contexts, which appeared to have contributed to cynical and distrustful attitudes about the police generally.

...they arrest people for no reason.

(Richard, young people's focus group 2)

The presence of communication skills, such as the ability to convey sympathy and empathy, was often what distinguished certain police officers in the eyes of survivors. Survivors commented positively on individual, often female, officers who were clearly able to convey feelings of respect and regard for those they were advising.

I spoke to the domestic violence unit... and I was very, very impressed with how she handled it. She was matter-of-fact but she was also kind, warm, caring and took her time.

(Christine, survivor)

Perpetrators also described being impressed by female officers who communicated effectively.

...the two female officers, like I say, on the last time that I was in the cells were absolutely brilliant... they actually believed it... They advised me really well, they gave me good advice.

(John, perpetrator)

Some of the perpetrators brought histories of being in trouble with the law in the past to their perceptions of the police's intervention in domestic violence.

...ever since I was young, me and the police never seen eye to eye over silly things... climbing on roofs...

(John, perpetrator)

A number of perpetrators and survivors described the impact of police involvement in domestic violence on their children and considered that negative experiences had resulted in their children being scared or fearful of the police.

Some of the criticisms made of the police concerned their perceived tendency to resort to stereotypes. Those young people with previous negative experiences of the police tended to see them as jumping to conclusions or prejudging young people.

...judging you, saying "what're you doing?" ...that makes you feel uncomfortable...

(Jodie, young people's focus group 3)

One survivor felt that the police's attitude towards her was informed by racism.

I went to the police station... When I went there, they weren't very helpful, to be honest. I'm just this black lady.

(Keisha, survivor)

However, there were also examples given of the police being sensitive to the expectations and norms of BME communities. One survivor in particular was impressed by the discreet way the police handled her move to a refuge by arriving in an unmarked car rather than sending a uniformed officer, which would have attracted negative attention in an Asian neighbourhood.

Perpetrators also criticised the police for taking sides or prejudging people. They felt that when the police were called to a domestic violence incident they automatically assumed that the male was the aggressor and moved to protect the woman rather than trying to understand what had really happened.

It's one-sided, you know, they're not bothered about what's really happened, just as soon as they get a call off, as far as I can see, a woman, it's just there to, like, sort of protect them or whatever, whether something's happened or not.

(Peter, perpetrator)

In the case of the male survivor interviewed, the perpetrator was not arrested and the survivor commented that had the roles been reversed, he probably would have been arrested. A number of perpetrators felt that, once they had a record of being in trouble with the police, regardless of whether it was domestic violence or some other offence, they would be branded as the perpetrator in any future incidents. Some of the perpetrators mentioned incidents from the past, when the police showed up unexpectedly at unsociable times and made a show of forcibly removing them, rather than taking the time to interview them and get their side of the story.

Some perpetrators also suggested that the police were keen to label them as dangerous, despite the fact that this was their first violent offence. They also described the police probing their partners with a view to identifying experience of more serious forms of violence, such as child and sexual abuse. Perpetrators considered such allegations to be unfair and insulting. The suggestion that their partners had been persuaded to bring charges against their will by the police was made by a number of the perpetrators. This may reflect a desire to mitigate the seriousness of their violence and such comments also highlight the potential for perpetrators to exert pressure on survivors to withdraw from the prosecution process.

3.3.2 Speed of police response

Young people, survivors and perpetrators described the police response to calls to attend domestic violence incidents as sometimes slow. Young people thought that the police should respond immediately to ensure that they were able to intervene during the actual incidents.

They [police] should deal with it next time and get there faster.

(Edward, young people's focus group 4)

Some survivors described extended waits for the police to arrive, although these comments may reflect past rather than current practice (see chapter 4 for findings on response times identified from 2007 police data). Long waits were considered to reflect the fact that the police did not take domestic violence seriously.

Personally, I think that they [the police] don't take it as something serious. It's like a slow... response, or even casual...

(Denise, survivor)

When a rapid response was made, this was appreciated. This was particularly evident for one survivor who was concerned about her children falling asleep before the police came.

...it was good that the policeman came on time, I thought that was so... they came out fast but that was the one thing I was quite worried about. What if they don't come, what if everyone goes to sleep and they come and I need to get out of the house?

(Rajika, survivor)

3.3.3 Provision of information and explanations

All participants described being kept informed about what was happening or what might happen following an incident of domestic violence as extremely important. Feeling informed emerged as a means of experiencing some sense of control in situations where both children and adults felt vulnerable and powerless.

Young people in particular felt that frequently they were not provided with any explanations or information from the police and they described themselves as excluded from discussions that took place between police officers and adults following an incident of domestic violence. Similar feelings were expressed by the children and young people participating in Mullender et al's (2002) study. The young people contributing to our research considered that knowing the range of possible outcomes would enhance their sense of safety, even when the outcome they wanted couldn't be guaranteed.

When my dad came round and he started kicking off, the usual after a while, the police come round and they arrested him, they took a statement off my mum and that's it, they don't... they didn't say to us what happened if he was going to be released the next day or we didn't find out anything.

(Dawn, young people's focus group 4)

They should have come back and, like, explained it a bit better than they did and then, then told us that there wasn't much that they could do.

(Tremayne, young people's focus group 1)

Survivors also felt that explanations were critical to them feeling safe. It was thought that a survivor who understood the possible outcomes, both positive and negative, could prepare for the future. The legal system was often experienced as extremely complex and survivors noted that, when a person is in crisis, they might require repeated explanations. One survivor vividly conveyed this sense of confusion.

...the system can be very confusing of how it explains things... where I probably get confused by not understanding much. What is it they are really saying?, what do they mean?, you know?

(Pearl, survivor)

When the police were proactive in providing clear information, survivors were appreciative.

...they did ring me up and say “alright, we’re going to keep him over night and to court in the morning”. So I found it helpful that they’d actually got in contact with me and said what they were actually going to do with him.

(Lisa, survivor)

Perpetrators also wanted clear explanations of what could happen next. Some of the perpetrators felt that brutally honest accounts of the consequences of their behaviour were critical to achieving recognition of the abusive nature of their behaviour.

I needed somebody like the police and social services to lay it on the line and say “well, if this is the way it is, you know, it’s not going to work the way you want to go”.

(Patrick, perpetrator)

In common with perpetrators participating in Hester et al’s (2006b) study, one man described the process of criminalisation together with recognition of the potential effects of his violence on his son as a “wake up call”.

...they brought me in and they cautioned me and this...made me realise that before that I had blinkers on... They shook me up, what I was doing with my son.

(Patrick, perpetrator)

3.4 Being listened to and validated

Research participants in all three groups felt that they were not sufficiently listened to or even asked to recount their side of the story by the police. Many anticipated encountering disbelief from officers. Young people often felt that their perspective on domestic violence incidents was not listened to.

They listen to the adults more... they don't want to talk to you.

(Nicola, young people's focus group 1)

...one of them goes upstairs to talk to the kids and find out what they heard. They don't do that, like, but they should.

(Tremayne, young people's focus group 1)

Young people also felt that their accounts lacked credibility in the eyes of the police.

...they probably think that you're lying or something, to, like, help your parents.

(Tremayne, young people's focus group 1)

They considered that their opinions were rarely taken into account in making immediate short-term decisions about whether they should continue living with the perpetrator. One of the young people suggested that somebody close to the family could act as an advocate for children so that their views could be heard.

Yeah, what they should do is, like, get somebody to come over and speak... one of the family just to go over and, like, check on them and speak to them and find out what the situation is so that even though someone who has, someone has actually called the police, they know that the police has been informed by somebody who's maybe in the family...

(Jodie, young people's focus group 3)

In the small number of cases where young people made positive remarks concerning their interactions with the police, these were related to being listened to and provided with time and space to talk.

She was really helpful; she spoke to me rather than just my mum. She was the one that gave us the number for the NSPCC. She was just good at listening to us and that.

(Nicola, young people's focus group 1)

Survivors also described encountering disbelief from police officers concerning their accounts of violence. One survivor felt that she couldn't prove that she had been abused, because the bruises didn't show, so there was no point in going to the police.

I'm an abused woman. He's been beating me for so long, but I have never reported it to the police because I can't come to you, so you are not going to help me, you are going to, going to do, I don't know what, put it down on paper. Probably say what is the nature of the abuse 'cos I've no proof because he hit me in places where I wouldn't get bruises... face so the bruising has gone so I can't actually go there for them to see them.

(Keisha, survivor)

Other survivors described reporting an incident to the police and feeling that they were not believed by the officer taking the report.

...and I told them what was happening to me and it was such a nightmare... and I could tell they were just looking at me and thinking "you are lying".

(Pearl, survivor)

This perception of a lack of credibility may reinforce or reflect the difficulties survivors experience in accepting their identity as victim: there were examples in the data of them minimising their experiences of violence or suggesting that their experience of abuse would need to be more severe to merit a label of domestic violence. Experiences of doubting attitudes from professionals can contribute to wariness about disclosing the violence.

I keep a lot of things inside; I don't talk about things because I see that if I talk about it, people are going to say it's my fault. People are going to say I deserved it.

(Keisha, survivor)

In contrast, when survivors felt that the police listened to their accounts and took them seriously, this approach was valued. One survivor emphasised how contact with police officers had proved helpful in validating her experience of abuse.

...the first policewoman on the phone made me realise how serious a matter it was, then that did help me.

(Lisa, survivor)

Survivors reported valuing comments from police officers that conveyed respect and positive regard for them at a time of crisis in their lives.

...they were making me smile in some ways because they made me like “Oh don’t worry” and “you can do something in your life I hope and you probably don’t deserve him”. They made me feel better because nobody’s actually said that to me, it made me feel a bit proud of myself.

(Rajika, survivor)

In common with other participant groups, perpetrators considered that the police did not always listen to their side of the story. They described the police as rushing to arrest them, rather than taking the time to get their perspective on the incident.

...both of us could have been sat down and, er, got the stories rather than rushing to the police station as if something really serious had happened.

(Pili, perpetrator)

When the police did take time to listen to their account and “heard” their story, this approach was valued by those perpetrators.

They listened to me. They listened to me and they took into account the fact of what had occurred in the background in the past and what have you.

(Craig, perpetrator)

A number of the perpetrators commented that they would have appreciated joint interviews or discussions with their partners. Separate interviews were considered to “isolate” issues specific to the perpetrator rather than addressing wider family issues. They felt that joint discussions would have provided an opportunity for themselves and their partners to openly discuss their problems.

I thought that I was, that we would have been, um, interviewed together maybe, you know, when I was in the house... it will not be fully right until me and her go and air everything out in the open about why we were the way we are.

(Craig, perpetrator)

However, a number of studies have highlighted the risks to victims inherent in joint interviews (Bourassa et al 2008; Stanley and Humphreys 2006) and it is worth noting that none of the survivors made similar suggestions.

3.4.1 What happens next?

A recurrent theme in the survivors' accounts was the need for some change to take place as a consequence of their call for help. A few survivors felt that, even if the police did come to their aid, the resulting action was less than helpful.

...when I would go to the police station they, they just made the statement, oh well, they wrote it down in their little pocket book and put it on the computer. Nothing would be done about it. So, I, I had a horrible experience with the police.

(Rose, survivor)

Survivors were also frustrated when they perceived the police as powerless in the face of their partner's evasive behaviour or aggression.

Eventually he gave me a wrong address, of a friend of his, and of course I sent the police there with an injunction, but they couldn't serve it to him because it was the wrong address.

(Sarah, survivor)

For young people, particularly those who had taken the step of calling the police themselves, it was particularly disappointing when the police were seen to be powerless in the face of perpetrators who outwitted them or who "got away with it".

When they [the police] came to my house, my dad told them to leave and they did... And then my dad broke my mum's new blender and microwave...

(Louis, young people's focus group 5)

In common with the findings of other research (Mullender et al 2002), young people and survivors reported wanting the police to remove perpetrators of domestic violence from the family home immediately following an incident.

...like, get your dad away from the house and, like, not be there shouting.

(Jackie, young people's focus group 5)

This approach is now a standard element in the policing of domestic violence incidents but it may be difficult to implement if the perpetrator is not present at the scene when the police arrive (see chapter 4). Young people who had called the police themselves regarded this step as an indication of the seriousness of the situation and wanted the police to respond to this call for help by providing them with protection.

When they come straight away, they could, like, take him away straight away, instead of waiting around and everything and listening to sides, just... they should be taken away because a mum or child wouldn't call 999 just to get a dad taken away for no reason.

(Louis, young people's focus group 5)

While a number of young people expressed concern that an arrest might make the perpetrator angrier, those young people whose abusive parent had been removed following an incident of domestic violence reported positive views about this sort of intervention.

Young people also emphasised that the police should ensure that perpetrators stayed away from the family home. Higher authorities in the form of criminal justice law or statutory child protection powers were invoked as a means of achieving this.

...lock him up and then, like, make... either charge him, you know, if he's broken something, or even disturbance of the peace of something like that, so that's on his record, he'll have to pay a fine, that'd even make him think and then, like, if, if it happens again...they should try and, like, get him with something bigger, like, like harassment or something.

(Rachel, young people's focus group 3)

3.4.2 Continuity of support following police involvement

All three participant groups highlighted the need for continuity of support following an incident of domestic violence. Survivors wanted the police to maintain contact with them and keep them informed. They felt that the onus often fell on them to telephone the police for updating on legal proceedings.

While survivors appreciated that there were many demands on the police, a lack of information, for example as to whether a restraining order had been served, was considered to magnify their fear and distress.

I was contacting them, nobody ever contacted me. And then when I phoned up to say that PC whatever number he was, “can you get him to ring me?” “...oh he’s back on duty on Tuesday; I’ll get him to ring you”. Tuesday would come and go, nothing, Wednesday nothing. Thursday, ring you back, “oh sorry, never sent that message, I’ll get him to ring you”. And you’re frightened all the time, and I know they’re busy and I know there’s a lot of crime going on, but you need that support.

(Sarah, survivor)

When the police maintained regular contact following an incident this was considered to be helpful. Survivors felt informed and saw the police as retaining an active interest in their case, which enhanced their perceptions of safety. Survivors valued being given a named contact and direct number of someone whom they could talk to about their case. Those survivors who were recounting recent incidents of domestic violence were more likely to have been provided with the services of an independent domestic violence adviser (IDVA), and these women described the value of being able to openly discuss issues in the context of a trusting and confidential relationship.

Who do I trust the most? The police are fine in some ways because I have a personal adviser that I speak to who I can relate to, and where I don’t have to feel reluctant to speak about anything. Then I presume that whatever I say is confidential and nothing should be taken further unless it’s within my rights or whatever, unless it’s, you know, not any harm to the child or myself.

(Pearl, survivor)

This continuity of support could also be provided by a specialist domestic violence unit (DVU).

It’s easy enough. If you want to, if you really want to know something, you just call the police, the local police station, and they’ll put you in the right direction. You say, “Oh I’ve been subject to domestic violence”, they put you through to the, what do they call it, the DVU unit now.

(Rose, survivor)

Consistent support from someone they could build a relationship was also cited as important by the young people.

...and, like, they should talk to, like, someone who they've built up a relationship, so they could trust them.

(Tremayne, young people's focus group 1)

Some of the perpetrators also said that they would have appreciated follow-up contact from the police. One of the perpetrators who described his contact with the police very positively would have liked them to have checked up on him to discover whether he had accessed any support.

...they were two women, and they were there in the interview room and that was the last contact or follow up. They never followed that up to see whether I had gone on for any help or whatever.

(Patrick, perpetrator)

3.4.3 Barriers to accessing help and support from the police

A number of survivors highlighted difficulties in relation to accessing help and support through the police. The environment of the police station was associated with a lack of privacy and sensitivity, as well as perceived threats to safety and personal wellbeing associated with other service users in the waiting room. Survivors stressed the need for their confidentiality to be protected and were disappointed when this did not happen.

As one of the survivors specifically wanted to speak to a female police officer at the police station, she highlighted how helpful it would have been if she had been able to phone up and pre-book this appointment.

I think if there had been a telephone number that I could have rung to say "I'm coming in, could I see, can I see a woman officer when I come in?", I think that would have helped enormously.

(Christine, survivor)

3.5 Experiences and perceptions of children's social services

3.5.1 Young people's experiences and perceptions of social workers

As was the case in their attitudes to the police, young people's perceptions of social workers varied from very positive to very negative. Social workers were valued when they were available and took the trouble to talk directly to young people.

I have, I tell you, one social worker I've got to give it and I want her mentioning, [social worker's name], oh she was just the best, twenty-four hours a day she would just be there, you know even if it was two o'clock at night, she'd be there, no problem, you know what I mean?

(Ann, young people's focus group 3)

I still hate social services and that, but my CAMHS worker, she's a social worker as well; she's pretty solid... because she tries to listen to me.

(Rachel, young people's focus group 3)

Similarly, McGee's (2000) study found that children valued contact with social workers who took them seriously and listened to them. Other young people in our research expressed negative views of social workers, describing them as "arrogant" and "interfering". Many of these experiences related to social workers being perceived as not listening to young people or their parents.

In one case, social workers were described as interrogating young people who were perhaps trying to protect their parents.

...they try and get it out of you... they keep pressuring you to get answers.

(Richard, young people's focus group 2)

This young person would have liked to have been offered more control over his interaction with social workers, including the opportunity to leave the room if he felt like it. Some of the perpetrators interviewed also described their children as being afraid of social workers visiting their family. One described his children as "wary" of social workers.

A sense of powerlessness and fear of being pushed into disclosures that they feel uncomfortable about have been expressed by other groups of young people (Stanley 2007) in relation to social work intervention. Social work practitioners need to acknowledge children's loyalty to and need to protect their parents and identify ways in which young people can be afforded some sense of control in these interactions.

Other young people had negative views of social workers arising from interventions that were described as either not sufficiently helpful or threatening. Social workers were described as "not sticking to their promises" and one young person felt that social workers let her down when she was told to leave home by not helping her find a safe place to stay. Other young people described their mothers being threatened with having the children taken into care and viewed social workers' involvement as "stressful" for their mothers.

3.5.2 Survivors' experiences and perceptions of social workers

Very few of the survivors interviewed had had extensive contact with children's social workers and several had had no contact. Contact with social workers is frequently viewed by parents as threatening (Stanley et al 2009b) and mothers expressed concern that if child care social workers were to get involved, they might lose their children to the care system.

I was more petrified when they mentioned that word, "social services". I'm thinking these people are going to be in my life constantly and, well, I don't want any privacy in my home or you know I'm going to be constantly watched or my child's going to be either taken away from me now, even though I'm not in the wrong.

(Pearl, survivor)

One survivor had had extensive involvement with social workers. Her experiences had been mixed and her description of her early contact with social workers several years previously confirmed the fears of losing their children expressed by other victims. However, she did not consider that this attitude characterised her more recent contact with social workers.

...there was a time when I called them, when there was violence carried on, and they didn't do anything like [they would now]. "The only thing that we can do if you continue to allow this man into your home, and he continues to be violent towards you, that we will have to take your little boy away". That's what they said, they will take children away.

(Rose, survivor)

A number of survivors would have liked social workers to provide access to resources, such as childcare, and some expressed confusion about the roles and responsibilities of social workers. One woman had asked for assistance in obtaining child support from her former partner but had been told that this wasn't the social worker's role.

Contact arrangements were difficult for a number of victims who described perpetrators using access visits to intimidate them and interrogate the children about their accommodation or current relationships (see also Humphreys and Thiara 2002; Radford and Hester 2006). One victim had accessed supervised access through a voluntary agency but, in common with Harrison's (2006) research, found that the volunteers were not appropriately trained to manage the behaviours of perpetrators of domestic violence in this setting. She would have liked social workers to have referred her to a contact centre managed by social services but was advised that her case would not meet their criteria.

3.5.3 Perpetrators' experiences and perceptions of social workers

As with the survivors, only a limited number of perpetrators interviewed had had contact with social workers. Men in this group were more likely to have been recruited from the voluntary domestic violence programmes rather than through the probation service programmes. Some perpetrators complained of being excluded from communication with social workers assigned to their children and were unhappy with receiving communications from social workers via their ex-partner.

You know what I mean but it should come from the horse's mouth, you know?... Words get mixed up on the grapevine, don't they, so I won't be getting told exactly what they've said.

(Craig, perpetrator)

One man felt that social workers should be more understanding and flexible in the timing of appointments so that he didn't have to lose time and wages from his employment in order to attend. In common with some of the victims interviewed, there were also some perpetrators who felt that social workers had failed to help them access resources, such as housing.

However, a small number of perpetrators commented that social workers had communicated clearly with them and had proved understanding. In common with those perpetrators who described their encounters with the police as a "wake-up call", one perpetrator found that his joint interview with a police officer and a social worker assisted him to acknowledge his abusive behaviour.

They both sat in, I was recorded like we are now, and they made me realise that I wasn't a nice person you see, and you know, that I thought that I was deal mad in the head.

(Patrick, perpetrator)

Two of the perpetrators considered that child protection case conferences and family group conferences had been beneficial for their families. Such meetings had assisted with parenting skills and with reducing levels of violence at home.

We've got social services, we've done a family conference thing and this agreement, it's, well it's done rather good, no arguments, nothing.

(Mark, perpetrator)

3.6 Experiences and perceptions of specialist domestic violence services

All those participating in this stage of the research were accessed through specialist domestic violence services and the research offered the opportunity to capture young people's, survivors' and perpetrators' views of these interventions.

3.6.1 Young people's services

As noted in chapter 2, the young people were recruited to the research through a range of groups provided by voluntary sector agencies for children who had experience of domestic violence. All the young people participating were extremely positive in their comments concerning the support they had received from these services. In contrast to their experiences of other professionals, they described the workers in these agencies as taking the time to build up a trusting relationship with them, offering them coping strategies and listening to them.

It's just that you've built up trust and you, like, realise that if they ever tell anyone, it's for your benefit.

(Tremayne, young people's focus group 1)

When I used to come to the group before, they used to help me right and, like, say, what to do when my dad's actually there.

(Jackie, young people's focus group 5)

Young people's resentment about taking on adult responsibilities was noted in section 3.2.4. Staff in the specialist support agencies were described as offering opportunities for these young children to have fun and just "be kids".

Yeah. It gives us a break, it lets us be children... we never had a chance to be children. I mean, I come here, when I come here, I'm being a kid and it's good because there's no mum.
(Jodie, young people's focus group 3)

3.6.2 Refuge services

Over half the survivors interviewed had used at least one refuge; their views of the experience varied considerably. The degree to which staff members were perceived to be fully engaged with residents appeared critical in determining their levels of satisfaction. Some women who had experience of using a number of refuges highlighted differences in staff availability and attitudes.

...there wasn't any staff member that I could talk to, you know, speak to, sort of thing. They were there sometimes but they never had, they never came round and said "Oh, do you want to come in and talk?" 'Cos, you know, how do you feel so on and so forth... then I moved to [another refuge], which I found much more pleasant. The staff there were more, you know, like, caring. They invited me to their office and they looked at all my injuries and they spoke to me about what we do, moving and stuff like that, and... yeah, it was fine.
(Rose, survivor)

Others compared the attitudes of different workers.

My worker... was good, but there were other workers where they kept kind of, like, having their sandwiches and their meals in the office and they weren't that bothered in some ways.
(Rajika, survivor)

Women valued "feeling safe" in the refuge. One woman, whose immigration status was in question, was not able to access refuge services as she did not have recourse to public funds.

...they wouldn't allow me to, because of what happened to my passport. I'm thinking "why is that such a big deal because I'm not illegal. I've been here for so long I don't think that I'm not illegal. But because of my passport, you guys won't give me the protection I should get".
(Keisha, survivor)

While survivors found refuge rules restrictive, most understood the need for the rules. However, some complained that the rules were not consistently enforced by staff. One woman who had been unable to have her two older sons with her in the refuge understood the thinking behind this but had felt very unhappy about it.

Survivors' perceptions of the extent to which refuges provided support for children affected by domestic violence were also varied. While some described their children receiving support while in the refuge and viewed the refuge as addressing children's as well as women's needs, others felt that the refuge could have offered more in the way of counselling or interventions for children.

However, in some cases, survivors were describing their experience of refuges over a number of years, and practice in respect of children may have developed since the period covered by their accounts.

Some of the survivors talked about the need for support immediately after they had moved out of the refuge when they had felt extremely isolated.

The only drawback about living in refuge, what I found, you go from your home, into a house with, let's say, four other families, there's always hustle and bustle, there's always noise, there's always people about, there's always support staff. And then when you move on, you're on your own.

(Sarah, survivor)

3.6.3 Community domestic violence outreach services

Those survivors who had accessed "practical" resources through community outreach services were very satisfied with the experience. Assistance provided included childcare, help with filling out forms, referrals to other services, even help with shopping. Survivors valued practical support that helped them adapt to their new role as a single parent and that made them feel cared for.

...if you think that you are not feeling well, so they would bring you shopping and you'd just pay them. It was quite nice, it sounds lazy but in ways, if you're a single woman that's been through domestic violence and stuff, you can be scared.

(Rajika, survivor)

Outreach counselling services or helpline services were also valued for the opportunity to “unload”. However, survivors perceived such services to be under-resourced and described wanting more than six weeks of outreach support, being directed to a waiting list or failing to get a response after ringing a helpline.

...the answerphone. The fact that they can't, that there's not enough people to answer the phone... That's frustrating, when they say they will ring you back and then they can't because they haven't got time... they must be overburdened I guess.

(Christine, survivor)

3.6.4 A Multi-agency domestic violence service

In one of the research sites, survivors participating in the studies were accessed through a recently established multi-agency service that offered legal, health and advice services to victims of domestic violence in one building. The survivors interviewed were very positive in their views of this service and considered that it had met their needs on a number of levels. They valued the respect and empathy shown by staff who they felt validated their accounts.

One woman commented that she had been afraid that contact with the centre would result in her losing her child but staff had approached the issue of her parenting responsibilities in a more positive manner.

...speaking to someone from the centre, just having a one-to-one really, kind of made me sit down and say “Right, it's making your mind up time. What is it I want from my life? What do I want for my child?” And I believe they dealt with me; they created a very positive mind for me... to have that courage to do what I had to.

(Pearl, survivor)

The male survivor who had used this service described how staff had addressed his initial embarrassment and reluctance to seek help.

...one of the things she said to make me relax and then with that made me feel more confident more and more, was that “look, you're not the first male, and there are thousands of other males out there that are experiencing the same thing and even worse than you, but because they are male, they are reluctant to come forward, and stuff like that. So, don't think you're the only one”.

(Stephen, survivor)

3.6.5 Perpetrator programmes

All those perpetrators interviewed were currently engaged in perpetrator programmes and these included probation service provided integrated domestic abuse programmes (IDAP) programmes, which participants were mandated to attend and voluntary programmes provided by a range of different agencies.

Overall, evaluations of these programmes varied, with some being extremely positive and others appearing more cynical concerning the effectiveness of the programme.

...the majority of people on the IDAP programme consider it to be an inconvenience and a total waste of their time. Hopefully, subliminally, they take some stuff on board and it does make them question the way they've acted and the way they will react in the future. But I can't be sure of that.

(John, perpetrator)

Those who were less convinced of the programme's effectiveness tended to insist that women could also be perpetrators of domestic violence and argued that IDAP programmes should be open to women.

Some perpetrators spoke positively about the value of being able to share their experiences of domestic abuse in a group setting where they could be confident of meeting a non-judgemental response from the facilitators. The opportunity to share experiences in the group setting was contrasted with the lack of opportunities to do so outside the programme.

...most of my friends live far away, and people at work, maybe my [manager] knows... but the rest don't know about it. So you don't go talking about what had happened at home, I mean domestic situation. But when you come here you are with people in the same, similar situation every week. So you freely talk about what has happened. Get it out of your system. So that's why I find it much better now.

(Pili, perpetrator)

Some considered that the programme had helped them to learn new strategies to use in situations where they might have been abusive in the past. These men were positive about the ways in which the programme had helped them to change their behaviour.

I've got the equipment to deal with it... I know how to handle it, so I don't need to be raising my voice over it... I think "well this needs sorting out", I don't start ranting and raving, shouting or anything.

(Patrick, perpetrator)

Increased awareness concerning domestic violence and a consequent willingness to question their own behaviour and that of others were identified as positive outcomes of participation in these programmes:

It's great, it opens your mind and stuff and I like that.

(Andrew, perpetrator)

3.7 Experiences and perceptions of other services

3.7.1 Probation services

Six of the ten perpetrators interviewed had had some contact with probation services. In general, they expressed high levels of satisfaction with the support offered in the context of what was described as a close, non-judgemental relationship.

...she was brilliant, she was very supportive, she was really understanding and she, you know what I mean, she didn't look down her nose at me because of what I'm on probation for...

(Craig, perpetrator)

Yeah, he talks to me as if I'm just part of his family basically, you know what I mean?

(Scott, perpetrator)

In contrast with their comments concerning social workers, perpetrators valued the flexibility provided by probation officers concerning appointments, which could be timed to accommodate work schedules. It was noticeable that positive perceptions of the probation service were maintained even in instances where perpetrators complained of probation reports being inaccurate.

3.7.2 Legal services and courts

In general, the survivors interviewed had had positive experiences of both solicitors and the court system. A number of them had been advised by solicitors specialising in assisting victims of domestic violence, who were described as providing advice on housing matters, custody, visitation, injunctions and other matters while keeping the victim's safety paramount in their discussions. One mother described how her solicitor had advised her to write a letter to the school to ensure that they did not permit her ex-partner to collect her child. The solicitor was able to help her to address all those "details" necessary to ensure their safety. In another case, a solicitor called the police to remove a mother's violent partner from the family home.

While most of the victims had had positive experiences of the legal system, one victim described two very negative experiences in court. In the first instance, which had occurred some years ago, she was told by the judge that because she had voluntarily put herself in a situation of living in the "prison-like" environment of a refuge, he couldn't return her child to her care. On a second court appearance, the judge did not believe that she had been abused. More recently, she had been supported by a refuge outreach worker when attending court and this had been valuable for her.

Some perpetrators described solicitors as helpful in assisting them to negotiate contact arrangements but others found communicating through a solicitor to be a slow process and would have liked someone else to assist them in agreeing or enforcing contact arrangements.

3.7.3 Health services

The survivors interviewed described how domestic violence impacted on their mental health and described a range of effects including tension, stress, anxiety and breakdowns (see Humphreys and Thiara 2003). Some were anxious about disclosing domestic violence to their GP as they were concerned that this might result in social work intervention and removal of the children. However, those victims who had done so had generally found their GPs helpful and supportive. Survivors reported that their GPs conveyed a view of their situation as serious and so validated their accounts.

Other health professionals mentioned by some of the victims included health visitors who were described as signposting them to other services.

3.7.4 Education

Young people's evaluations of the support provided by teachers in relation to their experiences of domestic violence were mixed. In one group, young people expressed the belief that teachers would not have the time or experience to offer them relevant support.

No, teachers don't have the time for you. Because it's not their job, and just... And they're not prepared.

(Nicola and Tupac, young people's focus group 1)

In some cases, the responses offered by teachers and other educational professionals were felt to be inadequate.

And the school counsellor was exactly the same as that, she said, she asked what was happening, and when you tell her she just sits going, "um, yeah".

(Tanya, young people's focus group 2)

In another group, participants described teachers assisting in directing them to a voluntary agency offering counselling services. However, there was also a feeling expressed that disclosing experience of domestic violence in school could be risky since teachers might contact social workers resulting in children being removed from home. Alternatively, teachers might contact your parents and the young person's credibility could be called into question.

Or maybe they might ask you what happened, if you told them they'd call your mum in as well and then she says a different story.

(Ruben, young people's focus group 5)

School was also the place where young people saw their friends, who could represent a key form of support (see Gorin 2004) along with friends' parents, relatives and neighbours. Young people participating in the focus groups described themselves as discriminating in their choice of confidantes; like those children and young people in Mullender et al's (2002) studies, confidentiality was important to them when discussing domestic violence.

...my best friend, because she can, like, keep secrets and she wouldn't ever say anything to anyone else.

(Jackie, young people's focus group 5)

School and education were only occasionally mentioned in survivors' and perpetrators' accounts but one survivor described her child receiving extensive input from school on the issue of domestic violence.

These involved both one-to-one sessions for the child with his teacher as well as group sessions, which included another child in the class whose behaviour was considered aggressive.

...the two of them, they have discussions about violence and how it's not acceptable and why it's not acceptable. So he's brought a lot of topics into a class that I suppose wouldn't normally be in the class.

(Sarah, survivor)

The same mother also provided an example of well-developed communication with teachers on the issue of domestic violence.

...if she's got something to say or I've got something to say, we've got our little book where we write each other love letters every week! You know, because I want to know how he's getting on at school, she wants to know if anything's happened outside... she'll say "can I just see you?" and "is dad back?". "Yeah, he saw him yesterday", or "he saw him the day before" – "Yeah, I could tell yesterday his behaviour was..."

(Sarah, survivor)

3.7.5 Counselling/therapy services

Some of the children of the survivors and perpetrators interviewed had been offered therapy or counselling services from different agencies, including children's workers at refuges and child and adolescent mental health services (CAMHS), and their parents were asked about the value of such intervention. On the whole, survivors felt that such services had been beneficial.

Perpetrators were much less aware of therapy or counselling services used by their children, although a few of them thought that some such service had been offered or provided. One father noted that his child was on the waiting list for psychiatric services, while two other fathers were uncertain about the effects of counselling on their children. There was generally a sense that fathers had little involvement with such forms of intervention.

A number of survivors had accessed counselling or therapy services for themselves over and above those provided by refuge outreach services. Delays in accessing such services were described and one survivor had paid a limited fee for a counselling service her GP had directed her to. The extent to which such services were found to be helpful varied. One mother described accessing family and individual counselling for herself and her children in order to repair the damage that domestic violence had inflicted on her relationship with them.

...so I thought we needed to learn how to speak to each other in a respectful manner again, you know, and without me losing being the parent, which is really hard because I've lost respect really for myself and my parenting skills.

(Christine, survivor)

Such attitudes emphasise the need for interventions that aim to repair the damage inflicted on parenting by domestic violence.

The perpetrators described accessing a range of counselling services in the past. These included a counselling service accessed through the GP, Relate, substance misuse services and telephone helplines. Their assessments of these services varied but GPs were depicted as playing a key role in directing perpetrators to such sources of help.

3.8 Inter-agency communication

Inter-agency communication was discussed in the young people's focus groups. A number of young people felt that the police and social workers should be communicating in cases of domestic violence so that social workers could "check out" the situation and children could receive appropriate support. Another young person described the benefits of good communication between staff at the voluntary agency where she was engaged in a programme for children experiencing domestic violence and her school. She considered that this communication with her teacher had contributed to her achievement in school.

[My worker] rang up somebody who helped me, like Miss P, who's helping me in school now, they've been contacting her. But Miss P knows what was happening and why I was so upset and angry all the time. And she's helped me out in school, so it's all going well so far.

(Dawn, young people's focus group 4)

Young people would have liked the police to have given them contact details for relevant agencies so that they would know who to get in touch with for help in the future.

Maybe, like, give some phone numbers to the mum and the children.

(Leanne, young people's focus group 3)

The majority of the survivors and perpetrators were unaware as to whether the police had shared information about domestic violence incidents with children's social services. However, most survivors valued referrals made on their behalf or information concerning victim support services. Those who were provided with such information by the police described it as opening up access to services that they had not known existed or may not have previously considered.

...the letters were more of a supportive role... It was just to show that they recognise what was happening I suppose and, you know, there is help there for you if it really does get out of hand or something like that.

(Stephen, survivor)

One of the survivors described mixed feelings in response to information sharing and subsequent contacts made by various organisations. She noted that she was not always ready to deal with other agencies and was anxious about disclosing too much information. This particular survivor would have preferred to have been given contact details for relevant agencies so that she herself could manage the timing and extent of contact.

In general, perpetrators were unaware that information about the incident would be shared with any other agency. One perpetrator noted that he would have liked to have known this was happening.

I wouldn't have minded being informed, like, I would have because of your circumstances, whatever, we're going to have to report this, I wouldn't mind just a little to say something, know what I mean?

(Mark, perpetrator)

Perpetrators were uncertain as to where they could access support that could assist them in changing their abusive behaviour (see Stanley et al 2009a) and wanted the police to direct them to relevant services.

It was noted that, while the police routinely offered support with issues like substance misuse when they were detained in custody following a domestic violence incident, they were not offered any interventions relating to domestic violence at this time.

Well, I think it starts with the police being the ones, because I mean, every time that I was in the cells I had someone from the drug welfare come round and ask me if I wanted to chat about drugs and never anyone come and say “would you like to actually talk about what’s gone wrong?”, you know what I mean?... Erm, for somebody... for one of the officials that’s already involved to actually point it out for you would be a lot easier than having to go and find it for yourself before it even gets any further.

(Craig, perpetrator)

The police are likely to be the only agency that most perpetrators of domestic violence encounter in relation to their abusive behaviour, so contact with the police may represent a one-off opportunity for perpetrators to be signposted to relevant services. However, at the time of writing, services that perpetrators can access on a voluntary basis are unevenly distributed in the UK. For details of those programmes accredited by Respect, see www.respect.uk.net/pages/domestic-violence-perpetrator-programmes-uk.html.

3.9 Public awareness and information about domestic violence

Survivors emphasised the value of public information and awareness campaigns about domestic violence. A lack of local publicity about domestic violence was interpreted as an attempt to deny the reality of the phenomenon and some survivors thought that there was less public information about domestic violence than about child abuse.

Campaigns that sought to make information easily accessible to victims through the use of billboards, national advertising and the radio were thought to be useful but survivors also suggested that information needed to be available at the local level.

Posters in, perhaps, newsagents’ windows... because you are probably allowed out to buy a pint of milk.

(Christine, survivor)

Other suggestions for ensuring that relevant information reached those experiencing domestic violence included the use of small cards and telephone helplines with numbers that could be easily memorised.

In one of the research sites, a shop-front advice centre for victims of domestic violence had opened on the high street and survivors considered that its high visibility put the issue “on show” and could make help more accessible. However, one survivor pointed out that the centre’s central location might make it difficult for a victim of domestic violence to conceal her attempts to access help from her partner.

The perpetrators, like those interviewed in Stanley et al’s (2009a) research examining men’s attitudes to domestic violence, noted that most public information about domestic violence was directed at women.

I think that the only place you see leaflets is, like, at the doctor’s surgery or a probation office and they’re geared towards women, aren’t they, to leave the situation, not really for the fella to sort his behaviour out...

(Peter, perpetrator)

They argued that more information needed to be targeted at men and also suggested that perpetrators of domestic violence should be referred to sources of help at an earlier stage.

3.10 Chapter 3 summary

- Young people, survivors and perpetrators showed varying degrees of awareness of the impact of domestic violence on children and young people. Young people particularly emphasised the feelings of anger and aggression that exposure to domestic violence could evoke and described being required to assume a burden of adult responsibilities.
- Young people, survivors and perpetrators wanted more information and explanations, this was particularly important for young people who often felt excluded or ignored when police intervened in domestic violence incidents.
- Young people, survivors and perpetrators were concerned about their credibility in the eyes of professionals. They valued being listened to and wanted their accounts to be validated by professionals.
- Young people valued specialist services that offered children and young people exposed to domestic violence coping strategies, opportunities for fun and where workers listened to them and were able to build trusting relationships with them.

- Children and survivors wanted to feel safe, wanted the perpetrator to be removed from the home immediately following an incident and wanted to know what would happen next following police intervention.
- Interviews with survivors highlighted the vulnerable position of victims of domestic violence who had no access to public funds as a consequence of their immigration status.
- Most perpetrators and survivors were unaware as to whether police had passed their details onto social workers.
- Contact with the police as a result of a domestic violence incident was seen as a wake-up call for perpetrators, who highlighted the potential for police to signpost perpetrators to relevant services.

Chapter 4. The domestic violence incidents

4.1 Introduction to chapter 4

This chapter describes the sample of 251 incidents of domestic violence that resulted in notifications to children's social services in our two research sites in January 2007. Here, we use data collected from police records to explore the characteristics of these cases and the context in which they occurred. It needs to be emphasised that this stage of the research was conducted separately from stage 1 and did not include the participants whose views were reported in the previous chapter. The police records were created from incident reports that front-line police officers completed either using the pre-designed 124D booklet at the scene of the incident (southern site) or by telephoning the report to a computerised intelligence system immediately afterwards (northern site). The reports were then stored in electronic format. Since the quality and extent of police recording varied considerably, data is not consistently available for all the cases in the sample.

This chapter outlines the key characteristics of the children and young people, victims and perpetrators included in the sample and identifies those features that formed part of the context in which incidents occurred. Since the majority of victims in the sample were women and the majority of perpetrators were men, they are referred to throughout as female and male respectively.

4.2 Notified incidents in relation to all domestic violence incidents

Of the 251 incidents included in our sample, 130 cases (52 per cent) came from the northern site and 121 (48 per cent) from the southern site. These figures represented slightly less than a third of all domestic violence incidents occurring in the month of January 2007 in both sites – 27 per cent in the northern site and 32 per cent in the southern site. In order to establish the extent to which our sample was representative of police practice in the two sites with regard to notifications, figures were collected for three months in 2007 with the aim of comparing those incidents resulting in a notification as a proportion of all domestic violence incidents across this period.

Police notifications to children's social services should correspond to the total number of incidents where at least one individual involved is identified as having a child or children. However, recording difficulties and variations in police practice may result in inconsistencies.

Table 3 shows domestic violence incidents notified to children's social services as a proportion of all reported domestic violence incidents for three months in 2007 in the two sites. In the southern site, the January figures appear similar to those for the following months; in the northern site however, the proportion of total cases notified to children's social services in January is considerably lower than that for the two subsequent months but is higher than the figures for November and December 2006 (21 per cent and 22 per cent respectively). In this authority, policy regarding the circumstances under which notifications were to be sent had changed a few months prior to January 2007. It is possible that the gradual implementation of this policy accounts for the increase in the proportion of incidents that were notifications.

