

REPORT TO:	Joint meeting of the Children and Young People and Health Social Care and Housing Scrutiny Sub-Committees 22 September 2015
AGENDA ITEM:	7
SUBJECT:	Children and Young People affected by domestic violence
LEAD OFFICER:	Ian Lewis Director, Children and Family Early Intervention and Children's Social Care
CABINET MEMBER:	Cllr Alisa Flemming Lead member for children, young people and learners
PERSON LEADING AT THE MEETING:	Dwynwen Stepien Head of Early Intervention and Family Support
ORIGIN OF ITEM:	This item is contained in the sub-committee's agreed work programme.
LINES OF ENQUIRY:	To investigate what support is available for children affected by domestic violence and ascertain whether this can be improved further

1. Executive Summary

- 1.1 The intention of the Council and the Local Strategic Partnership is to drive a change in attitudes and behaviours towards domestic abuse and sexual violence throughout the borough. To prevent domestic abuse and sexual violence wherever possible, support victims and hold perpetrators to account is an 'Ambitious for Croydon' outcome. The recent Croydon Congress has focussed on DASV and brought together more than 170 partners from across the community to work together to tackle attitudes. DASV is one of the council's top priorities and the outcomes of this scrutiny will be helpful in identifying any gaps as well as recognising the significant improvements made over the last two years.
- 1.2 This report responds to the key questions (see appendix) raised by the chair of the scrutiny sub-committee. It provides an oversight as to what support is available to children and young people affected by domestic abuse and sexual violence (DASV) and identifies areas for investment to improve the service offer. It reviews current partnership interventions that support children and young people affected by DASV through the 4 Ps (presented to cabinet in December 2014).

- 1.3 The report identifies research and analysis that underpins effective interventions and approaches for impacted groups. Also identified in the final section are areas for further development and investment areas for improving the support offer whilst recognising the constraints of the current financial climate.
- 1.4 The research shows there is a significant impact of domestic abuse and sexual violence on children and that all partners that work with adults and families must ensure they do not overlook the needs of children. The DASV strategy recognises the impact on children but has not developed a coherent strategy and resource base for direct work with children. The strategy is to improve the ability of partners to identify and respond to the needs of children who experience DASV.
- 1.5 The strategy outlines that what is essential is that we protect parents in order to protect children. In Croydon there are strengths in the MARAC (multi-agency risk assessment conference) with all partners playing a key role in protecting victims. The strategy and consequent services identify and tackle abuse within the family, particularly through the Troubled Families programme delivered by the Family Resilience Service. Identification of FGM is a council priority and the DASV strategy recognises this as a form of abuse that may be identified as part of the support to women victims. However it is the Clinical Commissioning Group (CCG) that is driving this work forward and has invested in an FGM coordinator to work across the borough.

2. Children and young people affected by Domestic Abuse and Sexual Violence

- 2.1 An estimated 130,000 children in the UK¹ live in households with high-risk domestic abuse; that is, where there is a significant risk of harm or death. Overall 26%² of children are estimated to be exposed to domestic abuse between adults in their homes at some point in childhood. The human and emotional cost for children can be incalculable and can have a devastating long term intergenerational impact. Using 2011 Census data we estimate that 13,666 women and 8,810 men experienced domestic violence and abuse in Croydon during 2011/12.
- 2.2 Nationally domestic violence is a factor in 60% of child protection serious case reviews³. The recent audit of Croydon MASH (multi-agency safeguarding hub) identified that more than 70% of referrals had domestic abuse as a key factor in the referral. A training programme for social workers is being run out over the autumn term to improve identification of DASV risk factors that will help in identifying the needs of children as victims of DASV and lead to improvements in support plans.
- 2.3 The work of partners and the strategy has been effective in seeing more victims

