



Children's Safeguarding and Family Help
Domestic abuse policy and practice
guidance

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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:
 - assess risk and take action to protect the child
 - meet the needs of the child and support the victim
 - challenge the perpetrator's behaviour.
- 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

Domestic abuse is defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional.

Controlling behaviour is defined as 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 is defined as an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

The term “abuse” is used rather than violence to take into account the fact that controlling and coercive behaviour may not involve physical violence but can have the same impact.

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.

The definition of domestic abuse includes abuse and violence in young people’s relationships and in same-sex relationships. The definition also includes all forms of abuse and violence within the family as part of the Government “Violence against Women and Girls” strategy including violence linked to the following:

- **“Honour” based violence:** a violent crime or incident committed against a family or community member in order to protect or defend the honour of the family or community.
- **Female genital mutilation (FGM):** an illegal practice involving the cutting or otherwise changing of the female genitals for cultural reasons rather than for medical reasons.
- **Forced marriage:** a marriage conducted without the valid consent of one or both parties and where duress is a factor.

Further information on each is available on the children’s policy 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.

- Research shows that women are **more vulnerable** to domestic abuse where they:
 - have separated
 - are on their own raising children
 - are living on low incomes

- have a longstanding illness or disability
- live in a deprived area.

- **Perpetrators** are more likely to have:
 - a history of childhood abuse
 - substance misuse issues
 - mental health difficulties
 - poor parenting skills, being more likely to use physical punishment to manage children's behaviour.

- 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. Contact arrangements can be used to continue the abuse.

- There is a strong association between domestic abuse and **alcohol** with an increase in likely violence where the perpetrator is drinking or has a history of alcohol abuse. The abuse is likely to be more violent and frequent where alcohol is a factor and is more likely to involve the physical abuse of the child.

- The association between domestic abuse and **drug use** is not as strong but use of both substances increases the risk of abuse. 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.

- About 30% of domestic violence starts during **pregnancy**; where domestic violence has already existed in a relationship, pregnancy can cause its escalation.

- Women in the **16-24 age group** have the highest risk of being victims of domestic 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.

4 Barriers to accessing services

Domestic abuse has the highest rate of repeat incidents and victims face many barriers to seeking help:

- they do not recognise themselves as being victims of abuse until the violence reaches very high levels;
- they wish to remain in the relationship and believe the perpetrator can change;
- they have a high dependence on the perpetrator either emotionally or practically in terms of housing and financial support;
- they blame themselves for the abuse (and may be blamed by the perpetrator);
- they are ashamed of the abuse and do not wish to be judged by agencies;
- they fear their children being removed from their care.

All victims of domestic violence can experience difficulty in getting help, but **women from minority ethnic groups** face additional barriers.

- The language barrier and a lack of knowledge of services may lead to them being unaware of what help is available.
- They may be unaware that what they are experiencing is a crime, that help is available, or how to access services.
- They may have already experienced indirect racism and discrimination in their dealings with agencies which could discourage them from seeking help.
- There may be strong cultural reasons for not seeking help such as concern about being ostracised by family and community.

- For some women their immigration status may exclude them from accessing services such as benefits and housing so that consequently they are unable to leave an abusive relationship.

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

Children can be exposed to domestic abuse in a number of ways and the manner in which they are exposed can determine their response and how it impacts on them.

- Unborn children can experience violence pre-birth in the womb;
- The child may try to intervene to stop the abuse or protect the victim;
- The child may be verbally or physically assaulted during the domestic abuse;
- The child may be forced or coerced by the perpetrator into joining in the assaults, for example by spying on the victim or taunting them;
- The child may directly observe or hear the assault;
- The child may see the immediate outcome of the assault, for example bruises, bleeding, victim crying;
- The child may hear about the assault from the victim or a third party.

Parents often mistakenly believe that if the abuse doesn't happen in front of the child they don't know about it and it will have no effect on them. However research shows that where abuse is recurrent, it is likely the child is aware of it even if they are not present and will experience high levels of distress and emotional damage knowing that the abuse is happening.