However, it is worth commenting that senior police officers in both sites were concerned that the proportion of all domestic violence incidents notified to children's social services in this period was generally less than a third of all cases in the southern site and less than half of all cases in the northern site. They indicated that, in respect of current practice, they would anticipate that about 50 per cent of all domestic violence incidents would result in a notification.

Table 3 Notified incidents as a proportion of domestic violence incidents in the two sites

| Month (2007) | All domestic violence incidents | | Domestic violence incidents notified to children's social services | |
|--------------|---------------------------------|----------|--|-----------|
| | Northern | Southern | Northern* | Southern |
| January | 514 | 375 | 148 (29%) | 121 (32%) |
| February | 507 | 328 | 188 (37%) | 99 (30%) |
| March | 497 | 331 | 218 (44%) | 92 (28%) |

*Totals for the northern site include intimate-partner violence and family violence (between adult siblings, and between parents and their adult children). Therefore the figure for January includes 18 incidents that were noted to be domestic violence, but did not occur between current or former intimate partners.

4.3 Children and young people involved in incidents

At the time of writing, police officers were instructed to record details of all children in families regardless of whether they were present at an incident or not. The police, and consequently the researchers, classified a child or young person as anyone under 18. In total, 460 children and young people were involved in the incidents included in the sample. The majority of families had one child (n=118; 47 per cent) and 30 per cent had two children. Twenty-one per cent of families had three or more children.

Analysis of the ages of the children included in the sample of cases identified that 29 per cent were aged 2 or under. As table 4 shows, nearly half the sample was aged under 5 (44 per cent), indicating the extent to which domestic violence impacts on young children. Nearly three-quarters (73 per cent) were under 11 and 22 per cent were aged 11 and above. Half the children and young people were female (n=234, 51 per cent), and 46 per cent of the children and young people were male (gender was not recorded for the remaining 3 per cent).

Table 4 Ages of children and young people involved in domestic violence incidents

| Age of children (years) | Number | Percentage |
|-------------------------|------------|-------------|
| Under 1 | 40 | 9% |
| 1 or 2 | 93 | 20% |
| 3 or 4 | 68 | 15% |
| 5 or 6 | 60 | 13% |
| 7 or 8 | 37 | 8% |
| 9 or 10 | 38 | 8% |
| 11 or 12 | 43 | 9% |
| 13 or 14 | 30 | 7% |
| 15 or 16 | 17 | 4% |
| 17 and over | 11 | 2% |
| Not recorded | 23 | 5% |
| Total | 460 | 100% |

Information was much less likely to be recorded on the ethnicity of children than it was on adults involved in incidents. In the northern site, although front-line officers were directed to record children's ethnicity, this information was not available for 17 per cent of children from this site. In the southern site, the 124D booklet used by the police to record details at the scene of an incident did not direct police officers to record children's ethnicity and this information was therefore unavailable for 47 per cent of children from this site.

Table 5 shows that, where data was recorded on the ethnic appearance (the means by which the police record ethnicity) of children, the majority of children were recorded as white European (62 per cent), with black African being the next largest category at 15 per cent; this group was comprised mainly of children from the southern site.

Overall, a much greater proportion of children (38 per cent) in the southern site was described as black/African, Asian or Arab as compared with 6 per cent in the northern site.

Table 5 Ethnic appearance of children and young people

| Ethnic appearance | Number | Percentage |
|--------------------------|---------------|-------------------|
| White European | 286 | 62% |
| Dark European | 13 | 3% |
| Black/African | 69 | 15% |
| Asian | 13 | 3% |
| Arab | 1 | 0% |
| Unknown or not recorded | 78 | 17% |
| Total | 460 | 100% |

4.4 Victims and perpetrators

4.4.1 Identifying perpetrators and victims in police records

There were variations in the way that officers in the two sites recorded data on the individuals involved in a domestic violence incident. In the northern site, demographic details were recorded against the categories of “victim”, “other person” (usually the perpetrator) and “children”. In the southern site, when no criminal offence had taken place, standard operating policy required that both parties were recorded as a victim and/or witness on the same crime report and neither would be identified as suspect or accused.

The sample included 38 incidents in the southern site where the record indicated that no offence had taken place and police identified both individuals as victims. For these incidents, both the individuals are listed as victims in the demographic data reported here. However, there were also 13 incidents in the southern site where officers could not substantiate that an offence had been committed, but considered that one of the parties was more responsible than the other and recorded one as victim and one as suspect and in these cases the researchers adopted the police’s categorisations.

In addition, there were a further four incidents in the southern site where both individuals were arrested as the police determined that both had committed crimes and another three incidents where an arrest was made or a potential offence was identified, but no suspect or accused was recorded. In these seven additional incidents, the researchers have adopted the police's categorisation of both individuals as "victims".

4.4.2 The victims

There were 287 victims included in the sample, of whom 233 (82 per cent) were women. As noted above, some of the men categorised as victims in the southern site were allocated to this category because no offence was judged to have taken place. The youngest victim was aged 17 and the eldest was aged 57.

As table 6 shows, the majority (79 per cent) of victims were aged between 21 and 40. Just under half (46 per cent) were aged between 21 and 30 and 96 (33 per cent) were aged between 31 and 40.

Table 6 Ages of victims

| Age range (years) | Number | Percentage |
|-------------------|------------|-------------|
| 17–20 | 21 | 7% |
| 21–30 | 131 | 46% |
| 31–40 | 96 | 34% |
| 41–50 | 30 | 10% |
| 51–60 | 4 | 1% |
| 61–64 | 0 | 0% |
| Unknown | 5 | 2% |
| Total | 287 | 100% |

Police records included some information about the victims' occupations, although in 32 per cent of incidents this was not recorded. The largest occupational category recorded was "unemployed", which was used to describe 36 per cent of all victims. Other employment categories recorded for victims are shown in table 7.

Table 7 Victims' occupations

| Victims' occupation* | Number | Percentage |
|--|---------------|-------------------|
| Managers and senior officials | 5 | 2% |
| Professional occupations | 4 | 1% |
| Associate professional and technical occupations | 7 | 2% |
| Administrative and secretarial occupations | 12 | 4% |
| Skilled trades occupations | 11 | 4% |
| Personal service occupations | 9 | 3% |
| Sales and customer service occupations | 6 | 2% |
| Process, plant and machine operatives | 3 | 1% |
| Elementary occupations | 9 | 3% |
| Housewife and mother | 22 | 8% |
| Student | 5 | 2% |
| Unemployed | 103 | 36% |
| Not recorded | 91 | 32% |
| Total | 287 | 100% |

*Office of National Statistics standard occupational classifications used. Categories of Housewife/Mother, Student, Unemployed and Not Recorded added.

Police records also offered opportunities to collect data on other victim characteristics, such as alcohol or drugs misuse, physical or mental health problems and pregnancy. Alcohol misuse was the characteristic most frequently recorded for victims – this was noted in 59 (20 per cent) of incidents.

Drug misuse was only identified in two cases and physical health problems were not recorded at all. Seven victims were described as pregnant and nine (3 per cent) were identified as having mental health problems.

4.4.3 Perpetrators

The sample included 207 identified perpetrators, 193 of whom were men (93 per cent) and 14 were women (7 per cent). The youngest perpetrator was 17 and the eldest was 64. The majority of perpetrators were aged between 21 and 40, with 39 per cent (n=81) between 21 and 30 and 35 per cent (n=73) between 31 and 40.

Table 8 Ages of perpetrators

| Age range (years) | Number | Percentage |
|-------------------|------------|-------------|
| 17–20 | 15 | 7% |
| 21–30 | 81 | 39% |
| 31–40 | 73 | 35% |
| 41–50 | 36 | 17% |
| 51–60 | 1 | 1% |
| 61–64 | 1 | 1% |
| Unknown | 0 | 0% |
| Total | 207 | 100% |

Ninety-one perpetrators (44 per cent) (six of whom were women) were identified as being drunk or having been drinking or self-identified as having a problem with alcohol. This is consistent with wider research on the role of alcohol as a contributory factor in domestic violence incidents (Downs and Miller 2002; Gilchrist et al 2003; Galvani 2004).

Twenty-one perpetrators (10 per cent) (all of whom were men) were identified as having a drug problem. Twenty-one perpetrators (10 per cent) (two of whom were women) were described as having a mental health problem by either their partners or themselves and two were identified as having some problems with their physical health.

As with the victims, table 9 shows that a high proportion of perpetrators were unemployed.

Table 9 Perpetrators' occupations

| Perpetrators' occupation* | Number | Percentage |
|--|---------------|-------------------|
| Managers and senior officials | 5 | 3% |
| Professional occupations | 2 | 1% |
| Associate professional and technical occupations | 3 | 1% |
| Administrative and secretarial occupations | 1 | 1% |
| Skilled trades occupations | 18 | 9% |
| Personal service occupations | 3 | 1% |
| Sales and customer service occupations | 2 | 1% |
| Process, plant and machine operatives | 4 | 2% |
| Elementary occupations | 11 | 5% |
| Student | 3 | 1% |
| Unemployed | 69 | 33% |
| Not recorded | 86 | 42% |
| Total | 207 | 100% |

*Office of National Statistics standard occupational classifications used. Categories of Student, Unemployed and Not Recorded added.

4.4.4 Ethnic appearance of adults involved in incidents

As noted in chapter 2, both research sites had ethnically diverse populations. In both areas, police practice at the time of the research was to record the ethnic appearance of the victim and perpetrator; this categorisation was based solely on the police officer's judgement. In only a few instances was ethnic appearance not recorded.

Table 10 compares the ethnic appearance of victims and perpetrators in the sample with the 2007 population estimates for each site. In order to facilitate comparison, some categories have been collapsed. The figures in table 10 suggest that, despite attempts by the police force to undertake outreach activities in Asian communities, the Asian population in the northern site is under-represented in our sample.

Other studies (Izzidien 2008, Thiara and Chung 2008) have commented on the reluctance of victims and children in Asian communities to call on the police for assistance with domestic violence in these communities: the anticipation that accounts will not be treated as credible may be particularly high.

One of the specialist domestic violence officers interviewed in the northern site commented on the low number of reported incidents from Asian families.

...a lot of Asian families will not ring the police... for, you know, it's, it's the honour thing...

(Domestic violence specialist 6)

Table 10 Ethnic appearance of perpetrator and victim, northern site

| Ethnic appearance | Perpetrator | Victim | Victim and perpetrator | 2007 population estimate (ONS) |
|--------------------------|--------------------|-------------------|-------------------------------|---------------------------------------|
| Asian | 6 (5%) | 3 (2%) | 9 (4%) | 11% |
| Black/African | 4 (3%) | 4 (3%) | 8 (3%) | 1% |
| Dark European | 3 (2%) | 0 (0%) | 3 (1%) | - |
| White European | 117 (90%) | 122 (94%) | 239 (92%) | 87% |
| Unknown | 0 (0%) | 1 (1%) | 1 (0%) | - |
| Other | - | - | - | 1% |
| Total | 130 (100%) | 130 (100%) | 260 (100%) | 100% |

As table 11 shows, ethnic appearance was considerably more diverse in the southern site. While 52 per cent (n=82) of victims and 48 per cent (n=37) of perpetrators were identified as white European by the police, this figure is lower than recent population estimates (2007) from the Office of National Statistics (ONS), which indicate that 65 per cent of the population are white.

Table 11 Ethnic appearance of perpetrator and victim, southern site

| Ethnic appearance | Perpetrator | Victim | Victim and perpetrator | 2007 population estimate (ONS) |
|--------------------------|--------------------|-------------------|-------------------------------|---------------------------------------|
| Arab | 1 (1%) | 0 (0%) | 0 (0%) | - |
| Asian | 5 (7%) | 12 (8%) | 0 (0%) | 15% |
| Black/African | 31 (40%) | 50 (32%) | 5 (63%) | 13% |
| Dark European | 3 (4%) | 3 (2%) | 0 (0%) | - |
| Oriental | 0 (0%) | 2 (1%) | 0 (0%) | 2% |
| White European | 37 (48%) | 82 (52%) | 3 (37%) | 70% |
| White Northern European | 0 (0%) | 1 (0%) | 0 (0%) | - |
| Unknown | 0 (0%) | 7 (5%) | 0 (0%) | - |
| Total | 77 (100%) | 157 (100%) | 8 (100%) | 100% |

Nationality was not recorded by the police in the northern site but was an optional field for recording in the southern site, where it was noted in relation to 58 per cent of adults in the sample. In these cases, a wide range of nationalities was cited that included European and African countries as well as the West Indies.

4.5 Family relationships

Table 12 shows that in 46 per cent (n=116) of incidents, the adults involved were described as partners. This definition included married couples, those who were co-habiting and those currently in relationships. In 54 per cent (n=135) of incidents, the individuals were described as ex-partners. This included couples that were divorced, separated, had ceased living together or ended their relationships.

Table 12 Relationships of adults involved in domestic violence incidents

| Relationship | Number | Percentage |
|------------------|------------|-------------|
| Current partners | 116 | 46% |
| Ex-partners | 135 | 54% |
| Total | 251 | 100% |

The relationships between the 460 children and young people in the sample and the adults involved in the incidents were also examined. As table 13 shows, for most children and young people, the incidents involved their birth parents; while 15 per cent of children were involved in incidents that took place between their birth parent and a partner who was not the child's birth parent.

Table 13 Relationships of children to adults in the sample

| Relationship | Number | Percentage |
|--|------------|-------------|
| Both adults are children's birth parents | 287 | 62% |
| One adult birth parent, other adult is/was parent's partner | 68 | 15% |
| One adult birth parent whose relationship with other adult unknown | 68 | 15% |
| Children's relationships to both adults unclear | 37 | 8% |
| Total children | 460 | 100% |

4.6 Repeat incidents

Domestic violence is distinguished by the fact that its victims are more likely to experience repeat incidents than the victims of other crimes (Povey et al 2009). The 251 incidents included in the sample related to 236 families. Thirteen of the families experienced two incidents of violence in January 2007, and one family experienced three separate incidents. A summary of these events is outlined in box 1. The incidents convey the accumulation of stress experienced by this family and some features of these incidents, such as the demand for access to children and the fact that, on two occasions, the perpetrator left the scene before he could be arrested, are familiar features of the incidents in the sample.

Box 1 Incident/Case No.'s 197, 214 and 160

Police observed a man fighting with two other men while responding to a secondary incident. The men were separated and given a warning. Five minutes later the man returned to his ex-partner's house and started banging on the door and shouting abuse. Two children were in the house, both of whom were reported as being upset. The man left on police request but 20 minutes later a further call was received from his ex-partner informing that he had returned. The police subsequently re-attended the location and arrested the man to prevent breach of the peace.

(Incident/Case No. 197)

A week later, the man returned to the property, banging on his ex-partner's door and was refusing to leave. She called the police and he left prior to the police arriving.

(Incident/Case No. 214)

Three weeks after the first incident, the man arrived at the house demanding to see his children. A verbal argument ensued and he left the property prior to police arriving at the incident location.

(Incident/Case No. 160)

NB. After numerous additional incidents of domestic violence, this man was formally charged and sentenced at the magistrate's court. He was ordered to pay a compensation order and mandated to attend a perpetrator's domestic violence programme.

4.7 Location and timing of incidents

As table 14 illustrates, the vast majority (87 per cent) of domestic incidents took place at the victim's home.

Table 14 Location of domestic violence incidents

| Incident location | Number | Percentage |
|---|------------|-------------|
| Victim's home | 219 | 87% |
| Public place | 12 | 5% |
| Telephone contact only | 10 | 4% |
| Other location (such as home of friends or relatives) | 10 | 4% |
| Total | 251 | 100% |

Analysis of the days of the week on which domestic violence incidents were reported shows that, while incidents occurred every day of the week, Monday and Sunday had the highest frequency rate for this time period. One potential explanation for a higher rate of calls on Mondays is that 1 January 2007 was a Monday and that day had the highest number of calls of any day that month. Controlling for that date, the highest number of incidents was reported on Sundays.

Police officers interviewed noted that Sunday evenings were often "busy" nights for domestic violence incidents. This peak can be attributed to the accumulating pressures of perpetrators spending time in the family home over the weekend.

Table 15 Domestic violence incidents in January 2007, by day of the week

| Day of the week | Number | Percentage |
|-----------------|------------|-------------|
| Sunday | 51 | 20% |
| Monday | 60 | 24% |
| Tuesday | 30 | 12% |
| Wednesday | 33 | 13% |
| Thursday | 19 | 8% |
| Friday | 27 | 11% |
| Saturday | 31 | 12% |
| Total | 251 | 100% |

The time when incidents were reported to the police can be used as an indicator of the timing of the incident itself, since most incident reports were made at the time of or shortly after an incident.

Table 16 shows that nearly half the incidents in the sample were first reported to the police between 9pm and 3am, when small children would generally be expected to be in bed. Reported incidents fell during the daytime but rose to 27 per cent of all incidents between 3pm and 9pm.

Table 16 Time incident reported to police

| Time of day | Number | Percentage |
|----------------|------------|-------------|
| 9pm to 2.59am | 105 | 42% |
| 3am to 8.59am | 31 | 12% |
| 9am to 2.59 pm | 44 | 18% |
| 3pm to 8.59pm | 67 | 27% |
| Unclear* | 4 | 1% |
| Total | 251 | 100% |

*In four cases it was not possible to ascertain the time when incidents were reported to the police due to discrepancies in police records.

4.8 Context for incidents

Police records provided details of those factors that were judged by the police or the participants to have precipitated abusive incidents. As information recorded following an incident was limited and the extent varied considerably between cases, it was sometimes difficult to identify the full range of factors contributing to these incidents. In 27 per cent of incidents studied (67 of 251), no descriptive information was available.

4.8.1 Alcohol and/or drug use

It was noted above that police identified 44 per cent of perpetrators and 20 per cent of victims as having problems with alcohol. In 57 incidents (31 per cent of those where descriptive details were available), police records indicated that alcohol or drug use had contributed to conflict and the subsequent incident.

Often, as in the case in box 2, such incident reports described one adult (usually the mother) as angry with their partner for being drunk at home or in front of the children, or about their expenditure on alcohol or drugs when money was needed to support the family.

Box 2 Incident/Case No. 29

The perpetrator, who was the father of two of the victim's four children, came to the house to ask for money for drugs. The victim said she had no money to give him and they argued. All four children (aged between four and 17 years) were at home when the incident took place. The mother's parents arrived to assist her and the mother called the police. The perpetrator had left and was walking down the street when he saw the police and flagged them down to give his side of the story. The mother came out and confirmed that no assault or crime had occurred during this incident. The perpetrator was warned that if he returned to the address he would be arrested for breach of peace. (*Incident/Case No. 29*)

4.8.2 Separations and relationship breakdown

Other studies (Humphreys and Thiara 2002; Radford and Hester 2006) have established that a substantial proportion of domestic violence occurs in the course of or following separation. Fifty-seven incidents (31 per cent of those where descriptive details were available) were described by the police as at least in part the result of problems in the relationship between the partners. Most of the arguments precipitating these incidents were related to the break-up of the relationship.

Incidents occurred in the context of discussions about separation or when one of the partners had returned to the home to collect possessions. Accusations of infidelity fuelled some of these incidents. In eight of these incidents, police records identified alcohol or drugs as an additional contributory factor. Box 3 gives an example of an incident that took place shortly after the couple separated.

Box 3 Incident/Case No. 120

The couple had separated four days prior to the reported incident. At that time, they argued and the woman damaged her partner's car, which was reported to the police. The woman was pregnant, and another child was also mentioned in the report. The couple agreed that the woman would pay her ex-partner a fixed amount each week until the damage was paid for. The woman called the police after her ex-partner made a series of calls, threatening her and asking for his money. The last time he called, he passed the phone to his girlfriend who threatened to come over and beat up the woman. The woman called the police and asked them to contact her former partner and ask him to stop the threatening phone calls. (*Incident/Case No. 120*)

4.8.3 Restricting access to home or children

In 48 incidents (26 per cent of those where descriptive details were available), access to either the children or the house was identified as a factor contributing to the incident. The majority of these cases involved the victim restricting access, but in a very few cases, the perpetrator restricted access to the children or home. This group does not include incidents where a perpetrator may have been engaging in harassing behaviour, such as repeatedly ringing doorbells or banging on windows but was not seeking access to the property. The reasons given for restricting access to the home varied.

In 13 of these incidents, drugs and alcohol were also contributing factors and were cited as a reason for access to the home or children being restricted. In 13 cases, child contact issues also featured. The case in box 4 is typical of such incidents.

Box 4 Incident/Case No. 112

A mother had sent a text to her partner from whom she was divorced to let him know he could see his 16-month-old daughter (this was a regular arrangement). She then heard from one of his friends that he had been drinking so texted him to say that he could not see the child if he had been drinking. Father later turned up at home and started banging on door. Mother called police because she was unsure what he would do, as he had been violent in the past. He was found by police sitting outside her house. He was initially aggressive with the police but quickly calmed down. He was told he would not be allowed to see his child as he was drunk and he was sent home.

(Incident/Case No. 112)

4.8.4 Child contact

Contact can provide an opportunity for domestic abuse to continue post-separation (Radford and Hester 2006), and in 35 cases (19 per cent of those where descriptive details were available), incidents took place in the context of contact visits or when children were being handed over for contact. Some of these assaults involved high levels of violence for both the victim and the children.

Independent domestic violence advisers (IDVAs) interviewed for this research expressed concern over the lack of supervised opportunities for contact; such opportunities are particularly likely to be unavailable in situations where contact is unregulated by any court order.

Advocates described suggesting that parents meet in a public location for handing the children over; but, as seen from the example included in box 5, such a strategy may not always guarantee safety.

Box 5 Incident/Case No. 37

A father was with his three-year-old child and needed to return the child to his mother speedily so he could go somewhere. When the child's mother said she couldn't make it back quickly, he threatened to "box your face" if he had to take the child to her. The father had made such threats in past, but had never followed them through, so Mother ignored the threat. When Father brought the child to Mother in a shopping centre, he punched her in the face three times, knocking her down. She got up and tried to hit him back and he punched her again. She was cared for by witnesses and Father left the scene. *(Incident/Case No. 37)*

4.8.5 Parenting and step-parenting issues

In 22 incidents (12 per cent of those where descriptive details were available), police noted that conflict between partners (either current or former) regarding the care and discipline of the children contributed to the context of the incident. Some arguments concerned feeding or appropriate diets for children, other arguments were related to adolescent behaviour and issues like curfews. A small number (n=5) of these incidents, such as that in box 6, were reported to have begun when ex-partners argued about how a step-parent or new partner disciplined or interacted with a child.

Box 6 Incident/Case No. 88

A mother and her current partner were at home when her ex-partner came over to discuss a matter related to their nine-year-old son. The mother described her ex-partner as calling her names and shouting loudly. She asked him to leave and he refused. He then pushed her and tried to punch her. Her current partner intervened and punched the child's father. The child's father stated that he was actually fighting with the mother's current partner and she got in the way. He had come over to speak to the mother and her partner because he was angry after finding out that mother's current partner had hit their son when disciplining him. The police noted that the boy was upset, but mature enough to discuss the incident with them. *(Incident/Case No. 88)*

4.8.6 Financial pressures

In small number of incidents (n=13, 7 per cent of those where descriptive details were available), financial issues were identified as contributing to the conflict and abuse. In some cases, arguments concerned spending on drugs and alcohol (n=4). In other cases, such as that included in box 7, arguments were related to general financial difficulties concerning unemployment or the distribution of possessions when couples were splitting up.

Box 7 Incident/Case No. 15

The parents were arguing over financial issues, as the father had been made redundant and the family was having trouble paying bills. The daughter, aged six, was frightened and called the police. Mother explained the situation to the police who saw no evidence of injuries or a disturbance.

(Incident/Case No. 15)

4.9 Use of weapons and injuries inflicted

Use of weapons and injuries inflicted appeared to have been systematically recorded. Tick-boxes were used for this purpose on the report forms completed by front-line officers in the northern site with prompts to record more details in a text box. In the southern site, the 124D booklet used to record information about domestic violence incidents included specific sections to detail information about injuries and specific questions about the use of weapons. Therefore, where percentages are shown below, they refer to a proportion of all incidents.

In 23 incidents (9 per cent of all incidents), at least one weapon was used or was displayed, generally by the perpetrator, but sometimes by the victim. In a small number of incidents, the perpetrator used a weapon on himself. In eight incidents (3 per cent of all incidents), a knife was the weapon involved. Eighteen incidents (7 per cent of all incidents) involved other weapons such as a machete, a frying pan, hot water, hot iron, belt, paving stone, iron rod, knuckle duster, hammer, broken bottle and scissors.

Box 8 Incident/Case No. 138

Angry at the discovery that his wife was having an affair, a man smashed a bottle and threatened his wife with it. He then used a Stanley knife to cut up the victim's clothing and slashed his own wrists. Their six-year-old son witnessed this incident.

(Incident/Case No. 138)

Injuries were recorded in 78 incidents (31 per cent). In 60 incidents, one individual was injured, in 17 incidents, two persons were injured and in one incident, three people were injured. Table 17 shows that most of those injured were victims. Injuries ranged from the most common types of cuts and bruises, swollen/black eyes and other facial injuries to the less frequently found and more severe stab wounds, broken bones and a head injury.

Of the three children injured, one was hit by a belt by his father as a punishment in the context of violence between the parents. Another man grabbed his stepdaughter by the hair, dragged her out of a room and down the stairs, where she suffered rug burns and bangs on her head.

Box 9 describes the events that led to a 14-year-old being injured. Photos of injuries were taken in less than half the cases where there were injuries (42 per cent of cases where injuries were inflicted). A variety of reasons were given for not taking photos. In some instances a camera was not available or there was a lack of visible injury to document.

Box 9 Incident/Case No. 72

A man with a history of violence when drinking had been drinking since early in the day. His partner asked him to leave several times during the day in order to avert violence. Finally, he agreed to leave after his partner agreed to give him his alcohol once he left the house. He left; his partner locked the door and passed his alcohol to him through a window. He then tried to get back into the house, breaking a window with a garden hoe. He threatened his partner and her children with a metal stick. He grabbed his partner around the neck and attempted to pull her to the ground. Her eldest daughter (aged 14) pulled on his coat in an attempt to get him off her mother and he punched the girl.

(Incident/Case No. 72)

In a small number of the incidents, the perpetrator threatened or committed an act of self-harm. This included a range of injuries, from bruises resulting from punching a toaster to him cutting his wrists.

Table 17 Those receiving injuries in domestic violence incidents

| Participant in incident | Number | Percentage |
|--------------------------------|---------------|-------------------|
| Victim | 70 | 73% |
| Child | 3 | 3% |
| Perpetrator | 16 | 17% |
| Victim/perpetrator | 4 | 4% |
| Officer | 2 | 2% |
| Relative | 1 | 1% |
| Total | 96 | 100% |

4.10 Levels of violence

Police records included an assessment of risk involving an assigned level of assault score in only one of our sites; such risk assessments were not completed consistently on all cases in the sample and the highest level of risk appeared to be only rarely utilised by the police (see section 5.6). Researchers therefore used the detailed descriptive data available on the incidents to allocate all incidents in the sample to one of three levels of violence.

This approach provides a picture of the extent and range of violence and abuse across the whole sample of incidents and offers a measure of incident violence that can be used in analysing the response of children's social services to the notifications.

However, this classification is based solely on information relating to the incident in the sample and does not take into account previous or subsequent abusive incidents. It should therefore be seen as a "snapshot" picture that gives an indication of the nature of information that the police collect and which could be (but as we shall see in chapter 5 was not necessarily) conveyed to children's social services.

Box 10 Levels of violence assigned by researchers

Level 1 None/low – incident involves verbal argument only. This level was applied to those incidents that were classified as "non-crime" domestics where a couple were arguing, but no violence or aggression was seen or alleged.

Level 2 Medium – incident involves verbal abuse with some physical abuse, such as pushing or shoving without any injuries being sustained

Level 3 High – incident involves verbal abuse with physical injury inflicted, a high level of violence or a verbal argument with threats to kill.

Table 18 shows that, using this classification, slightly over half of the incidents, were classified as Level 1, just over a fifth were classified as Level 2 and the 27 per cent of incidents were allocated to Level 3².

² Threats to kill either self or others is one of the plus factors used in the SPECSS+ model and is, as Humphreys et al (2005) note, a "significant barometer of dangerousness" (p32).

Those women identified as perpetrators in our sample (n=29) were much more likely than the male perpetrators (69 per cent of female perpetrators as compared to 50 per cent of male perpetrators) to be involved in incidents where the level of violence was rated as low.

Table 18 Levels of violence assigned by researchers

| Level of violence | Number | Percentage |
|-------------------|------------|-------------|
| High | 67 | 27% |
| Medium | 54 | 21% |
| None/low | 130 | 52% |
| Total | 251 | 100% |

Box 11 contains three examples illustrating the different levels of violence assigned to sample incidents. Together, they convey the range in levels of violence found in sample incidents.

Box 11 Examples illustrating different levels of violence assigned to sample incidents

Level 1 – None/low

The children's father had recently lost his job, resulting in financial problems for the family; he also began drinking heavily during the day. Following an argument about his drinking, the father pushed a pile of papers to the ground. Mother went to the bedroom with their two-year-old son while the father called the police. Both parents agreed that there had been no violence and the police saw no indication of violence or assault. Mother had to pick up their other child from school, so she agreed to stay away from the house for a while to let the situation calm down.

(Incident/Case No. 58)

Level 2 – Medium

While on bail for ongoing domestic violence, the children's father visited the family home saying he wanted to see his children (aged 4 and 10 years). While in the house, he made intimidating comments to the children and then spat in the mother's face before leaving.

(Incident/Case No. 245)

Level 3 – High

A woman's ex-partner (and father of her 11-month-old child) had broken into her house earlier to steal some samurai swords and a digital camera. He returned when she was at the home with some friends. He broke into the house, wielding a machete. He questioned the mother's friends, asking who was "shagging" her and swung the machete at a door, slicing the frame. He then threatened to "slice" everyone in the house. Their son was recorded as witnessing this incident.

(Incident/Case No. 87)

4.11 Extent of children's involvement

In the northern site, the presence and/or involvement of children in incidents was recorded either via a tick-box or through qualitative comments in records made at or immediately after the scene of the incident³. Further details of children's involvement were elicited from the description of the incident. In the southern site, the presence and involvement of children was contained in a qualitative write-up on the report.

However, in 24 per cent of cases, the location of children during an incident was not clear or was omitted from the records studied, suggesting a lack of police engagement with or focus on children. Comments on the presence of 339 children were available, but the extent of these could vary within the records for any one incident. For example in one case, the eldest child (aged 10) made the telephone call to the police and a tick-box indicated that child/ren were present, but the records did not note if his two siblings (both aged under 24 months) who were recorded as children in the family, were present at the incident or not (Incident/Case No. 149).

Children's presence was more likely to be recorded in the southern site, where 79 per cent of children were described as "present" at an incident in the broadest sense (where presence included witnessing the incident, being in another room, asleep or on the premises during the incident) than in the northern site, where 69 per cent of children were described in this way.

The interviews undertaken with police officers were used to ask how they defined whether children were present at a domestic violence incident or not. The majority stated that if children were in the house at the time of the incident, then they would record that they were present.

...but as far as I'm concerned, if there's a child in the house, they were present... Doesn't have to be in the same room.

(Front-line officer 7)

However, some officers defined "presence" as being physically present in the same room at the time of the incident, as one officer's comments indicated.

³ Since April 2008, significant changes have been made to the information sharing form forwarded to children's social services in the northern site. This form now records additional information about where the child usually resides, whether the child was a victim of a crime, whether they witnessed the incident and also if there was evidence of the child being distressed.

You usually find it's very rare, if a situation is such that you will be arresting one of them, it's very rare that the children are around, to be quite honest. Nine times out of ten these incidents are evening time and the younger children are in bed, and if there are slightly older children they might not even be in the house. I don't think I can recall having had to arrest somebody at a domestic incident where the children have been present unless it's gone wrong and we are fighting with somebody; it never, it doesn't really happen.

(Front-line officer 4)

There was further potential for confusion in identifying children's presence: some uncertainty was expressed about whether children who were resident at the address but not present and whether non-resident children of either of the parties should be included. Officers described using visual clues like children's toys to help them determine the presence of children in the house. Most would also ask about the presence of children, since their risk assessment forms required them to comment on this. Asking parents about children in the family was thought to be particularly necessary when incidents happened away from the family home.

As table 19 shows, almost half the 460 children in the sample directly witnessed the incident. In total, 69 per cent of children in the sample (94 per cent of those children whose location was recorded) can be described as "present" at an incident in a broadest sense (where presence includes witnessing the incident, being in another room, asleep or on the premises during the incident). As noted by participants in stage 1 of this research and reported in chapter 3, children who were described as in another room or "asleep" may well have overheard or been aware of the abuse or violence.

Table 19 Presence of children during incident

| Child's location | Number | Percentage of all incidents | Percentage of the 339 children whose location was recorded |
|--|------------|-----------------------------|--|
| Child witnessed incident | 206 | 45% | 61% |
| Child asleep | 25 | 5% | 7% |
| Child in another room | 13 | 3% | 4% |
| Child on premises | 74 | 16% | 22% |
| Child not on premises | 21 | 5% | 6% |
| Child's location not clearly recorded | 111 | 24% | – |
| Incidents involving abusive text/phone call; child's presence not recorded | 10 | 2% | – |
| Total | 460 | 100% | 100% |

Table 20 gives a fuller picture of children's exposure to domestic violence by examining the ages of those 206 children and young people recorded as directly witnessing the abuse.

Table 20 Ages of children directly witnessing incident

| Age of child (years) | Children who witnessed the incident | |
|----------------------|-------------------------------------|-------------|
| | Number | Percentage |
| Under 1 | 23 | 11% |
| 1 or 2 | 49 | 24% |
| 3 or 4 | 28 | 14% |
| 5 or 6 | 22 | 10% |
| 7 or 8 | 14 | 7% |
| 9 or 10 | 18 | 9% |
| 11 or 12 | 25 | 12% |
| 13 or 14 | 14 | 7% |
| 15 or 16 | 6 | 3% |
| 17+ years | 2 | 1% |
| Not recorded | 5 | 2% |
| Total | 206 | 100% |

Children of two years or under therefore constituted over a third of those who witnessed the incident directly and when the proportion of those who did directly witness an incident was compared to those who did not, it was evident that younger children (aged two or under) were more likely to observe the violence directly than were those between three and 11.

This was also the case for children aged 11–12 years. This might be explained by the fact that very young children were more likely to be in close proximity to their parents and awake during the night (when most incidents occurred), and so were directly exposed to the violence. Those aged 11–12 years were perhaps more likely to stay up late, while adolescents were more likely to be away from the family home.

Analysis was undertaken to establish the levels of violence across incidents where the children were or were not present at the incident location. Table 21 reveals that medium/high levels of violence were more likely, and low levels of violence were less frequent when children were present. These findings suggest that the presence of children did not act to reduce or restrain abusive behaviour.

Table 21 Levels of violence by children's presence at incident location

| Level of violence | Children present | | Children not present | |
|-------------------|------------------|-------------|----------------------|-------------|
| | Number | Percentage | Number | Percentage |
| None/low | 92 | 47% | 38 | 70% |
| Medium | 47 | 24% | 7 | 13% |
| High | 58 | 29% | 9 | 17% |
| Total | 197 | 100% | 54 | 100% |

The use of weapons in incidents when children were present was also explored. Children were present (where presence includes witnessing the incident, being in another room, asleep or on the premises during the incident) at 19 of the 23 incidents that involved a weapon being used. Again, children's presence in the house did not appear to function as a constraint.

4.12 Nature of children's involvement

A number of police reports provided more comprehensive accounts of the impact of the incident on children and young people. However, this more detailed information was not consistently available and in many cases children's presence was recorded only by a tick in a box or a brief mention of their presence. The available data was analysed and a number of themes, some of which occurred together in individual incidents, were identified. These are outlined and illustrated with details from the records below.

Caught in the cross-fire

Sixteen of the reports described children caught in the cross-fire of domestic violence. A number of these incidents involved children being removed from their home; either to leave with the victim to go to a different address or being taken by the perpetrator.

Box 12 Incident/Case No. 162

A woman had broken up with her partner, and informed him that she was leaving with their six-month-old son to go and live some distance away, to be closer to her parents. A verbal altercation ensued, and her partner left the house. Some hours later, he returned to the home, grabbed her by her clothing and pushed her to the bed. He then left taking the baby. Concern was raised about the baby's welfare, as he was suffering from bronchitis and had been taken without a coat. Extensive police deployment included police patrols and calls made to transport services. The baby was located and returned to his mother. The man was arrested and subsequently released with a caution (since his partner did not wish to press charges).
(*Incident/Case No. 162*)

Other examples of children being caught in the crossfire involved adults grabbing babies from one another, or pushing young people out of the way. A few incidents involved victims being attacked by the perpetrator while they were holding a small child. On one occasion, a mother was described in the record as placing her child between herself and the offender in an attempt to prevent the attack. In two of the incidents, children were described as attempting to “protect” the victim.

Box 13 Incident/Case No. 16

A male broke the front door of his ex-partner’s home in order to gain access. During this attack, their nine-year-old son tried to barricade his bedroom door to prevent his father from reaching his mother.
(*Incident/Case No. 16*)

Direct physical/verbal abuse of children

In a number of incidents, children were described as being directly physically and/or verbally abused during the incident. These episodes involved the children being *threatened*, *intimidated*, *dragged*, and *assaulted*.

Box 14 Incident/Case No. 75

A father was hitting his 11-year-old son with a belt. When the mother intervened, he turned on her, delivering blows to her head and fractured his own hand.
(*Incident/Case No. 75*)

Emotional impact

Police reports occasionally captured the emotional impact of incidents on children. Such reports described children as *terrified*, *scared*, *in tears* and *upset*. One report described a child as hiding under her mother’s bed during an incident because she was so frightened.

Box 15 Incident/Case No. 99

A mother telephoned the police as her husband was very drunk. When the police arrived, clothes had been strewn around the home, though there was no evidence of any physical assault. A six-year-old child had witnessed this incident. The police recorded that the child was upset and crying. The offender was subsequently arrested to prevent breach of the peace.
(*Incident/Case No. 99*)

Observing the violence

Additional detail was available in some police reports concerning the extent of children and young people's exposure to an incident. For example, on occasion children were described as observing the incident and their location (such as sitting on the stairs) was noted. Most of those children whose level of observation was described in detail were those who had made the initial call to the police.

Box 16 Incident/Case No. 27

A male hit his partner in the face with a child's boot, verbally abused her and threatened to kill the children, and slammed the door in her face. Within the police log it was reported that their five-year-old daughter had been able to provide more details about the incident than the mother.
(*Incident/Case No. 27*)

4.13 Chapter 4 summary

- In both research sites, the domestic violence incidents notified by the police in January 2007 represented about a third of all domestic violence incidents for that month. This low figure suggests that some incidents that involved children were not being notified to children's social services at this time.
- Nearly a third of children involved in notified incidents were under the age of three. Just under half the children in the sample witnessed the incident directly and 69 per cent were on the premises during the incident. Levels of violence were more likely to be high when children were present at an incident than when they were not.
- The sample of 251 incidents included a wide range of incidents in terms of their seriousness and the levels of violence involved in individual incidents. Injuries to adults and children were recorded in just under a third of incidents.
- Alcohol use by perpetrators was identified in 44 per cent of incidents; 10 per cent of perpetrators were recorded as having a drug misuse problem and 10 per cent were reported to have a mental health problem. Nearly a third of perpetrators were unemployed. Alcohol or drug use was identified as contributing to about a third of the incidents where details were available.

- Just over half the couples in the sample were separated and separation provided the context in which a number of the incidents occurred.
- Access to children and questions about the care of children were also key issues contributing to domestic violence incidents. A number of incidents occurred in the setting of child contact or when the perpetrator was seeking access to the house or children.
- In a small number of incidents, children were the direct objects of violence or abuse; more often they were caught in the cross-fire. Police reports gave only limited detail concerning children's involvement, but in some cases reports detailed the extent to which children had observed violence or described their distress.

Chapter 5. Police intervention in incidents of domestic violence

5.1 Introduction to chapter 5

This chapter examines the police response to domestic violence. It draws on data collected from police records on the 251 incidents in the sample, as well as primary data collected through interviews with 33 police officers, specialist domestic violence officers, senior police officers and independent domestic violence advisers (IDVAs) in both sites. These interviews illuminated the processes and decisions emerging from analysis of the incident data and allowed the research to capture attitudes and actions not recorded in police files. In particular, the interviews offered opportunities to examine the extent of police engagement with children at incidents of domestic violence and to consider police perspectives on whether and how the notification system and communication with children's social services might be improved. We begin by outlining methods of recording information in the two sites as the different approaches adopted impacted both on police practice in relation to domestic violence and on the data available to the research team.

5.2 Collecting and storing information on domestic violence incidents

Key data on domestic violence incidents were collected and recorded by front-line officers. However, the systems used for transferring this information to computerised systems, like merging it with other forms of data, producing risk assessments and quality assuring it, varied between the two sites. In the northern site, front-line officers used a terrestrial trunked radio (TETRA) to relay ongoing information to a communications operator as they responded to the incident. Information collected at the incident was subsequently entered into a computerised intelligence system by front-line officers via either an automated telephone system or an operator.

Front-line officers were also responsible for completing a risk assessment form, which was sent by email to their sergeant and the specialist domestic violence team. If an arrest had been made for assault, a full handover package was provided to the specialist team containing a summary of the event, witness information, officer's statement (including hearsay evidence), victim statements, domestic violence history (previous incidents/ intelligence reports from the police's databases) and photographs of scene/injuries.

The specialist team then assumed responsibility for assigning a score to the completed risk assessment and for updating key fields on the domestic violence database systems. These systems changed in 2008, when details of both domestic violence incidents and risk assessments were phoned through to the local crime bureau by front-line officers rather than completed on the computer and emailed through as they did prior to this.