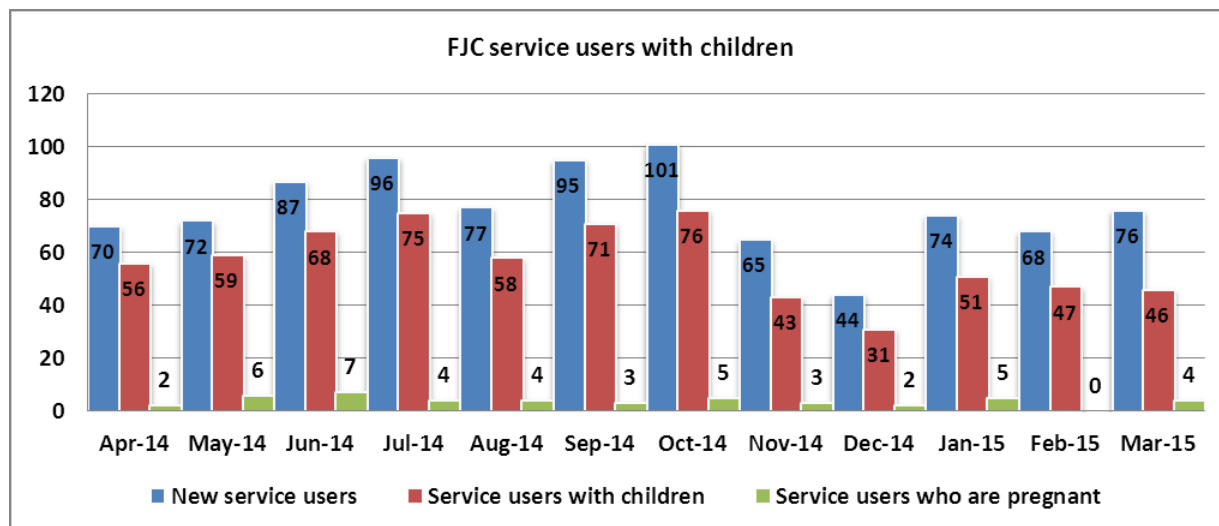
¹ 2012, CAADA Insights 1: 'A place of greater safety'

² 2011, 'Child abuse and neglect in the UK today'. London: NSPCC

³ www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/domestic-abuse/domesticabuse-facts-statistics

coming through for support from the Family Justice Centre (FJC) and a 200% increase in MARAC referrals. The FJC sees adult victims of DASV, the majority of whom have children. On average, between 60 and 70 percent of people attending the Family Justice Centre have children. See graph 1.

Graph 1: New Service users at FJC by month, April 2014 - March 2015



2.4 The DASV strategy identifies the interrelationship of all harmful practices whilst not leading on all harmful practices, which are considered a broader safeguarding matter. Currently the CCG are leading on FGM and have identified additional investment to embed effective interventions. The FJC has not received any reported incidents of FGM in the last year.

3. Croydon Domestic Abuse and Sexual Violence (DASV) strategy and support for children and young people who are affected by domestic violence

3.1 The DASV strategy identified 4 key areas of delivery; each delivery area has been updated to demonstrate progress to date in the table below. Consideration needs to be given to the way in which children are supported and protected within each of the four key areas. At the development stage of the strategy the specific actions that focussed on support for children related to working with schools as well as improving practice for those practitioners supporting parents and families across health, education, voluntary sector etc. Direct services were not identified as part of the action plans.

3.2 Clearly most agencies work with whole families and/or children and as such the reader is urged to consider the relationship between raising awareness and understanding of the effects of DASV by the wider community and professionals and the direct correlation of this in both protecting and/or identifying vulnerable children. Additionally consideration should be given to those families who do not require state or statutory intervention as they possess emotional and or financial resilience⁴.

AMBITION	PROGRESS
----------	----------

⁴ Stanley, N (2011) *Research in Practice : Children Experiencing Domestic Violence: A Research Review*, WWW.RIP.ORG.UK