6 Impact of domestic abuse

6.1 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.

- Children may be at risk of injury where the abuse involves violence especially if they try to intervene to protect the victim or younger siblings.

- 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 are likely to be injured as a result of being pushed or dragged away having intervened.
- 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.
- They may worry about the victim (normally their mother) and younger siblings and may blame themselves for the abuse.
- Exposure to domestic abuse has a cumulative effect with a greater impact for those who are exposed the longest.
- Living with the secrecy and stigma of domestic abuse can lead to lack of self-esteem and self-confidence and make it difficult to maintain friendships.
- Some children may have to become young carers when the victim is not able to parent and an inability of the victim to be emotionally available to the child can negatively affect their attachments.
- 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.

6.2 Impact on pregnancy

- Research indicates that 30% of domestic abuse begins during pregnancy and 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.
- Younger women are more at risk from domestic abuse during pregnancy.

- 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.
- Low birth weight is also associated with domestic abuse in pregnancy as the mother is likely to be too anxious to eat well or look after herself.
- 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.

6.3 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.

Research also indicates a strong link between domestic abuse and child abuse: **domestic abuse is a key indicator of child abuse and is present in 45% of child protection cases.** It is also cited as a factor in most serious case reviews.

7 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.

Responding to domestic abuse

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](#)

8 Multi-agency working

8.1 Working with the professional network

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.

8.2 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 will work jointly with CSN and Solace, social workers should refer to the joint working protocol available at:

<https://ascpractice.camden.gov.uk/media/3309/domestic-violence-joint-working-protocol-with-csn-solace.doc>

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.

8.3 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 will also provide victims with advice housing, 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.

9 Referral and thresholds

9.1 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 <https://ascpractice.camden.gov.uk/media/3319/dv-risk-assessment-matrix-final.pdf>

- 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:

- Cases involving low level verbal abuse or threats where no criminal offence has taken place should be referred to the **Early help/CAF team** depending on how many previous incidents have taken place.

- Cases are more likely to reach the threshold for a **child in need service** from CSSW in the following circumstances:
 - other factors such as mental health and substance misuse are present;
 - the victim is pregnant;
 - there is a history of domestic abuse, including domestic abuse in a previous relationship;
 - the incident is serious;
 - there are babies or very young children living in the household;
 - the victim plans to remain in the relationship.
- Cases are likely to reach the threshold for a child protection response where there is a significant incident involving a criminal assault with the child in close proximity, for example a child being held by the victim during the assault, thus increasing the risk of physical injury to them. A child protection response is also likely where there is a significant assault on a pregnant victim.

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.

Where there have been 3 Police notifications involving domestic abuse at a low level that would not normally reach the threshold for a social work service the MASH team will refer the case on for a child and family assessment regardless of the level of risk.

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.

10 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:

- Cases where there is no previous history of domestic abuse and where issues can be addressed via a short term intervention will be allocated to the Brief Intervention team.
- Cases where there has been a long history of domestic abuse, a re-referral following a domestic abuse incident or cases likely to require a child protection response will be allocated to a long term CIN team.

For **allocated cases**, the social worker should include details of any new incidents of domestic abuse notified to CSSW 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.

If social workers experience **difficulty in getting consent for network checks** during the assessment process they should refer to the division's "Working with non-engaging, resistant and hostile families" policy for guidance on what action to take. <https://ascpractice.camden.gov.uk/media/3693/working-with-non-engaging-resistant-and-hostile-families.pdf>

11 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.

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.

Family group conferences can help the extended family to devise a safety and support plan for victims and children and can be useful for planning for oversight and supervision of contact following separation. Victims are more likely to seek help from family and friends before approaching agencies so it is important that social workers encourage their participation in planning in order to maximise support.

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.

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.

Social workers and victims should consider the following options:

- A **Domestic Violence Protection Order (DVPO)** can give the police the power to remove the perpetrator and ban them from returning to the home for up to 28 days.
- 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.

Victims who wish to remove the perpetrator from the family home should be referred to solicitors who specialise in Family Law for further advice on what action to take.