Some officers and supervisors in the northern site appreciated the ease of use experienced in conveying information by TETRA and an automated telephone system. Others reported difficulties in accessing the computerised system out of hours and noted that if no criminal offence had been committed in the course of the incident, their priority for accessing the system was low and there could be delays. It was considered that the use of computers or civilian operators could impede the flow of information.

...the machine or the operator at the other end don't really understand what the bobby saw at that time, what the bobby did at that time, and what the bobby is trying to say.

(Senior supervising officer 2)

Senior officers in this site recognised that the current system for transferring information was cumbersome and impacted on their ability to respond effectively to domestic violence incidents. One of the supervisors interviewed in the northern site described a highly regarded pilot scheme that provided front-line officers with handheld devices, allowing them to enter data on domestic violence incidents directly onto their database system while in the field.

In the southern site, front-line officers used a pre-designed 124D booklet to gather information on domestic violence incidents and were also responsible for completing data entry in the various electronic database systems. This paper booklet is specifically designed for domestic violence incidents and requires front-line officers to record a variety of information as well as providing a "tear out" sheet with information to provide to the victim. Completed 124D booklets for the incidents included in this research were not available to the researchers, but the interviews gave officers the opportunity to describe their experiences of using the booklet. The completed 124D booklet was forwarded to specialist domestic violence officers, but most of the information recorded was also recorded electronically on various database systems by front-line officers at the end of their shift.

In the northern site, the domestic violence database, the intelligence system and associated crime reference reports were linked by a single entry access system. The researchers could therefore easily access all information recorded electronically. The specialist domestic violence officers interviewed appreciated the interaction between their different database systems that allowed them to easily access information held by other teams.

This contrasted with the southern site where, in order to utilise the same level of information as was accessed in the north, three separate unlinked databases were accessed. The first of these, the Computer Aided Dispatch and the Contact Handling System (CAD/CHS), stored the information about the time of the call/report made to the police and the response time and was maintained by communications staff. The second database was the main crime reporting system (CRIS), used to record all the incidents and crimes reported to the police; the third database (MERLIN) stored information about children who had come to the notice of the police. The criminal intelligence system represented an additional database in the southern site that was used by officers, but was not accessed for the purposes of this research.

Front-line and specialist officers interviewed in the southern site consistently expressed the view that there was excessive duplication in their paperwork. While recognising the need for the information to be recorded, they argued that the fact that the four different database systems they utilised were not linked up meant that officers spent large amounts of time entering the same data into different systems.

Some of the complaints concerning the repetition involved echoed the problems identified for children's social workers using the Integrated Children's System (ICS) (White 2008; Peckover et al 2009; Laming 2009).

...and it's so repetitive as well, I mean MERLIN... to put a lot in the circumstances and have to put it again somewhere else.

(Front-line officer 2)

This repetition was considered to impact on the quality and accuracy of information recorded and was described as taking time away from front-line work.

We all knew there was a lot of paperwork to it; I don't see why it can't be simplified. It would probably take a lot of money and you know, it would make the job a lot quicker and our whole point is that we should be getting out and answering those calls, but if they could be linked and you were putting on any additional information you need, it would be so much easier. Yes, definitely too much paperwork.

(Front-line officer 5)

In contrast, in the northern site, most officers interviewed felt that the current recording system involved just the right amount of paperwork for front-line officers. One officer cautioned against adding more data entry for front-line officers, feeling that that would tip the scales towards “overdoing” it.

In terms of the content of electronically stored information, both sites included demographic information and contact details about all persons involved in or witnessing the incident; a description of the incident; a description of the investigation and actions taken by the police officers and specialist officers involved, the outcome of the incident and general information about the notification sent to children's social services. However, there were differences in how the information was stored, which impacted on how easily an officer could access all the relevant details for an incident.

In the northern site, the domestic violence database had specific fields, some tick-boxes and some text boxes, for data to be entered into rather than requiring the officer to put much of the relevant information in one open text box. These specific fields not only allowed for easy, consistent access to the information, but also served as a memory aid to ensure that all relevant data was recorded. Another feature of this database was the automatic inclusion of previous and subsequent incidents (recorded on the system) that the perpetrator and victim had been involved in. In the southern site, information about previous incidents involving the victim or perpetrator was not automatically included in the records and had to be accessed separately.

In collecting data for this research, researchers noted a substantial amount of inaccurate or missing data in police files for victims, perpetrators and their children. In 19 per cent (n=48) of the incidents studied, some demographic data was missing or inaccurate. Errors and omissions identified included omitted birth dates and ages of children and adults; inconsistent ethnicity data and lack of clarity concerning the relationship between the children and the adults or for that between the adults involved in the incident.

Many reports of incidents contained very sketchy details, making it difficult to understand what had happened and who was involved. In the northern site, where details of previous domestic violence incidents in a household were included in the records, the quality of this information was variable: in some incidents, it was clear that there had been previous domestic violence incidents, but the information provided was incomplete.

5.3 Receiving and responding to calls

5.3.1 Repeated calls, call status and officers responding

Survivors participating in the interviews reported in chapter 3 regarded the speed of the police response to an initial call as an indication of how seriously domestic violence was taken. The majority of incidents (n=225; 90 per cent) in the sample involved one call being made to the police prior to their arrival. Six per cent (n=15) of incidents had two calls logged and a further 3 per cent (n=7) had three calls logged. One incident had a series of six calls over three and a half hours and in a further incident, “several” calls had been made before police responded.

Police in the northern site classified calls into three categories taken from the Association of Chief Police Officers (ACPO) (2005) guidance. These categories determined the speed of response as well as the allocation of police officers. The three groups were “emergency” (response within 15 minutes), “routine raised 8 hours” (where a call previously assigned a routine status was increased in its priority to trigger a response within eight hours), or “routine” (response to be made within 72 hours). While this information was available in the southern site on the CAD/CHS system, researchers did not have direct access to this database and were only able to obtain information on time of arrival at an incident.

The majority of the 130 (n=95; 73 per cent) domestic violence incidents in the northern site were classified as “routine”; “emergency” incidents comprised 17 per cent (n=22) of the incidents in the sample and 7 per cent of cases (n=9) were “routine raised 8 hours” (four were missing a categorisation). Analysis of incidents according to whether children were present or not showed that cases were more likely to be classified as an emergency when children were present: 21 per cent of those incidents with children present were allocated emergency status, whereas only 7 per cent of those where children were not present at the time were rated as emergency calls.

However, when the researchers examined additional information available on incidents that may not have been available to the communications operator, it was apparent that the call status allocated did not necessarily reflect the severity of an actual incident. Only four of the calls made concerning the 25 incidents rated by the researchers as having the highest level of violence were classified as an emergency.

Also, in the northern site, the number of officers responding to an incident was recorded. This information gives some indication of police resources committed to domestic violence incidents. However, no comparable information was available for the southern site because, as noted, researchers did not have access to the CAD/CHS system where this information was stored.

In a third of the 130 incidents (n=43) in the northern site, one to two officers responded; 40 per cent of incidents (n=52) involved three to four officers responding. In 25 per cent (n=32) of incidents, five or more officers responded. Higher numbers of officers were likely to be deployed in cases classified as “emergency” status. The deployment of officers for domestic violence incidents had changed in one district in the northern site in the two years since the time of the sample incidents.

At the time of the interviews, domestic violence cars staffed by two crews were operating on nights over the weekends when incidents were judged most likely to occur: these vehicles were primed to respond quickly. While officers were positive about this specialised response that allowed front-line officers to develop expertise in responding to domestic violence, they identified early problems in ensuring that cars were available when required.

There was some evidence from stage 1 of this research that female police officers responding to domestic violence incidents were perceived as having particular strengths in the area of communication skills. Officers participating in interviews were asked if they thought that the gender of the officers attending an incident was significant. Some felt that it was not, emphasising that an officer’s response was dependent on his/her skills and approach rather than gender.

Others considered it desirable for male and female officers to respond to incidents together, as female victims might want to speak to a female officer; this was considered especially likely if sexual abuse was an issue. However, it was noted that the ability to offer this was dependent on staffing ratios.

...certainly if it's a female party that's called us, then I would suggest that that person might be more willing to speak to a female officer in a lot of cases. Unfortunately, the ratio of female to male officers means that 9 times out of 10 it's going to be a male officer who's going to go. But then of course we always have the opportunity once we've got there, if we feel that we need a female officer at the address, then we can quite easily call for a female officer to attend.

(Front-line officer 10)

Some officers felt that the gender of the responding officer might influence the way in which the perpetrator was handled, with male officers providing a more physical presence and female officers offering a calming “approach” to an incident. Officers also suggested that both the gender and ethnicity of officers could determine how perpetrators responded to police intervention.

If it's a white female officer – a lot of Asian men and African men – because of, in their culture women are almost sort of below the male on the rung... I'm sure that the female officer would then not maybe get as much cooperation from them as perhaps I would.

(Front-line officer 1)

5.3.2 Who made the call?

As table 22 shows, in 73 per cent of the 251 incidents, the victim (n=182) made the initial call to the police. Where repeat calls were made, victims were again the most frequent callers. Children made 11 initial calls (4 per cent); children did not feature among those making subsequent calls. Calls from children to the police were therefore relatively rare and we explore below the circumstances that prompted them and the police response. A neighbour or someone who chose to be anonymous reported 21 of the incidents. The 22 “other” callers included friends and cases where the caller's relationship to the victim and perpetrator was unclear.

Table 22 Who made the initial call to the police?

| Caller | Number | Percentage |
|--------------|------------|-------------|
| Victim | 182 | 72% |
| Child | 11 | 4% |
| Perpetrator | 6 | 2% |
| Neighbour | 12 | 5% |
| Relative | 9 | 4% |
| Anonymous | 9 | 4% |
| Other | 22 | 9% |
| Total | 251 | 100% |

5.3.3 Police response times

In the southern site, inconsistencies were found between the call handling database system where communications operators recorded the time officers arrived at an incident (TOA) and the crime reporting system database completed by officers. Consequently, response times could not be determined for 33 incidents (14 per cent) in the southern site. Another 6 per cent of incidents (n=14) lacked a recorded response time because they were reported in person to a police station.

As table 23 shows, over three-quarters of the incidents, were responded to within the 15 minutes of the initial call being made or received by the reception officer at the station. If only incidents with a recorded response time are considered, 66 per cent of the incidents reported had a response time of under 15 minutes.

There were 26 incidents in the sample (13 per cent of those with a recorded response time) where it took a significant amount of time – more than one hour – for the police to respond; in several cases it was noted that the delay was caused by a lack of available officers. Some logs on these cases commented that another shift had to come on duty before officers had time to respond.

However, in the northern site, it was possible to ascertain that the majority of cases with lengthy response times were those where the victim was in a place of safety and follow-up was provided the next day.

Table 23 Police response time to first call

| Police response time to first call | Number | Percentage | Percentage including only cases when response time recorded |
|------------------------------------|------------|-------------|---|
| Less than 15 minutes | 134 | 53% | 66% |
| 16–30 minutes | 28 | 11% | 14% |
| 31–45 minutes | 8 | 3% | 4% |
| 46–60 minutes | 7 | 3% | 3% |
| 1–2 hours | 8 | 3% | 4% |
| 2–3 hours | 6 | 2% | 3% |
| 3–5 hours | 3 | 1% | 1% |
| 5–8 hours | 3 | 1% | 1% |
| 8–12 hours | 1 | 1% | 1% |
| 12+ hours | 5 | 2% | 3% |
| Not applicable | 14 | 6% | - |
| Unclear | 34 | 14% | - |
| Total | 251 | 100% | 100% |

Researchers compared performance on response times across the two sites. In the northern site, 73 per cent of incidents (n=91) received a response within 15 minutes and 91 per cent were responded to within one hour. This compared to a response time of under 15 minutes for 55 per cent (n=43) of incidents in the southern site, where 81 per cent (n=63) of incidents had a response time of under one hour. Both sites included a small number of incidents (three in the north and two in the south) where the response took over 12 hours.

Response times were also examined in the light of the researcher-allocated level of violence for incidents. The information used to determine this level of violence would not have been available to officers prior to responding to a call but, in retrospect, this analysis allows us to consider whether those incidents that proved to be the most violent and frightening for victims and children received a prompt response. The majority (59 per cent of those where data was available) of incidents rated as having a medium or high level of violence by the researchers were responded to within 15 minutes and 76 per cent of incidents (where data was available) rated at a medium or high level of violence were responded to in within 30 minutes.

While most domestic violence incidents rated at medium or high levels of violence were responded to within 30 minutes, there were 22 (18 per cent of those where data was available) incidents with medium or high violence levels that waited over 30 minutes for a response.

There were two cases classified at a high level of violence where the police response time exceeded 12 hours. Both these cases were classified by the communications operator as “routine”, due to no immediate threats or “injury” or damage.

One of these cases involved a man hitting, kicking and trying to strangle his partner; the man had then left the premises undetected. The communications operator advised the victim that they were unable to deploy an immediate response and she left her home to stay at her friend’s house for the evening. It was agreed that the police would attend the following day. The other incident concerned verbal harassment and threats to kill made on the phone.

Police response times appeared to be sensitive to targets that specified the time within which officers should arrive at an incident. Officers interviewed acknowledged the impact of these targets.

...we get down there with an immediate response, it’s a big..., it probably is the priority in line with, you know, BCS crime, burglaries, vehicle crime, which we manage on the target of the government and Home Office. It’s the key hot potato, as it were, that we have to go to straight away...

(Supervising officer 2)

However, both front-line and senior officers noted that, while such targets might make for a shorter response times, they could have the effect of limiting the length and quality of an officer’s engagement with an individual incident.

...because they are being measured about how they get from Call A to Call B, and again, because of this performance measure, it means that they can’t necessarily spend the time that I think they should be spending with the victim ’cos they are thinking “well OK, I know I’ve got to arrest this man in a minute”, or, “but I’ve got another call just pinged up on my box, so I’ve got to go and take that ’cos I’m being measured on that”.

(Senior supervising officer 1)

5.3.4 When a child makes the call

The children who participated in stage 1 of this research emphasised that it was a big step for them to make a 999 call concerning an incident of domestic violence. We therefore undertook additional analysis of the eleven incidents where children were recorded as making the initial call to the police, as well as examining one further incident where a child called his grandmother because his parents were arguing and the grandmother called the police.

The youngest child recorded making a call to the police was aged five and the eldest was 17, but most of the children and young people making these calls were aged between 10 and 13.

The incidents about which children called the police ranged from non-violent verbal arguments to extremely violent physical attacks; the two incidents in box 17 give an example of variety of incidents in this group.

Box 17 Incident/Case No.'s 189 and 32

An 11-year-old child called the police at 5:34pm on a Monday evening. His parents were arguing over the behaviour of one of their older children. The argument became heated, the father was extremely angry and this frightened the 11-year-old. The police responded quickly, within 15 minutes, to find that everyone at the address was calm. The father left to stay with a relative until the next day.

(Incident/Case No. 189)

A five-year-old child called the police at 1:59am on a Thursday morning. His mother's partner had become angry with his mother for not coming up to bed when he did. He punched and hit her and then threatened to hurt the children if she did come up. While he immediately retracted the threat, the mother put all her children in the bathroom for safety and went to the kitchen to get a knife to protect them. Her partner took the knife from the mother, cutting himself in the process, and punched and pushed the mother who was knocked out by the assault. The five-year-old called the police while the mother's partner and the other children were trying to get the mother to wake up.

(Incident/Case No. 32)

In most of the cases (n=8) where children made the call the police responded within 15 minutes, but in three instances they took up to one hour to respond. The incident in box 18 had a response time of between 46 and 60 minutes.

Box 18 Incident/Case No. 79

A father became angry with his ex-partner, slapped her in the face and started throwing pots, pans and plates around the kitchen. When the 13-year-old daughter came in to see what was happening, he grabbed a machete, stating that if anyone came into the kitchen there would be bloodshed. The daughter called the police who arrived approximately an hour later. The father had calmed down by that time and the police arrested him at the scene. The police later helped with organising for an alarm to be installed at the mother's address.

(Incident/Case No.79)

5.4 Police activity at the incident

5.4.1 Positive action policy and police targets

Home Office (2000) and ACPO (2008) guidance advocate a “positive action” response to domestic violence incidents and arrest plays a central role in this approach. ACPO guidance (2008) highlights that the function of arrest is both to prevent further offences and to allow an investigation to take place. Many of the officers interviewed cited this emphasis on arrest as the key element in positive action in domestic violence cases, indeed some referred to it as the “positive arrest policy”. A specialist domestic violence officer described this as a misinterpretation and, like other officers, stressed that the policy was to remove the offender from the scene and make an arrest where possible. A drawback associated with an emphasis on arrest was that it could lead to an increased workload for officers in dealing with an offender who might never appear in court.

...a lot of the domestic incidents we go to are non-crime. They might have just had an argument or whatever. And some of them really do not deem the paperwork that we do for them, and because of the rules and regulations that are in place, we have to do all the paperwork, and there's just hours and hours and hours wasted doing little silly reports for nothing and I think more responsibility should be given to the officers attending whether they deem it necessary to do work.

(Front-line officer 4)

In common with the officer quoted above, a number of those front-line officers interviewed considered that the policy of positive action limited opportunities for front-line officers to exercise discretion at the scene of an incident.

I think I would give officers back a bit of discretion. I don't want to call it a positive arrest policy, you must, I don't want to say you must arrest. It would still have to be some form of justification as to why you haven't arrested, but I would be a little bit more happy to be a bit more lenient with regard to that and not to expect every common assault to be walking through the custody door, you know... but mum and dad who have an argument, she's pushed him, he's pushed her, let's be honest, we've all had arguments with our partners for Christ's sakes. I think it just using common sense.

(Front-line officer 3)

One officer suggested that the requirement to arrest could be circumvented by describing an incident as an “altercation” rather than an assault.

Senior and specialist officers were more likely to support the positive action policy as it was seen to ensure a consistent and appropriate response and to establish accountability through the requirement to detail why an arrest was not made if it was possible to do so.

...and in some ways we have to be very prescriptive with our bobbies, which is why positive action is there, 'cos it's there to define what the responsibility of that police officer is at the scene. And more importantly, if they don't do what they are supposed to do, to be able to justify it, and then for the line managers to be able to check whether their justification was correct or not. And I think that positive action is critical, absolutely critical, because if we don't and we allow it up to individual bobbies' discretion, although they may think at the time that they are doing the right thing, for the right people, it might not be the right thing because they haven't got all that specialist knowledge.

(Senior supervising officer 2)

Practice in relation to arrests was also considered to be influenced by police targets. However, interviewees noted that using arrest rates as a target was not the most effective way of measuring success in reducing domestic violence. Some senior officers noted that the performance indicators for domestic violence were inappropriate as their force's aim was to increase the number of reported domestic violence incidents rather than reducing them.

Other officers suggested using measures that were more victim-focused, such as a victim's rating of the officer's response. Most respondents noted that the positive action approach took the onus off the victim to bring charges and make a statement.

...“well I don't want him charging” and we can say to them, we will, we will make it clear to the person that you are not charging them...and we can charge them without your statements, your evidence, we can do... so you've got no fears about that. That works quite well.

(Supervising officer 2)

One of the specialist domestic violence officers interviewed suggested the need for discretion in pursuing cases in the longer term, and noted that in some cases the victim's views concerning charging perpetrators could be taken into account later down the line.

...I've always said to all my victims that "my primary objective is your safety, make sure you're safe and you and your children" because, although you do look to take positive action, get these people through the criminal justice system, committing criminal offences, but sometimes the victims are so adamant they don't want to do that and there are genuine circumstances for why they won't do that and sometimes you've just got to hold your hands up and say, "well I appreciate what you've said".

(Domestic violence specialist 1)

Another specialist officer noted that in the case of "honour based" domestic violence, taking a positive policing approach to the perpetrator might not be appropriate.

Now there are going to be occasions like honour based violence or something like that where perhaps it's not the wisest thing to go and speak with him, just use it to monitor him. But generally speaking we would take positive action and he would be spoken to regardless of the wishes of the victim.

(Specialist supervising officer 1)

Specialist domestic violence courts had been introduced in both sites by 2009, when the interviews were completed. Specialist officers noted that these courts offered victims additional protection but noted the difficulties inherent in having separate courts dealing with criminal and civil domestic violence cases.

5.4.2 Removal and arrest

Young people and survivors participating in the stage 1 interviews reported in chapter 3 emphasised the importance of the police removing perpetrators from the home and described this as a necessary condition for feeling safe. Table 24 shows that the perpetrator was arrested or left the location in 71 per cent of incidents in the sample. The 40 incidents classified as "other" include incidents reported retrospectively, incidents that occurred outside the home or involved texting, incidents where the police spoke to both adults but no action was deemed necessary and incidents where the outcome was unclear in the records. Thirty-three of these 40 "other" incidents (83 per cent) were rated at the low violence level by the research team.

Table 24 Perpetrators and victims removed from site of incident

| Those leaving site of incident | Number | Percentage |
|--------------------------------|------------|-------------|
| Perpetrator arrested | 110 | 44% |
| Perpetrator left site | 68 | 27% |
| Identified victim left site | 7 | 3% |
| Victim/perpetrator left site* | 26 | 10% |
| Other | 40 | 16% |
| Total | 251 | 100% |

*This category applies to those incidents where both adults were identified as victims.

In those incidents where perpetrators left the scene rather than being arrested, some left prior to the police arriving (although in some of these cases they were arrested subsequently), while others agreed to leave once the police had arrived. Police officers interviewed described advising one individual to leave the home in cases where no assault had occurred, and police intervention was clearly key in securing these “voluntary” removals in incidents included in the sample.

Of those arrested, 89 perpetrators (84 per cent of those where the time was recorded) were arrested within 24 hours of the incident; 16 per cent were arrested more than 24 hours after the incident, which could have been a source of considerable anxiety for both the victims and the children involved in these incidents.

In reflecting on their practice at the scene of a domestic violence incident, police officers emphasised the need to separate the adults in order to investigate the incident and to allow the victim to speak openly. Front-line officers also noted that, in taking this approach, they needed to give consideration to the safety of the children, and ensure that, once one adult had been removed from the presence of the other, children remained with a responsible adult.

A lot of the time you might turn up and there are just two of you and one will obviously be dealing with the victim and one will be dealing with the suspect. The first thing you need to do is separate them and keep the children in the safest place, which is normally with the victim, which is normally their mum.

(Front-line officer 5)

Officers also highlighted the fact that, as noted in chapter 4, alcohol and sometimes drug misuse were often features of domestic violence incidents; these could exacerbate abusive behaviour and produce situations from which they considered that children should be removed.

You turn up and the suspect has been drinking and been taking drugs and they're sort of, they're quite irate and there's obviously going to be trouble in me trying to get them out of the property. I would try and make the suspect see sense, that the children don't need to be around at this particular time, "shall we at least put them in their bedroom?", just purely... just to sort of see if we can remove as much of the bad sort of things that they have to see as possible.

(Front-line officer 1)

Officers appeared confident that removal from the scene was usually the best course of action and detailed how they would "make efforts" to arrest perpetrators at the scene of the incident, although it was acknowledged that it was easier to make an arrest for an assault than for breach of the peace.

A decision will have to be made then, you know, or is he going to be arrested for a breach of the peace? Is it necessary to arrest them? ...usually it's pretty obvious, you know, when somebody needs removing from their house.

(Front-line officer 7)

Remanding offenders in custody following arrest was viewed as a positive solution for high-risk cases.

I would make representations to the custody sergeant; this person would be obviously kept in custody because the victim has a right to obviously feel safe in their own home, as have the children, and if they have responsibility for the children they must be able to take the children to and from school, things like that.

(Domestic violence specialist 1)

Police officers interviewed described the difficulties they faced in protecting children when either both adults were judged to be responsible for the violence or there were no grounds for an arrest because the altercation was purely verbal and neither adult wanted any intervention.

So children might witness something quite unpleasant, but someone's put a report in to say there was an altercation, no complaints and it's not going to get picked up properly.

(Front-line officer 8)

5.4.3 Obtaining statements and retractions

Taking statements in domestic violence incidents was described as a “time-consuming” process by some officers. Officers identified difficulties in obtaining victims’ statements due to the upsetting nature of the incident, fears of reprisals or a reluctance to engage with the court system, as well as concerns about the impact a prosecution would have on family life. Some officers understood the pressures that might lead to statements being retracted.

...the reasons for people for retracting are..., they have been identified as something specific to domestic violence and understood why people retract. So it’s a complicated situation, it’s not just like a stranger ... might be the father of the children or somebody that they feel incredibly reliant on in some way.

(Front-line officer 8)

However, in common with the accounts provided by other studies (Hester et al 2006a), some front-line officers appeared to find victims’ retractions frustrating.

...you know, but then when it comes to taking a statement “well no, I don’t want to provide a statement”, “will you go to court?”, “no”, you know, “have you made complaints previously and followed them through?” “Well no, I haven’t”.

(Front-line officer 7)

Officers described returning for further interviews to try and obtain a full statement from victims and specialist domestic violence officers interviewed outlined the ways in which their role in supporting victims through the prosecution process could reduce the likelihood of retractions.

One specialist officer described using the impact of violence on children as an argument for continuing with prosecutions.

When they come back and say “I don’t want to make a complaint anymore”, we go through all the family history and we go through the family tree and we say “look, you’ve got these children here in your house, they’re six, they’re four, they’re two, how do you think they’re going to be brought up looking at this all the time?”.

(Domestic violence specialist 6)

Specialist officers commented that, even when victims retracted, the crown prosecution service (CPS) was likely to go ahead and prosecute, and they noted the increasing number of victimless prosecutions and the use of other evidence to secure convictions. One specialist supervising officer referred to new developments, such as the use of “evidence of bad character” from the 2003 Criminal Justice Act.

...a lot of these...a lot of the victims are saying... “if I make a prosecution, this isn’t going to work, [it’s] worse for me”, so the offender then finds out about this, so it then negates it, so what we try to do is... many ways to skin a cat, to use a phrase, look at all other options, medical, CCTV, witness statements so we can then pursue it without their complaint.

(Specialist supervising officer 3)

5.5 Police interactions with children at domestic violence incidents

There was limited evidence available in the police data studied of police officers engaging directly with children or young people. Most examples identified described the police talking to young people to provide evidence or details of the incident. Therefore, much of the evidence regarding the extent to which police engaged with children at domestic violence incidents came from interviews with police officers.

5.5.1 Checking on children

One aspect of the officers’ response to children at a domestic violence incident was to check that they were unhurt. This was described by interviewees as checking through the rooms of the house and ascertaining who had been injured. Officers explained that observing the demeanour of the children and the conditions of the house could indicate that this was a repeat incident, or suggest that the child might be at risk of neglect.

For some officers, this was the only sort of interaction they would have with children at the scene of an incident.

...you never know what’s going to hit you when you walk in. You don’t know how many people are there or what’s going on. I mean, if she’s stood there with blood pouring out of her nose and whatever it, you know, you probably will spend 30 seconds just sorting that out before you think “where’s the child?”. You sort it out very quickly and if there’s more than one of you, which there should be, then somebody else will go to the child, but... definitely be a priority to find out where the child is and if they are OK.

(Front-line officer 8)

However, one supervising officer stated that while he was aware of the need to look out for signs of neglect in a household, he would not actively seek out children to check on their welfare, nor would he expect his staff to do so since he considered that officers needed to focus on dealing with the incident between the adults. There was also considerable variation found as to whether officers would attempt to wake “sleeping” children to check on them.

...what do you do if the child's asleep in bed upstairs? Do we physically go and wake him up? Well no, we don't wake children up and frighten them to death.

(Domestic violence specialist 5)

A senior officer emphasised the need to make contact with children in every case and noted that this still did not happen in every case.

...in fact there was a quite high profile case...involving a time when the child was actually dead upstairs. Now that was before my time, but I remember on a course they were talking about that because they hadn't been checked. So, it's a million miles away from where it was but there needs a little bit of work doing on that. I think we are a lot stronger on the adult victim side than we are on the child victim at the moment.

(Senior supervising officer 1)

5.5.2 Talking and explaining to children

Children and young people participating in the focus groups reported in chapter 3 were clear that they wanted police officers to talk to them, to explain what was happening and what the implications might be for them. Although only four officers stated that it was not part of their role to talk to children, approximately half those interviewed expressed reservations about talking to a child at a domestic violence incident. One reason given for this was the potential for upset and trauma, which would make demands on police resources. Others were concerned about evoking a conflict of loyalties for children and one supervising officer suggested that front-line officers lacked the knowledge and confidence to talk to children.

...it's not something that's done as often as you would probably think. I think we go there and it's all happening and you are there, and I think we just take away the person that needs taking away and we probably don't really spend much time. There are some times when I've spoken to the children but you certainly don't say "I'm taking your child into the kitchen, I'm going to speak to them". It's... it's not really... it doesn't really work like that.

(Front-line officer 8)

...if you can avoid bringing the children in, that's what you look to do because it's a drain on our numbers and our people.

(Front-line officer 1)

I would probably have to say that they don't [talk to children], probably because they wouldn't know how to...

(Supervising officer 2)

Two officers stated that in some cases it was easier to not give a child too much information as this might upset them further.

...it's very much a matter of officer discretion really. I personally would try and give the child as little information as possible at that first response because I know full well at that first response that you are likely to be back to make an arrest, and so if you tell this child that we are going to take your daddy away now, or your mummy, stepdad or your brother or your sister, then the trauma that could be put on the child, it needs to be avoided if possible. In most cases I would say I would tend to try to give as little information out as possible.

(Front-line officer 10)

Some officers tended to see talking to children less in terms of meeting the child's needs and more in terms of collecting evidence for a prosecution. Lack of training in Achieving Best Evidence (ABE) interviewing techniques was cited as a reason for not speaking to children by a number of interviewees.

Certainly, as a first response officer, I wouldn't be looking to take a statement from the child. That certainly would be somebody with a bit more, sort of, more skills.

(Front-line officer 10)

Officers also suggested that they would be cautious about talking to a child at the site of a domestic violence incident for fear of contaminating a potential ABE interview. Front-line officers stated that they would let ABE trained officers decide whether to conduct an interview. Generally, the use of ABEs with children involved in domestic violence incidents was reported to be rare. One specialist officer noted that they would only use them if there were no other sources of evidence; another stated that the impact of the interview process would be considered.

It's not common unless they've got something to offer and what they've got to offer outweighs... is so important that it outweighs their, you know, their welfare considerations. Especially younger children, we are quite reluctant to sort of drag younger children into it sometimes.

(Specialist supervising officer 2)

A number of officers expressed a reluctance to involve children and young people in court procedures.

Now, if there is a dispute between mum and dad and mum has hit dad or dad has hit mum, if they say "yes okay, this is what happened", we do not involve the children. Even if the children were witnesses we prefer not to involve the children because if it does go to court it is an unnecessary experience for the... it's a negative experience for the child, so if we can avoid it we will but if necessary we will involve the child with the videotaped interview.

(Specialist supervising officer 1)

However, one specialist domestic violence officer described an occasion where a young person had chosen to give evidence against his father and a conviction had been secured.

...this particular child has been a witness to quite a nasty assault on his mother by his dad. He was ABE'd as a result of that and he was, I think he's 11 or 12, and he's given fantastic evidence and he really wants to do it because he feels so strongly about what his dad has done to his mum, that he's pushing it rather than his mum is. He really wants to go and have his day in court and to say what his dad's done.

(Domestic violence specialist 7)

Other police officers were more ready to engage with children and young people. Some front-line officers described making efforts to interact with children by playing with them or crouching down to their level.

I've done it where I've got down a bit more, got onto their, sort of, eye level and just tried to, sort of, address the way I talk to them to help them understand a bit more, hoping that they're sort of... they might give me some information or, you know, let me know that they're okay.

(Front-line officer 1)

Some officers noted that it was important to introduce themselves and explain processes like arrests to children. A specialist child abuse officer interviewed considered that children were a vital element of the investigation and had a right to be informed of the progress of the cases.

...you try and introduce yourself without being too formal, explain why we're here, ask if they've called, ask what they've seen and just take it from there and sort of, start investigating and try to explain to them what's going to happen and obviously make arrangements. If somebody is going to be arrested they need to make arrangements for the child if mum is not there or if dad is not there... you can't leave them there, leave them alone.

(Front-line officer 2)

...kids are our witnesses and our victims. It is important to explain everything to the children; they have a right to know what is happening.

(Child abuse specialist 1)

Officers reported feeling more comfortable talking to older children, although the age at which they considered children could be questioned varied, with some suggesting that children above five or six could be spoken to and others seeing eight or 13 as the appropriate age at which to involve them. One officer noted the importance of talking to a child who had made a call to the police but did not feel that this would be appropriate for a child under 16. This would have excluded most of the children in the sample who made calls as the majority were aged between 11 and 13.

Officers noted that it was preferable to speak to children alone without a parent in order that the child did not feel compromised by the parent's presence, but some felt that they could not do this without another appropriate adult being present.

I would probably speak to them alone, not alone but without the parent there, it would be, obviously you'd have to interview them with an appropriate adult, it wouldn't be the parent that was present because you know, the victim was a witness as well so we couldn't legally interview with them anyway.

(Domestic violence specialist 1)

One front-line officer described an atypical occasion when she had been able to speak at length with a young person following a domestic violence incident, because the children had been removed to a neighbour's house and the officer had gone there to take a statement from the neighbour. She noted that engaging with children at this level was a rarity in her work.

I took a lot of details from what, what had been going on and everything, and this girl knew about it and they were just telling me lots and lots. And I put it all on a report and signed off to, you know, to social services. But normally, I wouldn't have had that time with the children, so that was kind of really a one-off, which makes you think maybe, you know, there are other children that have lots to tell you as well, but you are actually not getting that information because we are responding to that incident, dealing with that incident, and we're kind of not, not really speaking to the children.

(Front-line officer 8)

5.5.3 Information and support for children

Officers were asked to rate the quality of service the police provided for children who had experienced domestic violence. The majority of respondents felt that this was an area where the police did not perform well.

...support to the children? No, no definitely not, because when you communicate with the family you communicate with the adults, generally speaking, and you don't communicate with the children. The only time that you communicate with the children, generally, is when they are suspects...or they're witnesses.

(Specialist supervising officer 1)

Front-line officers noted that they did not have any specific information concerning relevant support groups or agencies to distribute children at domestic violence incidents.

Children – not really specifically – we haven't got anything for them.

(Front-line officer 8)

Specialist officers also highlighted the wider lack of service provision for children who had experienced domestic violence.

...there's those children whose behaviour's been affected by what they see at home, who are becoming violent and they, there's hundreds of those children about but they can't access any services; they have to be really, really, really bad before they would be able to access the CAMHS service.

(Domestic violence specialist 5)

5.5.4 Use of police protection orders

Officers mentioned their powers to remove children from home using a police protection order. There was a consensus that such orders would only be used in extreme cases. Explanations given for this covered both the impact of separation from parents and the demand on police resources.

I've only ever done that once or twice. It's not something we look to do, last thing, unless the kids are in danger, we don't want to take them away from the parents, which can be more traumatising than the actual incident, whatever's happened previously.

(Front-line officer 3)

The reality though is that you sometimes end up with kids stuck on your hands for six to eight hours, which is not good for them and it's not ideal for the job either.

(Specialist supervising officer 2)

5.6 Risk assessments

5.6.1 Victim risk assessments

Police completed risk assessments for victims of domestic violence incidents; these were focused on the safety of the adult victim, not the children in the household. In 2007, the victim risk assessment form used in the southern site was the original SPECSS+ model while the northern site utilised an adapted version of the SPECSS+ model (see Humphreys et al 2005 for a full account of this model).

The information used to assess risk was therefore quite similar, but the manner in which the risk level was assigned differed with the assessment being completed by front-line officers in the southern site, while in the northern site, front-line police officers only entered information on the risk assessment form. The form was then emailed to specialist domestic violence officers who assigned the risk assessment scores. In the southern site, risk assessment relied on the front-line officers' recent experience and perceptions of the incident, while in the northern site specialist officers assigned scores on the basis of whether a series of prescribed factors were present in the front-line officer's information.

In 2008, a revised risk assessment form was introduced in the northern site, based on the FSU 9 model developed by South Wales Police and promoted by Coordinated Action Against Domestic Abuse (CAADA). This tool collects additional data on the nature and context of domestic abuse and, rather than relying on tick-boxes, incorporates opportunities to record qualitative notes and reflections (from both police officers' and victims' perspectives).

While the SPECSS+ assessment format used in the northern site in 2007 only asked whether the perpetrator abused children or pets, the CAADA tool elicited where children are located during incidents and also whether children "witnessed" the events. Victims were also asked whether they were "frightened" about the children's welfare.

Evidence of a victim risk assessment having been conducted by the front-line officers was found in 150 of the 251 incidents (60 per cent). In the southern site, risk assessments were documented electronically for 62 (51 per cent) of incidents⁴, while completed risk assessments were found for 88 (68 per cent) of cases in the northern site.

In an additional 27 cases in the northern site, risk assessments were undertaken by the specialist domestic violence unit rather than by front-line officers. Therefore, 177 completed risk assessments (71 per cent of the total sample) were available for analysis.

There was considerable variation between the two sites regarding the length of time between the incident and when the risk assessment was completed. In the southern site, there were only three occasions in which the risk assessment was not recorded on the computer system on the same day that the incident occurred. In the northern site, only three incidents received a risk assessment on the same day.

In 71 per cent of incidents, a risk assessment was recorded between one and five days after the incident and in 26 per cent of cases the risk assessment took between six and 40 days to be completed. The mean time taken to complete a risk assessment in the northern site was 6.5 days⁵.

⁴ Evidence of missing risk assessments does not necessarily indicate that one was not completed, as it could be the case that it had been undertaken but was not recorded in the computerised systems.

⁵ In the northern site in 2007, front-line officers logged the domestic violence report and/or crime report via the crime bureau (operator or automated telephone system). The risk assessment would then be completed separately by the front line officer and emailed through to the specialist domestic violence unit. In 2008, practice changed in that victim risk assessment forms were submitted simultaneously to the crime bureau with the domestic violence and/or crime reports. These changes are reported to have reduced delays in submission, as well as non-completion of risk assessment forms.

Risks to victims were categorised at one of three levels in both sites, with the northern site labelling these as bronze, silver or gold and the southern site using the descriptors standard, medium or high. Table 25 shows that the majority of cases with a recorded risk assessment were assigned to the lowest level of risk, while very few cases were allocated the highest or “gold” level. While both sites allocated similar proportions of cases to the highest risk category, the northern site made considerably more use of the lowest category of risk than the southern site, where officers were more likely to assign cases to the medium level.

Table 25 Police-assigned risk assessments for sample victims

| Risk status | Number | Percentage |
|--------------------|------------|-------------|
| Bronze/standard | 116 | 66% |
| Silver/medium | 51 | 28% |
| Gold/high | 9 | 6% |
| Risk level unknown | 1 | 0% |
| Total | 177 | 100% |

5.6.2 Making use of risk assessments

The risk assessment score assigned was used to determine the level of support provided for the victim.

...if... the bronze... get[s] a pack, if the silver they'll get a telephone call, if they're gold, they'll get allocated to a DVI and a personal visit.

(Domestic violence specialist 5)

Officers described experiencing difficulties in eliciting the information required for the risk assessments: some of the questions, particularly those concerning sexual abuse, were considered intrusive and a number of officers suggested that it might be more effective to complete the risk assessment paperwork at a later date rather than when families were in crisis.

I mean, it's a devastating thing for them, like you know if it's never happened before and it's, you know, she's been assaulted by her partner and you've gone through all the bail conditions and it's all sort of... phew, you know, is it going over the top of their heads and stuff, is it really appropriate to start doing full risk assessments under those circumstances or would it be better for somebody to go back?

(Front-line officer 7)

Some specialist domestic violence officers identified other shortcomings of the risk assessment tool used. They noted that the assessment was based on the information provided at only one incident, and that some of the risk factors used, such as pregnancy or physical violence rather than verbal threats, carried a disproportionately heavy weight.

I think that the one we currently use, the SPECSS+ one, is a bit of a blunt tool to be honest with you. It's quite heavily weighted in certain areas... if you're pregnant it scores five and you only have to score 10 to hit gold.

(Specialist supervising officer 2)

While the risk assessments tools used did not assess risks for children, some questions in the victim's risk assessment offered the opportunity for information about children to be recorded; such questions asked about harm to children or contact arrangements but did not focus on the extent of children's involvement in domestic violence.

A risk assessment with regard to the kids? When speaking to mum or dad, whoever is the victim or partner or whoever, one of the questions that we ask via the 124D is "does your partner abuse your pets or children?" So, if obviously they say "yeah, he or she is smacking the kids all the time for the slightest thing", then obviously alarm bells go off. I've got to be honest, not a lot more goes into it than that.

(Front-line officer 3)

Specialist officers noted that recent changes to risk assessment formats in the northern site allowed them to add more comments concerning children to risk assessments. Some officers went further in suggesting that the presence of children at domestic violence incidents should be used as a factor to increase the risk assessment score assigned.

...in the old risk assessment system, where children were involved or been victims or been distressed while their mum and dad are fighting, whatever, we used to give them a high scoring, used to add on to the scoring and it could make instances gold or silver.

(Domestic violence specialist 6)

However, others were concerned about using presence of children at an incident to trigger a high response, as this would have the effect of increasing demand on resources.

If you had to then put that on a higher risk straight away, we would just be creating work for ourselves. I think you've got to take an overall view and look at the whole picture, rather than just – yeah, children, it's a high risk – 'cos it's not always the case, and we would just be creating work.

(Front-line officer 4)

In January 2007, in neither site was the victim's risk assessment status consistently communicated to children's social services: in the southern site it was only rarely communicated at this time; in the northern site, it might be communicated at the officer's discretion through an open text box on the notification form (see section 5.10.3).

It was noted that in only one of the five cases in the northern site allocated the highest "gold" status had this been conveyed to children's social services in the notification.

5.7 Multi-agency risk assessment conferences (MARACs)

MARACs, which offer a multi-agency approach to assessing the risks posed by perpetrators, are being rolled out nationally (Home Office 2008b) and were introduced in both sites subsequent to January 2007, the date of the sample notifications. Experience of MARACs was still quite limited and mainly confined to specialist officers, but the interviews undertaken in 2008 produced some comments on the operation of MARACs to date.