PREVENTION	
<p>Campaign and challenge attitudes, behaviours and practices which contribute to all domestic abuse and sexual abuse by strengthening our media campaign, by becoming a White Ribbon Borough, engaging employers especially the wider community.</p>	<p>This campaign is well under way and has been bolstered by the recent Croydon Congress where community groups and businesses pledged proactivity in turning the curve on domestic abuse. Croydon Council has launched a HR policy to support staff impacted by Domestic Abuse and this is being rolled out to businesses, with Croydon BID being the first company to draft their own policy. A key aim over the next 3 years is to build greater community capacity to respond to DASV.</p> <p>Part of the campaign message over the next 12-24 months will be to highlight the impact on children and young people – that they are not bystanders but are affected emotionally as well as being at risk of physical abuse.</p>
<p>Promote programmes of ‘healthy relationships’ so that children, young people and adults are better equipped to form relationships based on equality and respect and address the need for couple relationship work as a basis of strengthening family resilience.</p>	<p>We are training a number of internal and external partners in a range of relationship programmes, these include ‘working with men’, ‘Parents as Partners’ and relational working. This approach will highlight the needs of children within the family and strengthen the awareness of the impact of DASV on the whole family. Providing parents with awareness of the impact on their children may help them identify needs and to seek support for their children.</p>
<p>Strengthen the understanding of those who work with adults and families so that frontline partners in universal and community services can intervene early to challenge acceptability and to seek support as early as possible through training, use of the toolkit, culturally sensitive guidance and support and clear pathways to specialist guidance.</p>	<p>There are monthly training sessions for staff and for partners to raise awareness and improve our shared response to DASV for adults, children and families. In addition there is a well-attended monthly practitioner forum to support individuals who need advice and or support with DASV cases. This is in addition to the quarterly partnership forums.</p>
<p>Ensure community and services such as schools, voluntary sector, GP practices have identified domestic abuse leads that are supported and confident in their role to support those at risk, or are victims, of domestic abuse and sexual violence.</p>	<p>We are mid-way through working with schools and GPs to explicitly name their DASV leads so that we can ensure they receive the most relevant training, support and can easily identify the pathways of support for children and young people impacted by DASV.</p>
<p>Develop a ‘think family approach’ and use the troubled families programme and social care interventions to support whole families at risk or experiencing domestic abuse and sexual violence.</p>	<p>The Family Resilience Team delivering the Troubled Families programme, works across the partnership to intensively support whole families impacted by DASV. This includes resource and expertise sharing with the FJC. Social workers aim to provide support to families where there is DASV to reduce the risk of further abuse and to protect children from harm.</p> <p>Best Start will be recruiting a team of DASV</p>

	Advisors to work with whole families at a very early stage of family life (30% of DASV starts in pregnancy). This will be supported by a new parent-infant service that helps the bonding and attachment of parent and baby.
PROTECTION AND REDUCING THE RISK	
Reduce the risk of harm from perpetrators through tackling the top 5 perpetrators in the borough and promoting the use of the Domestic Violence Disclosure Scheme.	The Police in partnership with the FJC have a systemised intelligence sharing process through Operation Dauntless to tackle and disrupt perpetrators.
Increase the numbers of those affected by domestic abuse and sexual violence who have the confidence to access the criminal justice system by seeking continued improvement in the effectiveness of its response to them.	Working in partnership with Victim Support which was recently awarded funding by MOPAC to work across London, we have agreed that the funding allocation for Croydon will be Court based to improve the client experience and increase successful prosecutions. This work will complement the work of Probation who have a dedicated Officer based at the FJC.
Increase the number of offenders breaking out of a cycle of offending by ensuring the access to, and effectiveness of, rehabilitation programmes.	We currently access perpetrator programmes through Probation where appropriate. Further development of perpetrators programme is being sought by the partnership but requires national support to identify best evidenced interventions, as well as funding.
Better identify high risk victims through risk assessment and increased referrals to MARAC, including reducing the number of repeat incidents of victimization.	We are mid-way through training all Social Workers to better understand the risks that exist in abusive relationships and it is now mandatory to review risk of DASV at all statutory reviews and where cases are due to be closed. By identifying DASV more clearly this will have an impact on how children are supported within social care work.
Proactive identification of adults and young people at risk of domestic abuse and sexual violence by targeting work with these groups such as LGBT, disabled people.	The changing attitudes and beliefs roadshow aims to better connect with a broader range of communities and target groups with protected characteristics. This also includes working with national and local agencies who lead on these areas or work.
Campaign for better use of statutory and legal powers to ensure increasingly successful prosecution of perpetrators.	On-going practice in partnership with Police and legal partners means that legal action remains a priority to protect individuals and their families impacted by DASV.
PROVISION OF SUPPORT	
Strengthen the understanding of violence against women and girls so that all partners have a clear role to play in addressing sexual	The work of the ASCENT partnership funded by London Councils and the VAWG work being undertaken by MOPAC is designed to