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 11.

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.

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.

12 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.

13 Referral to MARAC

A Multi-agency Risk Assessment Conference (MARAC) is a specialist meeting where agencies share information about individual domestic abuse cases. The purpose of MARAC is to provide a multi-agency response to high risk domestic abuse cases by putting in place a multi-agency plan to keep victims and children safe and deal effectively with perpetrators.

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.

Supporting families to recover

14 Working with victims

When working with victims social workers should be non-judgemental and avoid laying any blame on them. 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 and check their mobile phones.

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 CSSW, 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 CSSW 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 from ethnic minority groups should be signposted to a culturally appropriate provision.

15 Working with black and minority ethnic groups

- Religious and cultural values may prevent some victims from seeking help or leaving an abusive relationship. Some communities place a great deal of importance on marriage and its dissolution is regarded as an affront to these values. For some women, the end of their marriage can result in estrangement and isolation from their own family and community and may even lead to so-called “honour crime”, which may have serious consequences.
- Social workers should also be aware that women in some BME communities may experience domestic abuse differently. Their extended family may support or condone the domestic abuse for a range of cultural reasons such as maintaining family honour and there may be more than one perpetrator within the extended family.
- Social workers need to work in a culturally sensitive and non-judgemental way to inform victims of their rights and what support is available to them. Good outcomes are more likely to be achieved through the use of specialist support workers, agencies and advocates based in community groups who can build up trust and who are seen as independent from CSFH. These workers may be better placed to represent the woman’s interests and provide individual, tailored support that is culturally sensitive.
- However, social workers must make it clear to support workers that they must share relevant information about changes in risk so that CSFH can take any necessary action to protect the child under the Children Act. They should also make it clear to agencies the need for confidentiality in order to ensure the safety of victims and children.
- Social workers must also be aware of equalities issues when carrying out assessments, and should be able to identify and address any specific needs relating to ethnicity and culture and how this may present barriers to seeking help.

- When using interpreters, social workers should ensure that the interpreter is aware of the importance of sensitivity and confidentiality when dealing with domestic abuse issues. Some victims may be aware of an interpreter's links to their community and how this may impact on their safety and this may affect what information they share. Children or other family members should not be used as interpreters.

16 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 Domestic Violence Rule states the following:

- If an adult has come to the UK as a spouse or partner of a British citizen or someone with Indefinite Leave to Remain (ILR) and they and/or their dependents become victims of domestic violence during the probationary period, they can apply for ILR in their own right.
- The victim must be able to demonstrate that the relationship has permanently broken down because of domestic violence before the probationary period ended.
- The victim must also show that they are suitable to remain in the UK indefinitely.

Under the Destitution Domestic Violence (DDV) Concession victims who meet the above criteria and who are destitute and in need of financial help can apply for temporary leave to remain for 3 months and if granted, will be able to access public funds but must to apply for ILR during the 3 month period. Further details are available at:

<http://www.nrpfnetwork.org.uk/guidance/Documents/DDV%20Concession%20Factsheet.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 who have been living in the UK for 20 years (with or without leave) or who are aged 18-25 and have lived in the UK for more than half their life can apply for leave to remain under Appendix FM.
- 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 CSFH 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>

17 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.

18 Working with perpetrators

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 and may also blame the victim for provoking them. These responses are generally linked 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.

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.

19 Working with 16 and 17 year olds in abusive relationships

The definition of domestic abuse includes young people aged 16 and 17 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.

It should be remembered that this age group is still owed a duty under the Children Act 1989 and it is essential that social workers work with young people to reduce risk and support them to develop healthy intimate relationships.

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.

20 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.

As this type of abuse raises questions about family relationships, control and boundaries it may be best addressed through whole family interventions and therapy. However, some young people may require separate support and intervention to address the drivers of violence and abuse.

