



Children's Safeguarding and Family Help

Domestic abuse policy and practice guidance

Camden's Children and Learning Directorate uses relational practice as the foundation for all our work. Our integrative relational practice framework is based on our values, and is designed to help achieve the Directorate's purpose: to work with children, families and communities to make a positive, lasting difference to their futures, so they have the best start in life.

We recognise the impact of structural inequalities on the lives of the children and families we work with and as a service we will embrace inclusive, anti-discriminatory and anti-racist practice based on our values and our mission to champion social justice.

Our practice framework centres on honest and compassionate relationships with those we serve and with each other. It is an expectation that all Directorate policies and procedures are implemented in line with our practice framework, and that any actions within policies and procedures reflect its ethics, values and practice expectations.

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Information on domestic abuse

1. Purpose of policy

Domestic abuse in a household can present a serious risk to children and can have a negative impact on their development. This policy has been written to help social workers gain an understanding of domestic abuse so that they are able to provide effective interventions and a high standard of practice in order to:

- identify domestic abuse
- assess risk and responding to the needs of children affected by domestic abuse
- recognise the impact of domestic abuse on the child/s welfare, development and behaviour
- provide support to help children maintain relationships with the no-abusing parent
- help families towards safety and recovery
- challenge and address the perpetrator's behaviour
- work in partnership with multi-agency partners to deliver services.

Social workers should remain aware that at all times the welfare of the child is paramount and interventions and actions taken should focus on the impact of the domestic abuse on the child and how to ensure their safety and welfare.

2 Definition of domestic abuse

The following definitions are taken from the Domestic Abuse Act 2021.

Domestic abuse is defined as:

Any abusive behaviour by a person towards another person with whom they have a personal connection where both persons are aged 16 and over.

Abuse behaviour is described as:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional or other abuse.

Appendix 1 provides details of descriptions and indicators of these categories of domestic abuse.

Personal connection occurs where those involved:

- are or have been married
- are or have been in a civil partnership
- have agreed to marry
- are in an intimate relationship
- are related.

A child will be a victim of domestic abuse where they see, hear or experience the effects of the abuse and is related to either the victim or perpetrator. This includes parents, relatives and anyone holding parental responsibility for the child.

For the purposes of children protection, the definition of harm includes the impairment suffered by children from seeing or hearing the ill-treatment of another in connection to domestic abuse.

Controlling and coercive behaviour

Controlling and coercive behaviour is likely to form part of other forms of domestic abuse but often it is a form of abuse that victims are unaware of making disclosure difficult.

- Controlling behaviour describes a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means for independence, resistance and escape and regulating their everyday behaviour.
- Coercive behaviour involves acts or patterns of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

Controlling and coercive behaviour is now a criminal offence under the Serious Crime Act 2015 if it involves repeated or continued behaviour that has a substantial adverse effect on the victim's day to day activities and causes them to fear violence against them.

Stalking and harassment

Harassment and stalking behaviours can constitute domestic abuse where the victim and perpetrator are 16 years or older.

- Harassment involves repeated attempts to impose unwanted communications or contact with the victim in a manner likely to cause distress or fear or intended to do so.
- Stalking involves a pattern of behaviour of unwanted, fixated and obsessive behaviour which is intrusive and can include on-line behaviours.

Both behaviours can constitute an offence and social workers should be aware of the Protection from Harassment Act 1997 and the Stalking Protection Act 2019 as a means of getting protection for victims.

Technology-facilitated domestic abuse

Social workers should be aware of the use of technology as a means of facilitating on-going domestic abuse, especially where the parties have separated and no longer live together. This behaviour is most prevalent amongst young people.

- Social media can be used to send threats or abusive messages, posting sexual images of the victim and spreading malicious rumours about them.
- Spyware or GP locators can also be used to monitor or track the victim's movements or whereabouts.
- Other technology-facilitated behaviours include hacking accounts or blocking access to accounts.

Domestic abuse in the context of other relationships

Domestic abuse covers many different forms of abusive behaviour towards women and girls and responses to it are part of the Government's *Violence against Women and Girls strategy*. Although traditionally domestic abuse is thought of in the context of intimate partner relationships it will also apply in the context of other family relationships including forced marriage, honour based violence and Female Genital Mutilation. For more details see the Children's policy hub. [Domestic abuse and family violence \(1\) | Children's Policy & Practice Hub](#)

3 Risk factors in domestic abuse

- Domestic abuse involves behaviour that is intentional and is calculated to exercise power and control within a relationship. It is primarily but not solely perpetrated by men against women and is often "invisible" as victims can be reluctant to seek help.

- Domestic abuse has the highest level of repeat victimisation and women experience 35 incidents before seeking help, so a **history of domestic abuse** is a key indicator of risk.
- **Separation** is known to increase the risk and intensity of domestic abuse, particularly risk of death as the perpetrator perceives a loss of control. Contact arrangements can be used to continue the abuse. This can be a crucial time in terms of supporting the victim to keep them safe and avoid them returning to the abusive relationship.
- There is a strong association between domestic abuse and **alcohol and drug use**, with an increase in likely violence where the perpetrator is under the influence. The abuse is likely to be more violent and frequent particularly where alcohol is a factor and is more likely to involve the physical abuse of the child. Research shows that where domestic abuse and drug use are present together, this is likely to lead to worse outcomes for children due to lower levels of parental engagement. Victims may also use drugs and alcohol to cope with the abuse.
- Domestic abuse is linked with poor **mental health** of the victim, normally due to anxiety and depression, which can affect parenting. However perpetrators often exhibit mental health difficulties.
- There is a link between domestic abuse and **parental disability and long term illness** normally centring around care and control issues. Problems in accessing help and a lack of contact with agencies can make it harder to recognise the presence of domestic abuse and its impact on children.
- **Homelessness** is a key factor in domestic abuse; the fear of homelessness may keep victims in an abusive relationship but equally a lack of a stable and secure home can increase the risk of domestic abuse, and the impact can be exacerbated where universal services lose contact with families due to frequent moves.