violence and gender inequality.	support and strengthen local understanding of gender inequality through community based development.
Improve the support that women and girls get locally by enabling local communities to tailor service provision to meet their local needs.	London Councils has funded ASCENT, who have provided some direct work with girls in schools. The partnership work with the Local Authority and the Safer London Foundation is actively work with girls at risk of or who are being sexually exploited, this group is recognized as vulnerable to DASV. The FJC employ a dedicated Young Persons DASV Advocate.
Deliver better and more effective outcomes for victims of sexual violence by the provision of training to frontline partners to recognise sexual violence and understand the actions to be taken.	This training is being co-delivered by RASASC and the Family Justice Centre and compliments the work of the local Gangs work, our work around CSE and the work of the Safer London Foundation.
To tackle behaviours and attitudes to challenge gender inequality.	This issue underpins much of the training and approach to DASV and work of ASCENT.
PARTNERSHIP	
Mobilise the community in tackling domestic abuse by encouraging people to help themselves and each other using community-based support through the hub and spoke approach.	The changing attitudes road shows, partnership forums, practitioner groups and the on-line DASV advisor (in the testing phase) are designed to build localised capacity within our communities to help themselves and others experiencing DASV.
Develop a hub and spoke approach to provide advice to universal provision such as GPs and health visitors, community and faith groups, schools and early years settings, have access to advice and increase the number of victims accessing support.	<p>The dedicated Community IDVA's based at the Police Station and in Croydon University Hospital are the first phase of our community empowerment model under the Best Start initiative. This hub and spoke will enable more families to be identified and reached early.</p> <p>Croydon Congress highlighted the importance of working more with schools, including with primary schools, to ensure that young people and their families have a better understanding of what a 'healthy' relationship is and when and how to speak out if they are affected by domestic abuse or sexual violence; and to ensure teachers are trained to recognise the signs and respond accordingly. A programme of training for all settings has been developed and is to be rolled out.</p> <p>Crucial is the identification of identified DASV leads in all settings so that children's needs can be identified and responded to.</p>
Develop a volunteer programme to support those affected by domestic abuse and needing short term input to stabilise their	Current volunteer work is commissioned to work with families, where children are on the child protection register.

situation.	
Challenging attitudes and beliefs and enable community, voluntary and faith sector to take a stand against domestic abuse and sexual violence.	Interfaith event due to be held Roadshows Faith Action recommendations for faith leaders circulated to community, voluntary and faith sector in Croydon: http://www.faithaction.net/portal/faith-and-health/our-projects/domestic-abuse/
Working closely with partners to ensure clear pathways with work to tackle harmful practices at all levels.	Current DASV training covers harmful practices, and through broader safeguarding training.

4. Identification of Children affected by DASV

- 4.1 There are well-established links between perpetrating adult domestic violence and child abuse. There is increasing evidence that women and men who have been abused as children are at increased risk of domestic violence and developing adolescent and adult substance problems – either drugs or alcohol.
- 4.2 National statistics show that one in seven children and young people under the age of 18 will have lived with domestic violence at some point in their childhood. Not all children will be affected in the same way, living with domestic violence can adversely affect children’s healthy development, relationships, behaviour and emotional wellbeing although all children need to be safe, their need for support and help will vary.
- 4.3 The research shows that children’s needs can be overlooked when the focus is on the needs of the parent, while a focus on child protection can result in the impact of domestic violence on the abused parent being overlooked, highlighting the need for research into what help children living with domestic violence are given and what is effective for supporting both the child and the abused parent.
- 4.4 Domestic violence is a central issue in child protection and, has been a factor in the family backgrounds of two-thirds of the serious case reviews (SCRs) where a child has died.
- 4.5 The capacity building aspects of our strategic and operational delivery approaches underpins our ethos that DASV is everybody’s concern and that by raising far reaching awareness we will identify children, young people and families more expediently.
- 4.6 Children and young people affected by DASV may be identified through a myriad of partnership approaches; these include singular contacts by concerned professionals, or well established intervention pathways that include Police Notifications, MASH, MARAC and MAPPA. Pathways for support for children who need early help is through the Early Help Pathway. Universal services use an Early Help Assessment to identify needs and support for

children and their family. This approach is underpinned by information-sharing protocols in place to ensure staff gather and share information and have a clear picture of the child or young person's circumstances, risks and needs. Greater use of the Early Help Assessment would assist greatly in identifying children who are struggling with the impact of DASV.