In the northern site, cases where risks to victims assessed at the "gold" level were automatically selected for discussion at the MARAC. In the southern site, MARACs were held on a weekly basis at the multi-agency domestic violence centre and high risk cases were selected for discussion in accordance with CAADA guidelines.

Detailed reports were compiled for these meetings and professionals from the various agencies involved contributed their organisation's risk assessments. Senior police officers noted that a considerable amount of police resources was devoted to supporting the MARACs.

Generally, the MARACs were considered to be valuable in facilitating face-to-face information sharing between a range of agencies on high risk cases; this offered opportunities for new information to emerge.

I attend and present them on behalf of the police and we have started to have referrals in from outside agencies now and quite often we don't know anything about these cases to be honest with you.

(Specialist supervising officer 4)

Some difficulties with information sharing between the various agencies were identified. One police officer described independent domestic violence advisers (IDVAs) as reluctant to refer cases to the MARAC on the grounds that this would compromise confidentiality. It was not evident to what extent MARACs were able to address children's needs, but some specialist officers pointed to the value of having children's social services social workers involved in the process.

5.7.1 Assessing child protection risks

While risks to children were not addressed by the risk assessments completed on victims, child protection risks were assessed on small numbers of children involved in incidents. In the northern site, family protection specialist officers were assigned to cases where there was evidence or concerns regarding child abuse or neglect: however, exposure to domestic violence on its own was not sufficient to trigger the involvement of family protection specialist officers.

Twenty-two incidents in the northern site (17 per cent) had both a domestic violence specialist and a family protection specialist assigned. No formal risk assessment scoring system was used for child protection cases in the northern site, although in these cases specialist family protection officers would contribute to the assessment of risk undertaken in subsequent strategy meetings held with children's social services.

In the southern site, a child protection risk level of high or low was assigned by the specialist child abuse officers located in a separate division. The child protection risk level was derived from the levels of violence recorded for a particular incident. Incidents characterised as "only verbal", were assigned a low level of risk while all other incidents were allocated a high risk level. There was no detailed analysis of actual risks for the child undertaken. However, this allocation of risk levels was not communicated to children's social services and the process has since been discontinued.

5.8 Subsequent interventions

The victims interviewed in stage 1 of this research stressed the importance to them of continuity of police involvement. In general, front-line officers did not maintain involvement with individual domestic violence cases.

If offenders had not yet been picked up at the end of an officer's shift, the case would be handed onto the next shift and it was possible that it might be returned to the original officers when they returned to duty, but front-line officers did not expect to remain involved in a case. Domestic violence incidents were passed onto specialist domestic violence units for investigation and further intervention.

Table 26 shows police activity on the 251 incidents in the sample over time; omissions in police recording may have meant that not all interventions undertaken were available to the research team.

While some interventions like the provision of safety information, taking the victim to a place of safety (usually a refuge) and referral to the multi-agency domestic violence service were likely to happen within 24 hours of the incident, other interventions could take considerably longer. In six incidents in the southern site, the period spent investigating an incident was lengthy and took several weeks.

Table 26 Police interventions following incident

| Police activity | Undertaken within 24 hours | Undertaken after 24 hours | Undertaken both within 24 hours and subsequently | Undertaken but time not recorded | Total |
|---|----------------------------|---------------------------|--|----------------------------------|-----------|
| Safety information provided* | 31 | 0 | 3 | 0 | 34 (14%) |
| Referral to family protection unit (northern site only) | 6 | 12 | 0 | 24 | 42 (17%) |
| Referral to domestic violence liaison officers** | 0 | 0 | 0 | 21 | 21 (8%) |
| Victim taken/removed to place of safety*** | 21 | 1 | 0 | 0 | 22 (9%) |
| Care pack provided (northern site only) | 10 | 30 | 0 | 3 | 43 (17%) |
| Referral to multi-agency domestic violence service | 18 | 5 | 1 | 1 | 25 (10%) |
| Referral to place of safety (refuge) | 5 | 0 | 0 | 1 | 6 (2%) |
| Referral to health visitor (northern site only) | 10 | 65 | 0 | 0 | 75 (30%) |
| Follow-up visit to victim | 8 | 16 | 6 | 1 | 31 (12%) |
| Follow-up telephone call to victim | 25 | 56 | 36 | 1 | 118 (47%) |
| Follow-up letter to victim | 11 | 18 | 0 | 1 | 30 (12%) |
| Follow-up visit to perpetrator | 2 | 3 | 1 | 0 | 6 (2%) |
| Follow-up telephone call to perpetrator | 3 | 4 | 3 | 0 | 10 (4%) |
| Follow-up letter to perpetrator | 2 | 3 | 0 | 0 | 5 (2%) |

*On the vast majority of occasions, this relates to practice in the southern site.

**Practice subsequently changed in the north in that the domestic violence specialist teams moved to centralised public protection units (as opposed to remotely located DVLOs).

***In seven of these incidents, the victim was removed to a place of safety but the perpetrator did not leave the scene nor was the perpetrator arrested. In 15 of these incidents, the perpetrator was either arrested or left, but the victim was still taken to a place of safety.

Telephone calls with victims (in some cases the calls were made by the victims) were noted in 47 per cent of cases and additional contact was made with victims through home visits and letters. These contacts were used to obtain information about the location of a perpetrator; to acquire statements or further information about the incident; to discuss statements; to provide information about the progress of the case, to install panic alarms and to offer information and referrals to local services. In some cases, joint visits were undertaken with children's social services social workers.

Additional contact with perpetrators was detailed in a small number of cases. Contacts with perpetrators tended to involve delivering “warnings” in relation to their behaviour, and providing information about the nature of legal sanctions (such as a harassment order).

In the northern site, “care packs” containing advice and information on local services, such as housing, finances, counselling and Women’s Aid, were recorded as being issued in 43 cases. Specialist domestic violence officers described making additional contacts with cases where risks were perceived to be high or incidents had been reported frequently.

With the crime incidents they will get a re-contact pack, some will get a telephone contact from myself; those are normally the ones where there’s been any mention of a knife or a weapon, any mention of a child having been assaulted or playing an active part in the DV, so if a child’s had to phone the police or the child’s, you know, it reads on the log that they were distressed, anybody who has reported two in the month, I try and telephone those who’ve reported two in the month.

(Domestic violence specialist 5)

The interviews identified other interventions not discernible from police records. Both front-line and specialist officers described undertaking safety planning with victims.

...keep your phone on you, make sure it’s charged and make sure you can get through to 999 or the police station’s number. Make sure your key’s in the door, your windows are locked, your doors are locked... It’s one of those things you always tell people; to lock their doors and to keep their phoned charged and stuff like that.

(Front-line officer 9)

Other services provided to victims included sanctuary schemes that increased security measures and panic alarms installed in victims’ homes. In the southern site, these schemes were delivered by the multi-agency domestic violence centre, and in the northern site, the specialist public protection unit was responsible for this.

Seventy-five (30 per cent) of incidents in the northern site involved a referral to health visiting services, and in this site an automatic referral was sent to health services in all cases where the victim was pregnant. Such referrals were not part of procedure in the southern site. Officers interviewed noted that GPs’ awareness of domestic violence was often low and they described difficulties in accessing information from health services due to codes of confidentiality.

Independent domestic violence advisers (IDVAs) had been introduced in the period since the sample incidents occurred and their role was described by specialist officers as of “massive benefit” in relieving pressures on the police, as well as offering an independent service that victims valued.

...the IDVAs are fantastic at what they do, they really are, you know, and we are in close contact with the IDVAs, and a lot of the times, you know, victims, you know, for whatever reason, want someone independent from the police... although we work closely with the IDVAs, the IDVAs have their own policy of privacy and whatever, you know, they are nothing to do with being connected with the police at all.

(Domestic violence specialist 7)

Most (but not all) front-line officers appeared familiar with refuge services which were used to provide emergency accommodation for women and their children. Those interviewed emphasised the need for police officers to develop good working relationships with refuge staff. A number of specialist officers in the southern site were concerned about the lack of resources available to local refuges, and a specific lack of service provision for victims of honour based violence and for victims with older male children was noted. Officers in both areas were concerned that asylum seeking or refugee victims who did not have “recourse to public funds” were unable to access refuge services (see Anitha 2008).

In the southern site, referral to the multi-agency domestic violence centre was standard practice for all domestic violence victims. Officers in the southern site were enthusiastic about the work of this agency, which brought together independent advocates, victim support and Women’s Aid workers, solicitors, housing officers and legal advisers, as well as police from the specialist domestic violence unit in one location.

However, children’s social services social workers were not included in this group of professionals. Officers appreciated the wide range of services offered by the centre and had received positive comments from victims who had used its services. Communication between centre staff and specialist domestic violence officers was described as good. However, front-line officers appeared less familiar with its work than specialist officers.

Generally, the co-location of workers from different agencies was considered by senior managers to offer a positive approach to responding to domestic violence and plans for the future included developing this further in both sites.

One of the things we are currently working on here at the moment, in the Bichard Report there was a very strong recommendation that agencies are co-located... so I can have Health come in and work out of my office and also Social Services can come in and work out of my office. And I think that, just as it does with having the DV and the Child Protection sat across from each other, I think that will be a big step forward. If we are all in the same office, I think, you know, sort of exchange of information will be smoothed out to a great extent.

(Specialist supervisor 2)

5.9 Police action against perpetrators

5.9.1 Potential offences investigated

In 31 per cent (n=77) of incidents, the police determined at the scene of the incident that no criminal offence had been committed. In the remaining 69 per cent of incidents, some type of offence that required investigation was noted by front-line officers, although arrests were not always made in these cases. In five incidents, a breach of peace warning was given and in three incidents perpetrators were given harassment warnings but not arrested.

Table 27 provides a break-down of the 173 potential offences identified for investigation either at the scene of or subsequent to the incident. While verbal abuse was the potential offence most frequently recorded, actual bodily harm, common assault or threatening behaviour were each identified as potential offences in over a quarter of the incidents. Criminal damage was considered to have occurred in 25 incidents (14 per cent). However, there were further incidents in which “damage” occurred, but was not recorded as criminal since it involved personal property. The most common damage was to telephones, both mobile and home, and doors and windows were broken as perpetrators tried to enter family homes.

Grievous bodily harm was indicated in two incidents, one incident was classified as rape and in 13 incidents other potential charges were identified including assault on a police officer, obstructing the police, drunk and disorderly, robbery, resisting arrest, theft and burglary.

Table 27 Type of offence identified for investigation

| Type of offence | Number | Percentage |
|---------------------------|--------|------------|
| Verbal abuse* | 72 | 41% |
| Actual bodily harm | 50 | 29% |
| Threatening behaviour* | 47 | 27% |
| Common assault | 44 | 25% |
| Breach of peace | 41 | 24% |
| Emotional abuse* | 32 | 18% |
| Criminal damage | 25 | 14% |
| Harassment | 13 | 7% |
| Threats to kill* | 6 | 3% |
| Breach of bail conditions | 5 | 3% |
| Breach of injunction | 4 | 2% |
| Grievous bodily harm | 2 | 1% |
| Rape | 1 | 1% |
| Other | 13 | 7% |

* Classifications of verbal abuse, threatening behaviour, emotional abuse, or threats to kill were employed in the northern site only.

5.9.2 Police actions regarding perpetrators

Table 28 shows the police actions taken in respect of perpetrators on the sample cases and the time-frame within which this happened. Data on some sample incidents are missing due to variations and omissions in police recording; for instance, some cases included information on charges or bail conditions but lacked information on the eventual disposal. Since “crimes” were recorded on databases to which the researchers did not have access, we were not able to report fully on the numbers of perpetrators who were eventually charged and their disposals.

Table 28 Police actions regarding perpetrators

| Police action | Undertaken within 24 hours | Undertaken after 24 hours | Undertaken but time not recorded | Total |
|--------------------|----------------------------|---------------------------|----------------------------------|-----------|
| Arrest | 89 | 17 | 4 | 110 (44%) |
| Warrant for arrest | 14 | 4 | 0 | 18 (7%) |
| Caution | 16 | 11 | 2 | 29 (12%) |
| No charge | 14 | 26 | 1 | 41 (16%) |

Twenty-two of the 110 arrests (20 per cent) had documented evidence of “bail conditions” being imposed. Most of these conditions related to perpetrators not contacting or visiting the victim. Of the 110 persons who were arrested, 41 were subsequently released as “no charge” (37 per cent)⁶ and 29 were recorded as having been issued with a caution (26 per cent).

Evidence of court orders and police disposals were recorded against a number of the cases assessed. Perpetrators of the domestic incidents received a range of sentences including fixed penalty fines, community penalties, compensation orders, curfew orders, custodial imprisonment and court mandated attendance on a perpetrator programme.

A number of cases were closed as “no further action” (NFA) following a decision either by the police or the crown prosecution service (CPS). These cases were often associated with a lack of or inconsistent evidence. Some victims refused to provide statements or were unwilling to pursue complaints, formal retraction statements were recorded in 16 cases.

However, retraction of a complaint or formal statement did not necessarily led to the case being closed and the researchers identified a number of cases where police proceeded to enforce a formal outcome, despite the fact that the victim no longer wished to make a complaint. Cases were also closed because the police were unable to locate the perpetrator, the time limit for case completion had expired, and subsequent contacts with the victim revealed that no further incidents had occurred.

5.10 Communicating with children’s social services

5.10.1 Consent to share information

In chapter 3, we noted that victims and perpetrators participating in interviews reported that they were generally unaware as to whether information they gave the police was shared with other agencies. The interviews with officers therefore explored the extent to which practice conformed to local policy regarding consent to share information with children’s social services.

In the southern site, where the policy was not to ask for consent, those front-line officers interviewed noted that they might “inform” the victim that information regarding the incident and their children would be shared. Practice in relation to this varied.

⁶ The majority of these incidents related to arrests to prevent breach of the peace.

When I usually take the details, and get them to mention all the children, nine times out of 10 they ask you why, and they say “because children are present we’ve got to submit a report”. Other than saying that, I’ve never had to go into depth where exactly that goes. I think in this climate today, people know that there will be some sort of record kept and it will go somewhere, exactly where I’ve never had cause to say.

(Front-line officer 4)

At the time of the interviews in the northern site, officers were required to note in a tick-box whether the victim had given consent for information to be shared and if the victim was aware that the information would be shared. Both front-line police officers and specialist officers in the northern site commented that they did not see the need to ask the victim for consent to share information; they were more comfortable with informing them that information would be shared.

Unless there was evidence of a child protection issue, some children’s social services social workers in the northern site would return notifications without parental consent to share information to the police, and children’s social services would therefore take no action on them. One specialist officer interviewed in the northern site raised concerns about this practice.

It has caused problems for us... consent; because... some of the social services round here have sent them back if we don’t have consent. Authority A, which is... usually they are great, they are great, they accept everything and they record everything. Authority B... because there are so many...it’s a bigger area, more referrals of every sort, they just haven’t dealt with it very well and they haven’t coped and we are still faxing to them...And if they don’t fancy it they just send it back and they’ll say there’s no consent, this doesn’t appear to be a DV incident and they’ll just send them back and we actually have a drawer full of, a filing cabinet drawer full of ones that they’ve sent back. And I read them sometimes and I go, “oh my God, why are you sending that back?”.

(Domestic violence specialist 5)

It would appear that there was some misunderstanding between organisations regarding this issue, as some children’s social services practitioners were assuming that parents had been asked for consent to share information with all agencies. However, the police considered that the request for consent to share information referred to information sharing with domestic violence support agencies.

The data on the sample incidents in the northern site provided evidence on the extent to which parents provided their consent for information to be shared with other agencies. It appeared that in practice this information was not collected by the police officers at the scene as in the vast majority (79 per cent) of the 130 incidents analysed in the northern site, victims had neither given their consent nor been made aware that information was being shared. Consent had been obtained in only eight (6 per cent) incidents.

5.10.2 Speed of sending notifications to children's social services

In the northern site, notifications were completed by specialist domestic violence officers and sent to children's social services via different methods in different districts: both fax and email were used. There was a local agreement that notifications should be sent to children's social services within 48 hours of the incident.

However, as table 29 shows, this was achieved in only 36 per cent of cases. The majority of incidents (73 per cent) were forwarded within five days of the incident. Long delays of over 60 days were identified on two cases. Overall, the mean time it took for a notification to be sent to children's social services was 8.4 days.

Table 29 Time taken following an incident for notification to be forwarded to children's social services, northern site

| Period before notification received by children's social services (days) | Number | Percentage |
|--|------------|-------------|
| 0–2 | 47 | 36% |
| 3–5 | 47 | 36% |
| 6–10 | 12 | 9% |
| 11–15 | 5 | 4% |
| 16–20 | 5 | 4% |
| 21–30 | 5 | 4% |
| 31–40 | 2 | 1% |
| Over 40 | 6 | 5% |
| Date missing | 1 | 1% |
| Total | 130 | 100% |

In the southern site, front-line officers entered information about children at a domestic violence incident on the MERLIN database. A specialist division, which handled all child abuse investigations, was responsible for faxing that information as a notification to children's social services. There was no time specified within which a notification was to be reach children's social services. The researcher used the date stamp affixed to notifications when they reached children's social services to determine how long a notification took to arrive.

Table 30 Time taken following an incident for notification to be forwarded to children's social services, southern site

| Period before notification received by children's social services (days) | Number | Percentage |
|--|------------|-------------|
| Same day | 20 | 17% |
| 1 | 45 | 37% |
| 2 | 15 | 12% |
| 3 | 1 | 1% |
| 4 | 1 | 1% |
| 6 | 1 | 1% |
| Not known | 38 | 31% |
| Total | 121 | 100% |

In 38 cases (31 per cent), it was not possible to determine the date when a notification had reached children's social services, either because the file could not be located by the research team or because the notification was missing from the file.

However, 17 per cent of all notifications reached children's social services on the same day as the incident and 54 per cent (78 per cent of those where the date of receipt could be ascertained) were received at children's social services within one day of the incident.

5.10.3 Information included in notifications

The amount and depth of information included in notifications was found to be limited when compared to the information on an incident available to the police. When interviewees in both sites were shown a series of typical notifications⁷, most officers expressed surprise at the lack of detail they contained. The notifications were described as "*a bit basic*", "*very vague*", "*pretty poor*", and "*a piece of paper with hardly anything on it*".

⁷ These notifications were actual notifications obtained from children's social services, which had been anonymised.

Several officers were not aware that the information they provided in a text box was the full extent of detailed information provided to children's social services about an incident. Some had thought that social workers would have access to the more in-depth information contained in the police crime reporting system, although they acknowledged that data protection issues would make such access unfeasible.

Several officers suggested that data protection issues were the main factor restricting the extent and quality of information shared between agencies.

But health, social services, they're frightened to death to tell you anything and yet at the drop of a hat they ring us up and they want all the detail in the world on what I would class as not particularly high risk cases.

(Specialist supervising officer 4)

Both sites utilised a specific form for notifications. In the northern site, this was completed by specialists drawing on data provided by the front-line officer. In the southern site, all information about children was recorded on a separate database and all domestic violence incidents where there were children in the household were included in this system. This database was then used to generate notifications that were forwarded to children's social services by child abuse specialists.

Table 31 shows that there was considerable variation between the two research sites regarding what information was included in the notification. The victim's risk assessment was not communicated in the southern site but details of family members' criminal histories were. While in both sites the forms confirmed children's presence at an incident, valuable information, such as the primary child's home address and school and the relationship to one another of those present at an incident, was not conveyed to children's social services in the northern site.

Table 31 Information conveyed in the notification, northern and southern sites

| Recorded information | Northern site | Southern site |
|---|--|---|
| Date and time of incident | Yes | Yes |
| Place of incident | Yes | Yes |
| Brief summary/outline of offences | Yes | Yes |
| Details of individual family members | Name and date of birth of family members | Full name, date of birth or age of family members. Primary child's sex, ethnicity code and place of birth |
| Tick box: children present at incident | Yes | Yes |
| Relationship of those present at incident | No | Yes |
| Home address of primary child | No | Yes |
| Current location of primary child | No | Yes |
| School primary child attends | No | Yes |
| Tick box: repeat incident | Yes | No |
| Tick box: drugs/alcohol involved for victim/perpetrator | Yes | No |
| Actions taken | Tick box: arrested, charged, bail conditions imposed, Section 47 referral to social services, place of safety for victim/children, threat assessment completed | Text box: circumstances of incident including immediate actions taken and any views expressed by children. Might contain information about repeat incidents and drugs and alcohol use by victim/perpetrator |
| Text box: further details of abuse | Risk-assessment score and what happened (such as arrested, NFA, relationship between the perpetrator and victim). May contain information about relationship between children and adults | No |
| Tick box: victim consented to information sharing and is aware that information is being shared with other agencies | Yes | No |
| Tick box: information shared with other agencies (social services, health, other) and date when information sent | Yes | No |
| Tick box: criminal intelligence trace on family members | No | Yes |
| Tick box: Police National Computer (PNC) check trace on family members | No | Yes |
| PNC ID number on all family members | No | Yes |
| Reporting officer details | No | Yes |
| Supervising officer details | No | Yes |

The interviews offered opportunities to capture officers' experiences of completing notification forms. In the northern site, there were some concerns expressed that ticking a box to answer "yes" or "no" to the question "were the children present?" did not offer sufficient options to convey the variations in a child's exposure to domestic violence.

However, officers felt that the recent changes to the form so that it now included the victim's risk assessment score and additional text boxes would provide children's social services with a fuller picture of the incident and children's involvement.

The form before had... didn't have a great deal of information on it, to be honest with you. What we're trying to do now or what we are doing now is actually saying how many incidents there have been in the last twelve months... there's a lot more information in relation to the questions surrounding the child.

(Specialist supervising officer 4)

The notification form utilised in the southern site had also been revised in the period between January 2007 and December 2008 when the interviews were completed. The introduction of a pre-assessment checklist (PAC) form modelled on the five Every Child Matters indicators of child wellbeing required officers to supply additional information about children and this was now included in the notifications conveyed to children's social services.

Police officers' responses to the requirement to include this "additional" information were mixed. Some felt that it provided them with a guideline for looking at a variety of aspects that will they hoped might "*highlight things that have gone under the carpet*" (Domestic violence specialist 2).

Another officer noted that it allowed them an avenue for expressing any concerns they might have about the children, regardless of whether these were related to the offence to which the police were originally responding when they came into contact with the child.

However, several front-line officers felt that the system still did not offer them sufficient opportunity to raise their concerns about children with children's social services. Officers wanted a means of alerting children's social services to a high level of concern, perhaps reflecting awareness that the majority of notifications would not elicit a response from children's social services.

I would be so happy if that was on there, a little box you tick, and you put in there why... family history or you've got additional problems that go beyond those five that you have to tick, something extra, because then I think that's just going to highlight it as urgent, you know, it's not a standard...

(Front-line officer 5)

For three cases in the northern site, a multi-agency assessment form was sent to children's social services in addition to a notification being forwarded. Officers saw this approach to referral as carrying a higher priority for children's social services than a notification. They understood that children's social services were required to respond to this form within seven days; the cases in which these referrals were sent involved high levels of violence and, in one case, the victim was pregnant. Those who had used the multi-agency assessment forms for domestic violence incidents suggested that they could be employed to signal an especially high level concern about the impact of domestic abuse on children. However, other front-line and specialist officers interviewed in the northern site were unfamiliar with these forms or had not used them and there was confusion as to whether completing such forms – which were described as requiring large amounts of detailed information – was the responsibility of front-line or specialist officers.

In contrast to those who wanted to provide children's social services with additional information, other officers felt there was no need to provide a detailed picture on every notification. They considered that it was the responsibility of children's social services to pull information on a family together, including the history of notifications, and to get back to the police if they required further information.

Officers in the northern site expressed some frustration with the procedures and the information system used by children's social services to record the information they sent over. They suggested that children's social services often sent back notifications and did not record them on their information system, then accused the police of not sending notifications.

...if social services are recording the information we're sending them in the right way, they should have that information already. We had a hell of a lot of problems with social services deciding, because it didn't come under their definition of DV, just sending back our referrals; they've probably got about four hundred sat upstairs, just for the incident where something happens to that child and they say we haven't made a referral to them and we will go through and say yes we have and you sent it back to us.

(Specialist supervising officer 4)

5.10.4 Omissions and inconsistencies in notifications

Omissions and inconsistencies in the information contained in the notifications will be examined in relation to data already held by children's social services in the following chapter. However, the researchers also found inconsistencies between information included in notifications and the original police reports in 48 (19 per cent) notifications in the sample. Details on at least one child in a family were omitted from notifications sent on 18 incidents.

In 25 cases, children were described as "present" at the incident in police files, but this information was not included in the notification. In some notifications, the extent of the violence was not fully conveyed to children's social services; for instance, one notification included the information that a man had cut up his partner's clothing but did not mention that he had also threatened her with a broken bottle and had cut his wrists with a knife. Most worryingly, some notifications did not convey the extent to which children had been involved in incidents. Examples of these are given in box 19.

Box 19 Incident/Case No.'s 191, 123 and 16

A couple had been out for the night drinking. On their return home, an argument started. The man dragged his partner onto the floor, pulled her downstairs and punched her several times on her arms. The police information sheet sent to children's social services stated that an 11-year-old girl was "*involved in the incident*". What was not conveyed in the notification was that the girl was also *dragged* downstairs during the incident. (*Incident/Case No. 191*)

In another incident, the notification included the information that no children had been present during the incident. The reporting officer's overview detailed that an 'altercation' had taken place following drinking by both adults, during which the man had bitten one of his partner's fingers. Information recorded on police files but not included in the notification included the following details: the victim's 13-year-old daughter had been physically caught up in the altercation and *pushed* out of the way by the perpetrator; the daughter had made the call to the police; and the police had been sufficiently concerned enough to try and organise refuge accommodation for the victim and her daughter. (*Incident/Case No.123*)

In another incident, a man stood outside the family home yelling at his former partner, who would not let him in as he was drunk. He smashed his way into the home, continuing to yell at the woman and threw money at his son. He claimed he was there to give money to his son. The notification sent to children's social services did not include the information that the son was so scared that he barricaded himself and his mother in the bedroom. (*Incident/Case No.16*)

A number of changes had been made to the ways in which information on incidents was collected and transferred to children's social services in the two years since January 2007 when the sample incidents occurred. In the northern site, the information sharing sheet that comprised the notification had been revised so that officers were required to detail the child's whereabouts during an incident, to state whether children were victims of crime, whether children had witnessed the incident, as well as whether there was any evidence of children being distressed.

5.11 Chapter 5 summary

- The opportunity to contrast recording practices in the two sites highlighted the large amount of repetition necessitated by data entry systems for front-line officers in the southern site. This duplication was considered to increase the likelihood of recording errors.
- Most calls requesting police assistance at incidents of domestic violence were made by victims. Children made 11 calls in the sample. Incidents where children called ranged from serious incidents involving injuries to less serious incidents involving verbal abuse only.
- Police responded to the majority of calls on incidents in the sample in under 15 minutes. However, in 13 per cent of cases, police took over an hour to attend an incident.
- Police intervention in domestic violence incidents appeared to be successful in removing perpetrators from the scene in nearly half the incidents and while some perpetrators left before the police arrived, others were encouraged to leave voluntarily by police intervention.
- There was little evidence in the file data studied of police officers engaging with children at domestic violence incidents and half the officers interviewed expressed some reluctance about talking directly to children. A variety of reasons was given for this, including fears of upsetting children, the resource implications, limited confidence and skills, and a lack of ABE training. However, police officers who had talked directly to children had found that they could provide valuable information and considered that they had a right to know what was happening.

- No information specifically designed for children was provided to them at the scene of an incident or afterwards.
- Different tools were used to assess risk for victims of domestic violence in the two sites. There were also differences between sites in the spread of cases across the three risk categories. Some of the shortcomings of risk assessment approaches identified by specialist officers included a focus on a single incident and the heavy weighting attributed to some factors.
- While documentation was inconsistent, records indicated that about half the victims in the sample received a follow-up telephone call from specialist officers. In one site, a care pack was distributed to victims after an incident of domestic violence.
- In the southern site, officers signposted victims to a multi-agency domestic violence centre that brought together a range of support service on one site. Most officers were positive about its work but not all front-line officers were familiar with this agency.
- There were differences between the two sites as to whether adults were required to give their consent to information being shared with other agencies. Where police were required to record whether consent had been provided, there were very few cases where consent had been requested and provided.
- In the southern site, where the notification took the form of information entered directly into a computerised database by front-line officers, notifications reached children's social services more quickly than they did in the northern site.
- There was variation found between the sites in the amount of information included as standard in notifications, with some information like criminal histories, a child's school and home address and the victim's risk assessment being communicated in one site but not the other.
- Some police officers noted that they would welcome being provided with a means of communicating heightened levels of concern about children present at domestic violence incidents to children's social services.

- In some cases, information was omitted from notifications, which meant that the full extent of children's involvement in an incident was not conveyed to children's social services.

Chapter 6. Children's social services – receiving and responding to notifications

6.1 Introduction to chapter 6

This chapter begins by describing some of the difficulties encountered in identifying the notifications in our sample on the other side of the service divide - in children's social services records. These difficulties resulted in shrinkage in the total size of the sample and we also draw attention to the shift in this chapter from discussing numbers of notifications to talking about family cases. As in the previous chapter, findings from the analysis of case records for the original sample are presented alongside data from interviews undertaken with 25 social work practitioners, administrators and managers.

Some of the discrepancies between the information included in police notifications and that which was already contained in children's social services' records for families known to them are identified and these findings are illuminated by social workers' views on the quality and extent of information provided by notifications. The chapter identifies the pathways cases followed subsequent to the notification and examines which cases took which pathway. The interview data is used to paint a fuller picture of social work decisions at the different levels of response.

6.2 Notifications: their numbers and quality

6.2.1 Tracking Notifications

Table 6.1 shows how the 251 notifications in the original sample drawn from police records were identified as family cases in children's social services' records. Children's social services maintain records on individual children but records for children from the same family are linked so we have described the records for each family as family cases. In the northern site, where a computerised system, the integrated children's system (ICS), was in use, anonymised data on each child was downloaded and children from the same family were matched up. In the southern site, records were stored in paper files that had to be retrieved from either a centralised file storage system or from the social worker who was holding the open file (see chapter 2 for details of the types of records and information accessed).

There were various explanations for failures to identify all the original sample cases in children's social services' records. We were unable to locate a record that matched the names and birth dates for either the children or the mother listed on 22 of the notifications. In the northern site, this may have been because insufficient detail was provided by the police for children's social services to create a new record for the family or because a new record was not created as the incident was assessed as low-level.

Not creating records for low-level incidents was established practice in some of the areas in the northern site in 2007. In the southern site, there were no clear explanations as to why a family might not have been found on the system. We cannot be certain whether these 22 notifications were in fact received by children's social services in both sites as records noting receipt were not kept at this time.

Of the remaining 229 notifications, 15 notifications were for families that were known to children's social services in the southern site, but whose files could not be found and three were notifications where files were open but were unavailable to the researchers. Another 15 notifications from both sites were not found either in the file or on the system and might not have been received by children's social services. The possible explanations differed by site.

In the northern site, a decision might have been taken by either administrative staff or initial assessment managers not to input the notification onto the ICS database. In the southern site, the file for the family might not have been located when the notification was received and a new file for the family might have been created that was not seen by the researcher, the notification could have been misfiled, or the notification might not have been received by children's social services.

This leaves a total of 196 notifications for January that can be traced from the initial police report to children's social services. As more than one notification was received on some families, the total number of families making up the sample examined in children's social services' records was 184. This is the size of the sample that we will be using when we consider how children's social services responded to the notifications.

However, where in this chapter it is useful to consider the characteristics of the original notification in relation to children's social services interventions, we will refer to the 196 notifications.

Table 32 Sample notifications tracked to children’s social services in both sites

| | Sites | | |
|---|---|-----------------------------|------------|
| | North | South | Total |
| Original sample identified in police records for January 2007 | 130 (100%) | 121 (100%) | 251 (100%) |
| Family not known to children’s social services in 2008 | 14 (11%) | 8 (7%) | 22 (9%) |
| Notification not located in family’s records | 3 (2%) | 12 (10%) | 15 (6%) |
| File not found | - | 15 (12%) | 15 (6%) |
| File unavailable | - | 3 (2%) | 3 (1%) |
| Total notifications accessed by researchers from children’s social services files | 113 (87%) | 83 (69%) | 196 (78%) |
| Families with multiple notifications | 10 (8%) 1 family with 3 8 families with 2 | 2 (2%) 2 families with 2 | 12 (5%) |
| Total number of families accessed from children’s social services files | 103 | 81 | 184 |

6.2.2 Delays in receiving notifications

We noted in the previous chapter that many notifications took more than 48 hours to reach children’s social services. Delays in receiving notifications were identified by social workers interviewed in both research sites. A senior manager in the northern site noted that imminent changes to the notification process that would involve front-line police officers inputting and transmitting notifications directly rather than sending them via specialist officers should reduce these time lags. In the southern site, while notifications were generally sent within a few days of an incident, one manager noted that they had just received a batch of notifications dated six months previously that had been “lost” in the police system.

I’m a bit peeved with the police at the minute because we’ve had a whole batch of reports come through, which they say were misfiled but they feel they need to share and they’re dated June last year, October last year, August last year, and we’re then left with this, what we do with this so late in the day.

(Initial assessment manager 3)

6.2.3 Quality of notification information

Variations were found between the basic information on families contained in the notifications received and that identified in children's social services records. The researchers were able to verify the consistency of data provided by the police with that held by children's social services in 179 of the 184 family cases. In total, there were discrepancies found in 71 cases (40 per cent) in respect of the correct spellings of family names, dates of birth provided for family members or regarding whether all family members were listed on the police notification.

In 14 cases (8 per cent), at least one child identified in the family in children's social services records was not listed in the notification. Such inconsistencies could make it demanding and time-consuming for children's social services to marry notifications up with existing records for families or to contact families. The omission of some children's names is of particular concern, since it is possible that similar omissions on other cases may have resulted in notifications not being completed at all in some cases where there were children in the family.

The extent to which the notifications conveyed information about weapons and injuries involved in incidents to children's social services was examined since this information serves to communicate the seriousness of a particular incident. In 16 of the 17 incidents where weapons were used⁸, this information was provided to children's social services. Eleven of these notifications conveyed full and accurate information concerning the use of weapons, while five notifications contained incomplete information that might have been misleading.

Box 20 Incident/Case (Unnumbered)

In one of these incidents, the police report described the perpetrator as harassing the victim and noted that he had tried to set fire to her flat by putting "things" through the letterbox. The perpetrator, when the victim refused to let him in, had pulled the curtain through the letterbox, causing the victim to fear that he would try to set fire to the curtain. The perpetrator then kicked the door until it broke, but was chased off by friends of the victim. As he ran away, the perpetrator stated he was going to go and get a gun. This victim had a three-year-old child who witnessed this incident. The notification did not include the information that the perpetrator had tried to set fire to the flat previously nor did it report that the perpetrator kicked the door in and stated he was going to get a gun. This notification was marked as no further action.

⁸ The number of incidents where a weapon was used has reduced from the 23 incidents identified in police records, since some of these notifications were among those the researchers could not locate in children's social services records.

Police records indicated that injuries to the adult victim or children occurred in 45 incidents where the children's social services file was located. In six incidents, the notification indicated that an injury or assault had taken place, but included limited descriptive details. Police records showed that children were injured in three incidents and these injuries were reported fully to children's social services in the notifications.

The interviews undertaken with social workers found a range of views concerning the quality of information conveyed in the notifications. Some social workers reported high numbers of inaccuracies concerning the names, addresses, dates of birth and the numbers of repeat incidents supplied.

I think the police should always...ask someone to spell the names because I think that we have probably got thousands of duplicate entries because the police haven't spelt names properly.

(Initial assessment worker 2)

Others commented that poor writing and use of police jargon could make the detailed information included in notifications difficult to read and understand.

You know, because it is a case of "aggrieved and offender", you know, sometimes you have to read reports so many times through; there's no punctuation in them. Oh they're horrendous to read sometimes.

(Initial assessment manager 2)

Others felt that the quality of the information varied according to which officer was completing the notification, while another group felt that the quality of information conveyed in notifications was improving or good.

I think the police information is good and I think the one thing that they are very, very good at is that, even though it is not a great lot of detail all the time, it is very specific. It is quite precise. And they generally get, which the social services is not very good at, the members of the household. They generally fit the name and the dates of birth right; we are notorious for not getting that right, but the police MERLINS are generally very accurate when it comes to that.

(Initial assessment manager 4)

Social workers agreed with those police officers who commented on notification forms (see 5.10.3) in describing the extent of information provided in notifications as inadequate, as “sketchy” or “minimal”. There were suggestions that clearer and fuller information on the injuries sustained in an incident would be helpful.

I think what we would like made more clear is if there are injuries, how severe are they, 'cos we have a distinction between if there is bruising or if there is just a red mark, or if there has been a weapon used or something like that, and that depends on what route we take in terms of our actions, so that would be helpful if it was very, very clear about that.

(Initial assessment manager 4)

Social workers also identified a range of other types of information that would be useful, such as whether the house was damaged in the incident, information about drug or alcohol misuse, contact telephone numbers and whether the perpetrator was living in the family home.

However, a key area where more information was considered crucial concerned children's experiences of the incident, particularly in the northern site where in 2007 this information was provided as a tick-box noting the child's presence or not.

Although notifications in the northern site were providing considerably more information on children by the time of the interviews in 2008/09 than they had supplied in January 2007, detail on children's involvement in incidents was still felt to be inadequate. Social workers wanted to understand what was meant by describing children as “present” at an incident, what they had seen or heard and whether there was evidence of distress.

It's never really clear whether... it says if a child is present and there is a Y and an N, so yes or no, and were they distressed, a Y or an N. So... it doesn't say whether the child witnessed the incident; whether the child was the one who called for help; whether... they were involved or anything.

(Family support manager)

Social workers were also keen to be supplied with a history of the family's engagement with the criminal justice system. They noted that the criminal justice system could often furnish a lengthier history on a perpetrator or family since children's social services records might be limited by the fact that a family had only recently moved to their area. Being provided with information on bail conditions and decisions on prosecution was also considered important.

One social worker described how information about compliance with previous court orders might influence children's social services' decisions.

We do the initial assessment and depending on what information we get we then decide whether it goes for... whether it meets a threshold for child protection, Section 47, or whether we consider it to be a child in need. So if say, for instance, there were restraining orders that had been broken, that would be really useful for us to know that because then, yeah, we would look at that being a Section 47 as opposed to possibly a child in need. That would be good information.

(Initial assessment manager 4)

However, a number of social workers commented that the most useful information provided in notifications was factual information.

...they're factual in, in the main and they're not dictating what we should or shouldn't be doing as a result.

(Initial assessment manager 3)

Social workers had less confidence in police officers' capacity to make valued judgements about issues like the cleanliness of a home. As we shall see below, children's social services appeared to attach particular weight to their own information in assigning a level of response to a notification.

6.2.4 Receiving notifications

In January 2007, the notifications in the southern site were printed off by the police child abuse specialist team and faxed to the children's social services assessment team. Fax confirmation forms were not kept and hard-copy notifications were kept for a few days only in case children's social services required any notifications to be sent again because of a poor quality of the fax (over the following year, extensive changes to the IT system allowed notifications to be emailed to the children's social services assessment team). On receipt, the notification was assessed by a member of the team; this was either a family worker who then passed it to the assessment team manager or by the assessment team manager who was responsible for deciding what action would be taken.

As noted in the previous chapter, notifications in the northern site were conveyed to children's social services by varying methods in different districts. The notifications were sent directly to the initial assessment (IA) teams in area offices and an administrator liaised with the IA team manager in deciding what information to enter on the ICS system. As in the southern site, team managers decided on the level of response and what information should be entered into the system. No systematic recording of notifications received and processed was kept by teams across the authority, although some team managers had tried to implement this.

However, in 2008, the local authority introduced a centralised system that removed the administrators from local area offices to a central office receiving all referrals and queries to children's social services. This required any queries on families and questions about whether to add information to the electronic system to be sent via email to the IA managers. A policy was also introduced at this time to ensure that all notifications were entered on the system, removing any discretion that had existed previously for managers to return notifications to the police on the grounds that they were irrelevant or lacked the victim's consent to share information.

6.3 Service pathways

Analysis of file data allowed for identification of the service pathway taken by each notification in the sample. Five different levels of intervention or pathways were distinguished:

1. NFA (No further action/information only) – the notification was seen and closed as no further action by children's social services.
2. Letter – the family (typically the mother) was sent a letter as a result of the notification, but no other action was taken.
3. Initial visit or phone call – the family had received either a telephone call or visit from children's social services as a result of the notification, but no other action was recorded. This response was comparatively rare.
4. Family support intervention – the notification either triggered a Section 17 (family support) initial assessment or the family was an open case defined as family support.
5. Safeguarding intervention – the notification either triggered a Section 47 initial assessment or enquiry or the family was an open case defined as safeguarding.

As table 33 shows, there were some differences between the two sites regarding service pathways. In the southern site in 2007, sending a letter to the family did not generally happen in the absence of other more substantial forms of intervention (this practice had changed by the time of the interviews in 2008) and telephone calls or home visits were not made unless the case had been allocated to a family support or safeguarding pathway. Therefore, sample data on letters and initial visits or phone calls relate only to the northern site. The availability of these options meant that in the northern site a substantially smaller proportion of cases – 43 of the 103 (42 per cent) – met with no further action as compared with 68 of the 81 cases (84 per cent) in the southern site.

However, the proportion of all cases in the sample that pursued a family support or safeguarding pathway was similar in both sites: 16 per cent of all cases in the southern site and 15 per cent of those in the northern site. In total, 83 per cent of notifications received either a letter or no further action.