Impact on pregnancy

- Research indicates that the risk of domestic abuse increases during pregnancy (particularly for unplanned pregnancies). and is harmful to outcomes for the unborn child. The presence of domestic abuse can lead to an increased risk of miscarriage and termination, pre-term births and neo-natal deaths, and negative long-term health outcomes for the baby.

- Domestic abuse is associated with pregnant women not taking up ante-natal care in an effort to hide the abuse.
- Research also shows that where domestic abuse is already present in a relationship, pregnancy can cause a serious escalation in the frequency and severity of abuse.
- However, pregnancy can also provide a “window of opportunity” for intervention to make changes. Research shows this can be particularly effective where interventions are carried out in partnership with midwives delivering ante-natal care.

4 Barriers to accessing services

The personal characteristics and circumstances of victims can act as barriers to them being able to seek help or engage with services. Many of the issues faced by victims will be intersectional, adding to the complexity of their predicament.

Victims may feel unable to access help because:

:

- Coercive control may have left them feel isolated and psychologically unable to take action
- They are economically dependent on the perpetrator or may face difficulties with housing or tenancies if they leave the relationship
- They may feel shame and stigma in relation to the potential reaction of members of their community
- Victims from ethnic backgrounds may face structural barriers to accessing services, such as language barriers, and may distrust statutory agencies
- Victims from overseas may be worried about how reporting may affect their immigration status or asylum claim
- Disability and mental health difficulties may make it difficult for them to access services
- They may feel they will be judged if they are using drugs or alcohol to cope and especially worried about losing their children
- Male victims may feel they will not be believed or may be held back by shame and stigma.
- Younger victims in particular may not recognise the behaviours as being abusive.

Social workers need to be aware of the additional barriers faced by victims of domestic abuse from Black, Asian and other ethnic groups and ensure practice is

inclusive, anti-discriminatory and anti-oppressive, using Relational Practice and the GRRACCEES model to ensure culturally competent practice.

Social workers should also be aware of those victims with disabilities who are dependent on the perpetrator for care and to get around. These victims may face even more difficulties in disclosing abuse or may be denied opportunities to be seen alone.

5 Children's experience of domestic abuse

The Domestic Abuse Act recognises that children who experience domestic abuse are victims of the abuse in their own right due to the impact of witnessing the abuse; this includes seeing or hearing the abuse or witnessing its aftermath, for example seeing the impact of the abuse on the victim.

Impact on children

Social workers need to be aware of the lived experience of any child where there is domestic abuse occurring at home and be able to assess the impact of their experiences on their health and development.

- The impact on children of living with domestic abuse will be influenced by factors such as age, gender, disability and race and may vary even between siblings.
- Living with domestic abuse significantly raises the risk of physical abuse and neglect for children – 43% of serious case reviews involve domestic abuse.
- Children living with domestic abuse experience high levels of fear and anxiety because of the often tense and unpredictable situation and may exhibit some symptoms of post-traumatic stress even after the abuse ends.
- Witnessing coercive control is as impactful as witnessing physical violence so it is important to understand the child's daily experience in order to assess risk rather than focussing solely on incidents.
- Living with domestic abuse is a recognised Adverse Childhood Experience (ACE) and often overlaps with other ACEs and its effects are felt into adulthood.

Age/stage of development

- Babies and younger children are most at risk as they are dependent on adults for protection and unable to remove themselves from danger; they may also be “out of sight” to professionals.
- Domestic abuse is known to have an impact on the early development of the brain in babies and young children leading to developmental delay and longer-term problems with mental health and emotional wellbeing.
- Studies show that younger children are the most at risk particularly of head and facial injuries as they are likely to be being held by the victim at the time of the assault.
- Older children may show signs of disruption in their daily lives particularly in school attainment, poor social development, challenging behaviour and behaviours such as running away and engaging in anti-social behaviour.
- Children with SEND may find it difficult to communicate what is going on and how they are impacted by the abuse and their distress may be demonstrated through challenging behaviour.

Indicators of the impact of domestic abuse

Infancy and pre-school	School age	Adolescence
<ul style="list-style-type: none"> • developmental delay • emotional distress, aggression, fear, withdrawal or anxiety • bedwetting and soiling • attention-seeking behaviour • poor social skills and inability to concentrate on play. 	<ul style="list-style-type: none"> • conduct disorders and poor emotional wellbeing; either quiet and withdrawn or loud and aggressive • poor school attendance and performance (staying at home to look after victim) • self-harm/eating disorders • bullies or is bullied. 	<ul style="list-style-type: none"> • mental health issues or serious anti-social behaviour • anger and aggression (mainly boys) • depression (mainly girls) • may intervene to stop abuse or leave the family home to avoid • poor school attendance and performance (staying at home to look after victim) • self-harm/eating disorders • inter-personal abuse and violence in own relationships either as victim or perpetrator.

Impact on parenting

Domestic abuse can have a negative impact on the victim's emotional wellbeing and mental health, causing anxiety, withdrawal, depression and loss of confidence. This can subsequently affect parenting in the following ways:

- being emotionally unavailable to children;
- lack of warmth and neglect of the child's physical care;
- putting the perpetrator's needs first in order to placate/avoid conflict;
- difficulties managing the household or children's behaviour;
- keeping children out of the way in order to protect them.

6 Multi-agency working

Working with the professional network

The Domestic Abuse Act emphasises the need for multi-agency responses to domestic abuse in order to keep children safe and support families to recover. Social workers should refer to the CSCP multi-agency guidance for details of how to work with other agencies on cases where domestic abuse is present. [cscp-domestic-abuse-guidance-2025.pdf](#)

Because victims may not always be open about their situation, social workers will need to rely on the professional network to share information about incidents or suspicions in order to ensure early identification and referral and to inform decisions on risk and intervention during on-going work.