- 4.7 There is research from NICE that outlines a range of models to support children and young people to explore the impact of DASV and address the emotional, psychological and physical harms arising from a child or young
- 4.8 There are borough wide specific interventions for children including referrals to CAHMS for support and to commissioned counselling services from Off the Record and Croydon Drop In. A number schools employ counsellors and organisations such as 'A Place to Be' that support children and young people. Research shows that the opportunity to speak to a trusted adult may be significant and it may be that there are a range of possible interventions that could be developed by partners to enable children and young people, in a developmentally appropriate setting, to express concerns and address their emotional and psychological needs. Nationally childline ¹ provides an excellent website with information as well as the opportunity for children to speak to an advisor.
- 4.9 For those young people who are a direct victim of DASV the FJC has appointed a dedicated Young Persons Violence Advisor (YPVAs), this is a trained professional who works across all risk levels to support young people experiencing relationship abuse. A snapshot of the analysis undertaken by Safe Lives from the national data set of the work of YPVA's shows that more than half are experiencing high risk domestic abuse. 67% of the young people who were risk assessed were found to be at high risk of harm. 53% of the young people were referred to MARAC. The vast majority are experiencing multiple types of current and historic abuse. 83% of victims supported by YPVAs were experiencing current abuse at the point of engagement, while 42% had also experienced abuse in the past. More than half of victims experienced emotional abuse (73%), jealous and controlling behaviours (68%), and physical abuse (57%). Almost half (49%) had experienced harassment and stalking. A significant number have complex needs and additional vulnerabilities. Of the young people supported, 1 in 5 had children of their own, and 1 in 10 were pregnant.
- 4.10 From January 2014 to August 2015 young people have come to the FJC for support. The YPVA has worked directly with 60 of these young people as they met the risk threshold for MARAC.

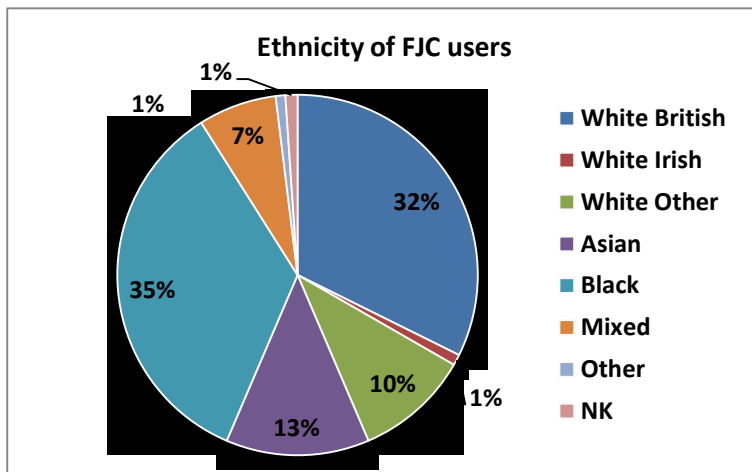
5. Supporting our BAMER communities

- 5.1 There are undoubtedly some communities who face additional barriers in accessing support and services, in recognition of this there is a concerted effort to reach into such communities both directly and indirectly. There are a number of community and faith groups that may well be more equipped to access these community members and as such we are seeking to build capacity in these groups to respond to the needs that arise.