Table 33 Case pathways by research site

| Case pathway | Research site | | Total |
|-----------------------------|-------------------|------------------|-------------------|
| | Northern | Southern | |
| No further action | 43 (42%) | 68 (84%) | 111 (60%) |
| Letter | 42 (41%) | 0 (0%) | 42 (23%) |
| Visit or phone call | 3 (3%) | 0 (0%) | 3 (2%) |
| Family support intervention | 6 (6%) | 3 (4%) | 9 (5%) |
| Safeguarding intervention | 9 (9%) | 10 (12%) | 19 (10%) |
| Total | 103 (100%) | 81 (100%) | 184 (100%) |

In order to discover which case received what level of service, the five service pathways were considered in relation to key characteristics of the cases. Characteristics examined included characteristics such as parents' ages, ethnicity, other family problems like mental or physical health needs, substance abuse, children's ages and disabilities, and characteristics of the incident including whether weapons were used, whether injuries were inflicted and whether the child/children were described as "present". Current or previous involvement with children's social services emerged as the characteristic most strongly associated with case pathways.

6.4 Current/previous involvement with children's social services

Families' current or previous involvement with children's social services over the period covered by the files (for most of the files in the northern site there was only limited information available prior to 2003 when files were automated) was examined for every family and all families in the sample were classified at one of five levels of current or previous involvement:

- None – The notification was the first time children's social services in this local authority had had contact with the family.
- Low – The family was known to children's social services as a result of previous notifications or referrals that were closed with no further action. The family had not received an initial assessment, Section 47 enquiry or core assessment.
- Medium – The family had previously had an initial assessment, Section 47 enquiry or core assessment completed, which may or may not have resulted in some support for the family, but the case was closed at the point when the notification was received by children's social services.
- High – The child/ren were included on the child protection register, had been the subject of a child protection conference, had been looked after or subject to a residence order as a result of children's social services involvement, but the case was closed when the notification was received by children's social services.
- Currently open – The family was currently an open case for children's social services.

Table 34 shows that a substantial proportion – 40 per cent – of families in the sample had had no previous contact with children’s social services in that local authority. Just over a quarter of families had had a low level of contact with children’s social services in the past, while just under a third had had medium or high levels of engagement or were open cases at the time when the notification was received. The notification system can therefore be seen to draw a substantial group of families not previously within the orbit of children’s social services into the service’s remit.

However, the majority of families had had some previous contact with children’s social services in that local authority.

Table 34 Current/previous level of involvement with children’s social services

| Previous involvement | Number | Percentage |
|-----------------------------|---------------|-------------------|
| None | 74 | 41% |
| Low | 47 | 26% |
| Medium | 33 | 17% |
| High | 10 | 5% |
| Open case | 19 | 10% |
| History on case missing | 1 | 1% |
| Total | 184 | 100% |

Of the 28 families in the sample that received a family support or safeguarding service, 19 were already open cases at the point when the notification was received. Thirteen of these cases had been receiving and continued to receive a safeguarding service. One family was receiving family support (Section 17) services at the time of the notification and, following the notification, the case was reclassified by the team as a safeguarding (Section 47) case. Five families had been and continued to receive a family support service. The fact of a case already being open to children’s social services was clearly the strongest factor in determining whether a case received a service or not.

Only nine cases (5 per cent of the sample) that were not already open cases followed a family support or safeguarding pathway subsequent to the notification. These cases were evenly distributed in terms of their previous level of involvement with children’s social services. Three had no or low previous involvement, five had medium levels of previous involvement and in one case we were unable to ascertain the previous level of involvement.

Below, we look in more depth at the characteristics of cases where intervention appeared to be triggered by the notification rather than just contributing to an established approach on an open case.

Table 35 shows that of the 111 families whose case pathway was no further action following receipt of the notification, 84 (76 per cent) had none or low previous levels of involvement with children's social services. This was higher than the figure of 66 per cent of the families in the sample as a whole that had none or low previous levels of involvement with children's social services. This difference is not however statistically significant.

Similarly, 34 (76 per cent) of the 45 families who received either a letter, phone call or a visit but no further intervention (these families were all from the northern site), had had no or low previous contact with children's social services. The pattern observed can be described as one where the majority of families who previously received none or low levels of involvement from children's social services continued to do so, despite the notification.

Table 35 Action taken in response to notification by families' previous level of involvement with children's social services

| Families' previous level of involvement with children's social services | Case pathway | | | | Total |
|---|-------------------|-----------------------------|-----------------------------|---------------------------|------------------|
| | No further action | Letter, visit or phone call | Family support intervention | Safeguarding intervention | |
| None | 48 (44%) | 24 (54%) | 1 (11%) | 1 (5%) | 74 (40%) |
| Low | 36 (32%) | 10 (22%) | 0 (0%) | 1 (5%) | 47 (26%) |
| Medium | 19 (17%) | 9 (20%) | 3 (33%) | 2 (11%) | 33 (18%) |
| High | 8 (7%) | 2 (4%) | 0 (0%) | 0 (0%) | 10 (5%) |
| Open case | 0 (0%) | 0 (0%) | 5 (56%) | 14 (74%) | 19 (10%) |
| Unknown | 0 (0%) | 0 (0%) | 0 (0%) | 1(5%) | 1 (1%) |
| Total | 111 (100%) | 45 (100%) | 9 (100%) | 19 (100%) | 184(100%) |

The three cases that had no or low previous intervention but that followed a family support or safeguarding pathway are of particular interest because they provide examples of instances where children's social services offered a high level of intervention without already being involved with these families. In two of these three cases, the family included a child aged under 12 months who was clearly perceived as vulnerable.

Injuries were sustained in all three cases, including punching, knife cuts and attempted strangulation. In one case, the mother was assaulted, a knife was involved and her five-year-old son called the police (however the police did not inform children's social services that the victim was knocked unconscious in the attack).

All three cases were allocated a high level of violence rating by the researchers. Practitioners interviewed in the southern site confirmed that the child's age was a key factor in determining priority for intervention and that the presence of children under 12 months in a family would automatically trigger an assessment. In the northern site, while some initial assessment workers noted that infants would be treated as particularly vulnerable, there was no protocol in place determining a specified response to such cases.

6.5 Which families received what level of service?

6.5.1 Pathway 1 – no further action

As seen above, the majority of families in the sample (111, 60 per cent) followed a no further action pathway. There were some surprises concerning the characteristics of these families. Four of the six pregnant women in the sample received a no further action response. This contrasted with police approaches to assessment since in both sites their risk assessment procedures allocated a high score to pregnant victims, which could increase their overall risk assessment rating. This practice also contravened the expectations of some practitioners interviewed who understood that every pregnant woman notified by the police was subject to an initial or core assessment (although practice might have changed in this respect by the time of the interviews).

As noted earlier, there were 45 notifications in the total sample that conveyed full or partial information about injuries to the adult victim and/or children sustained in the course of domestic violence incidents. Twenty-three of these notifications followed a no further action pathway. While this represents a lower proportion (51 per cent) of the cases with injuries than the percentage of all notifications that followed this pathway, it does not seem as though, on its own, the fact of injuries being sustained substantially increased a family's likelihood of receiving a service, despite social workers arguing that this information would be valuable and suggesting that it would increase a family's priority for services. Similarly, eight of the 13 cases where the notification conveyed full or partial information about the use of weapons in an incident followed a no further action pathway.

In summary, it appeared that neither the victim's pregnancy nor the severity of a notified incident acted to prevent a family being allocated to a no further action pathway. Children's recorded absence at an incident did not seem to influence allocation to this level of response either. The proportion of cases where children were recorded as "not present" at an incident that received a no further action response was 67 per cent (30 of 45 cases), the same as that which received this level of response in the total sample.

Table 6.4 shows that the majority of cases that pursued a no further action route had had no or low levels of contact with children's social services in the past. There were a few exceptions to this. Eight families who had previously had high levels of involvement with children's social services received no further action following a notification; in three of these cases, concerns about domestic violence in the past had contributed to safeguarding interventions with the families.

While 69 per cent of the families receiving no further action had not previously been notified by the police following an incident of domestic violence, previous notifications were found in the records for nearly a third of those following a no further action pathway (n= 35, 31 per cent). Twenty families had had one notification sent previously, 14 had had between two and four notifications and 14 notifications of domestic violence incidents were recorded for one family.

The wide range of incidents covered in the sample of notifications was noted in chapter 4: the police rated 66 per cent of those incidents in the original sample at bronze or standard level while the researchers gave 52 per cent a no/low level of violence rating. These ratings refer only to the specific incident notified and do not necessarily reflect victims' and children's ongoing experience of abuse. Nevertheless, it is clear that the majority of incidents notified failed to reach children's social services' threshold for intervention. Practitioners interviewed noted that "no further action" was the regular response to incidents that involved verbal altercations only.

If it's a verbal altercation, a minor verbal altercation it... and they're not known to us it might be that there's no further action straight away.

(Initial assessment worker 1)

Managers in the northern site noted that the high volume of referrals received through the notification system but not receiving a service had impacted on the service's performance assessment.

...so few of them are actually then leading to an initial assessment. Our proportion of referrals that then lead to an IA has decreased...which again has been questioned by OFSTED.

(Senior manager 1)

Managers also commented on the time and resources consumed by the process of “filtering out” notifications.

I think we spend a lot of time trying to assess whether or not we should be involved. And I think that is, that is very resource intensive regarding the actual resources I have to provide a front-line service.

(Senior manager 2)

There were suggestions from managers in the northern site that the police needed to play more of a role in filtering out “low level” incidents.

I would say the police need to have a filtering process. I think the police need to have a system whereby they... they log the numbers of... of domestic... of bronze, non-serious domestic violence referrals and make their own decision as to risk management within that house. Because they are just as capable of doing that as we are and they are... they are... their officers are supposed to be child protection trained.

(Child protection manager 2)

This contrasted with the more structured approach to filtering notifications that had been adopted in the southern site by the time of the interviews there in 2008. This approach was based on the risk assessment protocol developed by Barnardo’s, which is discussed in more detail in chapter 9 of this report:

...we base that on... we have a scale which is the Barnardo’s Domestic Violence ...and it gives you that 1, 2, 3 and 4, so it gives you the different levels of domestic violence and you can generally go by that, and it will tell you whether it meets the Section 47 threshold, or whether you are looking at a, sort of, more of a minor... and what sort of intervention you would give for that so we use that scale quite a lot to guide us.

(Initial assessment manager 4)

Practitioners and managers interviewed expressed concern about the high proportion of notifications that did not receive a response, while noting the limited resources available to respond to the numbers received. It was argued that more information from the police would improve the accuracy of decisions about which cases should receive a service but, as we have noted above, even when information about the severity of an incident was provided, on its own, it was not enough to ensure that a family received a response. The weight given to a family's previous engagement with the service was confirmed by practitioners and managers.

...if they find that we've got a history they'll bring the history with that and it's my job to go through and check whether, you know, is this the first we've heard or is this ongoing, is this mum not responding to advice, intervention and then that will swing our decision as to where it's allocated.

(Initial assessment manager 3)

However, once a notification was transmitted to children's social services, that information became part of the knowledge on a family "owned" by children's social services.

Practitioners described undertaking systematic checks on the numbers of previous notifications on a family to determine whether the case proceeded beyond the "no further action" level.

If you were to receive, as I said, a low risk, no injury verbal domestic violence incident where there were no children present as a first referral, you would not necessarily need to send a social worker out on that case. You would, what you would be looking for are frequency of incidents, you know, what are the risk indicators? Have there been a number of these verbal altercations going on? Have there been, you know, three, four, five in a, in a short period of time?

(Child protection manager 2)

Nevertheless, as we noted above, some families with histories of multiple previous notifications did not receive a service.

6.5.2 Pathway 2 – letters

The 42 families who received a letter but no further interventions from children’s social services as a consequence of the notification were all in the northern site. Letters without further interventions were only very occasionally used in the southern site in 2007 and there were none in our sample.

However, by 2008, interviewees indicated that more letters were being used in this site in place of a “no further action” pathway in response to new safeguarding guidelines. In both sites, the use of letters as the sole intervention was considered appropriate for “low level” incidents.

Those would be because the level of violence in the report is at a very minimal level and it might be the first time we’ve ever had anything through or it might be the indication in the report from the police is that mum would welcome some contact from us but doesn’t want social services involved at this stage.

(Initial assessment manager 3)

This “low level” status was confirmed by examining the characteristics of the sample families who received a letter in the northern site. None of the mothers who received a letter were pregnant and none of these families were identified in police records as having complex needs, such as mental or physical health problems or substance misuse.

As table 6.4 showed, the majority of families directed along this case pathway had had no or low previous involvement with children’s social services: only two families had had previously high levels of involvement. Ten were classified as having medium levels of involvement with children’s social services in the past.

For a third of the families who received a letter only, the notification had included information about injuries sustained in the course of the incident. As was the case for the families in the “no further action” group, this information was clearly not on its own sufficient to ensure that the family received a higher level of intervention.

Templates of letters to be used for this purpose were available to social workers in both sites, although practitioners reported that they edited these templates to personalise them and to reflect the family's particular situation. Different templates were used in different districts in the northern site, which made for some inconsistencies, and in some districts, social workers in this site could also draw on alternative templates designed for use in situations that evoked low or high levels of concern.

The ones where parents get called because the neighbours called, because they see a heated argument going on at the next door house... children in bed, we know children obviously hear, you know, heated rows etcetera, no violence, no arrest, quiet word had with parents. We would send out then, if it's the first incident particularly, what we call a DV level Letter One... Level Two is when there's been a verbal or it's got a bit out of hand. No physical as such... Just to see the parents know that we're becoming increasingly concerned.

(Initial assessment manager 2)

Box 21 Examples of the templates used for both levels of letter

Dear

We have received information from the Police about an incident on xx/xx/xx which resulted in you being assaulted by your partner.

I need to point out that Social Services have a legal responsibility to investigate referrals in which concerns are expressed about the welfare of children.

At this time we will be taking no further action but it is important that you seek appropriate advice and action from [domestic violence service] on [phone number] based at [address].

The fact of the matter is that the impact of domestic violence on the children can be emotionally very damaging and also impacts on their identity, self esteem and their self worth. They also get caught up in the conflict and end up seriously harmed.

Should you require any further support you can call the Contact Centre on [phone number].

Yours sincerely,

Level 1 letter:

Dear

This directorate has been contacted by the police following an alleged incident of domestic violence between you and xxxxx on xx/xx/xx.

This referral does not meet the threshold for the directorate's involvement but you need to be aware that this information is now held on our records in respect of this incident.

Yours sincerely

Level 2 letter:

Dear

I write to advise you that Children's Services have been notified by the police of an incident that occurred at your family home which falls under Domestic Violence protocols.

As you may be aware, the emotional impact of domestic violence is well researched and can be extremely harmful.

Although in considering the information presented, no further action will be taken by Children's Services at this time, any further reports of this nature will likely result in a home visit being completed in order to discuss the next appropriate course of action.

Thanking you for your attention in this matter.

Yours sincerely

The tone of these sample letters is authoritative rather than supportive and some of the terms used in the second two examples, such as ‘director’ and ‘protocol’, are technical and likely to prove intimidating and impenetrable to many families. In the northern site, it was common practice to send a letter addressed to both parents if they were living together. In the southern site, the usual practice was to send the letter addressed to the mother, typically the victim of the abuse.

This practice has attracted some criticism, as receipt of such a letter may act to trigger further abuse (Humphreys et al 2001, Stanley and Humphreys 2006).

Social workers did not appear aware of any agency guidelines regarding methods of safe communication but outlined procedures developed within their own teams for contacting victims of domestic violence. Some described contacting victims by other methods but noted that notifications rarely provided them with victims’ telephone numbers. One social worker had refused to send letters to households where the perpetrator was known to be resident.

I dig my heels in with this and absolutely refuse to do this, to send a letter to someone where I know that the perpetrator is also living... I have come under quite a lot of flack for that... I will not send a letter where I believe that the perpetrator is actually still living in the property because I think it can just be the trigger that, you know, gets somebody beaten up again.

(Initial assessment worker 2)

Where the perpetrator was not resident, letters were usually sent to the mother. This approach has also attracted criticism, since messages that convey the need to protect children from exposure to domestic violence act convey unfeasible expectations and allocate the victim responsibility for controlling her partner’s abusive behaviour (Farmer 2006, Hester et al 2006a).

These messages may be particularly inappropriate if the couple have already separated. Some practitioners expressed uneasiness about the implications of such letters.

I think it’s a bit discriminatory if we say that the mum’s duty is to protect the children...

(Initial assessment manager 1)

However, others were more mixed in their views.

I just personally feel that it's not always helpful for a mum to be having a letter from us and to have it pointed out that she has a legal responsibility to ensure that her child is kept safe. It's kind of, it's not always appropriate. Sometimes it is appropriate because... women particularly are notoriously good at moving from one abusive relationship to another, and sometimes, unfortunately, children are witnessing and do get caught up in the flack, and in those cases it is appropriate to say to mum "look, you know, you can make your decisions but children they don't... they have to, sort of, go along with everything else. This isn't fair to them, you know".

(Initial assessment worker 2)

In contrast, some practitioners felt that warning a family that they were under scrutiny could convey social disapprobation and provide an impetus for change.

...it's alerting people, especially if it's the lower level, it's alerting people to the fact that, you know, there are people out there who are witnessing it, who are contacting the social services, and if you don't want social services involved in your family...then they need to address it, and, to some extent I think it is a good idea.

(Initial assessment social worker 1)

In the southern site, which benefited from the availability of the multi-agency domestic violence centre, letters included information and advice to contact the centre; in the northern site, practitioners described including advice to contact local domestic violence services and relevant information leaflets with letters.

There is limited research evidence available that has captured victims' and perpetrators' responses to these letters (few of those interviewed for stage 1 of this research had received such letters). However, Cleaver and Freeman's (1995) study drew attention to parents' fears of children being removed (also identified by survivors participating in this research) and the hostile and defensive positions often assumed in response to the first contact from children's social workers.

Some practitioners interviewed reported receiving complaints from parents who were angry that information about the incident had been shared with children's social services. One practitioner reported being contacted by a victim who had suggested that such letters should be sent to perpetrators rather than victims.

I've had a phone call in the past where the woman I had written to was quite...frustrated with the letter and why? Because clearly she, this particular person, the mother of the child, had tried very hard to keep her child safe and felt that it was the husband or the ex-partner's behaviour...that he should be the one that we should be addressing.

(Initial assessment worker 3)

6.5.3 Pathway 3 – visits or phone calls

Social workers interviewed in both sites talked about the possibility of making home visits or telephone calls to do a “welfare check” or to ascertain whether a case required an initial assessment⁹. However, the records accessed only provided evidence of three families (all in the northern site) being visited or telephoned without an initial assessment being completed. Two of these three families were not known previously to children’s social services and one had a low level of prior involvement. None of these three families had been the subject of a previous notification.

It appeared that exploratory contact with families that did not involve the completion of an initial assessment was rare, although such contacts (particularly telephone calls) might have been made but not recorded. It might also be the case that once exploratory contact of this sort had been made, cases were likely to proceed to an initial assessment.

6.5.4 Pathway 4 – Section 17/family support

Nine families received an initial assessment and support at the Section 17 “child in need” level following a notification: five of these were already open cases at the time. For all four cases that were not already open, the notification conveyed information about injuries; three of these four families had had medium or low levels of involvement with children’s social services in the past. Only one family had had no previous contact with children’s social services.

This small group of cases was more likely than those in the sample as a whole to have had previous notifications following incidents of domestic violence; three families had had one notification, two families had been notified on five occasions and two on six occasions.

⁹ In the southern site, telephone calls and visits to victims prior to an initial assessment being undertaken were described as having increased in volume since 2007.

Families in this small group of cases were more likely than those in the sample as a whole to have substance misuse problems or an identified mental health problem, while children in these families were more likely to have a health or behavioural problem. Some caution is needed here since this information was more likely to be available to the researchers given that an initial assessment was completed for these families. As a group however, these nine families appeared to be characterised by multiple and complex needs.

Interview data confirmed that repeated notifications could trigger a Section 17 initial assessment, which might aim to provide a victim with sufficient support to make changes and to increase their understanding of the impact of domestic violence on children. Multi-agency work is discussed in more depth in chapter 8, but seeking information on a family from other agencies was also described as a means of determining whether an initial assessment was required.

If I am thinking to go to initial assessment, I start linking with other agencies.

(Initial assessment manager 2)

Practitioners singled out evidence of direct injury to children as the key factor distinguishing between intervention at a Section 17 or Section 47 level.

...we have to try and prioritise somehow or other but the cases that tend to go to the child in need for an initial assessment are the ones where the injuries were minimal, if there is such a, yeah, they're categorised as minimal or where we have given advice to mum, like I said previously, and she doesn't seem to have acted on it and we want to understand what that's about.

(Initial assessment manager 3)

Social workers were clear that they would always seek to speak directly to children where an initial assessment was being undertaken following a notification. They noted that younger children varied in their readiness to talk about their experiences of domestic abuse but they emphasised that they always attempted to talk to children on their own.

When you complete initial assessments you do see the children alone and often they are quite young, and direct questions are very difficult. You are only in the house for an hour, an hour and a half doing your initial assessment. They usually know why this lady is coming to the house and they have been told not to say anything. You always ask if there is anything they would like to talk about, how are things at home, you know, what happens if they are naughty, do they go on the naughty stair, or, you know, but it's very difficult.

(Initial assessment worker 3)

6.5.5 Pathway 5 – Section 47/safeguarding

Nineteen families received intervention at the Section 47 or safeguarding level. Six of these families had children aged under 12 months, confirming the priority accorded to this vulnerable age group. Similarly, one of the two children in the sample who were recorded as having learning disabilities received a safeguarding service while the other was among those receiving a Section 17 response.

Fourteen of the cases pursuing this pathway were open cases at the time of the notification and, of these fourteen cases, only one had had no previous involvement with children's social services. In total, this group of families receiving a safeguarding service conformed to the identified pattern of families about whom children's social services knew most receiving the highest levels of intervention. Only two families in this group had no or low levels of previous intervention.

Cleaver et al (1999) found that risks for children were highest when domestic violence co-exists with other problems that undermine parenting capacity, and parental mental health needs, substance misuse and physical health problems were more prevalent in this group than in the sample as a whole. Children with identified behaviour problems were also more likely to be found in families in this group.

In four of the five cases that made up the group of cases that were not already open to children's social services, the notification conveyed information about injuries sustained in the course of an incident that appeared to trigger the Section 47 initial assessment. In two of these cases, a child under 12 months was injured; in one case an older child was injured and in the fourth case, the victim was injured.

As noted above, a similar pattern was found for “new” cases receiving a Section 17 response and we can therefore conclude that information about injuries contributed to eliciting a service response, particularly when children’s social services already had information about families on record.

Practitioners interviewed also identified what they considered to be the key factors that would elicit a Section 47 response. These were: whether the child was under 12 months (the Barnardo’s model for risk assessment was cited here by practitioners in the southern site); the family’s previous history, severe violence and a child being caught up in the incident crossfire.

...if the child is in the mother’s arms or if the child is nearby, that becomes more serious. We probably would go straight to a Section 47.

(Initial assessment worker 3)

...it’s more to do with the severity of the violence and the prevalence of domestic violence, and yeah, I think that there are trigger factors, additional trigger factors that have an impact, and also...how many previous referrals, how close are they, what’s been happening.

(Initial assessment social worker 2)

The practitioners interviewed described the various ways in which exposure to domestic violence could constitute significant harm for children. They noted that the harm inflicted could be emotional and physical and could affect infants as well as older children.

I think the children are affected as tiny as babies; hearing the raised voices, the noise levels, the whole tenseness in the home. I think that alone affects the children... they get scared... they know... Emotionally, it’s very damaging. Obviously, physically they could get in the way, even if the perpetrator doesn’t intend to harm the children, they can get in the way of something being thrown across the room, they get in between the parents.

(Initial assessment worker 3)

Accumulating effects on children’s and young people’s behaviour were described and social workers saw these effects as pervasive, affecting behaviour in school, with peers and in the home.

...children can be quite withdrawn and quite sad, look quite sad, and they can become introvert... and also have an impact on them in that they beginning to exhibit aggressive

behaviour because it's what they've witnessed... the behaviour, which then has massive implications then for them through nursery, through school and as they are older.

(Initial assessment social worker 2)

Practitioners described referring children who had experienced repeated exposure to domestic violence to CAMHS for help with a range of behavioural problems. However, they also noted that children's resilience could mediate the impact of domestic violence and argued for the need to assess each child's individual experience.

There are some children that live in households where shouting and screaming, or the perception of shouting and screaming, is a daily occurrence and they are able to adapt and live with that. There are some children that learn to survive in those types of situations, so I wouldn't want to go along the lines of us trying to say... we shouldn't at least look at the situation.

(Initial assessment social worker 3)

Social workers also described the ways in which domestic violence corroded and undermined parenting and argued that the perpetrator's need to control their environment affected children's experience of care in the family.

I suppose they are sort of..., it is a method of abusing authority I suppose, and so as a parent if you are in a situation of authority and have the responsibility of a child, and your way of managing responsibility is one of violence and coercion, then that obviously will be the way you will tend to treat the child as well.

(Child protection manager 3)

Victims were perceived as needing to manage the children in order to minimise the possibility of violence and as often lacking the self-esteem and confidence required for effective parenting.

It can affect her confidence, her self-esteem, her ability to fight her corner for her children and...the role model that she might present.

(Initial assessment manager 3)

While practitioners saw victims' and children's needs for safety as being commensurate or interlinked, they also noted that there might be times when the victim's unwillingness to end a relationship with an abusive partner posed risks to her children. In such situations, a safeguarding approach was seen to be indicated and the focus was described as shifting to the victim's capacity to protect her child.

We are child focused so this is what you need to do to keep your children safe, but obviously you need to be safe to do that, so it sort of interlinks, but certainly the children are our first concern. I mean, you know, if the victim is unable to protect their child, then we need to look at whether there is more action that we need to do, something a bit sort of formal as opposed to giving advice.

(Initial assessment manager 4)

As the discussion above concerning practitioners' perceptions of letters sent to mothers indicated, there was recognition that an emphasis on a mother's responsibility for protecting children from domestic violence could be experienced as punitive by victims.

I always get the ones where there is a baby, and it does stray into Section 47, which I don't necessarily always agree with, especially when it's the woman who has called the police to protect her children, who has taken the appropriate measures, but yet we are going in quite punitive. You know, because of the child protection procedures, it kicks off. So there are times where I don't agree with it because she has found the strength to report him and to take those steps, so it's just about, you know, for me, keeping an open mind really.

(Initial assessment social worker 3)

One family support worker, when discussing her recent work with a male victim of domestic violence, suggested that in such circumstances she would feel less ready to emphasise his responsibility to protect the children from the impact of domestic violence.

I think it's easier to lay the law down to mother and say you have to protect these children. Whereas, with a male, you would be more wary how you say it.

(Family support manager)

Comments like this indicate the extent to which the "need to protect" approach is informed by practitioners' conceptions of gender roles (Scourfield 2001).

6.6 Notification cases already open to children's social services

Although the 19 cases already open to children's social services were included among those discussed in the last two sections, here we consider them briefly as a separate group to discover whether domestic violence was identified as a key feature of these cases prior to the notification in January 2007, and whether the notification made a perceptible difference to the approach taken. For ten of these 19 families, evidence was found to indicate that the notification in January 2007 triggered some action or had an impact on the way the case was seen or managed.

The responses triggered by the notifications included a discussion of the notification at a case conference or indications that the social worker spoke to the family about the incident. In six of the families, there was no evidence in the files that the notification had an impact on the actions or interventions of children's social workers. For three of these families, the records alluded to possible impact, but it was unclear exactly what occurred as a result of the notification.

The majority of families (13) in this group of open cases had previous notifications of domestic violence sent by the police to children's social services. For some, a pattern of repeat incidents of domestic violence in the last two years was evident: three families had six notifications recorded on file and two had four. However, for six of the open cases, this was the first incident of domestic violence reported by the police to children's social services. Most of these families had been referred by other agencies, with half the referrals coming from health professionals. Domestic violence was identified as a factor precipitating an initial assessment in 11 of these 19 cases.

However, only in one case was domestic violence the sole trigger for children's social services intervention; in 10 cases, domestic violence was one issue in a complex web of problems that included parental substance misuse, parental mental health needs or child abuse. Similarly, in those cases where domestic violence did not feature as a trigger for children's social services' involvement, the initial concern was one or a combination of the following: parental substance misuse, parental mental health needs, the child's behaviour or physical abuse of the children.

6.7 Pathway patterns

The notification system acted to bring a substantial number of families (40 per cent of the sample) who had had no previous contact with children's social services to social workers' attention. A further 26 per cent had had only low levels of contact with children's social services in the past. However, the large volume of notifications received was subject to a process of "sifting", which, as managers noted, absorbed a considerable amount of resources. For only 5 per cent of the families in the sample can the notification be said to have triggered an intervention (where an intervention comprised at minimum an initial assessment).

The best predictor for whether a family received a service from children's social services following a police notification of a domestic violence incident was whether the case was already open. Exceptions to this rule occurred when children were perceived as particularly vulnerable by virtue of the fact that they were under 12 months old. Notifications that conveyed the seriousness of an incident by reporting injuries, particularly injuries to children, might act to trigger a service if the family was already known to children's social services. However, over half the families for whom injuries sustained in incidents were reported to children's social services did not receive a service. Where families notified by the police received a service, it was more likely to be a safeguarding service than a family support service.

6.8 Chapter 6 summary

- The size of the sample located in children's social services records was substantially reduced from the original sample of notifications identified in police records. There were various explanations for this attrition including notifications not having been received, notifications having been received but not recorded by children's social services and children's social services files that were missing or inaccessible.
- Delays in receiving notifications were noted by social workers and these were consistent with those identified in chapter 5. In 40 per cent of cases, the research found inconsistencies between key information on families included in police notifications and that in children's social services files.
- The extent of information notifications conveyed on families was considered inadequate by social workers. In particular, they reported wanting to receive more information concerning children's involvement in incidents of domestic violence.

- In some cases the notification failed to communicate the seriousness of injuries or threats to victims. However, in all cases where a child was injured this information was adequately conveyed.
- The notification system acted to bring a large number of families who had had no or little previous contact with children's social workers in that locality to the attention of children's social services.
- The vast majority of families notified did not receive a service; those that did receive a service were in the main those for whom children's social services had a large amount of recent knowledge because they were already open cases. The notification triggered an intervention at the level of an initial assessment or more in only five per cent of sample cases.
- Children under 12 months, incidents involving severe injuries (particularly those to children) and repeat notifications on families were factors that appeared to push cases towards the threshold where they received a service.
- Letters emphasising the damaging effects of children's exposure to domestic violence were sent either to both adults when the perpetrator was known to be living at home or to the victim. Social workers expressed a range of views about the value of sending letters without any other intervention to families.
- Where families did receive interventions, it was likely to be at the safeguarding rather than family support level.
- Most families receiving interventions had multiple and complex problems, including parental substance misuse, parental mental health needs or child abuse.
- Social workers described feeling uncomfortable about pressurising mothers to protect their children from domestic violence but felt that they had few options in situations where mothers and children continued to live with violent men.

Chapter 7. Subsequent interventions and outcomes

7.1 Introduction to chapter 7

Since data on the sample were collected retrospectively, the researchers were able to capture information on children's social services' subsequent involvement with families in the sample over a period of approximately 21 months from January 2007 to October/November 2008; these findings are reported here. There was only one case in the sample of 184 families reported on in the previous chapter where we could not ascertain whether there was any subsequent contact or involvement. This chapter begins by looking at subsequent contact and intervention with the two groups of cases in the original sample that received no or low levels of response from children's social services: the no further action group and the group of families who received letters.

When we move to discuss interventions with those cases that received a more substantial level of service, the original sample has diminished considerably through a process of attrition to 28 cases. The original sample was therefore augmented by a booster sample of cases that received a similarly substantial level of service. These were accessed by examining the files of those families for whom police notifications following an incident of domestic violence were received by children's social services in the two sites in February 2007.

Through identifying all cases where police notifications evoked the response of an initial assessment or further intervention in February, we were able to increase the group of families receiving a higher level of intervention to 46 cases in total. This allows us to look at sub-groups within this group of high intervention cases: we distinguish here between those cases where the notification triggered a response and those cases that were already open when the notification was received. We describe practice on these cases in more detail and identify patterns of social work engagement over the subsequent 21 months.

The chapter also explores the issue of "engagement" from different perspectives. We examine the extent to which social workers engaged with different family members and consider the difficulties of engaging with families described by social workers.

Finally, we present evidence about outcomes for these families 21 months after the original notification and outcomes for families in our augmented sample are considered in relation to families' engagement with a wide range of services.

7.2 Subsequent contact or intervention for sample families with no or minimal intervention

7.2.1 Subsequent contact or intervention for no further action families

Table 36 shows that nearly half the 111 families whose notifications had resulted in no further action, 52 (47 per cent) had no further involvement with children's social services in the subsequent 21 months.

Thirty-nine families had low levels of contact: they were brought to the attention of children's social services but again did not receive a service. Of these 39, 33 families had repeated police notifications following a domestic violence incident, some of these had multiple notifications in the 21 month period (six notifications were received on two families, five notifications were received on one family, four notifications were received on two families and three notifications were received on five families).

For some of these families, referrals were also received from other agencies as well as from the police. Another six families were referred by other agencies only.

Table 36 Children's social services' subsequent involvement over 21 months with "no further action" families in January 2007 sample

| Level of subsequent involvement by children's social services | Number | Percentage |
|---|------------|-------------|
| None | 52 | 47% |
| Low | 39 | 35% |
| Medium | 16 | 14% |
| High | 3 | 3% |
| Unknown | 1 | 1% |
| Total | 111 | 100% |

While these 39 families generated a considerable amount of work for children's social services in sifting notifications and other referrals, none received an initial assessment. Box 22 includes an example of a case that was considered for an initial assessment but was not then proceeded with as the case was judged to not meet children's social services' threshold.

Box 22 Incident/Case No. 111

This family had three further police notifications for domestic violence between February and October 2007. The social worker who received the third of these notifications recommended that an initial assessment be undertaken. However, the case was reviewed by a manager who decided against this and instead the mother received a letter telling her about local domestic violence services. A fourth notification was received concerning her ex-partner violating an injunction. This was followed by an unsubstantiated allegation from the ex-partner against the mother. There were another three further notifications resulting from her ex-partner breaching the non-molestation order: he was described as knocking on the mother's door and threatening to kill her. These all received no further action. An additional referral concerned the father removing the two-year-old child from the grandparents' house without discussing this with the mother. The child was returned safely and no further action was taken. The records later noted that father had moved into the same apartment building as the mother and was living one floor above his ex-partner and child.

(Incident/Case No. 111)

Sixteen families who had originally followed a "no further action" pathway received intervention at the medium level in the following 21 months – that is, an initial assessment was completed on the family. About half this group were the subject of repeat domestic violence notifications from the police, while other agencies referred these families in the remaining cases. In about half of this group of families, domestic violence was identified as a key issue in the initial assessment or investigation; it could be argued that the original sample notification had served to flag this issue up and, while it did not trigger an assessment at the time, contributed to a developing picture of these families who received an assessment at a later date.

The three "no further action" families who were subject to a safeguarding service in the 21 months subsequent to the original notification, differed somewhat from the rest of the families in the "no further action" group. There were no further police notifications following a domestic violence incident for any of these three cases, although one was referred by hospital staff who communicated concerns about domestic violence and about parenting capacity following the birth of the couple's second child.

The other two referrals in this group concerned the behaviour of children in the family: in one case, the eldest child in the family was displaying abusive behaviour that was considered to put younger children in the family at risk; in the other case, the referral came from the youth offending team. We can speculate that exposure to domestic violence may have contributed to behavioural problems for children in both these families.

7.2.2 Subsequent contact or intervention for families who had received letters and other minimal interventions

Table 37 shows that of the 45 families (all from the northern site) who had received a letter, phone call or visit following the notification in January 2007, 45 per cent had no further contact with children's social services. The proportion of families in this group who came back to the attention of children's social services (55 per cent) was very similar to that for the no further action group (52 per cent), suggesting that letters were not effective in reducing repeat notifications or referrals from other agencies. Twenty-one families, nearly half of those re-referred, were again provided with a minimum level response, which could be a letter or, rarely, a telephone call or visit, or children's social services may have just noted that some additional information had been received on the family, but closed the case as no further action.

Table 37 Subsequent involvement levels for families who had received letters and other minimal interventions in January 2007

| Level of subsequent involvement by children's social services | Number | Percentage |
|---|-----------|-------------|
| None | 20 | 45% |
| Low | 21 | 47% |
| Medium | 2 | 4% |
| High | 2 | 4% |
| Total | 45 | 100% |

For most of the families who had subsequent involvement with children's social services (25), contact came about as a result of repeat domestic violence notifications from the police. A few of these families were also referred by other agencies. Several had numerous domestic violence incidents reported subsequent to the original notification. Six further domestic violence notifications were received on one family and five on another family but records indicate that children's social services did not contact these families in response to any of these subsequent notifications.

The case reported in box 23 is the family in this group with the highest number of repeat notifications.

Box 23 Incident/Case No. 151

This victim had received a letter following an incident when her ex-partner and father of their child came to her house and made threats to kill her. The notification did not convey that he also smashed a window and tried to kick down the door. In the 21 months following January 2007, this family had another eight notifications for domestic violence. The mother had been briefly contacted at the time of the original notification when she informed the social worker that she was already involved with numerous support services. She was sent the standard domestic violence letter after the third and fourth notifications and was visited after the fifth notification, but no additional services were provided.

(Incident/Case No. 151)

Two families were provided with an initial assessment in the period subsequent to the original notification. In one case, this followed six repeat domestic violence notifications. The other case had no further domestic violence notifications and the subsequent involvement with children's social services was not related to domestic violence.

There were two notifications in this group of cases that initially received a minimal response where subsequently, the family received a safeguarding service, but in neither case was this directly related to domestic violence. One family was referred by hospital staff, as a baby was seen with a fractured skull. A Section 47 investigation was completed and the child was placed on the child protection register (CPR). The other family in this category had three additional domestic violence notifications which did not trigger a response. A referral was made by the local health centre regarding the mother's ability to cope while withdrawing from methadone and the child was eventually placed on the CPR as a result of concerns regarding the mother's parenting ability.

7.2.3 Summary of subsequent contact for “no further action” and minimal intervention families

Table 38 shows overall a divided picture of subsequent contact with children's social services for these two groups of families who received no further action or a letter, telephone call or visit in January 2007. Of the 156 families who followed these two pathways, nearly half (n=72; 46 per cent) had no further interaction with children's social services in the following 21 months. Another 60 families (38 per cent) had minimal contact with children's social services in this period.

This involvement was a notification or referral that was closed with no further action or it was responded to with a letter, phone call or visit, but then closed with no further action. Fifteen per cent of families received a service at or above the level of an initial assessment. For most of this group however, the picture conveyed is one that shows them revolving through the doors of children's social services but receiving very little in the way of a service.

Table 38 Subsequent involvement levels for families receiving no further action or letter/phone call/visit in January 2007

| Level of subsequent involvement by children's social services | Number | Percentage |
|---|------------|-------------|
| None | 72 | 46% |
| Low | 60 | 38% |
| Medium | 18 | 12% |
| High | 5 | 3% |
| Unknown | 1 | 1% |
| Total | 156 | 100% |

Table 38 shows that 18 families (12 per cent) proceeded to an initial assessment in the 21 month period and seven of those families had some support offered as a result of the initial assessment. Of these 18 families, nine had subsequent involvement with children's social services and a series of notifications served to build up a picture of violence in the family home.

Of the five families who received a safeguarding service in the 21 months following January 2007, only one family had subsequent involvement triggered by domestic violence. It seemed rare for domestic violence incidents on their own, even when there were multiple incidents recorded, to elevate a case from its previously low level of priority to a safeguarding response.

7.3 Interventions with families who received high levels of intervention in January and February 2007

As noted above, the original sample of 28 cases receiving a family support or safeguarding service was augmented by accessing a further 18 booster cases from February 2007 that were also subject to a family support or safeguarding service. The size of this group is therefore increased to 46 families, which allows us to identify characteristics and themes in intervention across the group.

In examining interventions for this group, we distinguish those cases that were closed or not known to children's social services when the January/February 2007 notification was received, since these are cases where the notification can be said to have triggered a response. For these "triggered" cases, we are able to examine both the immediate intervention and interventions over the subsequent 21 months. Interventions in cases already open to children's social services are considered separately.

7.3.1 "Triggered cases": action taken in response to the original notification

This section takes an in-depth approach to examining the initial intervention with those cases "triggered" by the notification, while the following section examines subsequent interventions for this group of cases.

There were 14 families in this augmented sample of cases where the receipt of the notification from the police can be said to have triggered a response at the initial assessment level or beyond; that is, these cases were not already open to children's social services.

In five cases, the family had had no previous involvement with children's social services prior to the January or February 2007 notification being received; in nine cases, the family had some level of previous involvement but the case was closed at the time the notification was received. It is of note that there were no families without some previous level of involvement with children's social services who received support beyond an initial assessment.

Four families received an initial assessment. In two cases, both of which had histories of medium levels of social work involvement, there were concerns expressed by social workers about repeat incidents of domestic violence and the mothers' understanding of the impact of this on the children. Both cases were closed when social workers were informed that the relationship with the perpetrator had ended.

The case in box 24 illustrates this pattern and highlights that considerable resources could be devoted to trying to make initial contact with a family.

Box 24 Incident/Case No. 125

The victim was the single parent of three children; the perpetrator was the ex-partner of victim and father of the youngest child. The family had five previous police notifications in the previous year, three of these had led to an initial assessment. The notifications mention children being upset by ex-partner coming to house, kicking doors and breaking in, and taking the baby from the home. Father was noted to have an alcohol problem. There were several attempts to contact and visit mother, including joint visits with police and with a health visitor. Three letters were sent between February and April 2007. The social worker finally met with the mother in summer 2007 when she informed social workers she was no longer in a relationship with the perpetrator and although he did see the baby every day she did not allow him to do so if he had been drinking. Mother had details of refuge's outreach centre. The case was then closed, after which there were three subsequent notifications from the police, one of which included fact that the perpetrator had received a custodial sentence. At this time, children's social services sent the victim a letter offering support and outlining options for legal advice.