Good partnership working is also required in order to implement the child's plan and monitor their on-going situation, particularly if the victim is denying the abuse or remains in the relationship with the perpetrator.

Social workers should ensure that the professional network share information on the following:

- details of domestic abuse incidents
- outcome of home visits and appointments and particularly any that are missed
- outcome of referrals and assessments
- presence of the perpetrator at home when it is thought the couple have separated
- contact between the child and the perpetrator where such contact is prohibited

- presentation of the child or victim to health services for injuries or evidence of injury.

Camden Safety Net and Solace

Camden Safety Net (CSN) is the main provider of services for victims of domestic abuse in Camden and social workers should ensure that all victims they work with are in contact with the service, making a referral if necessary.

- CSN works with victims who are assessed as being at high risk of abuse and an Independent Domestic and Sexual Violence Advisor (IDSVA) will be allocated to help the victim to devise a safety plan that is reviewed every 6 weeks.
- Victims who are assessed as being at moderate risk receive floating support from the service.
- Victims who are assessed as being at standard risk receive support from Victim Support.

CSN also provides support groups for victims and their children and commission a wide range of services including refuge services from Solace Women's Aid. The service can also signpost to services for perpetrators.

For more details on how CSFH work jointly with CSN and Solace, social workers should refer to the joint working protocol available at: [Camden Safety Net and Solace Women's Aid | Children's Policy & Practice Hub](#)

However, CSN only works with victims on a voluntary basis where they acknowledge the abuse and are willing to work with CSN to reduce the risks from the abuse. Social workers need to be aware that where a victim denies the abuse they will not receive a service from CSN and CSFH may be the only agency working directly with the victim to reduce the risk from abuse. This should be taken into account when carrying out risk assessments and planning interventions.

Housing

Housing officers, estate managers and Community Intervention Officers may be the first council staff with whom victims have contact and may need to intervene in an emergency to ensure the safety of the victim and children.

Housing also have a role in delivering the council's duty under the Domestic Abuse Act to ensure safe accommodation for victims, and will provide victims with advice on housing options, including ending a joint tenancy, rehousing or making the home safe once the perpetrator has left.

Where appropriate, social workers should liaise with colleagues in Housing and Community Safety to ensure important information on domestic abuse is shared.

Referral to MARAC

A Multi-agency Risk Assessment Conference (MARAC) is a specialist meeting where agencies share information about individual domestic abuse cases. For more information please refer to the MARAC policy. [marac-policy.pdf](#)

Social workers should consider a referral to MARAC where:

- there are high levels of domestic abuse involving a child protection response from CSFH or
- a case is being continually re-referred to CSFH because of concerns around domestic abuse and no progress is being made or
- where it is likely CSFH will remain working with the family for the long-term because of unresolved domestic abuse issues.

If the victim is receiving a service from CSN, there should be a joint MARAC referral between CSN and CSFH. Social workers should contact the Independent Reviewing Officer who represents CSFH at MARAC to discuss the case and liaise with the IDVA.

The CAADA-DASH risk assessment must be completed jointly by both services as this provides the relevant information to be shared at the meeting.

<https://ascpractice.camden.gov.uk/media/3316/caada-dash-risk-assessment-for-marac-agencies.pdf>

Responding to domestic abuse

7 Referral and thresholds

The Domestic Abuse Act requires domestic abuse cases where children are involved to receive a safeguarding response. Camden follows the London Safeguarding Children Board procedures on safeguarding children affected by domestic abuse and violence available at:

[London Safeguarding Children Board: Child Protection Procedures](#)

New cases

- All incidents of domestic abuse attended by the police where there are children living at the address will be notified to CSFH. The police MERLIN will include details of the incident and also research information on previous reports of domestic abuse at the address.
- Where other agencies have concerns about a child due to domestic abuse they will make a referral to the Children and Families Contact team via an e-CAF referral form.
- For **new referrals**, all incidents or concerns relating to domestic abuse should be dealt with by the Children and Families Contact team; where there are concerns about the child's welfare the case will be dealt with by the MASH team under MASH procedures.
- All referrals and notifications should be shared with the Camden Safety Net who will work with the victim where the victim acknowledges the abuse, and should share information with CSFH on the risk to children posed by the domestic abuse (see section 8).

For new cases decisions on what further actions and interventions should be taken should be determined by the level of risk based on the Barnardos risk assessment matrix available at [Moderate – scale 1](#)

- Where concerns are assessed at Scales 1 & 2 (moderate and moderate to serious) the case will be RAG rated as Green and referred for an early help service.
- Where concerns are assessed at Scale 3 (serious) the case will be RAG rated as Amber and will meet the threshold for a child in need service.
- Where concerns are assessed at Scale 4 (severe) the case will be RAG rated as Red and dealt with under child protection procedures.

Where it is unclear from the information provided in the referral or notification about the scale of risk, the MASH social worker should contact the victim to discuss the incident, gain their views as to what happened and the children's experience of the incident.

When making decisions on thresholds, the MASH manager should consider every case individually and apply the London Safeguarding Children Partnership thresholds for domestic abuse:

- **Early help intervention:** Cases involving low levels of non-physical abuse; evidence of low levels of coercive control; a known perpetrator of domestic abuse resides with the family.
- **Child in need intervention:** Cases involving low levels of non-physical abuse where the victim has previously experienced domestic abuse; children showing signs of harm due to witnessing coercive control and perpetrators do not acknowledge the impact of their behaviour; a known perpetrator of domestic abuse resides with the family and the victim minimises the risk.
- **Child protection intervention:** Cases involving a number of domestic abuse incidents; children directly subject to coercive control and threatening behaviours resulting in harm; incidents of coercive control increasing in frequency, severity and duration; victim and children at serious risk of physical harm; children injured as a result of domestic abuse; children neglected/traumatised as a result of domestic abuse.