- 5.2 The primary ethnicity of service users at the FJC in April 2014- March 2015 are members from the black community and the secondary group are white. See Graph 2.
- 5.3 Key points highlighted by research⁵ that are more specific to this sample.
- South Asians children were reported to blame their mothers for leaving the home and the financial constraints that typically follow.
 - Leaving the home can also cause social isolation which can be problematic for south Asian boys expressed more of a gender biased and were more likely to blame their mothers.
 - Children's safety was the main reason for women leaving home, this is no different from the trends shown in other DV research.
 - African-Caribbean children struggled with the racialized view that black men are depicted as violent, something that was reinforced by their experiences.
 - Concerns that children reported that they were reluctant to report violence to adults, research suggests this is influenced by the underdevelopment of services specifically for children from South Asian and African Caribbean backgrounds.
- 5.4 There are large numbers of women who experience domestic violence and who have 'no recourse to public funds' because of their immigration status and thus do not have access to statutory services or safe housing. Some women's immigration status may be secure but their abuser may exploit their lack of knowledge about immigration systems. These groups are considered particularly vulnerable.
- 5.5 There are some specific challenges in supporting women from European communities, who are not eligible for welfare benefits or access to housing, the choices these women face can be as stark as returning to their country of origin or to the perpetrator.

⁵ Thiara, R. and K. Gill., (2012) Domestic Violence, Child Contact and Post-Separation Violence, Issues for South Asian and African-Caribbean Women and Children.

Graph 2: New service users ethnicity



6. Toxic Trio

- 6.1 The term “toxic trio” is often used to describe the interaction between domestic violence and abuse, mental ill-health and substance misuse which have been identified as features common in households where child maltreatment occurs. The presence of one, two or all of the “toxic trio” are viewed as indicators of increased risk of harm to children and young people.
- 6.2 Key to managing increased risks is the need to raise awareness of both the professional and community network, this is somewhat covered off through our existing training offer and road shows, but there is undoubtedly more to do as is reflected in many Domestic Homicide Reviews.
- 6.3 Recognising the impacts of the Toxic Trio, we have worked proactively with partners to ensure we have robust screening and assessments within our front facing, high risk environments, as such Turning Point provide a dedicated officer at the FJC to support clients who have drugs or substance misuse problems, which although still in relatively early days is considered as an exceptional model of practice and is able to evidence positive outcomes. We are currently recruiting to a mental health post to complement this approach, in the meantime SLAM are delivering services from the Family Justice Centre. The Family Resilience Service works with chaotic families that have complex needs and a key role of the service is to support these families to access essential partnership services.

7. Adolescent to parent violence and abuse (APVA)

- 7.1 Data on this area of work is only recently being collated as a matter of routine, Police comparison data from October 2012-2013 and 2013 and 2014, after a specific deep dive, evidenced that over this period 26% of cases that came under the category of Domestic Violence stemmed from familial violence as opposed to intimate partner violence. Home Office guidance launched in March 2015 suggested routinely taking cases that reach the risk threshold to MARAC. We are beginning to monitor this area of work, to look at the pathology of

victims becoming perpetrators, or where there are other underlying vulnerabilities such as Mental Health, Drugs or substance misuse.

- 7.2 The borough's successful Troubled Families programme delivered by the Family Justice Centre's sister service the Family Resilience Service delivers intensive interventions to over 200 families annually who face multiple disadvantage, a key feature of this work is both intimate and familial violence. We directly employ a therapist who works across the FJC and FRS and works with both adults and children.
- 7.3 In addition to this we have a Functional Family Therapy Team who work with families where familial violence is a significant feature. There are 5 therapists who provide a 20 week intensive therapeutic model with families referred by the Youth Offending Service and Social Care.
- 7.4 Identifying support for families who are experiencing the challenge of adolescent to parent violence and abuse are through existing pathways of support, through MASH and Early Help, which are all reliant on proactive partnership approaches.

8. London Councils & FGM

We work in partnership with ASCENT which is funded by London Councils. They have delivered some work in schools, have counsellors based at the FJC and also add value through a telephone support service. In addition they provide a small amount of support for some groups within the BAMER community.

The DASV strategy identifies the interrelationship of all harmful practices whilst not leading on all harmful practices, which are considered a broader safeguarding matter. Currently the CCG are leading on FGM and have identified additional investment to embed effective interventions. The FJC has not received any reported incidents of FGM in the last year.