(Incident/Case No. 125)

In the two other cases in this group, the families remained intact but social workers assisted the family to engage with support services and discussed the impact of domestic violence on children with the parents. Ten cases were subject to a Section 47 enquiry. In eight cases, this did not proceed beyond the enquiry stage. In some of these cases, social workers were reassured that the perpetrator was no longer living with the victim. However, as the case in box 25 shows, such information could be deceptive.

Box 25 Incident/Case No. 267

The family had a low level of previous involvement with children's social services: the police had sent a previous referral following domestic violence when the victim was pregnant. The notification in February 2007 concerned a breach of the ex-partner's bail conditions to contact or come near the victim. The police notification noted that the children were distressed by the incident and that the victim who was three months pregnant was very scared. The Section 47 enquiry involved a joint visit from police and social workers. There was communication with the health visitor who had placed a "cause for concern" in child's file. The victim stated she was no longer in relationship with the perpetrator and the case was closed as she was perceived to be protecting herself. Information provided by both the victim and the perpetrator in subsequent initial assessments contradicted the earlier claim that they had separated. In April 2007, another police notification led to another initial assessment and Section 17 family support for victim, but the case was closed in December 2007 as she failed to engage with services. There was a further notification in 2008 when the family was sent a letter.

(Incident/Case No. 267)

In two of these cases that were subject to a Section 47 enquiry, a package of support was provided as a consequence of the investigation. In both these cases, the mother had mental health needs. Contact continued to be an issue in the case described in box 26, even when the children moved to live with their grandmother.

Box 26 Incident/Case No. 195

The family had had two previous initial assessments and been referred to family resources team, Sure Start and Home Start for support around alcohol and parenting issues. The initial assessment following the notification in January 2007 resulted in a core assessment, Section 47 enquiry and child protection conference after which the children were placed on the child protection register for a period of seven months. The parents were in the process of separating at this time and the initial assessment noted that mother would like proper contact arrangements to be in place. There were concerns noted about the mother's ability to protect the children from domestic violence incidents and father's drinking. The eldest child was involved in the January incident. The child protection plan required mother to contact the women's refuge and encouraged her to access mental health services from her GP. The perpetrator was signposted to alcohol and drug services and to Respect. However, the parents did not engage with the services offered and the children were taken off the register when they moved to live with their grandmother on a residence order; the case was then closed. There was subsequent contact with children's social services from grandmother who was concerned about the perpetrator making threats about access arrangements. The perpetrator was reported to have moved in with a new family with four children in 2008.

(Incident/Case No. 195)

7.3.2 Subsequent involvement over 21 months with families where original notification triggered a response

We now consider the subsequent involvement with children's social services for the families whose involvement was triggered by the original sample notification. The majority of these (11) received no or low subsequent levels of intervention in the following 21 months, two had medium levels and a one had high levels of involvement with children's social services. Six of the fourteen families had no further involvement with children's social services.

Box 27 describes one such case: it appeared that, although there had been high levels of concern evoked by the vulnerability of the baby at the time of the notification, the family had engaged with a range of services.

Box 27 Incident/Case No. 196

This family with three children had experienced victimisation from racist neighbours. The police had no record of previous domestic violence incidents, but mother stated there had been 10 to 15 incidents in the last 15 months. An initial assessment (Section 17) was carried out following the notification because a baby was involved. During the assessment other needs of the family were highlighted: it was noted that the oldest child had behavioural problems, possibly connected to witnessing the domestic violence of both her parents and grandparents. Support at school and through a crime-prevention programme had already been identified for her. The family had not seen a health visitor due to their many moves and a plan to rectify this was developed. Mother was referred to Sure Start, another family centre and Women's Aid. Although the father/perpetrator was not involved in the initial assessment, the mother noted that he had asked his GP to refer him for anger management. The case was closed and no further notifications were received in the subsequent 21 months.

(Incident/Case No. 196)

Five families in this group had low levels of subsequent involvement. For four families, this took the form of further police notifications about domestic violence incidents that resulted in no further action by children's social services. For one victim, there were four subsequent incidents notified (one with the perpetrator of the January 2007 incident and three with a new partner in 2008); for another family, two further notifications were sent, and two families had one repeat notification). For this group of families, domestic violence continued to be an issue but, despite repeated notifications, the cases only received a low level response.

As was noted above when examining the response to the initial notifications, in some of the cases in this group, this lack of a response was influenced by the knowledge that the couple had separated; in one case the perpetrator was known to be in prison.

In the case described in box 28, the fact that the couple had separated and a perception that the mother and children were “safe” appeared to influence a no further action response when the case was notified again.

Box 28 Incident/Case No. 32

A mother of three children was assaulted and her partner threatened to hurt her children. Mother put children in bathroom for safety and grabbed knife to protect herself. Her partner took the knife away, punched and pushed mother and knocked her out. The original notification did not mention that mother was knocked out. A child called the police. A Section 47 enquiry was undertaken to determine if there were child protection issues. Mother appeared anxious but cooperated with the investigation. She reported that she was no longer seeing her partner and the social worker had no concerns about the mother’s ability to care for the children. Mother was receiving support from older children’s father. The case was closed with no referrals and no further action. There was one further notification a month later when her ex-partner entered the family home with a key he had not returned. The records noted that mother left to stay with sister until safe accommodation could be arranged and the children went to stay with older children’s father. This second notification evoked a no further action response.

(Incident/Case No. 32)

Two families had medium levels of subsequent involvement. For one victim, there were further referrals from the ambulance service and a hospital in 2008 when she attempted suicide, which led to a Section 17 initial assessment and referrals to mental health and counselling services (Case No. 55). Box 29 describes the other case in this group where a young person was injured in the course of the original incident.

Box 29 Incident/Case No. 254

The notification triggered a Section 47 initial assessment because the eldest child, aged 14 years, was injured when she tried to break up an argument between parents. She had three younger siblings. The injured child disclosed a history of mental health problems. She was then referred to CAMHS. The file does not record any referral to services for the parents and the case was closed. The following year there was an anonymous referral concerning the welfare of the children that was unsubstantiated, and also a referral from the ambulance service about a child falling downstairs; this raised some concerns but no action was taken as this incident was judged not to meet children’s social services’ thresholds.

(Incident/Case No. 254)

One family among these “triggered” cases had a high level of subsequent involvement in the 21 months following the original sample notification that triggered a high level response, but it was the only such case. Here, a pattern of repeated assessments emerges and this characterised subsequent intervention on a number of cases.

Box 30 Incident/Case No. 101

This family with three children had a history of domestic violence, drug and alcohol abuse by father. The children witnessed the January 2007 incident where the father punched and assaulted their mother and verbally abused her. An initial assessment was instigated but closed because father received a prison sentence and mother was engaged with domestic violence services. Later in 2007, an anonymous referral informed children’s social services that the father was living back at home. This triggered a core assessment and support was offered to the family. They did not engage with the services offered and a child protection case conference was held as a consequence of which the family did engage with voluntary sector family support services; however, there was another domestic violence incident following which the mother required medical treatment. The two youngest children were put on register for seven months and the parents continued to be supported. After the case was closed in 2008 there was one further notification when father threatened to smash up and burn down house with mother in it: this notification was stamped “no further action”.

(Incident/Case No. 101)

7.3.3 Interventions with families that were open cases at receipt of notification

There were 32 notifications received in the two sites in January and February 2007 on cases already open to children’s social services. In examining these cases, a number of themes found in the “triggered” cases reported in the previous sections are evident. Many of these families were characterised by substance abuse or mental health problems in one or both partners: since children’s social services had considerable contact with and knowledge of these families, this evidence is likely to reflect the families’ actual needs.

Cases tended to be seen to be resolved or closed at the point where the couple separated, the perpetrator was imprisoned, was seen to address his substance misuse problems or, in some cases, the child or children moved to live elsewhere.

For three families in this group, a Section 47 enquiry was in process when the notification was received. However, these cases were closed soon after this point in time and the families received no further support from children's social services. In one case, the domestic violence incident resulted in the father receiving a prison sentence, at which point the rest of the family moved out of the area and went to live with grandparents; the case was therefore closed.

In the case in box 31, it was the child who was moved out of the home; however, statutory intervention following another domestic violence incident appeared to have prompted this move to a safer environment.

Box 31 Incident/Case No. 4

This family's case had moved between two local authorities because of inconsistent information about where the family resided. The case, which was open because of questions about support for the child's disability when the notification from the original research sample was received, was later closed down because the disability team did not feel they could help the family. The mother disclosed several times to her son's school concerns about domestic violence, but the school did not get consent for children's social services to intervene, so those referrals were closed and marked "no further action". Children's social services did however provide information about domestic violence services for the school to pass on to the mother and asked the school to complete a CAF to assist them in determining the family's need. There was no evidence found that the school completed a common assessment framework (CAF). Another domestic violence notification was received in May 2008, which triggered a Section 47 enquiry. As a result of this, the mother acknowledged that the home was not a safe place for the child and she voluntarily moved him in with grandparents. It was noted in the file that the son was later reunited with his father (who was not the perpetrator of domestic violence).

(Incident/Case No. 4)

For the ten families that received initial assessments and family support services but did not reach the safeguarding level, domestic violence was perceived to be a major issue in the original reasons for intervention in four cases.

The case in box 32 was one where the family had been subject to repeat assessments and enquiries and the mother had been provided with a six-week programme of support. Other themes identified previously emerge from this account, including the mother's mental health problems and a pattern of separations followed by reconciliations. Intervention from the criminal justice system appeared to offer the family the opportunity to receive longer-term support.

Box 32 Incident/Case No. 266

This family had three Section 17 initial assessments and one Section 47 enquiry prior to the notification from the original research sample being received. This family's case was currently open as the mother was receiving statutory family support for domestic violence. She was in the process of completing a six week programme to address domestic violence. This family support came about after the mother had received a "final warning" when the Section 47 enquiry was closed. The mother was told that a child protection conference would be convened if she retracted her statement on the current domestic violence incident or if there were any further incidents. A subsequent domestic violence incident was notified and a child protection conference was not convened, but statutory family support services were offered to the mother. The mother and the father were not living together at the time of the notification from the sample, but subsequent information indicated that the couple were back together. The mother was noted to suffer from depression and saw a community psychiatric nurse. The case was closed in April 2007, but there were seven subsequent domestic violence incidents and three more initial assessments were completed. Mother was signposted to domestic violence outreach services at various times, but she seemed to have difficulty engaging with those services. The perpetrator received a suspended sentence in 2006 for an assault on his partner, he was placed on a community supervision order and required to attend a perpetrator programme. Repeated notes in the file indicate that he had difficulty engaging in the programme and he was still on the course in September 2008.

(Incident/Case No. 266)

There were 11 cases in this group of cases that were open at the time of the notification where safeguarding procedures had been invoked: a child protection plan was in place, children were on the child protection register or at home on a care order. Domestic violence was identified as a key issue in allocating the case for eight of these families and parental mental health problems were evident in three of these families.

In the case in box 33, both parents had mental health problems but a high level of intervention ensured that the child remained at home.

Box 33 Incident/Case No. 45

This family received a pre-birth home visit in 2006 because of concerns about domestic violence and self-harming. The mother denied self-harming. The child was placed on the Child Protection Register after birth because of concerns over the father's drinking and domestic violence, the child was removed from the register a few months later. Three more domestic violence notifications were received during 2006 and the child was placed back on the register in 2006. Both parents had other children. Both parents sought help from their GP for depression and went on medication for a period of time. They signed a joint agreement regarding engagement in services. Mother found a part-time job to help with finances. Father was reported to be reducing his drinking and the couple accessed counselling both separately and together through referrals made by children's social services. The family received intensive supervision during this period and both decided to remain in the relationship, which was described as greatly improved. There was one more notification during this period, but both parents stated there had been no violence during the argument reported by a neighbour. The child was removed from the register in December 2007. (*Incident/Case No. 45*)

There were eight cases where children were placed away from home. This represents a quarter of the cases in this group and this was the key difference between this group of cases that were already open and the group of "triggered" cases discussed above: children were living away from home 21 months after the notification in only one of the 14 "triggered" cases. This may reflect a tendency to remove children from home only after lengthy intervention.

Domestic violence was identified as a major issue in the original intervention in six of these eight open case families where children were living away from home at follow-up.

Homelessness, substance misuse and mental health problems characterised a number of the cases in this group.

In the case in box 34, support continued to be offered to the mother after the children had been taken into foster care with the aim of reunifying the family; however, this did not look likely 21 months after the sample notification.

Box 34 Incident/Case No. 253

This family's case had been open since 2002 over concerns regarding the mother's mental health, domestic violence, lack of stable housing and concerns about parenting skills. There was a history of intensive supervision and support offered to mother and children and repeated attempts to engage the mother in services. The eldest child was placed on the CPR in 2003 at the age of one and the younger child was placed on the CPR at birth. Numerous referrals were made by the health visitor, family members and anonymous members of the public about the care of the children. Both the mother and the father of the youngest child had an extensive history of offences and there were numerous notifications for domestic violence. The mother was known to have mental health needs but repeated referrals to voluntary family support services and to mental health services did not result in the family engaging with these services. The mother was often homeless or in temporary housing. In late 2006, the health visitor made a series of referrals that resulted in the case being allocated in January 2007. Following this allocation, the sample notification was received. Core group meetings were held at the family home in order to ensure that mother and father engaged. The mother and father separated, but the mother remained unwilling to engage with services. The children were taken into care early in 2008. The mother did begin to engage with services at this point but then withdrew. The children's plan was eventually changed from placement back with the family to long term foster care/adoption.
(Incident/Case No. 253)

7.3.4 Stop-start interventions

The picture that emerges from this review of ongoing intervention in cases is complex. A number of families received a series of assessments or short-term interventions that were withdrawn when couples appeared to separate (six cases), the perpetrator and/or the victim appeared to be addressing issues of substance misuse (seven cases) or the perpetrator received a prison order (two cases). In two cases, the reports of a separation proved at a later date to have been misleading and, as noted in chapter 3 of this report and evidenced by the high proportion of notifications that involved separated couples, domestic violence does not necessarily cease on separation.

When families' histories were examined both prior to the original notification and afterwards, this "stop-start" approach to intervention was discernible in over a third of the 46 cases receiving a service. This approach appeared inadequate to effectively address complex problems that often involved mental health problems and/or drug or alcohol problems and for some families, behavioural or mental health problems in children or young people.

In those cases where children entered the looked after system, homelessness was also an issue. Some of the managers interviewed highlighted the need for longer-term and more comprehensive engagement with such families.

And a lot of the time these families need a lot longer, more targeted over time work because it's years and years and years that you'd need to get to them.

(Child protection manager 1)

We see recurring patterns of people who..., or families who have suffered domestic violence coming back together. Normally, as soon as we close the book, the situation changes. It is sad to say that sometimes we are painted certain pictures which are not true, and that relationships continue purely because of the fear that we might remove children if we found out that the man was in the household..., whatever the issue is. Really you would want the services not just to focus on the act and the processes just after that, you would really want services to focus on full-on support for families as well.

(Senior manager 2)

While the notification system has undoubtedly provided a mechanism through which children's social services has engaged with families' experiences of domestic violence, a focus on incidents, together with the pattern of children's social services intervention that concentrates on assessment, appears to have contributed to a response that fails to acknowledge the long-term and embedded nature of domestic abuse for some families.

7.4 Social workers' engagement with different family members

The 46 files of January and February 2007 cases receiving substantial levels of intervention were examined to discover which family members were the focus of social work intervention. Mothers were engaged with in the majority (44) of these cases. However, we also sought to establish the extent of social workers' engagement with children and perpetrators. All 46 cases were reviewed to establish the extent of social workers' involvement with children and, in families where the children were too young to talk, files were scrutinised to determine if the social worker interacted with the child and observed the child with the parent(s). In the vast majority of these cases (n=43; 94 per cent), there was evidence that the social worker had interacted with the children.

Social workers described undertaking safety planning work with both victims and children. For children, this was dependent on their age and their perceived readiness to discuss such measures. In the southern site, this task would be performed by social workers themselves while in the northern site safety planning was more likely to be taken on by children's social services family support or family centre staff. This work would involve identifying strategies for what to do when an incident took place; children were encouraged to contact an adult they trusted.

We had one quite recently... 'cos we do a safety plan for the children in the house and, sort of, notify agencies, police, neighbours, you know, to get help and keep themselves safe, and the child had gone and told the neighbour who had phoned the police.

(Family support manager)

Safety planning with victims entailed talking through the trigger signs, developing a plan of action for leaving the house and finding means to ensure the safety of the children during an incident:

For the mums? I mean, it depends on personal circumstances but the sort of thing you would look at is recognising trigger signs and whether sort of removing yourself from the situation. You know, sort of keeping yourself calm, not to antagonise the situations, and again removing yourself or the children to get them out. Specific phone numbers, people to ring, or a code word or something to enable them to ring the police or... and it's the same with the children, you know, a safe adult to be able to go to.

(Family support manager)

Other agencies, particularly specialist domestic violence services, were also described as taking a key role in safety planning with families.

Social workers were less likely to engage with fathers or male partners, who were usually the perpetrators of domestic violence. Evidence of social workers talking directly with fathers/male partners was found in 29 cases (63 per cent). In some instances, this interaction was minimal, in others it was extensive. In the three families where the man was not the perpetrator, there was evidence that the social worker had spoken with him. It has been suggested that threats of violence or intimidating behaviour may make social workers reluctant to engage with perpetrators of domestic violence (Stanley 1997; Littlechild and Bourke 2006).

Baines' (2008) recent study of social work intervention with violent men found that, although men generally were frequently excluded from social work intervention, social workers were more likely to engage with violent men than with other men.

Social workers' accounts were consistent with what was found in the analysis of file data in conveying considerable variation regarding the extent to which they would engage with perpetrators. Some initial assessment workers, whose time for undertaking an assessment is restricted to seven days, were explicit that they did not engage with perpetrators.

As a general rule, I personally don't ever get involved with the perpetrator. Not at the time that the domestic violence has gone on.

(Initial assessment family worker 2)

Others stated that they would make an assessment of the safety of the situation before they worked with a perpetrator, considering factors like the risks for both the social worker and the family of doing so.

As part of their assessment, if they are doing an Initial, then yeah, I would expect them to have... to get their views, have contact with them, but again you have to look at safety, you know, it could be that if they do it on their own that..., but yeah, I would want them to do that.

(Initial assessment manager 4)

Practice might also vary according to whether the perpetrator was living in the family home.

If the male is living in the house, or is regularly going to the house, he needs to be seen. You know, do you know what you are doing here? You know, do you know what is happening to you? If he is living by himself, and she doesn't want any involvement with him, you know, then he doesn't need to be seen... it depends.

(Initial assessment manager 1)

It was also noted that bail conditions requiring fathers to reside out of the area might act to exclude work with perpetrators.

However, some practitioners were insistent that they needed to work with perpetrators, especially if they continued to be part of the household.

I've heard it said we don't work with perpetrators in social work and I struggle with that really, you know, and I don't think you can ever say we don't work with perpetrators of anything, if they're part of the family unit and if that risk can be managed and if that person is open to change.

(Child protection manager 2)

Unless we're confident that this person has made that break and even then we would maybe remain involved in terms of support, if number one she's saying she's staying with him or she's saying that she can't leave or he can't leave then we can't deal with it without speaking to the perpetrator.

(Child protection social worker 3)

These practitioners appeared sensitive to the risks of seeing couples together.

It would be dependent on what the partner, particularly the victim, you know, if sometimes you go out and you see the mum and she said that "I wish you would tell him as well", you know, and you would want them to be there together. Sometimes, the mum doesn't want to be seen with him because she may want to tell you something in private. Or she may feel pressured into seeing them together and not being able to talk to you.

(Initial assessment manager 1)

Most work undertaken with perpetrators was described as including them in assessments and referring them to other services, such as anger management programmes, counselling or substance misuse services. Interviewees consistently identified a shortfall in services that they could refer or signpost perpetrators to and argued that this gap in provision contributed to pressure on mothers to protect children from domestic violence.

I think there needs to be services out there to work specifically with them, and there isn't enough, even anger management, they are on an 18 month waiting list and they just..., that side of the service to actually work with men, and especially young men, to stop it becoming a pattern.

(Family support manager)

Not for perpetrators, no, not at all. There are no services out there to sort of try and minimise the risk. As far as children's social care goes, it is a case of saying to mum "it's your job to protect and you will have to get on with it".

(Family support manager)

In the northern site, family centre workers provided time-limited direct work with perpetrators who were referred following an initial assessment. Such sessions would explore the impact of the domestic violence on children.

We have worked quite well...with a family and we, sort of, asked him what he thought and what have you, and he almost broke down because he had never been asked what he thought before, you know, and it was quite a big thing.

(Family support manager)

7.5 Families' engagement with children's social services

Families' engagement or lack of it was a major theme in the files of those cases that received a more substantial intervention. Social workers interviewed identified parents' lack of recognition of domestic violence as a problem for them or their children and their reluctance to engage with services as key barriers to effective intervention. These two factors were perceived to be connected.

Domestic violence was described as a hidden and entrenched problem that families had often experienced over years or in their own childhoods and therefore accepted as the "norm".

I expect that it's very difficult when you have a professional coming into your home saying "well actually, you are not parenting your child", and if that's what they have always done, they have always been brought up with... dad's done it and granddad's done it, they say, "why are you jumping all over me?", because domestic violence at one time, it was hidden harm, really...

(Child protection social worker 1)

As other research into men's views has highlighted (Stanley et al 2009a), male perpetrators of domestic violence were described as lacking the recognition of their behaviour as domestic violence, which was a necessary precursor to engaging with services.

...they don't tend to want to engage because they don't think they've got a problem.

(Child protection manager 1)

Chapter 3 of this report conveyed the ways in which victims and perpetrators struggled to acknowledge the impact of domestic violence on children, and social workers' accounts identified this as a barrier to engaging with services.

I know straight away when we have seen the families it's that, they want to make it clear that their child is safe, but they don't, they don't realise the enormity of... different children at different ages, how it affects them as babies hearing that, and toddlers, and how the toddlers start behaving in play group, or toddlers, how they start behaving in school and how that affects their work in school, their self-esteem.

(Initial assessment family worker 3)

Social workers also acknowledged the "double whammy" of both the stigma that surrounded domestic violence and that which was attached to involvement with children's social services. They acknowledged that fear of having their children removed was a major disincentive for families to engage with children's social services and could contribute to decisions not to report incidents to the police.

...there's also the stigma that families feel, which will raise barriers, you know, they don't want social workers, they don't want people to know that there is violence in their home.

(Initial assessment manager 3)

We noted earlier in this chapter the possibility that some families might give social workers misleading information about whether relationships were still continuing and social workers suggested that fear of losing their children might lead mothers to minimise the extent of the violence or fail to disclose that they wanted to continue the relationship with their partner.

I think, first and foremost, mum, because that's who we are dealing with primarily, is scared that social services are going to remove the children. And so she may minimise... she may not want to tell exactly what's going on. She needs to learn to trust us, because she is worried that we are going to take the kids away. The other barriers are embarrassment, and it's a difficult thing to disclose... wanting to take him back.

(Hospital social worker)

It was considered that if services were more accessible at an earlier stage it would be easier for victims to seek and accept assistance.

It would be an improvement if there was some sort of system where, say, families could... approach us in an informal way then that would be good or if it was made, if it was perceived as, as being easier but the reality is once they open that door, you know, somebody might come for a little bit of support and we might go "oh".

(Child protection social worker 3)

Language or cultural barriers were also identified as factors that made it difficult to engage with some victims. Practitioners in the northern site, where the Asian community was the largest minority ethnic group, talked about the heightened levels of stigma that surrounded domestic violence in this community and described difficulties in finding appropriate interpreters for Asian victims.

I've had it where there was a Bengali family who were suffering domestic violence and within their community they... it's kept very quiet... and... she couldn't speak very good English and the only interpreter we could get was a male interpreter... So she's not going to open up to... a male... and we have no idea what was actually being said to her.

(Child protection social worker 2)

7.6 Support services accessed by families

For those 46 families who received high levels of intervention, it was possible to identify which support services they were directed to and the extent to which family members engaged with services. A number of social workers interviewed emphasised that increasingly their role was to assess and case manage families rather than providing services directly themselves (see Parton 2009).

I think there is always the problem of finding the right type of support process for families after our intervention, in view that the government want us to go in, assess and get out again; they only want us to be involved in statutory cases.

(Senior manager 2)

Within this model of social work, the direct delivery of both practical and therapeutic services was seen as the task of a range of other agencies, both statutory and voluntary. In the discussion below, the term “signposting” includes referrals to other agencies and encouragement or support for families to access other services, as it was not consistently possible to distinguish between the two in the file data.

As table 39 shows, specialist domestic violence agencies represented the group of services to which social workers most frequently referred or directed families (19 families, 41 per cent). In the northern site, these services were either refuges run by organisations like Women’s Aid, or outreach and drop in services provided by the local refuge in the city centre. In the southern site, the multi-agency domestic violence centre was the focus of all such referrals.

Only three families were referred to perpetrators’ programmes: in one case, both the parents were encouraged to attend a voluntary perpetrator’s programme but they did not attend any sessions and were reluctant to engage with it. The mother cited difficulties with the distance (10 miles away) and childcare arrangements.

Table 39 Signposting to support services for 46 substantial intervention cases

| Support for children and families | Number | Percentage of total families (n=46)* |
|-----------------------------------|--------|--------------------------------------|
| CAMHS | 8 | 17% |
| Young carers' service | 2 | 4% |
| Children's counselling service | 2 | 4% |
| Schools' support services | 2 | 4% |
| Youth offending services | 1 | 2% |
| Family support/advice | 9 | 20% |
| Looked after team | 1 | 2% |
| Specialist DV services | 19 | 41% |
| GP | 9 | 20% |
| Substance misuse services | 9 | 20% |
| Housing | 7 | 15% |
| Adult counselling services | 9 | 20% |
| Adult mental health | 3 | 7% |
| Adult social services | 2 | 4% |
| Probation | 2 | 4% |
| Other | 7 | 15% |

*Each row denotes the percentage of all families who were signposted to a service; therefore the column total is more than 100 per cent.

Generally, services accessed for families were more likely to be aimed at supporting parents than delivered directly to children. Only 11 of the 46 families were directed to support services specifically for children. The most commonly found referral (eight cases) in this group was to CAMHS. Other services to which children were directed for support included young carers' projects, children's counselling services as well as support services in schools. As table 39 shows, families were also directed to family support services provided by Sure Start or other voluntary organisations.

Parents were signposted to a range of adult services. Nine (20 per cent of this group) were encouraged to seek support from their GP in accessing further support for mental health or substance misuse problems (GPs were also used to refer perpetrators to anger management programmes). Parents were also referred directly to substance misuse (nine families) or mental health services (three families). In another nine cases, one or both of the parents were signposted to a counselling service. Two families were noted to have adult social services involvement, for one family this was through the hospital social work team.

Six families were directed to housing services. There was evidence of social workers assisting with housing applications and in a small number of cases social workers arranged temporary accommodation for mothers and children. A few families were signposted to services that offered counselling for bereavement or debt management. Although, as noted in chapter 3, survivors expressed needs for assistance with contact arrangements, only one referral to an agency offering support with contact was identified.

This absence of signposting to agencies offering supervised contact appeared surprising given that contact appeared to contribute to ongoing domestic violence for seven families in the group of 46 cases receiving a substantial service. Practitioners were clear that they were only able to arrange supervised contact for families receiving a safeguarding service. In the northern site, the local authority's family centres were used to provide supervised contact for children on the child protection register. In the southern site, other agencies were used for supervised contact.

Social workers described using written agreements to ensure contact went smoothly. For instance, in one case that was provided with services under Section 47, a contact agreement was part of the child protection plan and family members played a role in facilitating safe contact. However, there was a view that provision for supervised contact was lacking in both areas, particularly for those that were not subject to a safeguarding service.

...there are some situations where we at social services get dragged into it when... simply because there doesn't seem to be another resource to supervise the contact, and we say "well sorry, but we can't do that". We have difficulty enough managing to supervise the contacts for those children for whom we have parental responsibility in our care.

(Child protection manager 3)

The files were analysed to ascertain families' levels of engagement with support services. Since here we were exploring engagement with the full range of support services, we considered engagement both with those services to which they had been signposted and those that families had accessed on their own initiative. This data was not always available in the files so we cannot be confident about the extent to which families made use of the services that they were signposted to.

However, while there was some evidence of families not engaging with services or engaging initially and then withdrawing, it appeared that at least over a quarter of families engaged fully with services to which they had been directed, while another fifth made use of services that they had accessed themselves.

As table 40 shows, in over half (25 of 46) families, children were not engaged with support services in their own right, however, 12 of these 25 families only had children under four. This compares to just under a quarter of mothers and over half of fathers/partners who were not engaged with support services. Fathers were more likely than mothers not to be involved with support services and to have refused involvement with services.

Table 40 Family members' degree of engagement with support services

| Level of engagement with support services* | Mother | Father/Partner | Child/ren |
|--|-----------|----------------|-----------|
| Fully engaged | 13 (28%) | 9 (20%) | 14 (30%) |
| Partially engaged | 10 (22%) | 10 (22%) | 2 (4%) |
| Not involved with services | 11 (24%) | 19 (41%) | 25 (54%) |
| Refused to engage | 6 (13%) | 3 (7%) | 0 (0%) |
| Unknown level of engagement | 6 (13%) | 5 (11%) | 5 (11%) |
| Total | 46 | 46 | 46 |

*Unlike table 39 above, which only shows those services that families were signposted to, this table shows both those services that families had been signposted to and those that they had accessed on their own initiative.

7.7 Outcomes for families

Table 41 shows the outcomes for the 46 families in the in-depth sample, looking at the interventions over 21 months after the original notification in January/February 2007. For these families, this is an arbitrary point in time, but this approach does allow us to consider short-term outcomes across a group of families that experienced intervention from children's social services. The two largest groups of cases were those where either the children remained at home with both the mother and her partner or where they remained at home with their mother only. In about a fifth of cases, children were living away from home (some with relatives rather than in the looked after system) and a small number of children were living with their father only.

In this last group of three families, two of the fathers were the identified perpetrators of domestic violence; in one case the children moved to live with him after their mother's death (unrelated to domestic violence) and in the other, the child was placed with his/her father on a care order as a consequence of the mother's mental health and alcohol problems.

Table 41 Family outcomes for 46 intervention cases 21 months after sample notification

| Family situation | Number (Percentage) |
|--|---------------------|
| Children living at home with mother and partner/father | 17 (37%) |
| Children living at home with mother | 16 (35%) |
| Children living away from home | 10 (22%) |
| Children living at home with father | 3 (6%) |
| Total | 46 (100%) |

Families where children were living at home at the point of follow-up in 2008 were those where mothers were most likely to have engaged either fully or partially with a range of supportive services. Ten of the 16 mothers in the group where children remained living at home with their mothers had engaged fully or partially with services, while nine of the 17 mothers in those families where children remained living at home with both partners had engaged fully or partially with services.

Fathers/partners were substantially more likely to have been involved with support services in those cases where children remained at home with both partners. Eleven of the fathers in families where children remained living at home with both partners had engaged fully or partially with support services, compared to one father who had partially engaged with services in the group of families where children were living at home with their mothers.

However, it cannot be assumed that children remained living at home because fathers/partners engaged with services; an alternative explanation is that, where fathers/partners were motivated to engage with social workers, they were also motivated to stay in the family home and to change their abusive behaviour.

None of the fathers who had children living with them alone in 2008 had engaged with support services. Two had not been signposted or referred to any services by children's social services, while the third refused support on the grounds that social workers had been critical of his abusive behaviour when he was living with his wife. In those families where the children were living away from home in 2008, neither parent had engaged fully with services, although seven mothers and three fathers did appear to have partially engaged with services.

7.8 Chapter 7 summary

- Little difference was found between the families who pursued a no further action pathway and the group that received low levels of intervention, that is, mainly letters, regarding the rates at which they returned to the attention of children's social services over the next 21 months. For both groups, just over half the families proceeded to have further contact with children's social services in this period. Much of this contact was initiated by repeat notifications from the police, indicating that domestic violence continued to be an issue in these families.
- The majority of families who came to the attention of children's social services again, having previously received none or low levels of intervention, continued to revolve through the system without receiving a service.
- Those families that received a service had multiple and complex problems including substance and alcohol misuse, mental health problems in both partners, behavioural and mental health problems in children and young people and, in some of those cases where children were living away from home at follow-up, homelessness. However, it was not the case that the importance of domestic violence was always subsumed by other issues. In a number of families receiving a substantial level of service, domestic violence was addressed as a key focus of intervention.
- A "stop-start" pattern characterised interventions with some families with repeat notifications or referrals resulting in repeated assessments. Intervention was sometimes withdrawn when families informed social workers that the couple had separated; this happened despite evidence that domestic violence continues beyond separation.
- Those families who received a safeguarding service were described by social workers as struggling to acknowledge the extent of domestic violence in the family and its impact on children. This, together with families' fears and suspicions concerning involvement with children's social services, was seen to make some families unwilling to engage with children's social services on a voluntary basis and to make a safeguarding approach that emphasised risks for children more likely.

- Support services were more likely to be directed at supporting parents or their parenting rather than supporting children directly. Specialist domestic violence services were the services to which families were most frequently signposted. CAMHS services were the agency to which children were most likely to be referred.
- In the majority of cases, there was evidence of social workers engaging directly with children and victims. Social workers also described undertaking safety planning with both children and victims.
- Social workers were less likely to engage directly with fathers/male partners. They expressed varying views as to whether their role included direct work with male perpetrators, although they noted the absence of other resources to address perpetrators' behaviour.
- Some provision for supervised contact was available for families receiving a safeguarding service but social workers noted that this support was not available for other families who might have benefited from it.
- Those cases that received intervention and where children remained living at home with both parents 21 months after the sample notification were likely to be those where the father/mother's partner as well as the mother had engaged with support services.

Chapter 8. Inter-agency work from the perspective of children's social services

8.1 Introduction to chapter 8

The fragmented picture presented by services for families experiencing domestic violence has been highlighted by a number of commentators (Radford and Hester 2006; Joseph 2006). This chapter examines inter-agency work from the perspective of children's social services and begins by discussing the sample data that provided evidence on the extent of children's social services' communication and collaboration with other professionals. The interviews with social workers and their managers offer a fuller picture of the attitudes and thinking that informed social workers' contact with a range of agencies. Their views of the police and their attitudes on issues like the police's approach to risk assessment are reported, before moving on to examine their experiences of working with a range of other organisations, including health, education and specialist domestic violence services. Finally, this chapter examines social workers' perceptions of service gaps and their suggestions for joint training.

8.2 Sample data evidence on inter-agency communication and collaboration

One method of examining the extent of inter-agency communication was to look at the assessments completed on in-depth cases following the January or February 2007 notification. Twenty-nine of the 46 families had initial or core assessments completed, and many of these families had more than one initial or core assessment. Assessment documentation was reviewed to discover which professionals were consulted in the course of these assessments.

Table 42 shows that health visitors were the group most likely to be contacted and were consulted regarding just under half (14) of these families for at least one of the assessments completed. Education professionals were the next largest group; they were contacted for seven families; the police were contacted for only five families, as were family centres. A range of other organisations including substance misuse services, hospitals and GPs were contacted in a small number of assessments.

Table 42 Social worker contact with other agencies in the course of completing initial or core assessments

| Agency contacted for initial/core assessment | Number of families (n=29) |
|--|---------------------------|
| Health visitors | 14 |
| Education | 7 |
| Police | 5 |
| Family centres | 5 |
| Hospital | 3 |
| Substance misuse services | 3 |
| GP | 1 |
| Children's counselling service | 1 |

We explored inter-agency work in more depth by examining those cases where children's social services had asked another agency to monitor the family. However, this was only found to be the case for eight of the 46 cases. The main agencies asked to contribute to monitoring were health visitors, schools and the GP. Of these, health visitors were asked to monitor most frequently (four cases). An increased level of contact with schools is probably what distinguished inter-agency work on these cases from work that would have been undertaken ten years ago.

The recorded instances of communication with the police were surprisingly few and no records of communication with specialist domestic violence services were found in assessment records. This confirms Cleaver et al's (2007) finding that these agencies were not involved in initial assessments and child protection case conferences and suggests that, while specialist domestic violence services were used as a point of referral for families, information exchange with these services was limited.

8.3 Communication and collaboration with the police

8.3.1 Perceptions of the police's role and remit

Social workers were agreed in seeing the role of the police in domestic violence cases as very different to that of social workers. The police's role was perceived to be focused on three main priorities: removing the immediate threat to the victim, interviewing and supporting the victim, and gathering intelligence about crimes. This focus on achieving immediate safety was noted.

It's more to them about resolving the problem there and then, the immediate problem isn't it?... if a victim is at risk and the children are at risk, they will move heaven and earth to get them into a refuge and transport to a refuge and get it sorted, do you know what I mean?

(Child protection manager 1)

However, children's social services were perceived to take a longer term view and to work at a different pace.

I sometimes feel that the police are very disenfranchised with children's social services because they are of the opinion that when they say jump, we should say how high and move and do things, but the legislative frameworks that we're in, the systems that we're in don't lend itself to moving quickly, now, now, now, now, unless there's imminent danger, and they don't have a great understanding of that.

(Child protection manager 2)

Most interviewees felt that the police maintained a strong focus on the victims of domestic violence and this was contrasted with practice in the past.

...pretty good, I think we've moved past that "oh, it's a domestic, let them get on with it"... I haven't come across that recently.

(Child protection social worker 3)

However, the police were not considered to have an equally strong focus on children involved in incidents of domestic violence.

I think their service is very adult focused in terms of domestic abuse; their risk assessment is around risk to the adult victim.

(Senior manager 1)

The police's focus on criminal convictions and the limitations of their follow-through service was the source of some frustration for social workers.

They re-refer onto other agencies, don't they? I mean their main thing is the criminal aspect, that's what they focus on, the perpetrators.

(Initial assessment manager 1)

One children's social services manager remarked that the different time-frames within which the police and children's social services operated could affect practitioners' attitudes towards the police.

The police are focused on criminal proceedings; we are focused on child protection and safeguarding children... The police have a role to play initially, and we have a role to play all the way through... Sometimes it does feel that we are there to pick up the pieces... other agencies can walk away, do their bit and walk away; we are there and we can be there for a long time. I think those type of issues do have an effect on, you know, on how each service perceives one another.

(Senior manager 2)

8.3.2 Definitions of domestic violence and risk assessments

In the northern site, social workers and their managers felt that there were differences between children's social services' definition of domestic violence and the definition used by the police to determine what incidents should be notified. These social workers argued (in contravention of Home Office definitions) that verbal abuse did not constitute domestic violence and that such incidents should not be notified.

...do we work to a shared definition? Now, I know when I've had discussions with the police that they... they feel very much that they are working to the local definition that's been agreed in the strategy. But I know that then when I listen to service managers and staff, that they feel that they're getting notifications through that they wouldn't consider to be domestic abuse, but then I wonder whether that's because, you know, are they thinking "well, a verbal altercation, does that need to come to us?"... And it's very low level and we wouldn't accept a notification, the referral from another agency on that basis.

(Senior manager 1)

We noted in chapter 4 that just over half of the sample incidents involved none or low levels of violence – practitioners noted that a definition of domestic violence that included verbal abuse resulted in a large volume of notifications.

...if we carry on like this, half of [the local authority's] staff are going to end up on the system, because any one of us can have a row in a household, that's family life. Does that constitute domestic violence? Just... are our children considered to be at risk because mum and dad are having an argument in a household? We are getting a little bit out of hand I think.

(Initial assessment manager 2)

However, social workers also talked about using the *snapshot* information provided in repeat notifications to build a fuller picture of a family and, as noted in chapter 6, if the family were known to children's social services, repeated notifications did appear to have the effect of pushing cases towards the threshold for delivering services.

Interestingly, the view that the police utilised a different definition of domestic violence was used in the southern site as an argument for the need for the police to notify children's social services of *all* incidents, as it was considered that the police were not able to bring children's social services' criteria to bear on the task of filtering notifications. Their risk assessment was described as undertaken in different circumstances and using different knowledge and guidance from that of children's social services.

...we would have to be comfortable that the officer actually assessing the situation had knowledge of degrees of domestic violence and...either domestic violence situation as laid down in procedures. I wouldn't feel comfortable that police officers have that level of knowledge...you need a level of knowledge, and I'm not sure whether the police officers that are attending, usually a situation that is highly traumatic, people at high anxiety, they are trying to calm a situation down, would have the skills or the abilities at that time to actually do that type of assessment.

(Senior manager 2)

Social workers in the northern site who were familiar with the risk assessment ratings received noted that these ratings often did not reflect the priority they would assign to a case.

They often put in things [ratings] like gold and bronze and I found...they don't actually marry up to what we would consider.

(Initial assessment social worker 1)

However, a gold risk rating from the police was described as likely to trigger a response.

Well, we're interested when it comes up gold...and we are sort of saying sometimes we will go back to the police and say "look, we are becoming increasingly concerned. Can we look to do a joint visit?"

(Initial assessment manager 2)

Where it was possible to examine this (only 71 per cent of the cases in the sample had a risk assessment level assigned by the police), the relationship between the police's victim risk assessment and the children's social services pathway taken by a case was examined. No strong relationship was found. Of the seven cases with a gold/high rating from the police, three followed a safeguarding pathway (but two of these cases were already open); four met with a no further action response. Six of the 92 cases with a bronze/low police rating followed a safeguarding pathway (two of these cases were already open when the notification was received). As noted in chapter 5, in neither site in January 2007, was the victim's risk assessment status consistently communicated to children's social services (see section 5.10.3). In the northern site, where five cases in the sample were allocated the highest "gold" status, the notification conveyed this information to children's social services in only one instance.