In high risk cases, the MASH team should also take any action to safeguard the child immediately such as supporting the victim to separate or removing the perpetrator from the home. The MASH should always provide support to any victim who plans to separate from the perpetrator.

Allocated cases

Where the family are already known to CSFH, any referral or Police notification will be passed to the allocated social worker. Where social workers are notified of or become aware that a domestic abuse incident has occurred in a family they work with, they should review the incident with their supervisor to decide on the most appropriate action.

Consideration should be given to bringing the review of the child's plan forward and updating the assessment and also deciding what other immediate action may be needed in the interim.

It is recommended that social workers consult with the Independent Reviewing Officer with responsibility for MARAC for advice on levels of risk and appropriate interventions. Social workers should also ensure that the victim is referred to the Camden Safety Net.

8 Assessment

A child and family assessment should be carried out on any case accepted by the MASH as reaching the threshold for a social work service.

For **allocated cases**, the social worker should include details of any new incidents of domestic abuse notified to CSFH in the updated assessment for the next review of the child's plan. If the domestic abuse incident is thought to be serious, the social worker should discuss this with their supervisor and consideration should be given to bringing forward any scheduled review of the child's plan.

When carrying out assessments, social workers should ensure they gather and collate information from all professionals working with the child and family, including:

- police records on previous incidents
- information from the family GP and other health professionals working with the family
- information from adult services working with the victim or the perpetrator
- if the family are council tenants, any information from Housing about incidents reported to them
- information on hospital admissions for the victim and children
- any information from schools on the possible impact of domestic abuse on the child
- where possible and appropriate, any information from the extended family.

In order to get a better picture of the level of risk to children and their experience of the abuse, the child and family assessment should also gather the following information:

- number, frequency and severity of incidents
- whether the victim minimises the abuse
- the extent to which the victim accepts they are being abused
- the impact the abuse had on the victim and their parenting capacity
- the extent to which the victim minimises the risk or impact of the abuse on the children
- where the children are when the abuse occurs/their experience of the abuse
- whether the children have tried to intervene to stop the abuse
- what steps the victim has taken in the past to protect the children and whether they are able to take the necessary steps now to protect them
- what barriers exist that may be stopping the victim from leaving, ie: financial, housing, cultural

- what is the victims support network and coping mechanisms for themselves and their children
- whether the extended family are capable of and willing to support the victim and protect the children or whether they may be complicit in the abuse.

Social workers may also wish to use the CAADA/DASH risk identification checklist with the victim in order to gather information on the level of risk and inform decisions on interventions. Social workers should also request information from any CAADA/DASH risk assessment or review of the risk assessment carried out by Camden Safety Net if they have been working with the victim.

During the assessment, social workers should try to find out from the child exactly what has happened to them and what they have heard or witnessed, taking into account their age and understanding. This is particularly important where the parents are minimising or denying the abuse.

All the children's developmental needs under the assessment framework should be considered within the assessment so that there is an understanding of the impact on the child of living with domestic abuse and both parents capacity to meet those needs in the context of the on-going domestic abuse.

9 Intervention

The purpose of any intervention by CSFH should be to reduce risk by supporting the victim to protect their child whilst working with the perpetrator to end the abuse. All actions and services put in place to address domestic abuse should be recorded in the child's plan.

Social workers should be aware that sometimes statutory services may not be able to meet the specific needs of victims and children and support from an appropriate voluntary and community group may be needed to help them engage. This may be the case for Black, Asian and other ethnicity victims.

Keeping children safe should be the main priority and how this can be achieved will depend on the level of risk to the child and the extent to which parents accept concerns.

- Social workers should speak openly with both parents in order to gauge the extent to which they understand the impact of domestic abuse on their child and accept concerns and are willing to co-operate in order to safeguard their

child. Where possible, actions to safeguarding the child should be agreed with both parents.

- If it is not possible for the perpetrator to be involved in discussions social workers should work with victims to help them to understand the risks and concerns and consider their options.
- The victim may decide to end the relationship with the perpetrator and separate; this may involve removing the perpetrator from the family home or helping the victim and children to leave.
- However, in many cases the victim may choose to remain in a relationship with the perpetrator and this will involve making a plan that can keep both the victim and children safe in the event there are further incidents of domestic abuse.
- Social workers may need to decide on whether separation has to happen or whether to work with the family on the basis that parents stay together and use appropriate intervention to support this. Consideration must be given to the victim's ability to protect the children from abuse.
- Child protection procedures should be considered where there are high levels of abuse and violence that put the child at risk of significant harm or where it is clear the victim is minimising concerns and does not have an effective plan to protect the child.
- Removal of a child due to domestic abuse should only take place in extreme circumstances and where there is no other way of ensuring the child's safety.

If the victim's decision is to leave the family home

Social workers need to ensure that the victim and the children have a safe place to go and make plans so that the victim and children are able to leave safely, normally when the perpetrator is not present.

The victim may have the option of staying with family or friends, but consideration should be given as to whether this option really is safe given the risk from the perpetrator, and a refuge may be a safer place, especially as family and friend's addresses are likely to be known to the perpetrator. For information on refuge provision see section 7.

If families are leaving the family home, social workers should support victims to leave by:

- liaising with Camden Safety Net and the refuge
- making practical arrangements for the victim and children to move
- ensuring the victim takes all important legal and financial documents, passports etc
- ensuring the victim can access support from refuge workers or the Camden Safety Net
- supporting the victim to approach the Housing Department for advice on housing issues
- ensuring the victim can access support from a variety of agencies, especially mental health, and can get advice on benefits.

Removing the perpetrator can be negotiated with the victim and perpetrator where there has been a significant incident and there are child protection concerns. It may be used where there is no risk of an escalation of abuse following separation and the victim feels empowered to use this option. The option may also be valuable to allow a period of time to work with the victim and perpetrator to resolve difficulties and work to reduce risk and end the abuse.