9. Priorities, Opportunities and Recommendations

- 9.1 Training for practitioners continues to be a high priority so that all partners
 - identify earlier and better the needs of children experiencing DAS, consideration to be given to children who are yet to develop communication skills, or who social and communication difficulties, in addition those who are unable to access currently commissioned services due to age limitations
 - improve and sharpen the knowledge of schools and community settings to improve signposting and to ensure they are aware of the range of support services available
 - are able to deal 'sensitively' with the needs of BME women and children
 - use and embed DASV tool kit and guidance on how, what and when to share information about domestic violence
 - build on the use of the Risk Identification Check list, and ensure assessments overlap the child and the mother's needs

- Ensure parenting programmes and parenting support clearly addresses the issues of DASV and the direct impact this may have on emotional parenting capacity

9.2 Direct services for children and young people:

- we need to improve opportunities for children to talk to skilled adults in confidence about the domestic violence in their lives. Professionals can be reluctant to want to address issues of domestic violence directly.
- schools and colleges need to take a more active role in promoting positive and healthy relationships as well as providing opportunities for children and young people to talk to an adult
- there needs to be support beyond safety planning, to further develop strategies for resilience of victims such as Freedom programme. Alongside this, support for both mother/father and child to look at how their relationship has been effected by the experience of living through violence would enable mothers and fathers to speak with and support their children.

9.3 Greater public awareness, in particular targeting Asian and African-Caribbean communities through outreach, awareness and publicity campaigns

9.4 Ensure that marketing and communication plans have a focus on the impacts of DASV on children

9.4 Improve support for families who fall below 'high risk' categories (MARAC, IDVA and Child Protection) through Best Start and other local initiatives including use of the voluntary sector.

9.5 Embed the impact of DASV on children within the Emotional Health and Wellbeing strategy

CONTACT OFFICER:

Dwynwen Stepien
Head of Early Intervention and Family Support

BACKGROUND DOCUMENTS:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/420963/APVA.pdf

<http://www.safelives.org.uk/sites/default/files/resources/Final%20policy%20report%20In%20plain%20sight%20-%20effective%20help%20for%20children%20exposed%20to%20domestic%20abuse.pdf>

ANNEX: The Chair has indicated that the report should include the following areas:

- **What is the Domestic Violence(DV) strategy doing for children and young people who are affected by domestic violence?**

- What are the key elements of the strategy as it relates to children?
- What is new in the strategy for dealing with children affected by DV?
- Correspondingly what has been discontinued?
- How are the 4Ps implemented to protect children and young people ?How does the strategy help children and young people cope with domestic violence?

- Are current budget constraints affecting services to children and young people who are victims of domestic violence?

- **How does the DV strategy (or any other strategy) go about identifying children and young people who are victims of DV?**

How is identification of such children followed up? What pathways of support are in place if a case is identified by police / school / a GP / nurse or health visitor? What are the procedures for training and communicating with these stakeholders regarding support to child victims of DV?

What trends are there in children/young people suffering / exposed to DV among Black, Asian, Minority Ethnic and Refugee (BAMER) communities? How does the DV strategy tackle their issues? What agencies tackle their needs?

- **How does the DV strategy tackle the needs of children & young people in families with DV, mental health and substance abuse (“the toxic trio”)**

- How are the children and young people identified by local services?
- What practical steps are taken to ensure that chaotic families keep to programmes of support?

- **How does the DV strategy tackle FGM? How many cases have there been in the last 12 months and what has been the response of service providers?**

- **Adolescent to parent violence and abuse (APVA)**

- Does the DV strategy acknowledge the existence of APVA in Croydon?
- Prevalence of this type of abuse in Croydon? Prevalence in single parent families in particular?
- How are such cases dealt with in Croydon?
- What work is carried out to provide positive role models for boys involved in

such violence?

- **London Councils Grants scheme**

One funding stream address DV. Is Croydon accessing this funding? Is this funding used to provide support to children and young people who are affected by DV, and particularly children in BAMER families?

¹ <https://www.childline.org.uk/Explore/HomeFamilies/Pages/Domesticviolence.aspx>