21 Domestic violence disclosure scheme (Clare's law)

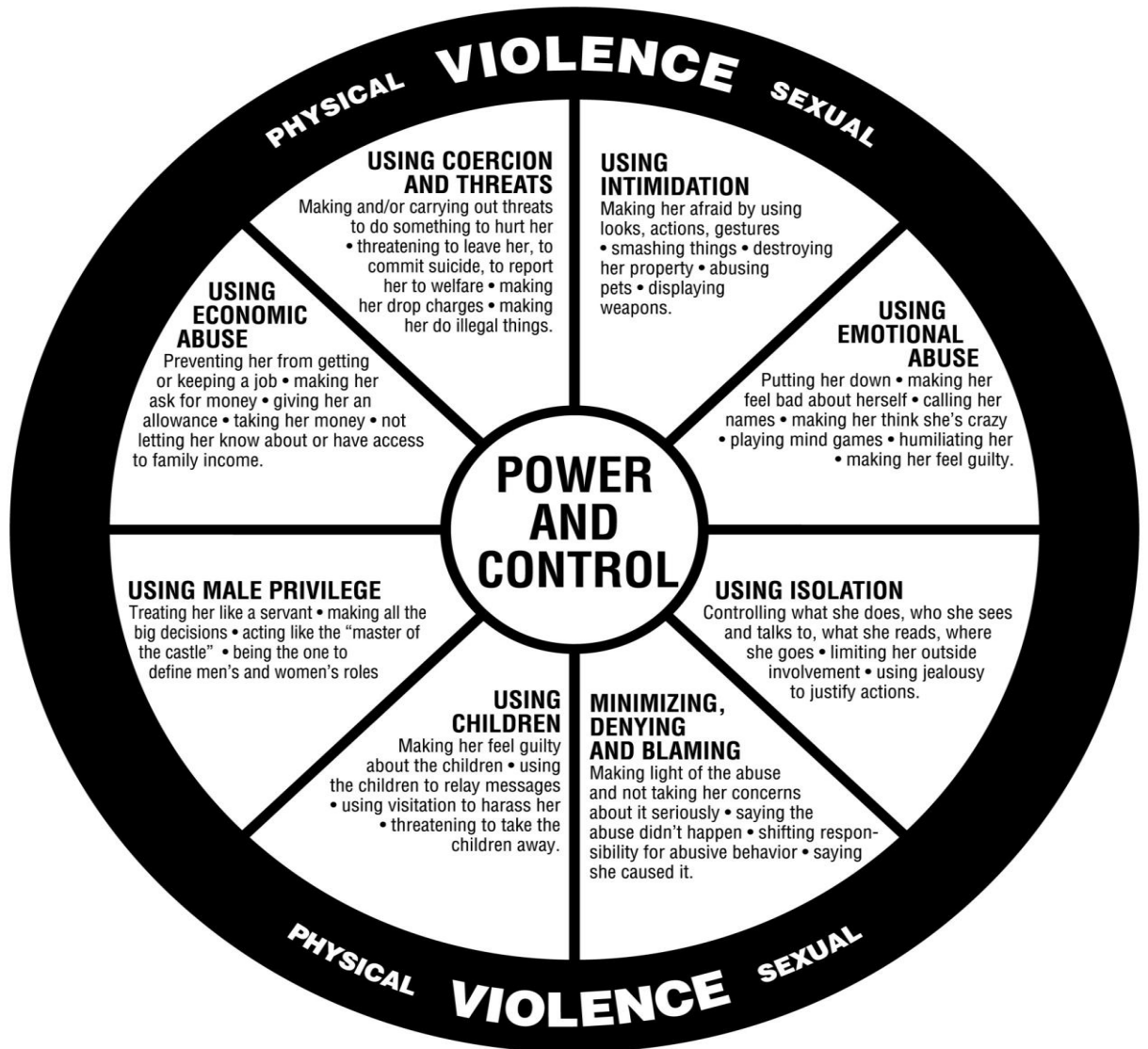
The scheme gives members of the public the **right to ask** police to check whether a new or existing partner has a violent past. If records show that an individual may be at risk of domestic abuse from the partner the police may consider disclosing the information if it is thought to be legal, proportionate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



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