Impact of separation

Separation can be problematic and can lead to an increase in risk from domestic abuse for both victims and children, as the power and control dynamic changes, leading to a more volatile situation. Contact following separation can also provide opportunities to continue the abuse.

For this reason social workers must be aware of the impact of separation on the nature and severity of abuse and should tailor interventions accordingly in order to support victims and children.

Where victims have separated from the perpetrator due to high levels of abuse and social workers assess that there is a high level of risk to the family if they are in contact with perpetrator, care must be taken not to disclose the family's whereabouts and the family address must not be included on any official documentation such as child protection papers.

Following separation **contact arrangements** could be used by perpetrators to continue the abuse and may lead to an increased risk to the child and victim. Some children may have a good relationship with the perpetrator and may wish to continue to see

them but this must be considered in the light of the possible risks to the child and the victim.

If it is felt that contact may present difficulties, victims should be encouraged to arrange legal representation when dealing with the courts around contact and be made aware of facilities for supervised contact. Social workers may also wish to provide a section 7 report for any court application.

Social workers should make referrals to any relevant organisations who can offer appropriate support to the victim. This is vitally important for BME victims who may need culturally appropriate support in order to overcome barriers to taking action.

Legal options for protection

Social workers and victims should consider the use of Protective notices and orders available under the Domestic Abuse Act and served by the Police.

- **A domestic abuse protective notice** can be served by the police to stop the perpetrator from contacting the victim and remove them from the home or stop them going near the home.
- **Domestic abuse protection orders** can be applied for by both the police and the victim and can prohibit perpetrators from contacting the victim and may also impose conditions on the perpetrator and direct them to attend a perpetrator's programme.
- Victims can also use civil remedies such as **Occupation Orders and Non-molestation Orders** to remove the perpetrator, as well as to seek protection through criminal proceedings.
- Victims can also be referred to **Camden's SafeHome** scheme which is designed to help victims of domestic abuse remain in their home by providing extra security to the property.

10 Safety planning

Safety planning should be a central part of any intervention in domestic abuse cases as it is a key mechanism in reducing risk and ensuring safety of victims and children. It is particularly important where the victim has decided to remain living at home.

Responsibility for safety planning is as follows:

- Where CSN are working with victims are at high risk their IDSVAs based in the CSN will be responsible for putting a safety plan in place but it is essential that in these cases, social workers are involved in order to ensure that the safety of babies and young children is addressed as this age group will not have a separate safety plan.
- Older children and young people should have their own safety plan devised with their social worker (see below for details) where this is thought appropriate.
- Social workers should also help victims with safety planning if they are not receiving this support from CSN

Safety planning should involve the social worker and victim (and CSN where appropriate) reviewing the pattern of domestic abuse and the perpetrator's behaviour to develop a safety plan; where the victim is pregnant safety planning can be particularly effective if done in partnership with the midwife.

There should be a safety plan in place for the victim that covers actions to be taken to make sure babies and young children are kept safe and for any child who lives in the household.

Elements of the safety plan may include:

- recognising the triggers for domestic abuse
- finding somewhere safe to go, either in or out of the home
- having someone to call in an emergency (ie: family or neighbour) who may be able to get help if necessary
- keeping important telephone numbers to hand, especially for agencies such as CSFH
- keeping a bag ready with clothes, important documents, medication etc in the event the victim and children need to leave the home for any length of time.

Where the victim has separated from the perpetrator, safety planning may involve obtaining injunctions and the victim may have to make changes to their lifestyle, for example avoiding certain areas. However safety planning needs to be reasonable to ensure the victim is able to implement it and should not involve major changes that put a high expectation on the victim in order to achieve it.

Victims should also be aware of what actions under the Children Act 1989 CSFH are likely to take in order to protect the children and the circumstances under which such action will be taken.

If following separation, children are not to have contact with the perpetrator this must be communicated to staff at children's centres, nurseries, schools and after-school clubs. Staff should be provided with a photograph if available and advised as to what action should be taken in the event that the perpetrator attempts to contact the child or collect them at the end of the day.

If a child will continue to live in a household where domestic abuse is present, social workers must ensure there is a safety plan in place to help minimise risk to them during the abuse. For babies and younger children, this plan will be drawn up with the victim but where social workers believe the child has the necessary understanding, social workers should help them draw up an independent safety plan so that they can take action to keep themselves safe.

The plan should include:

- somewhere in the house they can go to be safe
- somewhere else outside of the house they can go if necessary
- a safe adult they can call in an emergency, ie: family/friend/neighbour
- someone they can talk to after the incident
- how to help younger siblings stay safe during the abuse
- that they should not intervene to stop the abuse
- that they are not to blame for the abuse.

All safety plans should be reviewed on a regular basis and after any serious incident of domestic abuse and this review should be carried out in partnership with CSN if they are working with the victim.

Safety planning should also be incorporated into the child's plan and reviewed regularly in line with statutory requirements. It is essential that where they are working with a victim, CSN are involved in any review of the child's plan, contributing to any updated assessment and attending the review meeting.

Supporting families to recover

Domestic abuse is known to be an Adverse Childhood Experience (ACE) causing long term trauma that has an impact into adulthood. Social workers should use trauma informed practice and remain aware of ACEs in the history of victims and perpetrators.

11 Working with victims

When working with victims social workers should be non-judgemental and work with families in a relational way, avoiding any blame. However, social workers should stress any concerns about the safety of children and explain how CSFH can help the victim to be safe and keep their children safe.

Social workers must ensure that when working with families, they keep the safety of the victim and children in mind at all times and ensure that any contact with them does not compromise their safety. In particular, social workers should be aware that the perpetrator may control the victim's movements, intercept their mail, check their mobile phones or use other forms of technology to keep them under surveillance.