8.3.3 Communication with the police

Although only limited evidence of social workers contacting the police for information to inform initial or core assessments was found in the sample files, most social workers interviewed stated that they would contact specialist units for additional information on families who had been notified to children's social services. While front-line officers were seen as able to provide more information on the actual incident, social workers described contacting the relevant front-line officers as extremely difficult due to the shift system of working.

...it usually proves impossible to contact the police officer who is actually dealing with the actual incident to clarify anything...you ring the station and then...they are out at work, they are not sitting in an office waiting to respond to calls. Sometimes they are working 2 to 10 or different shifts, and messages get passed on to them and they don't seem to come back to you very often.

(Child protection manager 3)

When difficulties in communicating with specialist officers were identified, these were ascribed to limited resources and seen as understandable.

...it can sometimes... sometimes take up to a week to get a response from [child abuse specialist team]. That's not their fault, they haven't got enough people and they get a lot of enquiries, so you just join the queue of people who want information.

(Initial assessment family worker 2)

Some examples of good communication with the police were produced. One social work manager described front-line officers in her area as proactive and providing additional information about an incident even before children's social services received the official notification. Another manager described establishing a regular meeting with the local domestic violence liaison officer to discuss cases of interest.

Social workers considered it unlikely that the police would inform them about the outcome of court proceedings involving perpetrators of domestic violence unless the intervention on a case was at the safeguarding level. Some workers saw most information sharing with the police over and above that contained in notifications as occurring in formal meetings, such as child protection case conferences. Specialist officers were described as generally attending these meetings, although again resourcing problems could limit their attendance.

Social workers were asked if they ever fed information back to the police. This was seen as likely to happen only if a family were receiving Section 47 intervention. Managers participating in interviews commented on the absence of feedback on notifications.

I certainly think that we need to go and review how we link in with the police a lot more...if we do an initial assessment on the family, maybe we should notify the police. At least they can have that on their record we have involvement. That we have gone down an assessment route.

(Initial assessment manager 4)

8.3.4 Joint investigations and visits with the police

Joint investigations with the police were likely to take place when a criminal investigation into child abuse was occurring in parallel with children's social services' assessments or enquiries. In the southern site, where police domestic violence specialists and child abuse specialist teams came under separate divisions, social workers described themselves as having a closer working relationship with police child abuse specialists. This distinction was not evident in the northern site, where the two groups of specialists were located in the same unit.

Joint visits with the police might be undertaken to facilitate the investigation of a possible crime but also to convey a coercive message.

We looked at a joint visit with the police. To say very clear, we got the police on our side, to say “these serious concerns... the police are prepared to consider a police protection [order] or in the welfare... in respect of the welfare of your children”.

(Initial assessment manager 2)

Joint visits with the police were contrasted with those made undertaken with health visitors, which were described as “less threatening”.

8.4 Communication and collaboration with health services

8.4.1 Health visitors and school nurses

Health professionals were the group that social workers described themselves as most likely to communicate with when assessing a family; this was consistent with the evidence found in the sample cases. Contact with health visitors was particularly likely if the family included children under five.

If it becomes an initial assessment, we definitely..., we make contact with the health department, we speak to the health visitors; OK, if there's no child under five, then we don't speak to the health authorities, we might not even speak to the GP.

(Initial assessment family worker 3)

Social workers involved with initial assessments in the northern site noted that they would contact the school nurse for information and that school nurses could offer support for cases that wouldn't reach children's social services thresholds for intervention. In this research site, school nurses were considered to be engaged with the issue of children's experience of domestic violence since they received copies of all notifications from the police.

...again, school nurses, I think, are a good source that you can go to if you think...that [the family] may not want our involvement, if it doesn't meet the level that we would get involved, because we are a Tier 3 service you know. If it doesn't reach that level, you know, I do phone the school nurse sometimes, but, like the health visitors, they also get all the notifications.

(Initial assessment manager 1)

This process of copying health visitors and school nurses into the notifications was considered to be successful in securing their engagement with domestic violence in the northern site.

Health are very aware of domestic violence referrals. They tend to get the nod from their child protection involvement and MARAC and people like that are attended by health and that's fed back to practitioners in health. So it goes on health records... health are brilliant at recording, very good at recording stuff.

(Child protection manager 2)

In contrast, some of those interviewed in the southern site noted that health professionals appeared reluctant to contribute to support for families experiencing domestic violence and suggested that some health practitioners were too ready to hand domestic violence cases on to children's social services.

In both sites, social workers noted that their work was affected by the cutbacks in health visitor services. Health visiting services in one site had adopted a "corporate" caseload model where families were no longer allocated a named health visitor. This was felt to have resulted in a loss of knowledge about families.

...there isn't, like, family health visitors as such, they have corporate caseloads, so...we've lost a lot of, I, I personally feel we have and I'm sure my, my team would agree – we've talked about it before – that we seem to have lost some of the knowledge of families from family health visitors.

(Initial assessment manager 2)

Joint visits with health visitors were described as rare in the southern site but more common in the northern site, where families were often referred to their health visitors. One initial assessment team in the northern site incorporated two health workers. In another team in the northern site, a previous scheme for locating a health visitor in an initial assessment team had been valued by the manager as it had accessed expertise in working with infants as well as to health records. However, this out-posting had been discontinued due to funding problems.

We had a health visitor on the team, it was funded, you know, by health...doing the initial assessments... and it worked really well. It really did work well. We had access to health records... there are some teams that do have health visitors on them.

(Initial assessment manager 1)

In the southern site, a health adviser was located in the assessment team on a part-time basis. Again, social workers appreciated both the opportunity to access information from health records that this post provided and the worker's expertise in monitoring the development of infants. Health visitors were also perceived to represent a service that was less threatening and more acceptable to families.

We're lucky that we have a health advisor based in the team and she has proved her worth over and over again in identifying what health visitors should and could be doing for families and telling them that when they won't take it or hear it from us. But she's also good in, in that she'll come out on joint visits with the social workers and she can give a perspective from a health point of view, development from the children's point of view.

(Initial assessment manager 3)

8.4.2 General practitioners (GPs)

We noted above that GPs were one of the groups of professionals asked to contribute to monitoring families. In common with the police officers interviewed and with other research on inter-agency communication (Lupton et al 2001; Stanley et al 2003), some social workers noted that it was very difficult to get information from GPs, and this could impact on the robustness of assessments.

GPs, well they are reluctant to give away any information, so it's very difficult to gather information, I find, in terms of the child's health. We do have links with our safeguarding board where they can help us put pressure on the relevant clinics, if you like, to find out the information but it has got to that point really.

(Initial assessment social worker 3)

8.4.3 Children and adolescent mental health services (CAMHS)

CAMHS were described as a key resource for addressing the needs of children and young people who had been affected by their experiences of domestic violence. However, social workers commented on the high threshold for accessing CAMHS services and noted that CAMHS would not work with children whose circumstances were unstable. This could exclude children who were experiencing child protection proceedings.

CAMHS' staple response is we will not work with a family where children are not stable. Which is a scary kind of comment really, when you think about how children are living, by definition, in child protection circumstances; it's all unstable.

(Child protection manager 2)

8.4.4 Communication and collaboration with education

It was generally agreed that schools were a valuable source of information on children and families, and social workers noted that schools had high levels of contact with the child and knowledge of the family's situation.

...education... they send in a report which is very detailed. It tells us a lot about the child's living conditions, about how they appear at school.

(Child protection manager 1)

Some social workers had a (not very well developed) understanding that schools were now offering more in the way of therapeutic interventions and mentoring to young people with a variety of needs. One manager noted that it was important to start working jointly with education rather than treating them purely as an information source, arguing that the school setting offered opportunities for delivering interventions to support children exposed to domestic violence.

I think educational-wise, I think this is where we need to link in a lot more with education, and if we know that there are DV issues at home... I think if a child is of a school age and they spend a large chunk of their day at school, I think that is where we could get a lot of good input into that child, and whether it's done by teachers or a social worker who actually goes and does some work in the school...when they are in a safe environment, then you can do a lot of work with them.

(Initial assessment manager 4)

Some social workers considered that education professionals could be wary of engaging with the issue of domestic violence, particularly if there was no apparent impact on the child's behaviour at school.

...schools to become a bit more professional about their relationships with these families because, yes, school teachers find out a lot, especially about domestic violence and tend to brush it under the carpet, and don't know where to go with it, don't want to ruin the trust, and they know a lot more, and it's that, that's what I would like to change. We can do the CAFs there and get them into the projects and these programmes.

(Initial assessment social worker 3)

There was also a view that schools were not sufficiently familiar with children's social services' thresholds and had unrealistic expectations of the level at which children's social services could intervene.

...some people have experienced problems with head teachers. Schools' expectations are by and large way, way too high.

(Initial assessment family worker 2)

Social workers noted that it was often difficult to make contact with school staff, particularly with busy teachers or during the long holidays. However, they were also aware that their own communication with education was sometimes lacking and recognised the need to keep schools informed.

A manager in the northern site described a training and information pack on domestic violence that had been developed for schools (see Stanley et al 2010 forthcoming) for discussion of prevention programmes delivered in schools), and was in the process of being reviewed before being rolled out to schools in the area.

8.5 Other services for children

8.5.1 Children's centres

Social workers saw the services offered by local children's centres as useful for families experiencing domestic violence. The services available varied by area, but children's centres were described as offering parenting support, counselling services for children and mothers who had experienced domestic violence and groups for fathers.

...the children's centres...now they're doing counselling and it can be quite long time counselling...for a young lad who's experienced, you know, living in a domestic violence situation.

(Initial assessment family worker 1)

8.5.2 Young carers' and children's support and counselling services

A few social workers commented that they might refer children experiencing domestic violence to young carers' services. While these services did not focus exclusively on children and young people exposed to domestic violence, social workers felt that these programmes could offer relevant support.

Some voluntary sector support and counselling services for children exposed to domestic violence were identified but, as with CAMHS, such services were seen as severely rationed and targeted on those with the highest levels of need.

...it would only be at the high end, you know, if we thought that the children had been traumatised or if the children's behaviour has been affected by what they had witnessed, then yeah, we can make a referral to Barnardo's.

(Initial assessment manager 4)

8.6 Communication and collaboration with specialist domestic violence services

8.6.1 Voluntary sector domestic violence services

Social workers had varying degrees of contact with and differing views of voluntary sector domestic violence services. Some social workers acknowledged the value of the support they offered victims and families.

...so they provide locks, alarms, so we get them in immediately. They also liaise with the...they're really good support for the victim, they also provide counselling and they also help with injunctions. And they have, they can get the legal support and everything, so... they're a really vital support network.

(Initial assessment family worker 1)

Others described these specialist domestic violence services as adult-focused and differences with children's social services were identified in cases where victims continued to live with abusive partners.

They're very adult focused and struggle sometimes with our assertions that their mothers are not protecting their children; for example, if you've got a women's refuge worker who's doing some outreach work with a lady who's at home with a partner, who's letting him in and letting him in and letting him in, and there's incident, after incident, after incident... Women's refuge come very much from an adult perspective: "she's in control of this, she's not a victim, she's making decisions". Yes, but those decisions are having child protection consequences.

(Child protection manager 2)

Social workers also noted the limitations of organisations that focused only on the victim and didn't also provide interventions with children or perpetrators.

...if we want some work doing with that aggressor. Our domestic violence in [local area] will not do it; we have to refer them to the [outlying area] domestic violence initiative.

(Initial assessment manager 2)

However, it was noted that children's social services were reluctant to make such referrals as that would render them liable for funding places on programmes.

...there are some resources...but if we refer, then there's a cost involved and that's not something that we give away freely, so we would suggest that the perpetrator refers themselves.

(Initial assessment manager 3)

Workers' views of perpetrator programmes were also mixed; some felt that such programmes were effective, while others were unsure if the programmes had any impact.

...it was good and it did work but it was maybe twice a year. And there's limited places...not enough.

(Child protection manager 2)

A number of those interviewed spoke of the limited capacity of these services, some of which utilised waiting lists. These specialist services were generally seen as under-resourced.

...but sometimes they have not got the staff. It's always coming back to resources really...

(Family support worker 2)

8.6.2 Independent domestic violence advocates (IDVAs)

In common with the police, those social workers who commented on the work of IDVAs were very positive about this relatively new service. IDVAs were seen as offering a less threatening, longer-term support service than either children's social services or the police.

...the IDVAs are in it for the long run really, so they are there much longer. And, obviously, they are then able to find other agencies because they've got more involvement and have built up that relationship more with the family.

(Initial assessment social worker 1)

...you do find out that a woman says to you that she is suffering DV, she doesn't want to involve the police, she won't report it to the police, and then you deal with that in a completely different way, but you could then guide her to the IDVA services.

(Initial assessment manager 1)

However, social workers also considered it important that IDVAs gave families messages that were consistent with those delivered by children's social services.

With the IDVA service, we might go to look at...so we know what they are saying to mum, quite often it's mum, and they know what we are saying, and they can see that we are working together.

(Family support manager)

8.6.3 Communication and collaboration with the multi-agency domestic violence centre

Social workers in the southern site were asked about their links with the multi-agency domestic violence centre in their area. As noted earlier, this service brought together domestic violence advisers, housing officers, legal advisers and police from the specialist domestic violence unit in one location, but children's social services were not represented among these agencies. The social workers interviewed had varying levels of contact with the work of the centre. They reported signposting victims to the centre but some admitted that they did not know exactly what services were provided there and had never visited the centre's offices, which were a 15 minute walk away from the central children's social services office.

One social worker commented on the absence of joint working and described receiving referrals from the centre that social workers felt concerned issues that the centre should be addressing.

I wouldn't call it joint working at all...we will refer families, we will...we don't refer to them, we'll signpost them there [to the centre]. Quite often we're amazed at the referrals that we get from there because we think "well, isn't that your speciality? Why aren't you responding to this?" So there's a bit of a friction I think.

(Initial assessment manager 3)

Some of those interviewed reported negative feedback from victims who had used the multi-agency domestic violence centre, but qualified these by acknowledging that expectations may have been unrealistic in these cases. Other social workers were cautiously positive.

I get phone calls for them, then some ...don't seem to go there. They do seem to offer a level of support. I know that I had a phone call the other day from somebody there and it... she'd spoken to mum and mum was a bit upset and thought that we were blaming her and that kind of stuff, so they do seem to be able to provide that dual role of actually supporting but then also being able to say "no, maybe you need to seek legal advice".

(Child protection social worker 3)

There was also an acknowledgement that the multi-agency centre had absorbed a substantial amount of the front-line work with families experiencing domestic violence.

Before the [multi-agency domestic violence centre] was in [location], I don't think I could put a figure on it, but perhaps two or three times a week, it was not unusual for mum and the children to come in through the front door here with a few little carrier bags and what have you. "I need to go into a safe house" – that is very unusual now.

(Initial assessment family worker 2)

8.7 Communication and collaboration with other adult services

8.7.1 Substance misuse services

The substantial proportion of families in the sample with drug and alcohol problems has been noted in previous chapters but only a small number of social workers commented on their use of and communication with local substance misuse services. It was noted that such services were able to take a family approach as well as focusing on the perpetrator's needs.

...if there's domestic violence, there's usually drugs or alcohol somewhere in it, so it might be a referral and that you make to one of the drug agencies, and sometimes they will do, sort of, family work; some of them are very good at, sort of, assessing in terms of the family as well as the perpetrator.

(Child protection social worker 3)

Some specialist resources were available in this area of service provision; in the southern site, practitioners described a local substance misuse programme that offered access to a psychotherapist and in the northern site, young people's workers were attached to the drug and alcohol teams.

8.7.2 Probation service

Social workers had generally positive views of their contact with the probation service and the work they undertook with perpetrators.

As part of his order he had to attend ...probation. And initially when we got involved, this was a man that was very threatening, very verbally abusive; when we used to have meetings, the police used to be on standby, we'd go in with alarms...we were involved with that family for over two years and I have to say, with him, it did appear to work. We went from being sort of this very, very angry nasty, nasty man to, at the end of proceedings it was brilliant, we ended up no order, kids were returned to mum and dad was having contact.

(Child protection social worker 4)

However, other practitioners noted that the probation service programmes were not always successful in changing abusive behaviour. Problems with waiting lists for places on programmes were also identified.

8.8 Developing inter-agency work

8.8.1 Attitudes to inter-agency work

The social workers interviewed were generally supportive of the move towards more joint working.

We're looking at, looking at more multi-agency teams, more, more, more, all joint, I think that's...it's got to be way forward, hasn't it? It's got to be.

(Child protection manager 1)

A senior children's social services manager argued that inter-agency working needed relationships to be embedded at the organisational level rather than at the level of individual practitioners because staff turnover meant that inter-agency relationships at the individual level could be fleeting. It was suggested that a stronger local domestic violence partnership could be the driver for more inter-agency collaboration.

Most felt that, where working relationships with other agencies were established, they were generally good or “getting better”. Those who considered that inter-agency communication in their area could be improved saw this mainly as a problem of resources.

Health are struggling with resources at the minute, so it might be that but, even so, we still have a good working relationship.

(Initial assessment family worker 1)

In common with the views of senior police officers described in chapter 5, the co-location of different professionals in multi-agency teams was seen as the solution to achieving inter-agency working by social workers in both sites. In one research site, a co-location scheme was under exploration. The other site already had a multi-agency domestic violence centre, but, as noted previously, this did not include children’s social services social workers.

The difficulty is that the police are in a different office, and ideally, an ideal process would be that a truly multi-agency team, where you would have police, health, social services and education all together working side by side rather than them being separate and us having to send emails to each other, then identify who to speak to over the phone.

(Initial assessment social worker 3)

8.8.2 Information sharing

Families experiencing domestic violence do not find it easy to seek help, least of all from children’s social services, and social workers emphasised their reliance on other agencies for information about families experiencing domestic violence. A variety of views were expressed about the extent to which information was shared between agencies with practitioners noting that some individual professionals and agencies were more ready to share information than others.

Difficulties in contacting other professionals who spent much of their time away from the office were highlighted. Some social workers noted that data protection issues continued to be a barrier to sharing information.

I think there’s a lot about this sharing of information; sometimes you get a bit caught up with “can I share this with you?”, this business of data protection. I think there is still, even the GPs, if you wanted to know if this mother had been for any...it would be a while before we get that information back...information sharing I think could be better...

(Initial assessment family worker 3)

In general, workers felt that information was more likely to be shared at formal meetings or in reports rather than flowing freely on an ongoing basis.

...if it's a child that is on a safeguarding plan, the core group's every four weeks, so there would be information shared there.

(Family support manager)

8.9 New models of inter-agency work

8.9.1 Multi-agency risk assessment conferences (MARACs)

MARACs are multi-agency forums convened by the police to address high risk domestic violence cases. They had been established in both sites for over a year at the time of the interviews, but almost half of the social workers commented that they had little familiarity with or understanding of the process. Most of those acknowledging this lack of involvement were practitioners from the southern site, where MARACs were held in the multi-agency domestic violence centre.

Those practitioners who were familiar with MARACs were generally positive about the process and thought that they facilitated the sharing of information and coordinated responses to families. Other workers noted that one outcome of the MARAC process was improved working relationships between the agencies represented at the meetings. However, problems in securing attendance from all key agencies were identified.

8.9.2 The common assessment framework (CAF)

Implementation of the CAF, the government's assessment tool for children intended for use by all agencies (HMG 2006), was a recent development in both research sites at the time of the interviews. In the southern site, the CAF coordinator's position was not filled until late 2008 when the interviews with practitioners were taking place; few practitioners had seen a completed CAF form at that point in time and senior managers acknowledged that there was a lot of work to be done in educating other agencies about the role of the CAF. They were uncertain as to whether it was a tool other agencies would use for families experiencing domestic violence and thought that, even when the CAF was fully implemented, other agencies might still want to refer such families to children's social services.

The northern site was further ahead in implementing the CAF, although it was still seen as “early days” for this approach. There were mixed views as to how responsive other agencies were to the CAF model: some noted that other agencies saw the requirement to complete the CAF form as onerous and were concerned about committing themselves to additional responsibilities.

However, some practitioners reported that they had experience of CAF forms being completed on families experiencing domestic violence and they perceived such CAFs and the inter-agency work they stimulated as a means of offering early intervention with these families.

With the new CAF that's come in, there is more knowledge about families because families that would not have reached a threshold for an initial assessment might be worked on a CAF.
(Family support manager)

I am a great believer in early intervention and I just feel that...it should be picked up sooner and maybe the CAF will, sort of, bring that along...people that are doing the CAF might refer on to a domestic violence initiative earlier...
(Family support worker 1)

However, in neither site had the police agreed to complete CAF forms in their entirety. In the southern site, the police had started to use the pre-assessment checklist (PAC), which was originally designed to be used as a tool to establish if the common assessment was required, and which utilises the five Every Child Matters domains. This had been incorporated into the notification form sent to children's social services.

In the northern site, the police had replaced their old multi-agency referral form with a new form specifically designed to be used instead of the CAF when making referrals to children's social services. This two-page document allowed officers to record information about the family (such as schools and special needs), details of consent and the incident itself. It could be completed by a front-line officer, but was sent by a manager in the specialist domestic violence unit.

8.10 Resource shortfalls

A shortfall in services for all members of families experiencing domestic violence was noted by social workers. Where services did exist, they were felt to be rationed or over-stretched and there were frequent mentions of waiting lists for specialist services. Many of the social workers interviewed described the limited availability of services for perpetrators. In some areas, there were no domestic violence perpetrator programmes that could be accessed on a voluntary basis, so individuals could only access programmes through the probation service.

...courses for perpetrators and that's the bit that's missing really because people have done voluntary agencies around supporting women in domestic violence and I'm not saying there are enough but people have started to address that; the bit that's now missing is the dealing with the perpetrators.

(Child protection social worker 3)

Another gap in services noted by a number of social workers were services targeted at children experiencing domestic violence. Social workers in the northern site particularly emphasised shortfalls in this area, while interviewees in the southern site argued that those services that existed needed higher levels of funding so that they could work with greater numbers of children and young people.

I think Barnardo's do a great job; NSPCC are overwhelmed with other things. I know that CAF/CASS do have groups for children but...that's not something that we have access to, so no, there's not enough...

(Initial assessment manager 3)

A lack of resources for victims was also noted by some social workers as an issue in their area. Some highlighted the need for more funding for existing services in order to avoid long waiting lists.

I think there is a tremendous strain on safety for mothers and babies. There are three refuges in this area, but how do you land on these places? ...for, like, mother and baby places..., we have to put up an almighty fight for it, and I think there should be more of that... I think we have got a responsibility to provide more, but it is about resources and funding to secure places.

(Child protection social worker 1)

In common with survivors interviewed for stage 1 of this research and with specialist police officers, social workers also emphasised the vulnerable position of victims of domestic violence who, because they had no recourse to public funds, were unable to access a whole range of support services, including refuges.

...the hardest thing is for the women who have no recourse to public funds. I think that's a very difficult area...we have had quite a few where they really feel they are very isolated and in the past I have felt that there should be something more for these people...you just feel the panic in them...

(Initial assessment family worker 3)

There was some discussion of what new services or new approaches to commissioning services might be developed to address perceived gaps. One manager noted that agencies in their area were considering joint commissioning as a means of increasing the funding available for services.

We can have a pooled budget and then we've got a larger sum of money; then we can actually look at commissioning services properly and taking it from a standpoint of this is what we've got, you know, in terms of mapping of services across the authority... This is the domestic violence strategy that we're aiming at.

(Senior manager 1)

In the other site, locating specialist domestic violence staff in children's social services was seen as a means of offering social workers support to address the complex issues raised by domestic violence.

I think it could be a lot better, you know, we could provide a lot more of a holistic intervention. Again, I say that if we had specialist trained staff in DV, then I think that would go a long way to improving actually what we can actually offer. It's a complex area.

(Initial assessment manager 4)

However, in common with those who saw the CAF system as a means of developing early intervention in domestic violence, one manager also emphasised the need for earlier intervention with families experiencing domestic violence.

...but I think it's that whole thing about how much do you invest at that lower end, and how do you measure whether that helps out in the longer term?... I think, for me, we should be looking at the lower end of stuff and getting in there and doing some intervention and prevention work there; a lot more than we do.

(Initial assessment manager 4)

8.11 Training needs

Social workers noted the need for all professionals, including social workers, to have ongoing training on domestic violence.

...ongoing education, though, is always nice because there are still some people out there that will minimise domestic violence, the professionals will minimise it... they might minimise the impact on the children. So I think ongoing education is important.

(Hospital social worker)

Family support workers in the northern site were often required to undertake work with children and parents on the impact and consequences of domestic violence. These workers, who usually had childcare rather than social work qualifications, expressed a need for more training to increase their skills in this area of work.

We are quite lacking training since we became children and family resources; we are sort of a jack-of-all-trades. We are expected to know everything and we haven't actually had any specific training on domestic violence. Hopefully that is going to change.

(Family support manager)

It was noted that front-line police officers needed training to encourage them to be child-focused in their assessments and some groups, such as education professionals, were considered to need training to develop their understanding of the impact of domestic violence on children.

Gaps in knowledge about the work of other agencies were noted earlier in this chapter and social workers recognised the need to inform other professionals about their roles and to learn more about the roles of other practitioners. One social worker reiterated suggestions made by front-line police officers interviewed for “shadowing” other professionals.

...other agencies, they don't actually understand what our role is, you know...what would be really, really good is people should shadow...and they should do some training on what the role, the roles of different agencies are and what different agencies can actually offer.

(Child protection social worker 4)

One team manager noted that inter-agency training had been undertaken in the past but appeared to have fallen out of favour. It was argued that changing roles and guidance, together with high staff turnover, meant that inter-agency training needed to be delivered on a regular basis.

In one team, practitioners reported developing their own team structures to ensure that they were informed about the work of other organisations.

But I do think, I personally feel, we as a team are really, really good at getting out there and doing things with other agencies. On a Wednesday, we'd do, like, a workshop thing, so we invite other agencies and services in, just to talk about what they do and things. So we're building links that way. But I, I personally feel you could never have enough.

(Family support worker 1)

8.12 Chapter 8 summary

- Health visitors appeared to be the professional group with which social workers in both sites had most communication about domestic violence cases. Communication and collaboration with health services appeared to be strengthened by the practice in one site of the police sending copies of all notifications to health visiting and school nursing services.
- Social workers saw the police perspective as focused on the offence, sometimes to the exclusion of consideration of children's needs at an incident of domestic violence. The definition of domestic violence utilised by the police was seen to be much broader than that used by children's social services, resulting in a high volume of notifications.

- Social workers in both sites agreed that police risk assessments used different criteria from those employed by children's social services and were more adult-focused. However, views differed between research sites as to whether the police should be asked to do more filtering of notifications before they reached children's social services or whether that was a task for which only children's social services staff were equipped.
- There was limited communication with the police over and above that received in notifications and that which occurred in the context of formal meetings like child protection cases conferences. Both front-line and specialist police officers were seen as difficult to contact by social workers.
- Social workers were generally positive about the work of specialist domestic violence services and noted that they acted to relieve demands on children's social services. While families were directed to these services for support, there was little evidence found of communication and collaboration between social workers and these agencies in undertaking assessments. There were some concerns expressed about the tendency for such services to be adult-focused.
- Social workers emphasised the need to develop early intervention services for families experiencing domestic violence.
- In common with police officers, social workers raised concerns about victims who had no recourse to public funds and were therefore unable to access refuges or other forms of advice and support in relation to domestic violence.
- Resource shortfalls as evidenced by long waiting lists were noted in respect of support services for all groups experiencing domestic violence. Services like CAMHS that offered interventions for children exposed to domestic violence were felt to be insufficiently available. Services for perpetrators that could be accessed on a voluntary basis were felt to be in particularly short supply.
- Regular inter-professional training was advocated as a means of ensuring that staff in all organisations were aware of the impact of domestic violence on children and had knowledge of other professionals' roles and procedures.

Chapter 9. Innovative practice

9.1 Introduction to chapter 9

The small-scale nature of this third stage of the research did not allow for rigorous criteria to be applied to the task of identifying innovative practice. As noted in chapter 2, a postal survey invited LSCB representatives to identify innovative practice in their own area with regard to notifications and the 30 brief accounts provided in response were analysed to produce a typology of the key features described. It is quite possible that a number of the models described in December 2007–January 2008 may have been superseded since that time and some approaches may have been omitted from the survey or have emerged since that date. However, we were able to access additional information on some of the practice and policy described through local audits or evaluations supplied by LSCB contacts, and a small number of interviews were undertaken with the purpose of providing further detail on particular local models.

The local innovations reported were described as emerging from a number of sources including individual agencies, local domestic violence partnerships and LSCBs. Many of the responses to the survey explained local innovations as a response to the high volume of notifications experienced and both the police and children’s social services were described as “overwhelmed” by this high volume. Innovations were also introduced in the context of concerns that children and parents living with domestic violence, sometimes over long periods of time, were not receiving a service. Some respondents noted that domestic violence had been identified as a key feature in a number of local serious case reviews and this chimes with Brandon et al’s (2009) overview of 40 serious case reviews, which found that domestic violence was the most commonly occurring family characteristic in the cases studied.

This chapter describes and discusses those key features of innovative models found to be common to a number of LSCBs; in some areas, local practice involved a combination of these features. The four key features of innovative approaches identified from the survey accounts were:

- inter-agency approaches to screening notifications
- early intervention by other agencies
- police risk assessment informing notification routing
- risk assessment tools/protocols

These are discussed below but first we report on the range of agencies contributing to the innovative approaches identified by the survey.

9.2 Range of agencies contributing to innovative approaches

Children's social services were a contributing agency in all the initiatives described by survey respondents and this may reflect the fact that the survey was, in the first instance, directed to the chair or manager of the LSCB. The police were identified as a contributing agency in nearly all the responses received (27 of 30). Health (16 responses) and education (14 responses) were cited as participating partners in about half the approaches reported. Community safety services were reported as contributing to 12 initiatives. Surprisingly, the voluntary sector was described as involved in less than half the initiatives (13 responses). Those organisations cited included Women's Aid, Barnardo's, Carr-Gomm, The Children's Society, NSPCC, Action for Children and other advocacy services. All these agencies were involved in providing services to victims and/or children experiencing domestic violence.

Only eight respondents mentioned the probation service as an agency contributing to the initiative described; there was no mention of voluntary services for perpetrators, adding to the impression that perpetrator services were perceived as located on the periphery of a multi-agency response to notifications. However, as noted earlier in this report, voluntary services for perpetrators are not widespread in the UK. Other organisations cited once or twice as involved in local initiatives included CAMHS, adult mental health services, housing and the local domestic violence forum or partnership.

9.3 Inter-agency approaches to screening notifications

Ten examples of this approach were identified in the responses received. Differing arrangements for achieving inter-agency screening of notifications were outlined. One approach involved a regular inter-agency panel or meeting where notifications were discussed and screened. In some areas, an inter-agency domestic violence team assumed this function; in Walsall, this team reviewed notifications on a daily basis. In Darlington, an inter-agency team, consisting of a senior social worker and two support workers from Carr-Gomm, screened all domestic violence referrals, including police notifications, and routed them to a range of services. A few respondents described using the model offered by MARACs to develop inter-agency decision making for children in cases that were defined as high risk.

The response from Powys cited the domestic abuse risk assessment group (DARAG), an inter-agency group that met regularly to develop plans for victims and children in high risk domestic violence cases.

Another approach entailed locating a social worker, usually on a part-time basis, in the police's specialist domestic violence unit. In some areas, both models were in place, and St Helen's had piloted and implemented a scheme that included a weekly inter-agency allocation panel and a specialist domestic violence social worker who was provided with access to police records to enable a fuller assessment of families' needs. Offering children's social services staff full access to police records served to increase the amount of information available. This informed the filtering process and bypassed the problem identified in our research of police providing insufficient or incomplete information on notifications forms.

In Coventry, a domestic violence and abuse notifications screening pilot involving a half-time senior social worker, a children's social services clerical officer and two full-time equivalent specialist police officers was established in 2006 to screen all incidents of domestic violence. An evaluation of the pilot over 21 months (Thiara and Chung 2008) found that, prior to its introduction, insufficient information was available to children's social services on cases notified and this lack of information could lead to duplication of work and cases being re-notified. One positive outcome of the pilot was a reduction in re-referrals to children's social services.

The evaluation identified a need for preventative work to be undertaken with those cases not receiving a service from children's social services and Barnardo's became involved, with a view to taking on some of this work. The evaluation noted the need for risk assessment and screening tools to be developed further and emphasised the need for sufficient allocation of staff time to the project.

9.4 Early intervention by other agencies

The recognition that children's social services lacked the capacity to offer a service to more than a small proportion of notified cases had prompted a number of local initiatives that aimed to provide an early intervention service. A number of those responding to the survey described copying health visitors and/or midwives and/or school nurses and, in some cases, education services, into notifications.

At the time of the survey, Cornwall and the Isles of Scilly were exploring the option of police and health visitors making joint visits to notified families with children under five following the second domestic violence incident. The response from Oxfordshire described a network of trained domestic violence champions across a range of agencies, including schools, which were able to access police information about domestic violence in families on the basis of concern about a child.

The survey suggested that it was widespread practice for the police to provide victims with information about specialist domestic violence services and, if the victim gave consent, to make a referral to that agency on the victim's behalf. In Brighton and Hove, specialist domestic violence services were automatically informed of all incidents by the police and letters were sent from this service to victims. In this area, perpetrators could also be offered a referral to a local voluntary sector service for perpetrators.

9.5 Police risk assessment informing notification routing

Some authorities reported considering or implementing systems whereby the police filtered and routed notifications directly to services according to established protocols or risk assessment procedures. These approaches appeared to relieve children's social services of the task of filtering notifications by shifting responsibility for screening onto agreed procedures and police risk assessment practice. A few such systems relied on the numbers of notifications received on a family to determine the routing but a number of authorities had developed more sophisticated systems to inform this routing of cases. The response from Torbay described using a routing system that relied on such factors as whether the incident was a repeat incident, the level of violence involved and the extent of the child's involvement.

In Blackburn with Darwen, a risk assessment model originally developed in Cardiff and subsequently amended by ACPO (the CAADA ACPO DASH Model 2009, see Richards et al 2008), which used three response levels, was introduced in 2009 to determine the level of children's social services' response. Incidents classified by the police at the "gold" level triggered a Section 47 response from children's social services; the "silver" level evoked a Section 17 response and a "bronze" or low risk incident were logged on the integrated children's system (ICS) as a "contact record" unless other information suggested reassessment of the child's situation. The police were not forwarding the first low risk incident to children's social services, but the third such incident was noted as a "contact record" and a fourth such incident was progressed to an initial assessment by children's social

services. Greater weight was allocated to low risk incidents involving threats of violence, or those involving injury to an adult. Three medium risk incidents acted to trigger a Section 47 inquiry. The guidance encouraged children's social services staff to consider factors like whether the child witnessed the incident, where it took place, the family's circumstances and whether other agencies were involved with the family. An IDVA based in children's social services initial assessment team on a part-time basis was able to bring in-depth knowledge of cases to the assessment process. One authority had considered the introduction of an automated e-routing scheme, which would have directed higher scoring domestic violence cases to children's social services while lower level cases were to have been sent to community safety teams. This scheme was never implemented due to implementation time and costs, and other areas described plans to harness new technology, such as a virtual forum to assess and route low-level incidents, that had not materialised.

The routing scheme developed in Blackpool and described in box 35 draws in a range of local agencies and, involving the pupil welfare service, represents an unusual approach that was described as acting to engage schools.

Box 35 Blackpool domestic abuse team

The multi-agency Blackpool domestic abuse team is funded by Blackpool Council, Lancashire Police and the local NHS. The unit is responsible for organising MARACs and benefits from the presence of a specialist domestic violence court in Blackpool. A recent innovation is the children's IDVA service, a Home Office pilot introduced in 2009. This service's remit includes support for families with children under five and direct work with older children, including the over-16s who may experience abuse in their own relationships. The service accepts referrals from a number of sources, including self-referrals from young people.

Notifications from the police are processed electronically and forwarded by police domestic violence specialists to different organisations according to the risk assessment score assigned by the police using the CAADA risk assessment model. Low risk incidents are sent to children's social services, the NHS and Pupil Welfare who forward the case to the relevant school. At a higher level of risk, incidents are sent to these same organisations, with medium risk incidents also directed to Women's Aid and/or Victim Support services, and high risk incidents routed to the victims' and children's IDVA services and considered by the MARAC.

The Catalyst Project, introduced in summer 2009, co-locates the specialist police officers and children's social services social workers in a police station; this team is responsible for screening notifications. Other initiatives to improve inter-agency communication include the circulation of contact numbers, including mobile numbers, for professionals in all agencies on a monthly basis.

9.6 Risk assessment tools/protocols

As noted above, survey respondents described a number of agreed protocols or tools that aimed at securing agencies' agreement for different service thresholds and were used for screening cases in the routing systems described above. Some of these tools were based on the police's SPECSS+ risk assessment tool (see Humphreys et al 2005), others used or were derived from the FSU9 risk assessment model (South Wales Police 2003), which was promoted by CAADA.

One risk assessment model used a combination of the SPECSS+ risk assessment and the number of notifications in the previous six months. The Barnardo's matrix described in box 36 has been welcomed on the grounds that it is more child-focused than risk assessment procedures based on police tools, which take the victim as their primary focus.

Box 36 The domestic violence risk identification matrix

The London safeguarding children board (LSCB) (2008) supplementary procedures, *Safeguarding Children Abused Through Domestic Violence*, incorporated an innovative approach to assessing children exposed to domestic violence: the Barnardo's domestic violence risk identification matrix (DVRIM).

The matrix (based on a Canadian manual) was developed and implemented by Barnardo's in Northern Ireland (Bell and McGoren 2003) and is offered for use by all organisations working with children and families. It classifies risks to children who are exposed to domestic violence at one of four thresholds, each of which is linked to a level of intervention. Information collected through the CAF is fed into the matrix and combined to produce one of four thresholds:

Scale 1 (Moderate): This child/ren and/or family are likely to need targeted support by a single practitioner.

Scale 2 (Moderate to Serious): This child/ren and/or family are likely to need integrated support by more than one agency, which should be coordinated by an identified lead professional.

Scale 3 (Serious): Children's social services should consider Section 17 initial assessment, but safeguarding intervention may be necessary if threshold of significant harm is reached.

Scale 4 (Severe): Children's social services should consider whether Section 47 enquiry and core assessment required.

To date, nine London boroughs have fully or partially implemented this model using training and support purchased from Barnardo's. The training is at two levels: multi-agency training supports practitioners from all agencies to use the matrix, and more in-depth training enables social workers to integrate the risks of domestic violence in their initial and core assessments.

While a range of agencies are utilising the matrix, the police are not completing it on a regular basis, although it has been used for some MARAC cases. An evaluation of implementation in three boroughs (Calder 2009) found that practitioners reported that the matrix was accessible and provided them with structure and detail that they had previously lacked; they considered that it clarified thresholds and increased confidence in decision making.

Difficulties reported included the lack of time available for practitioners to use the model, communication problems between agencies and problems with CAF implementation impacting on use of the matrix. The matrix is available at: www.londonscb.gov.uk/files/procedures/dv/dv_risk_assessment_matrix_final.pdf

9.7 Key themes in developing innovative approaches

A range of innovative approaches for managing notifications emerged from this scoping survey. Further research that aimed to both establish the full range of models across England and Wales and to interrogate them more in more depth would be valuable. A few local evaluations are available but these are limited in number and scope. Some key themes emerge from the models identified by the survey.

First, all examples of innovative practice are designed to promote multi-agency engagement in responding to families experiencing domestic violence. Such engagement is aimed both at securing a coordinated response and at delivering early intervention to families experiencing domestic violence. Multi-agency agreements on service thresholds or risk assessment tools allow different agencies to assume lead responsibilities for identified groups of families. They are also a means for ensuring that those families who do not reach children's social services thresholds – and these are the majority of families coming through the notification system – receive some form of support. The CAF may also be expected to contribute to this process and a few of the matrixes or tools developed seek to ensure consistency with the CAF.

Specialist domestic violence agencies and other third sector organisations play a key role in delivering early intervention services as well as working with “high risk” families and these services appeared to be more fully integrated into some of the systems described for managing notifications than others. There was also evidence of an increasing interest in engaging schools in these systems. However, collaboration with agencies offering early or voluntary intervention services for perpetrators was relatively rare; responses were more likely to discuss links with the MARAC process, which focuses on high risk perpetrators.

This snapshot survey has, by its nature, produced an account of systems as they are intended to operate rather than a picture of inter-agency work in practice. It is worth emphasising that systems and protocols alone will not deliver improved communication and collaboration (Thoburn et al 2009). Strategies that include inter-professional training as well as integrated or co-located teams will also assist in developing understanding of other professionals' roles and thresholds, as well as the trust required for information exchange (Frost et al 2004; Banks et al 2008).

There was a discernible focus in the innovative models identified on refining the process for screening notifications. This is essentially a process of risk assessment and for children's social services it is essential that any tool used focuses on the child's rather than the parents' needs, since these may not be commensurate. This distinction appears to be increasingly acknowledged. However, any risk assessment is only as good as the information available to it and approaches that offer those undertaking filtering simultaneous access to both children's social services and police records appear to have much to offer in this respect.

9.8 Chapter 9 summary

- Children's social services and the police emerged as the core partners in the examples of innovative practice examined. Health and education were described as contributing to about half the initiatives, while third sector agencies providing specialist domestic violence services were involved in just under half the local models described. Perpetrator services, including the probation service, were less likely to be described as contributing to local approaches to managing notifications.
- Inter-agency panels or teams offered a multi-agency approach to screening notifications. Most teams or co-location arrangements described involved specialist police officers and children's social workers, but a few examples of teams involving third sector practitioners were identified.
- Most early intervention services were provided by voluntary sector specialist domestic violence agencies. Increasingly, health and education were being asked to engage in such work and in some areas community safety teams took on this role. The CAF was seen as a means of securing wider engagement in early intervention work with families experiencing domestic violence.
- Models in which the police or a multi-agency team or group took responsibility for filtering and routing notifications according to the level of risk assigned appeared to relieve children's social services of some of the burden of filtering notifications and aimed to reduce the volume of notifications received by children's social services. The need for a risk assessment tool, focused on children's rather than adults' need, was acknowledged and some progress has been made towards developing this. Opportunities for police and children's social services to share their information in making these routing decisions seem particularly valuable.