To keep families safe social workers need to give careful consideration to the manner of making contact:

- Letters to families should be worded in a neutral way as they may be read by the perpetrator but should state clearly that there are concerns for the children.
- If contacting the victim by phone, social workers should try to get a mobile phone number and always ask first if the victim is alone and able to talk freely. It may be useful to agree a code to use.
- Social workers should check with victims as to the best location to meet where they are likely to feel safe and able to talk about issues and have the time to do so.

During case conferences and other professional meetings consideration should be given to splitting attendance at these so that the victim and perpetrator have an opportunity to attend and contribute but in a way that lessens the risk to victims. This should be discussed in advance with the conference chair.

Where victims have separated from the perpetrator due to high levels of risk from the abuse, care must be taken not to disclose the family's whereabouts to anyone outside

of the professional network. Social workers should ensure that child protection and other documentation sent out does not contain the victim's address or any other information that could disclose their whereabouts or enable contact with them. A warning note should also be put on the front screen of the MOSAIC case record that the address or contact details of the victim and their family should not be disclosed.

If the victim's first language is not English, arrangements should be made to have an experienced interpreter available. In some cases it may appear that the victim's English is of good enough standard to understand the issues but this should not be assumed and social workers should satisfy themselves that the victim does fully understand the concerns. **Members of the victim's family, including their children, should not be used as interpreters unless absolutely necessary.**

To support victims to disclose, there must be an understanding of the barriers to disclosure in order to devise an effective strategy to help the victim engage, and a multi-agency approach is more likely to be effective. The following should be considered:

- Routine enquiry about domestic abuse and direct questions incorporated into assessments can increase disclosure.
- Victims are more likely to disclose to health professionals as they are viewed as less judgemental and health services are used universally.
- Health professionals are also likely to be the first contact victims have with agencies when they seek medical treatment after domestic abuse.
- Victims may prefer to approach a worker who they already know and trust, especially if they are not aware of what specific services are available.
- Many disclosures are made to family GPs as victims are likely to be able to see their GP on their own and therefore have an opportunity to disclose.

Where victims and perpetrators deny the abuse or do not engage with services this makes it difficult to assess risk accurately. Lack of engagement may be due to fear of retribution or as a result of the controlling behaviour of the perpetrator and this should be borne in mind when dealing with the issue of engagement.

- They may attempt to avoid contact with agencies, missing appointments with CSFH, health or other agencies.
- They may show a level of disguised compliance where they agree to services but do not take them up.
- They may change address frequently, staying with family members, to avoid the professional network.
- Perpetrators may also use threats and intimidation to try to stop professionals contacting the family.

- The family may move to another local authority area in order to “shake off” agencies.

Denial and any form of non-engagement will automatically increase the level of risk and must be addressed immediately. Social workers must discuss the case with the manager or supervisor and seek advice from the Independent Reviewing Officer for MARAC as to what action should be taken.

Social workers should refer to the division’s non-engagement policy for details of how to work with families who do not engage or who are hostile to CSFH involvement.
<https://ascpractice.camden.gov.uk/media/3693/working-with-non-engaging-resistant-and-hostile-families.pdf>

It is important that when planning services and support for families, social workers ensure that victims have access to appropriate emotional support so that they can understand and make sense of their experiences in order to facilitate their recovery. Victims who are Black, Asian or other ethnicity should be signposted to a culturally appropriate provision.

12 Working with victims affected by immigration status

Immigration is a particular issue for many victims of domestic abuse. Often their immigration status is dependent on their marriage status and leaving the relationship could put this status in jeopardy. Normally they are required by law to stay in the marriage for a probationary period or risk deportation.

To give adequate protection to this group, the Home Office Migrant Victims of Domestic Concession victims who meet the criteria can apply for ILR in their own right and be able to access public funds to support themselves for a temporary period of 3 months. For further details and the application form: [MVDAC+reader+extended+-+02-25.pdf](#)

Victims may also be able to remain in the UK under the following:

- If the victim is from a country or culture where divorce or separation is unacceptable and there are fears that they will be harmed on their return, an application can be made for refugee leave or humanitarian protection under Article 3 of the Human Rights Act.
- Victims may also be able to apply for leave to remain under Article 8 (respect for private and family life) if removal from the UK will interfere with this right.

- Victims can also apply to remain under Appendix FM if they are the sole carer of a child or the child who lives with them has contact with a parent who is settled in the UK.
- Victims may also apply under a Zambrano application if their child is a British citizen and if the victim was deported the child would be forced to leave the UK too.

Victims should be advised to seek legal advice immediately, particularly if the probation period is close to ending. There is a fee for applications but this can be waived if the victim can demonstrate that they are destitute, for example that they are receiving local authority support because they have no recourse to public funds. Social workers may be required to provide written evidence that CSSW is working with the victim because of domestic abuse.

Further information is available at: <http://rightsofwomen.org.uk/wp-content/uploads/2014/10/Domestic-violence-immigration-law-and-no-recourse-to-public-funds-.pdf>

13 Working with children

Children may find it difficult to disclose domestic abuse because of loyalty to their parents, fear of reprisals, or because adults have encouraged them not to discuss it. Disclosure may be made over time, but when a child does disclose, it is important to take what they are saying seriously.

Social workers should work in a child-focussed way and make sure that they give enough time to children to enable them to talk about their experiences and that they feel safe to discuss the issue.

Social workers should:

- introduce themselves and explain to the child what their role is
- where appropriate try to see the child on their own in a neutral setting
- communicate with the child in age-appropriate language
- help children to explore their feelings about what is happening, but only if they feel safe and secure
- re-assure them that what they say is confidential but explain the limits to confidentiality
- stress to the child that they are not responsible for the abuse.

It is important that social workers explain to the child in an age-appropriate way what will happen next as they may be anxious that they will be taken away from their parents, or worried about the abused parent or the perpetrator going to jail.

If the family have to move away to stop the abuse, the victim may need help from social workers to explain the situation to the children. Although it is likely that they are aware of the violence, they could find the experience of leaving home suddenly upsetting.

Children who have experienced domestic abuse will need an opportunity to discuss their experiences and have an outlet for the feelings so that they can build up their confidence and self-esteem.

- Individual work is best for young children or for children with very individual needs who are only starting to come to terms with the aftermath of domestic abuse. It can be structured around specific issues or may be unstructured and child-led and can give children a chance to express feelings and help them to cope with their emotions.
- Group work is best for older children or when a child feels more comfortable with their situation. Group work is often centred on educating children about domestic abuse and allowing them to share their experiences with others, lessening their fear and confusion. Children who have experienced domestic abuse often find it helpful to know that other children share their experiences.
- Children can move from individual to group work as they become more able to address their individual fears.
- Joint work with victims and children can be useful to help rebuild their relationship, particularly if this has been damaged during the abuse. Research shows that one of the key ways to help children recover from domestic abuse is to help the victim overcome the mental and emotional damage caused by the abuse and help them to build their resilience.
- Work should focus on any protective factors that can contribute to building resilience as this makes the child less likely to blame themselves. Examples of protective factors are good relationships with extended family and friends and being able to continue with activities, hobbies and clubs.

As children's needs will all be different, each child should be assessed individually before deciding what type of direct work is most suitable and what resource is best able to meet the child's needs.

Where children have been forced to move because of domestic abuse, they are likely to experience dislocation having lost contact with family and friends and lost possessions. This may lead to confusion and resentment as they struggle to cope. It is essential that social workers and victims both provide an explanation to the child as to why the move is necessary and help them to settle and make new friends.

14 Working with perpetrators

Perpetrators are likely to have a history of childhood abuse, substance misuse issues and mental health difficulties and are likely to try and normalise their behaviour which is motivated by the need to control.

Perpetrators are likely to manipulate victims by blaming them for the abuse and undermining their relationship with their children and may try to manipulate the professional network.

It can often be difficult for social workers to engage with perpetrators, partly because of fears for worker safety but also because most perpetrators will try to avoid any contact between the family and agencies and can intimidate professionals from contacting the victim or children.

Social workers should try to include perpetrators in any assessment of the family in order to accurately gauge levels of risk to the child, inform interventions and to engage the perpetrator in working towards ending the abuse. However this must be balanced against the need to keep the victim and children safe from further abuse.

Information about the perpetrator should be sought from other agencies, particularly the police and especially around their history of violence. Information should be sought from health professionals, particularly GPs as perpetrators may be aware of and seeking help for their abuse behaviour and may have other difficulties such as mental health problems or substance misuse that drives the abuse.

Perpetrators may deny or minimise the abuse due to a belief that the abuse is justified but such views must be strongly challenged by social workers and it should be made clear that the abuse is not acceptable.

Perpetrators should be referred to a suitable resource or intervention to help them address their behaviours, particularly if they will remain living with or in contact with the victim and children. Camden's Domestic Abuse Perpetrator Programme (DAPP) is a multi-agency forum including Camden Council and the Police that shares information about high risk domestic abuse perpetrators and agrees a multi-agency response. Referral can be from MARAC but individual workers can also refer where they are

working with a perpetrator aged 16+ who has a history of domestic abuse and there is a need for a multi-agency management plan to reduce risk

Social workers should also ensure that perpetrators are aware of the impact of their behaviour on their children; often they are unaware that children are affected by domestic abuse and this may be a trigger for them to seek help.

15 Working with 16 and 17 year olds in abusive relationships

The statutory definition of domestic abuse includes young people aged 16 and 17 both as victims and perpetrators and social workers need to be aware of any young person they work with who may be experiencing violence and abuse within their intimate relationships either as a victim or perpetrator.

However, it should be remembered that this age group is still owed a duty under the Children Act 1989 and safeguarding action based on a recognition of child abuse is likely to be the most appropriate response. It is also essential that social workers work with young people to reduce risk and support them to develop healthy intimate relationships.

It may be difficult for this age group to recognise that the abuse they are experiencing is domestic abuse or they may deny or minimise the abuse. Teenage relationships occur outside of the domestic setting normally associated with domestic abuse and relationships are likely to be on a more casual footing making it harder to them to recognise the behaviours as being domestic abuse.

There is a strong link between interpersonal abuse and child sexual exploitation (CSE) as exploiters use abuse and violence as a form of control within the exploitative relationship. Social workers should refer to the division's child exploitation procedures for details of how to deal with these cases and ensure appropriate referrals to the Multi-agency Sexual Exploitation (MASE) group.

<https://ascpractice.camden.gov.uk/media/3703/child-exploitation-policy-and-procedures.pdf>

Forms of violence and abuse include:

- emotional abuse and control, such as insults, verbal abuse, threats, checking up on partners and stopping them from seeing friends, telling them what they can wear;
- physical violence such as kicking, punching, scratching, throwing objects, pushing around;

- sexual violence and abuse such as forcing a partner to do something sexual against their wishes.

Abuse and control can take place through **technology** such as:

- looking through/monitoring partner's texts and social media accounts
- sending unwanted texts and messages
- distributing sexual images without consent
- pressured sexting.

Risk factors associated with violence and abuse in young people's intimate relationships are:

- being exposed to domestic abuse at home;
- holding views that normalise intimate violence and abuse;
- having friends who have experienced intimate violence and abuse (as victim or perpetrator);
- psychological factors such as depression (girls) and delinquency and aggression (boys);
- links with other risky behaviours such as substance misuse, early sexual activity, regular viewing of on-line pornography;
- links with gang activity;
- being in care or a care leaver.