- To date, there is limited information available about the efficacy of these locally developed approaches to managing notifications; nor is there evidence concerning the impact of such models on children and families experiencing domestic violence. However, taken together, these approaches do provide evidence of the capacity of practitioners and managers to develop innovative responses to the challenges posed by notifications at the local level.

Chapter 10. Conclusions and recommendations

10.1 Introduction to chapter 10

The notification system has acted to bring children's exposure to domestic violence to the attention of both the police and children's social services. However, the emergence of a system whereby the police inform children's social services of every incident of domestic violence when children are in the household has created a large volume of work for both services, and few additional resources appear to have been made available to assist in the management of this workload. A great deal of resource is expended on the task of filtering incidents and determining in which cases the risks to children are sufficiently high to warrant children's social services' intervention. In this final chapter, we draw together our findings on the information and criteria used to make these decisions, and the extent and nature of the service that families in our research received.

The police's positive action approach to domestic violence, in particular, the emphasis on removing perpetrators from the scene of an incident, was consistent with the expressed views of young people and victims who wanted perpetrators removed in order to feel safe. However, the police have conceptualised their role with children and young people at domestic violence incidents primarily as an information gathering and transfer task; in this chapter we argue that an effective police response to children exposed to domestic violence requires more than information gathering.

In the past, children's social services have been criticised for failing to acknowledge the prevalence and salience of the issue of domestic violence in the lives of families, the notification system appears to have played a part in bringing domestic violence to the forefront of social workers' attention. This research found that children's social services social workers often identified domestic violence as a primary concern in their work with children and families, even when it occurred alongside a range of other problems. Many of the case studies included in this report provided examples of the resources and persistence that social workers brought to the issue.

Below we present the conclusions and recommendations from this research, focusing first on those that concern the police, then moving on to discuss those that pertain to the notification system and to children's social services and finally focusing on those for other agencies and wider systems.

10.2 Conclusions and recommendations on police policy and practice

10.2.1 Police interventions with children and young people experiencing domestic violence

The evidence from the 251 incidents studied in this research indicated that police communication and engagement with children and young people at the scene of domestic violence incidents was rare. This was confirmed by interviews with officers who conveyed a reluctance to engage with children and young people in this context. For children and young people, the police officer at a domestic violence incident represents an authoritative figure in a setting where those people who are expected to maintain control and order have lost the capacity to do so. The police officer's arrival signals the assertion of a wider public and social perspective amid the private chaos of a domestic violence incident and represents an opportunity for order and safety to be restored. The young people who participated in stage 1 of this research were clear that they wanted police officers attending domestic violence incidents to engage with them and offer them information and explanations. This message is reinforced by earlier studies (McGee 2000; Mullender et al 2002) that have delivered very similar findings on this issue. Children need the reassurance of communication with and explanations from the police at incidents of domestic violence.

Front-line officers' lack of confidence in this area cannot be attributed to limited experience in talking to children: police officers regularly talk with or question children and young people in the course of crime investigations. Police officers disclosed anxieties about making matters worse or creating additional demands that they lacked the capacity to meet if they engaged with children at domestic violence incidents. The image of "Pandora's Box" – the fear of unleashing overwhelming needs – can be used to characterise this reluctance to engage in new or sensitive areas of practice.

Other studies (Hester 2006) have found that front-line practitioners can be empowered to venture into discussions of domestic violence with those using services by providing them with an information booklet to offer clients. An information booklet equips practitioners with something concrete that they can deliver immediately and allows them to feel better prepared to meet a range of responses.

Developing an information booklet or compact z card for front-line officers to give to children and young people at the scene of domestic violence incidents would serve the dual purpose of providing children and young people with the information they seek and empowering front-line officers to engage more fully with children. Officers should not be expected to offer counselling to children but rather to offer them reassurance about their safety and information about what might happen next, as they would to any member of the public involved in a violent crime. Doing so might provide them with additional valuable information on the extent and impact of children and young people's involvement in incidents. This is the type of information that social workers said would be most valuable to them in deciding whether to intervene in families.

Front-line officers need to broaden their gaze on domestic violence incidents to take in the presence of children, acknowledging that they are likely to be aware of an incident wherever they are in relation to it and that any incident that the police attend is unlikely to be the first such incident in a family. Conceptualising children and young people as victims of domestic violence may be helpful in this respect and this approach was adopted in the Government's consultation paper *Together We Can End Violence Against Women and Girls* (HMG 2009).

Recommendations:

- **Front-line police officers should be provided with an appropriately designed information leaflet or z card to distribute to children and young people at the scene of a domestic violence incident. Children and young people themselves should be invited to contribute to the design and content of such a product.**
- **Conceptualising children and young people as victims of domestic violence may assist police officers to acknowledge and engage with their needs more fully.**

10.3 Notifications

The notifications sent to children's social services did not consistently convey all information available to the police that might have been valuable for social workers. In some cases, information was omitted about the involvement of children in incidents and the seriousness of an incident that might have impacted on children's social services' response to notifications. Comparing practice in two sites allowed us to identify variations in the quantity and type of information sent to children's social services as well as in the speed with which information was transferred. There were numerous examples of information being lost and errors being introduced in the transfer of information from one system to another.

Co-location schemes that site police and children's social services practitioners together and allow shared access to police and children's social services' databases have much to offer in this respect. Families need to know that this information will be shared and police officers seemed prepared to undertake this task of informing, although asking for consent to share information did not seem to be familiar or culturally acceptable for them. Models of inter-agency working, where police and children's social services staff filter notifications jointly, are developing at the local level and there are some examples of positive evaluations available (Thiara and Chung 2008) that suggest that, if adequately resourced and supported, these approaches have much to offer.

In the drive to manage and reduce the volume of notifications, actuarial risk assessment tools, such as those used by the police to assess risks for victims of domestic violence, appear to offer ready-made approaches that can be harnessed to the task of filtering notifications. While these tools might seem attractive by virtue of the fact that they are already embedded in police recording systems, they are essentially focused on adults' rather than children's needs and the two may well diverge.

Children's social services' practitioners and managers need to understand the strengths and biases inherent in such tools before they resort to them to filter and prioritise their workload. When the proportion of notifications that trigger a response from children's social services is as small as five per cent, the problems of false positives and false negatives inherent in such actuarial tools (Munro 2004) may be significant.

Recommendations:

- **Inter-agency approaches to filtering notifications that involve staff sharing access to police and children's social services information should be further developed and evaluated.**
- **Actuarial risk assessment tools developed for police use with victims should not be assumed to be appropriate for assessing risks to children. Children's social services staff need to be alert to the biases inherent in such tools and aware of their capacity for error.**

10.4 Conclusions and recommendations on children's social services policy and practice

10.4.1 Edging towards children's social services' threshold

The notification system acts to draw a substantial number of families who have not previously had contact with children's social services into its remit. However, only a small proportion of families notified received a service from children's social services and of those, the majority were already open cases to children's social services. In total, notifications acted to trigger a service for only five per cent of cases in our sample. The picture painted is not dissimilar to that conveyed by the UK Government's *Messages from Research* report (DH 1995), which depicted large numbers of families with support needs being drawn into the orbit of children's social services but receiving no service. Generally, children's social services tended to intervene with those children and families that they knew most about and those families were the families that they were already working with or had worked with.

A number of the cases that did not receive a service were cases where levels of injuries and histories of repeat incidents suggested that levels of violence and abuse could be high and about half these cases were re-notified to children's social services within the 21 months of our follow-up period. Accumulating evidence of repeat incidents and injuries could act to propel some families towards children's social services threshold. The vulnerability of children under 12 months was a key factor in determining social work intervention.

Families were more likely to receive a safeguarding service than a family support service and it seemed likely that this was a consequence of a system in which notifications were required to accumulate before a response was received.

A number of the families included in this research appeared to have been in need of support but failed to reach children's social services' threshold for intervention. Children's social services' thresholds are largely determined by the availability of resources and, unless more resources are made available, they are likely to remain high. While it is unproductive for large numbers of families to be referred to a service that will be unable to respond to their needs for support, children's social services do need to be informed about children living in families where domestic violence is persistent, as this information can accumulate to bring families closer to the threshold for social work intervention. Similarly, social workers should contribute to inter-agency processes for identifying which families are most likely to need an intervention from children's social services and should therefore receive an initial assessment.

Given that very few families notified receive a service from children's social services, other agencies need to engage with these families at an early stage, delivering tertiary prevention services that aim to limit harm once a problem is recognised (Wolfe and Jaffe 1999). If this early intervention is not accessed, the opportunities for long-term change offered by police intervention at the scene of an incident may be lost.

The CAF offers one model for such work; but at present the CAF does not seem fully coordinated with the notification system. Other models identified by this research included multi-agency panels or meetings to filter and route domestic violence incidents, and copying or directly routing notifications to other agencies, such as health, education and specialist domestic violence services.

While universal services, such as health and education, could play a key role in delivering early interventions to children and their families for whom domestic violence is a persistent feature of their lives, the third sector, in particular, specialist domestic violence agencies, could play a key role here. Evidence from this research suggests that they would require additional sources of funding to take on this role.

Recommendation:

- **Not all incidents of domestic violence need to be referred to children's social services, but children's social services should be kept informed of incidents of domestic violence involving children, and social workers should contribute to inter-agency processes for identifying which families should be referred to children's social services.**
- **Multi-agency structures need to be more widely developed with the aim of engaging a range of other agencies in delivering early intervention services to families experiencing domestic violence.**
- **Universal and specialist domestic violence services have a role in delivering early interventions for families for whom domestic violence is a persistent feature. Third sector agencies will require additional funding for this purpose.**

10.4.2 Letters

The use of letters as an intervention in themselves by children's social services' did not appear to be an effective approach to managing the flow of notifications, since the proportion

of families receiving letters who were re-notified to children's social services was the same as that for those families who received a "no further action" response.

This finding also suggests that letters sent in the absence of any other intervention were ineffective in reducing the incidence of domestic violence. The language and tone of the letters used did not appear to be family friendly and practitioners expressed some concern that letters could act to place responsibility for ending domestic violence on the victim.

Conveying a threatening message to parents at the outset of an intervention may serve to exacerbate problems of families' resistance to engagement with services. Furthermore, the safety issues associated with sending letters did not appear to be adequately addressed by children's social services.

Recommendation:

- **Children's social services should review the practice of sending letters to families following a notified incident of domestic violence in the absence of any further intervention and consider whether such letters act to promote families' engagement with social services.**

10.4.3 Stop-start interventions

Domestic violence is a long-term problem for those families where it occurs and practitioners commented on the cumulative effects of exposure to domestic violence for children. Yet a stop-start pattern, where repeated assessments were undertaken and cases were closed and opened again, characterised the response for a number of those cases that did receive a service.

This pattern partly reflects the structure of the notification system that is centred on reported incidents and the requirement for children's social services to undertake initial assessments on every referral that is acted upon. National performance indicators may also play a role here. However, what was also apparent was a readiness on the part of social workers to see a couple's separation as the resolution of a family's problems.

It was evident that most of those families who received a service had complex long-term problems that would not be speedily resolved. As has been discussed earlier, separation can produce an intensification of, rather than an end to, domestic violence. Children's social services need to identify means by which they or other organisations can offer such families longer-term interventions that include opportunities for support and monitoring.

Recommendation:

- **Stop-start patterns of intervention should be avoided and children's social services should work with other organisations and through commissioning to develop opportunities for long-term monitoring and support of families with multiple and complex needs.**

10.4.4 Children's social services' engagement with male perpetrators

In intervening with families, social workers were less likely to engage with fathers or partners, who were usually the perpetrators of domestic violence, than they were with mothers and children. Initial assessment workers were particularly likely to feel that engaging with male perpetrators of domestic violence was not part of their role. However, the cases in our research where children remained at home with both parents were those where fathers/partners as well as mothers had engaged with services.

In the absence of engaging with male perpetrators, social workers will focus on mothers' failures to protect children, and mothers are consequently allocated responsibility for controlling and managing male violence (Scourfield 2001). Engaging more fully with fathers/partners would allow social workers to shift the focus away from mothers' failures to protect and this would perhaps reduce some of the evasion and reluctance to engage on the part of mothers that social workers identified as a consequence of a coercive approach. Taking fathers/partners as a focus of intervention in their own right will also allow for more careful and complete assessments of the risks they pose to children and partners. In reflecting on the lessons learnt from the *Greenbook* initiative in the US, Janczewski et al (2008) note the need for child welfare agencies to develop separate plans for victims and perpetrators.

Social workers commented on the shortfall in perpetrator programmes that could be accessed on a voluntary basis rather than through court orders. Increasing the availability of such programmes would offer specialist knowledge and support for the work undertaken by social workers (see the example of a specialist assessment service described by Radford et al 2006). However, social workers themselves need the skills and confidence to discuss domestic violence and its impact on children with men who are parents.

Other studies have suggested that an awareness of the impact of domestic violence on children, together with the recognition that their own behaviour constitutes abuse, can be a powerful motivator of change for men (Stanley et al 2009a). Specialist training would offer a means of developing these skills and organisations like Respect (see www.respect.uk.net/),

which coordinates and accredits perpetrator programmes in England and Wales, have considerable experience and knowledge in this area.

If social workers are to engage more fully with abusive men, they will require opportunities to work in pairs when men are particularly aggressive or intimidating and managers will have to be responsive to this need and able to provide informed supervision (Littlechild and Bourke 2006).

Recommendation:

- **Children’s social workers, family support workers and their managers should be provided with training, supervision and support aimed at increasing their skills and confidence in working with abusive men.**

10.5 Conclusions and recommendations on policy and practice for all services

10.5.1 Training

Both police officers and children’s social workers advocated the value of regular multi-agency training on domestic violence. Such training was seen as having two functions: first, it should raise awareness of the impact of domestic violence on children and young people across all agencies and second, it should enhance practitioners’ understandings of other professionals’ roles and systems. It was evident from interviews undertaken with police and social workers that practitioners often lacked familiarity with the other agency’s role and procedures.

All such training initiatives should involve practitioners working in specialist domestic violence services since, in common with other studies (Cleaver et al 2007), the research found evidence that, while families were regularly signposted to these services, ongoing communication and collaboration between children’s social services and specialist domestic violence services was limited.

Joint training can act to promote such collaboration; Lessard et al’s (2006) Canadian study found that inter-agency training was identified as a key mechanism for developing a shared approach to domestic violence between specialist domestic violence and child protection workers.

Such training also offers a means of engaging the full range of agencies in delivering early interventions for families experiencing domestic violence. Banks et al's (2008) evaluation of the impact of the *Greenbook* initiative on child welfare services reported that training initiatives were associated with shifts in both policy and practice in the field of domestic violence and they emphasise the need for new policies and protocols to be consistently reinforced by training.

Recommendation:

- **Inter-agency training on domestic violence, addressing both awareness of its impact on children and knowledge of other agencies' roles and procedures, should be made available to practitioners, managers and administrators from the full range of agencies in a local area on a regular basis.**

10.5.2 Supervised contact services

Contact has emerged in this research and in other studies (Hester 2009) as a key arena where children are exposed to domestic violence. Arguments about contact and access to children precipitated violent incidents and contact was sometimes the setting in which incidents occurred. The centrality of contact to the experience of domestic violence means that children are more than just witnesses: they are heavily implicated in the abuse, since the violence is often perceived to be about them or over them.

Survivors and young people participating in the first stage of this research talked about the need for assistance in making contact arrangements and argued for the provision of high quality professionally-staffed supervised contact services. The review of children's social services files found that such services were only occasionally made available and were only accessible to those families where court orders were in place or there was a high level of children's social services involvement.

Making supervised contact services accessible to families on a voluntary basis would represent a form of early intervention in children's experience of domestic violence and would provide families with a service that they themselves are requesting. For such services to be effective, it would be essential that a high standard of supervision and monitoring was offered by trained staff who were well informed about the risks associated with contact for victims and children (see Harrison et al 2006).

Recommendation:

- **Supervised contact services that can be accessed by families on a voluntary basis should be developed as an early intervention in children's experience of domestic violence. Such services will need to be staffed by appropriately trained and qualified staff. Central government funding should be made available for third sector agencies to develop these services.**

10.5.3 Access to services for victims with no recourse to public funds

The vulnerability of victims who had no access to public funds as a consequence of their immigration status was highlighted by a number of informant groups: survivors, police officers and social workers all drew attention to this issue, which was encountered in both research sites. Anitha (2008) notes the options of undertaking assessments and offering assistance to women in this category under either Section 21 of the National Assistance Act or Section 17 of the Children Act and highlights some examples of good practice in relation to this group. The Public Equality Duty may also be relevant to the entitlement of this group of victims and their children to services.

Anitha suggests that amendment to the 1996 Housing Act could offer all survivors of domestic violence access to welfare benefits and safe housing. At the time of writing, the government has responded to campaigns by organisations like Southall Black Sisters and Women's Aid by developing a scheme to offer additional support to victims with no recourse to public funds, and guidelines are also pending (HMG 2009).

Recommendation:

- **Government should establish legal means for victims of domestic violence with insecure immigration status to access safe accommodation and relevant support services.**

10.5.4 Perpetrator programmes

The shortfall in perpetrator services, particularly those that could be accessed on a voluntary basis, was consistently highlighted by research participants. Ofsted (2008) has also drawn attention to this gap in service provision and the evaluation of the *Greenbook* initiative (Janczewski et al 2008) noted the need to incorporate perpetrator programmes into a comprehensive strategy addressing child maltreatment and domestic violence.

Some of the perpetrators participating in stage 1 of this research described the arrival of the police at an incident of domestic violence as a “wake-up call” and they identified arrest as a “window of opportunity” when they might be directed to relevant services. However, this opportunity cannot be exploited if there are no local programmes to direct perpetrators towards. While there has yet to be a comprehensive evaluation of perpetrator programmes in the UK, it is increasingly accepted that any intervention aimed at reducing the harm inflicted by domestic violence should address the perpetrators of abuse as well as children and victims (WHO, 2007).

Given the small proportion of perpetrators prosecuted and convicted by the courts, increasing the availability of local programmes that can be accessed voluntarily would be the most direct means of engaging more perpetrators in treatment. Funding for such an increase will need to be accessed from central government sources as well as locally.

A range of models and guidelines are now available to assist in the development of such programmes which usually incorporate support for the partners of programme participants (see www.respect.uk.net/). Such programmes need to address participants’ identities as fathers and should develop strategies for communicating with children’s social services on individual cases as well as protocols for sharing risk assessments (Radford et al 2006).

Recommendation:

- **The availability of perpetrator programmes that can be accessed on a voluntary basis should be increased. Such programmes should work closely with children’s social services to ensure that their work feeds into parenting assessments.**

10.5.5 Support and therapeutic services for children

Participants in this research drew attention to the limited availability of services offering direct interventions to children who had experienced harm as a consequence of their exposure to domestic violence. Practitioners and managers described long waiting lists and high thresholds for services like CAMHS and, as researchers, we experienced difficulty in locating suitable services offering support to young people who had experienced domestic violence through which we could recruit young people to the research. However, the young people who were using such services were very positive in their evaluations of this specialist support and described it as offering them coping strategies, opportunities for fun and trusting relationships with staff who listened to them.

Young people and parents participating in stage 1 of the research described a range of effects for children and young people and survivors noted that they often found it difficult to acknowledge and to raise the issue of children's experience of domestic violence with them. Some useful tools have been developed (Humphreys et al 2006b) to assist refuge workers to work with mothers in addressing this issue, and it is important to recognise that professional intervention in the area of children's exposure to domestic violence may be particularly necessary because of the difficulties experienced by survivors in acknowledging children's harmful experiences and providing them with support in this area.

Many children will have the resilience to survive exposure to domestic violence without professional support (Edleson 2004), but others will need assistance. Developing a picture of need and service provision at local and national levels will assist in developing such services, and evaluations of innovative pilots like the children's IDVA service should provide messages about directions for future development.

Recommendation:

- **Services offering therapeutic support to children and young people harmed by domestic violence should be identified as a priority area for development by central government, local authorities and Children's Trusts. Mapping the availability of local resources against population needs represents a useful first step in this process at the local level but the national picture should also be identified.**
- **Innovative practice in relation to services and interventions for children and young people exposed to domestic violence should be evaluated and disseminated.**

10.6 Summary of recommendations

- **Front-line police officers should be provided with an appropriately designed information leaflet or z card to distribute to children and young people at the scene of a domestic violence incident. Children and young people themselves should be invited to contribute to the design and content of such a product**
- **Conceptualising children and young people as victims of domestic violence may assist police officers to acknowledge and engage with their needs more fully**

- **Inter-agency approaches to filtering notifications that involve staff sharing access to police and children’s social services information should be further developed and evaluated.**
- **Actuarial risk assessment tools developed for police use with victims should not be assumed to be appropriate for assessing risks to children. Children’s social services staff need to be alert to the biases inherent in such tools and aware of their capacity for error.**
- **Not all incidents of domestic violence need to be referred to children’s social services, but children’s social services should be kept informed of incidents of domestic violence involving children, and social workers should contribute to inter-agency processes for identifying which families should be referred to children’s social services.**
- **Multi-agency structures need to be more widely developed with the aim of engaging a range of other agencies in delivering early intervention services to families experiencing domestic violence.**
- **Universal and specialist domestic violence services have a role in delivering early interventions for families for whom domestic violence is a persistent feature. Third sector agencies will require additional funding for this purpose.**
- **Children’s social services should review the practice of sending letters to families following a notified incident of domestic violence in the absence of any further intervention and consider whether such letters act to promote families’ engagement with social services.**
- **Stop-start patterns of intervention should be avoided and children’s social services should work with other organisations and through commissioning to develop opportunities for long-term monitoring and support of families with multiple and complex needs.**
- **Children’s social workers, family support workers and their managers should be provided with training, supervision and support aimed at increasing their skills and confidence in working with abusive men.**

- **Inter-agency training on domestic violence, addressing both awareness of its impact on children and knowledge of other agencies' roles and procedures, should be made available to practitioners, managers and administrators from the full range of agencies in a local area on a regular basis.**
- **Supervised contact services that can be accessed by families on a voluntary basis should be developed as an early intervention in children's experience of domestic violence. Such services will need to be staffed by appropriately trained and qualified staff. Central government funding should be made available for third sector agencies to develop these services.**
- **Government should establish legal means for victims of domestic violence with insecure immigration status to access safe accommodation and relevant support services.**
- **The availability of perpetrator programmes that can be accessed on a voluntary basis should be increased. Such programmes should work closely with children's social services to ensure that their work feeds into parenting assessments.**
- **Services offering therapeutic support to children and young people harmed by domestic violence should be identified as a priority area for development by central government, local authorities and Children's Trusts. Mapping the availability of local resources against population needs represents a useful first step in this process at the local level but the national picture should also be identified.**
- **Innovative practice in relation to services and interventions for children and young people exposed to domestic violence should be evaluated and disseminated.**

References

- ACPO (Association of Chief Police Officers) (2004) *Guidance on Investigating Domestic Violence*. London: Association of Chief Police Officers/National Centre for Policing Excellence.
- ACPO (Association of Chief Police Officers) (2005) *National Call Handling Standards* London: Home Office Communication Directorate.
- ACPO (Association of Chief Police Officers) (2008) *Guidance on Investigating Domestic Abuse*. London: National Policing Improvement Agency.
- Adoption and Children Act 2002*. London: HMSO.
- Anitha, S. (2008) No recourse, no support: state policy and practice towards South Asian women facing domestic violence in the UK, *British Journal of Social Work*, Advance Access, 9 December.
- Baines, P. (2008) Social Work with Violent Men: A study of the engagement of violent men in the child protection process, unpublished Masters dissertation. Cardiff: Cardiff University.
- Banks, D., Landsverk, J. and Wang, K. (2008) Changing policy and practice in the child welfare system through collaborative efforts to identify and respond effectively to family violence, *Journal of Interpersonal Violence* 23(7), pp903–932.
- Bell, M. and McGoren, J. (2003) *Domestic Violence Risk Assessment Model*. Ulster, Northern Ireland: Barnardo's.
- Bourassa, C., Lavergne, C., Damant, D., Lessary, G. and Turcotte, P. (2008) Child welfare workers' practice in cases involving domestic violence, *Child Abuse Review* 17(3), pp174–190.
- Brandon, M., Bailey, S., Belderson, P., Gardner, R., Sidebotham, P., Dodsworth, J., Warren, C. and Black, J. (2009) *Understanding Serious Case Reviews and their Impact. A Biennial Analysis of Serious Case Reviews 2005–07*. Ref: DCSF-RR129. London: DCSF.
- Buckley, H., Holt, S. and Whelan, S. (2007) Listen to me! Children's experiences of domestic violence, *Child Abuse Review* 16(5), pp296–310.
- Buzawa, E.S. and Buzawa, C.G. (2002) *Domestic Violence: The Criminal Justice Response* (3rd ed). Beverly Hills, CA: Sage.
- Calder, M.C. (2009) *Evaluation of Barnardo's Domestic Violence Model in London*.
- Children Act 1989*. London: HMSO.
- Children Act 2004*. London: HMSO.
- Cleaver, H. and Freeman, P. (1995) *Parental Perspectives in Cases of Suspected Child Abuse*. London: HMSO.
- Cleaver, H., Nicholson, D., Tarr, S. and Cleaver, D. (2007) *Child Protection, Domestic Violence and Parental Substance Misuse: Family Experiences and Effective Practice*. London: Jessica Kingsley.
- Cleaver, H., Unell, I. and Aldgate, J. (1999) *Children's Need: Parenting Capacity, the Impact of Parental Mental Illness, Problem Alcohol and Drug Use, and Domestic Violence on Children's Development*. London: The Stationery Office.
- Cleaver, H., Walker, S. and Meadows, P. (2004) *Assessing Children's Needs and Circumstances*. London: Jessica Kingsley.

- Crime and Disorder Act 1998*. London: HMSO.
- Criminal Justice Act 2003*. London: HMSO.
- Cross, T.P., Finkelhor, D. and Ormrod, R. (2005) Police involvement in child protective services investigations: literature review and secondary data analysis, *Child Maltreatment* 10(3), pp224–244.
- Daniel, B. (2004) An overview of the Scottish multidisciplinary child protection review. *Child and Family Social Work* 9, pp247–257.
- DfES (Department for Education and Skills) (2006) *Working Together to Safeguard Children. A Guide to Inter-Agency Working to Safeguard and Promote Welfare of Children*. London: The Stationery Office.
- Devaney, J. (2008) Chronic child abuse and domestic violence: children and families with long-term and complex needs, *Child and Family Social Work* 13(4), pp443–453.
- DH (Department of Health) (1995) *Child Protection: Messages from Research*. London: HMSO.
- Domestic Violence, Crime and Victims Act 2004*. London: HMSO.
- Downs, W.R. and Miller, B.A. (2002) Treating dual problems of partner violence and substance abuse. In: Wekerle, C. and Wall, A.M. (eds), *The Violence and Addiction Equation: Theoretical and Clinical Issues in Substance Abuse and Relationship Violence*. Hove: Brunner-Routledge.
- Edleson, J.L. (1999) Children's witnessing of adult domestic violence, *Journal of Interpersonal Violence* 14(8), pp839–870.
- Edleson, J.L. (2004) Should childhood exposure to adult domestic violence be defined as child maltreatment under the law? In: Jaffe, P., Baker, L. and Cunningham, A. (eds), *Protecting Children from Domestic Violence: Strategies for Community Intervention*. New York: Guilford Press.
- Edleson, J.L. and Malik, N.M. (2008) Collaborating for family safety: results from the *Greenbook* multisite evaluation, *Journal of Interpersonal Violence* 23(7), pp872–875.
- English, D.J., Edleson, J.L. and Herrick, M.E. (2005) Domestic violence in one state's child protective caseload: a study of differential case dispositions and outcomes, *Children and Youth Services Review* 27, pp1183–1201.
- Farmer, E. and Owen, M. (1995) *Child Protection Practice: Private Risks and Public Remedies*. London: HMSO.
- Featherstone, B. (2009) *Contemporary Fathering: Theory, Policy and Practice*. Bristol: Policy Press.
- Featherstone, B. and Peckover, S. (2007) Letting them get away with it: fathers, domestic violence and child welfare, *Critical Social Policy* 27, pp181–202.
- Frost, N., Robinson, M. and Anning, A. (2004) Social workers in multidisciplinary teams: issues and dilemmas for professional practice, *Child and Family Social Work* 10, pp187–196.
- Galvani, S. (2004) Responsible disinhibition: alcohol, men and violence to women, *Addiction Research and Theory* 12(4), pp357–371.
- Gilchrist, E., Johnson, R.T., Weston, S., Beech, A. and Kebbell, M. (2003) *Domestic Violence Offenders: Characteristics and Offending Related Needs; Findings 217*. London: Home Office.
- Gorin, S. (2004) *Understanding What Children Say: Children's Experiences of Domestic Violence, Parental Substance Misuse and Parental Health Problems*. London: National Children's Bureau and NSPCC.

- Harrison, C. (2006) Damned if you do and damned if you don't? The contradictions between private and public law. In: Humphreys, C. and Stanley, N. (eds), *Domestic Violence and Child Protection: Directions for Good Practice*. London: Jessica Kingsley.
- Hester, M. (2005) Making it through the criminal justice system: attrition and domestic violence, *Social Policy and Society* 5(1), pp79–90.
- Hester, M. (2006) Asking about domestic violence – implications for practice. In: Humphreys, C. and Stanley, N. (eds), *Domestic Violence and Child Protection: Directions for Good Practice*. London: Jessica Kingsley.
- Hester, M. (2009) *Who does What to Whom? Gender and Domestic Violence Perpetrators*. Bristol: University of Bristol in association with the Northern Rock Foundation.
- Hester, M., Pearson, C., Harwin, N. and Abrahams, H. (2006a) *Making an Impact – Children and Domestic Violence: A Reader* (2nd edn). London: Jessica Kingsley Publishers.
- Hester, M., Westmarland, N., Gangoli, G., Wilkinson, G., O'Kelly, C., Kent, A. and Diamond, A. (2006b) *Domestic Violence Perpetrators: Identifying Needs to Inform Early Intervention*. Bristol: University of Bristol in association with the Northern Rock Foundation and the Home Office.
- HMG (Her Majesty's Government) (2006) *Information Sharing: Practitioners' Guide*. London: Department for Education and Skills.
- HMG (Her Majesty's Government) (2009) *Together We Can End Violence Against Women and Girls: A Consultation Paper*. London: Home Office.
- Holt, S., Buckley, H. and Whelan, S. (2008) The impact of exposure to domestic violence on children and young people: a review of the literature, *Child Abuse and Neglect* 32, pp797–819.
- Home Office (1990) *Domestic Violence*. Home Office Circular 60/1990. London: Home Office.
- Home Office (2000) *Domestic Violence: Revised Circular to the Police*. Home Office Circular 19/2000. London: Home Office.
- Home Office (2008a) *Break the Chain: Multi-Agency Guidance for Addressing Domestic Violence*. London: Home Office.
- Home Office (2008b) *National Domestic Violence Delivery Plan, Annual Progress Report 2007/08*. London: Home Office. Available from www.crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence069a.pdf [18/12/09]
- Hoyle, C. and Sanders, A. (2000) Police response to domestic violence: from victim choice to victim empowerment?, *British Journal of Criminology* 40, pp14–36.
- Humphreys, C. (2006) Relevant evidence for practice. In: Humphreys, C. and Stanley, N. (eds), *Domestic Violence and Child Protection: Directions for Good Practice*. London: Jessica Kingsley.
- Humphreys, C. (2008) Problems in the system of mandatory reporting of children living with domestic violence, *Journal of Family Studies* 14(2), pp228–239.
- Humphreys, C. (2009) Sleep disruption and domestic violence: exploring the interconnections between mothers and children, *Children and Family Social Work* 14(1), pp6–14.
- Humphreys, C. and Thiara, R. (2002) *Routes to Safety: Protection Issues Facing Abused Women and Children and the Role of Outreach Services*. Bristol: Women's Aid Publications.
- Humphreys, C. and Thiara, R. (2003) Domestic violence and mental health: "I call it symptoms of abuse", *British Journal of Social Work* 33(2), pp209–226.

- Humphreys, C., Thiara, R., Mullender, A. and Skamballis, A. (2006a) Talking to mum, *Journal of Social Work* 6, pp53–63.
- Humphreys, C., Thiara, R., Mullender, A. and Skamballis, A. (2006b) *Talking about Domestic Abuse: A Photo Activity Workbook to Develop Communication between Mothers and Young People*. London: Jessica Kingsley.
- Humphreys, C., Thiara, R.K., Regan, L., Lovett, J., Kennedy, L. and Gibson, A. (2005) *Prevention not prediction? A preliminary evaluation of the Metropolitan Police Domestic Violence Risk Assessment Model (SPECSS+)*. Warwick: Centre for the Study of Safety and Wellbeing, University of Warwick.
- Irwin, J. and Waugh, F. (2007) Domestic violence: a priority in child protection in New South Wales, Australia?, *Child Abuse Review* 16, pp311–322.
- Izzidien, S. (2008) “I can’t tell people what is happening at home”. In: NSPCC, *Domestic Abuse within the South Asian Communities: The Specific Needs of Women, Children and Young People*. London: NSPCC.
- Jaffe, P.G., Crooks, C.V. and Wolfe, D.A. (2003) Legal and policy responses to children exposed to domestic violence: the need to evaluate intended and unintended consequences. *Clinical Child and Family Psychology Review* 6(3), pp205–213.
- Janczewski, C., Dutch, N. and Wang, K. (2008) Crafting the *Greenbook*: framers reflect on the vision, process and lessons learned, *Journal of Interpersonal Violence* 23(7), pp981–1006.
- Joseph, J. (2006) Agency response to female victims of domestic violence: the British approach, *Criminal Justice Studies* 19(1), pp45–60.
- Laming, Lord (2009) *The Protection of Children in England: A Progress Report*. London: The Stationery Office.
- Lessard, G., Lavergne, C., Chamberland, C., Damant, D. and Turcotte, D. (2006) Conditions for resolving controversies between social actors in domestic violence and youth protection services: toward innovative collaborative practices, *Children and Youth Services Review* 28, pp511–534.
- Liamputtong, P. (2007) *Researching the Vulnerable: A Guide to Sensitive Research Methods*. London: Sage.
- Littlechild, B. and Bourke, C. (2006) Men’s use of violence and intimidation against family members and child protection workers. In: Humphreys, C. and Stanley, N. (eds), *Domestic Violence and Child Protection: Directions for Good Practice*. London: Jessica Kingsley.
- LSCB (London Safeguarding Children Board) (2008) *Supplementary Procedures, Safeguarding Children Abused through Domestic Violence*. London: LSCB.
- Lupton, C., North, N. and Khan, P. (2001) *Working Together or Pulling Apart? The National Health Service and Child Protection Networks*. Bristol: Policy Press.
- McClosky, L., Figueredo, A. and Koss, P. (1995) The effects of systemic family violence on children’s mental health, *Child Development* 66, pp1239–1261.
- McGee, C. (2000) *Childhood Experiences of Domestic Violence*. London: Jessica Kingsley.
- Malik, N.M., Silverman, J. and Wang, K. (2008) Domestic violence and dependency courts: the *Greenbook* demonstration experience, *Journal of Interpersonal Violence* 23(7), pp956–980.
- Maynard, M. (1985) The response of social workers to domestic violence. In: Pahl, J. (ed), *Private Violence and Public Policy*. London: Routledge and Kegan Paul Ltd.

- Milner, J. (1993) A Disappearing Act: the Differing Career Paths of Fathers and Mothers in Child Protection Investigations. *Critical Social Policy* 13, pp48–63.
- Mirrlees-Black, C. (1999) *Domestic Violence: Findings from a New British Crime Survey Self-completion Questionnaire*. Home Office Research Study 191. London: Home Office.
- Mullender, A. (2006) What children tell us: “He said he was going to kill our Mum”. In: Humphreys, C. and Stanley, N. (eds), *Domestic Violence and Child Protection: Directions for Good Practice*. London: Jessica Kingsley.
- Mullender, A., Hague, G., Iman, U., Kelly, L., Malos, E. and Regan, L. (2002) *Children’s Perspectives on Domestic Violence*. London: Sage.
- Munro, E. (2004) A simpler way to understand the results of risk assessment instruments, *Children and Youth Services Review* 26, pp873–883.
- Nicholas, S., Povey, D., Walker, A. and Kershaw, C. (2005) Crime in England and Wales 2004/2005, *Home Office Statistical Bulletin* 11/05. London: Home Office.
- ONS (Office for National Statistics) (2008) *Population estimates for UK, England and Wales, Scotland and Northern Ireland – current datasets*. London: The Stationery Office. Available from www.statistics.gov.uk/statbase/Product.asp?vlnk=15106 [18/12/09]
- Ofsted (2008) *Safeguarding Children. The Third Chief Inspectors’ Report on Arrangements to Safeguard Children*. London: Ofsted.
- O’Hagan, K. and Dillenburg, K. (1995) *The Abuse of Women Within Childcare Work*. Buckingham: Open University Press.
- Parton, N. (2009) Challenges to practice and knowledge in child welfare social work: from the “social” to the “informational”?, *Children and Youth Services Review* 31, pp715–721.
- Peckover, S., Hall, C. and White, S. (2009) From policy to practice: the implementation and negotiation of technologies in everyday child welfare, *Children and Society* 23(2), pp136–148.
- Povey, D., Coleman, K., Kaiza, R. and Roe, S. (2009) Homicides, Firearm Offences and Intimate Violence 2007/08. *Supplementary Volume to Crime in England and Wales 2007/08*. London: Home Office.
- Protection from Harassment Act 1997*. London: The Stationery Office.
- Radford, L., Blacklock, N. and Iwi, K. (2006) Domestic abuse assessment and safety planning in child protection – assessing perpetrators. In: Humphreys, C. and Stanley, N. (eds), *Domestic Violence and Child Protection: Directions for Good Practice*. London: Jessica Kingsley.
- Radford, L. and Hester, M. (2006) *Mothering through Domestic Violence*. London: Jessica Kingsley.
- Richards, L., Letchford, S. and Stratton, S. (2008) *Policing Domestic Violence*. Oxford: Oxford University Press.
- Ritchie, J. and Spencer, L. (1994) Qualitative data analysis for applied policy research. In: Bryman, A. and Burgess, R. (eds), *Analysing Quantitative Data*. London: Routledge.
- Rivett, M. and Kelly, S. (2006) From awareness to practice: children, domestic violence and child welfare, *Child Abuse Review* 15(4), pp224–242.
- Scott, K.L. and Crooks C.V. (2004) Effecting change in maltreating fathers: critical principles for intervention planning, *Clinical Psychology: Science and Practice* 11, pp95–111.

Scourfield, J.B. (2001) Constructing men in child protection work, *Men and Masculinities* 4(1), pp70–89.

SSIW (Social Services Inspectorate of Wales) (2004) *Children in Need – The Local Authority Response to the Victoria Climbié Inquiry: Overview Report*. Cardiff: SSIW.

Stanley, N. (1997) Domestic violence and child abuse: developing social practice, *Child and Family Social Work* 2, pp135–145.

Stanley, N. (2007) Young people's and carers' perspectives on the mental health needs of looked after adolescents, *Child and Family Social Work* 12, pp258–267.

Stanley, N. and Humphreys, C. (2006) Multi-agency and multi-disciplinary work: barriers and opportunities. In: Humphreys, C. and Stanley, N. (eds), *Domestic Violence and Child Protection: Directions for Good Practice*. London: Jessica Kingsley.

Stanley, N., Penhale, B., Riordan, D., Barbour, R.S. and Holden, S. (2003) *Child Protection and Mental Health Services: Interprofessional responses to the needs of mothers*. Bristol: Policy Press.

Stanley, N., Fell, B., Miller, P., Thomson, G. and Watson, J. (2009a) *Men's Talk: Research to Inform Hull's Social Marketing Initiative on Domestic Violence*. Preston: University of Central Lancashire.

Stanley, N., Cleaver, H. and Hart, D. (2009b) The impact of domestic violence, parental mental health problems, substance misuse and learning disability on parenting capacity. In: *The Child's World: The Comprehensive Guide to Assessing Children in Need* (2nd edn). London: Jessica Kingsley.

Stanley, N., Ellis, J. and Bell, J. (2010 forthcoming) Delivering preventive programmes in schools: identifying gender issues. In: Barter, C. and Berridge, D. (eds), *Children Behaving Badly? Exploring Peer Violence between Children and Young People*. Chichester: Wiley.

Strauss, A. and Corbin, J. (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, CA: Sage.

Thiara, R. and Chung, D. (2008) Domestic Violence and Abuse Notifications Screening Pilot: An evaluation, unpublished report. Warwick: University of Warwick.

Thoburn, J. and The Making Research Count Consortium (2009) *Key Messages from Research on Effective Practice in Complex Child Protection Cases*. London: Centre for Excellence and Outcomes in Children's Services.

UNICEF (2006) *Behind Closed Doors – The Impact of Domestic Violence on Children*. New York: UNICEF.

Walby, S. and Allen, J. (2004) *Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey*. Home Office Research Study 276. London: Home Office Research, Development and Statistics Directorate.

White, S. (2008) "Drop the deadline", *The Guardian*, 19 November. Available from www.guardian.co.uk/society/2008/nov/19/child-protection-computers-ics [18/12/09]

Wolfe, D.A. and Jaffe, P.G. (1999) Emerging strategies in the prevention of domestic violence, *The Future of Children, Domestic Violence and Children* 9(3), pp133–144.

WHO (World Health Organisation) (2007) *Primary Prevention of Intimate-partner Violence and Sexual Violence: Background Paper for WHP Expert Meeting (2–3 May)*. Available from www.who.int/violence_injury_prevention/publications/violence/IPV-SV.pdf [18/12/09]

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