Protective factors include:

- doing well at school
- having a safe haven
- support from positive role models
- assertiveness and good self-esteem
- high expectations from others and high personal aspirations
- sense of belonging and security.

Girls are more likely to experience the impact of interpersonal violence and abuse and may feel scared and humiliated. Boys who experience interpersonal violence are more likely to feel angry and annoyed. Negative health outcomes include depression, low self-esteem, mental health problems, eating disorders, substance misuse, pregnancy and physical injury.

Few young people report their experiences, and boys are even less likely than girls.

Barriers to disclosure include:

- embarrassment
- fear of being judged
- not being aware of what they are experiencing is abuse
- believing they won't be taken seriously
- not wanting parents to know
- not wanting to end the relationship.

Social workers should work with young people in a sensitive manner in order to help them understand what a healthy relationship is like and why their relationship may be abusive. This may involve challenging the young person's understanding of healthy relationships and clearly stating what the concerns are.

A CAADA-DASH or similar risk assessment could be carried out to ascertain the level and risk of abuse and to use as a basis of discussion with young people. Any assessment should include abuse that is happening on-line.

When safety planning, social workers can refer to the guidance available at the link below but should take into account that the young person may not wish to end the relationship.

<https://www.atl.org.uk/Images/guidance-and-safety-plan-for-young-people-nov-13.pdf>

When working with young people who instigate interpersonal abuse and violence:

- Social workers need to take care not to "stigmatise" the young person.
- Many of the young men will have multiple and complex problems requiring intensive intervention.
- Young people are likely to have been exposed to domestic abuse in childhood and may have no positive role model or trusting relationship leading to difficulties in forming healthy relationships; social workers will therefore need to understand the family dynamic when working with these young people.

16 Abuse and violence against parents

Abuse of parents by young people is the most hidden form of domestic abuse and is rarely reported. It is defined as a pattern of behaviour including violence, emotional outbursts, threats, destruction of property, financial abuse and controlling behaviour by a young person against their parent or carer. Parents are very unlikely to disclose as they feel isolated and guilty, believing it reflects badly on them as parents.

It normally involves violence and abuse by a son towards a mother but can also involve girls being abusive and abuse directed towards both parents. Most young people involved are between 13 and 15 years old and it occurs across all levels of society.

Risk factors include substance misuse, mental health issues, learning difficulties or a history of domestic abuse within the family. Sometimes none of these factors will be present and parents may be at a loss to explain why it is happening.

This form of abuse can be difficult to recognise so social workers should include questions on all forms of inter-family abuse during assessments in order to give parents and young people an opportunity to discuss this issue openly and honestly.

Sometimes, framing the actual problem can help families to recognise and address problems although often parents may be reluctant to have their child viewed as a perpetrator of domestic abuse.

Further information on responding to incidents is available in the Home Office guidance: [Information guide: adolescent to parent violence](#)

17 Domestic violence disclosure scheme (Clare's law)

The scheme gives members of the public the **right to ask** police to check whether a new or existing partner has a violent past. If records show that an individual may be at risk of domestic abuse from the partner the police may consider disclosing the information if it is thought to be legal, proportionate and necessary.

The request can be made by anyone (for example the parents of a woman whom it is thought may be at risk) but information would only be disclosed to the potential victim.

The scheme also gives agencies working with families a **right to know** if they are concerned that a person they work with may be at risk of violence from an individual who is their partner. Agencies can request the police to disclose details of the partner's past offending and the police may consider disclosing the information if it is thought to be legal, proportionate and necessary.

Where there are concerns about a male partner, social workers should approach the MASH police about obtaining this information under the scheme.

Appendix 1: Indicators of abusive behaviour

Physical abuse, violent or threatening behaviour	Any physical attack involving kicking, punching, shoving, slapping, biting, strangulation, burning and use of weapons or any threat of physical violence or threats against other family members
Sexual abuse	Non-consensual sexual activity including rape and sexual assault, being forced into sexual activity or unsafe sex due to threats to others, exploitation - being forced into sexual activity with others or performing on pornography platforms, restricted access to birth control, forced termination
Controlling and coercive behaviour	Behaviour between connected persons that has a substantial adverse effect on the victim's usual day to day activities; a pattern of behaviour often perpetrated alongside other forms of abuse and designed to control the victim through fear. Includes isolating them from sources of support such as friends or family and depriving them of a means for independence or escape, controlling what they eat, where they go, who they can see, what they can wear using threats of violence or intimidation towards the victim or others
Harassment or stalking	Repeated attempts at unwanted communications and contact on a victim in a manner that could expect to cause distress or fear; includes following a person, monitoring their use of social media or the internet, loitering, interfering with their property, watching or spying on the victim
Economic abuse	Behaviour that has a substantial adverse effect on the victim's ability to acquire, use or maintain money or other property or obtain goods or services often to make the victim financially dependent on the perpetrator; includes controlling family income and access to accounts, not allowing victim to earn, refusing to contribute to family's costs, running up debts in victims name without knowledge or consent, preventing victim from claiming benefits or forcing them to claim fraudulently, coercing the victim to sign over assets
Emotional or psychological abuse	Behaviour that is designed to manipulate victim's fears, insult or belittle them in front of others, threaten, unsettle or intimidate them
Verbal abuse	Repeatedly shouting and yelling, degrading, insulting or threatening language, discriminatory language or mocking beliefs, physical appearance, disability etc
Technology-facilitated abuse	Using technology or social media to abuse victims either during or often after a relationship; using social media to place false or malicious information, creating false images online, distributing private sexual images without consent, setting up false social media accounts or blocking access to the person's accounts, hacking accounts, use of spyware on personal devices to locate or spy on, use of hidden cameras

Appendix 2: Wheel of power and control



DOMESTIC ABUSE INTERVENTION PROJECT

202 East Superior Street
 Duluth, Minnesota 55802
 218-722-2781
www.duluth-model.org