



Camden Safeguarding Children Partnership

Safeguarding children living with domestic
abuse: multi-agency guidance

2025

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1 Introduction and purpose of guidance

Camden Safeguarding Children Partnership recognises that domestic abuse is one of the key risks to the safety and welfare of children and requires a multi-agency response in order to protect them from harm. This guidance aims to support professionals in the children's workforce by providing information and advice on how to:

- recognise the presence of domestic abuse in families
- assess the risk to the child
- make appropriate referrals to services on behalf of the family
- work safely and effectively with families.

2 Definition of domestic abuse

The Domestic Abuse Act 2021 provides the statutory definition of domestic abuse:

The behaviour of a person towards another person is domestic abuse where they are both aged 16 or over and are personally connected and the behaviour is abusive.

Abusive behaviour is defined as any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional or other 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 they are related to either the victim or the perpetrator. This includes parents, relatives and anyone holding parental responsibility.

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.

All forms of abuse and violence within the family context are covered by the Domestic Abuse Act and professionals should be aware of the following types of abuse:

- Abuse and violence in **young people's relationships** where the young people are aged 16 and 17, although a safeguarding response may be more appropriate.
- **“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.
- **Child on parent abuse**: a pattern of abusive and controlling behaviour by a child towards a parent.

3 Recognising domestic abuse

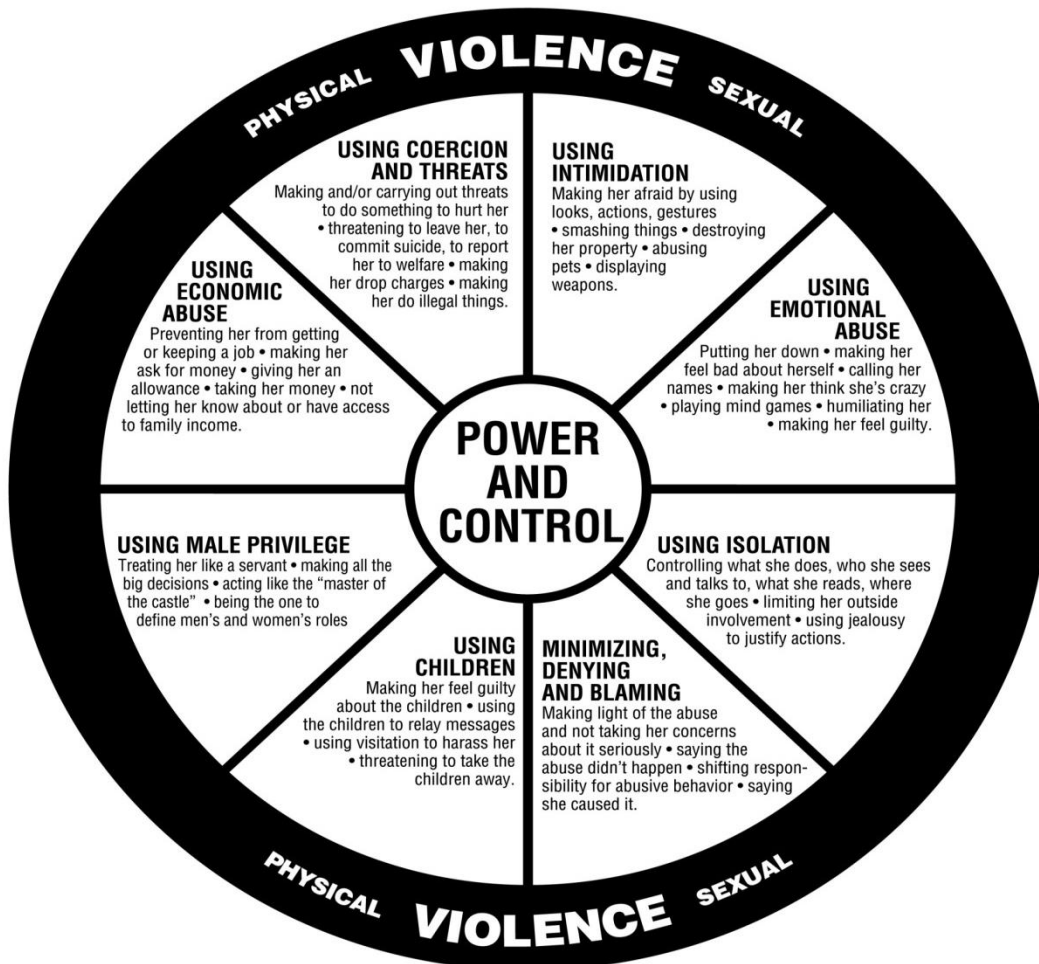
Domestic abuse involves behaviour that is intentional and is calculated to exercise power and control within a relationship (see below). It is primarily but not solely perpetrated by men against women.

There are some risk factors and vulnerabilities that professionals should be aware of:

- **A history** of domestic abuse and repeated incidents; on average victims may experience up to 35 incidents before seeing help.
- **Separation** can increase the risk and seriousness of the abuse as the dynamics of the relationship change.
- **Contact** with children may be used to continue the abuse.
- **Pregnancy** can trigger or intensify abuse.
- **Homelessness** or the fear of homelessness may keep victims in an abusive relationship or make them more vulnerable to entering an abusive relationship.
- **Disability** can make victims more vulnerable as their disability may be exploited by the perpetrator, for example withholding medicines or equipment or blocking access to medical treatment.

Children's experience of domestic abuse can include:

- being injured during a physical attack, particularly older children who may try to intervene to stop the abuse
- being forced or coerced to join in the abuse by the perpetrator
- witnessing the assault, including seeing, hearing or seeing the impact on the victim, for example bruising etc.



DOMESTIC ABUSE INTERVENTION PROJECT

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The wheel is a static model that highlights different forms of abuse, such as emotional, physical, and economic abuse and focuses on identifying and understanding the patterns of abusive behaviour. The CSCP recognises that this may not fully represent the experiences of all victims was developed based on the experiences of a specific group of survivors. It may not fully address the cultural nuances and different forms of abuse experienced by people from diverse backgrounds and therefore the attached link various examples of

different wheels which can also be accessed via the following link ["Wheels" Adapted from Power and Control Wheel Model](#) These tools emphasise the power and control element of DVA and how essential they are in identifying and challenging all elements of DVA.

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
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4 Impact of domestic abuse

Impact on victims

- Domestic abuse can have a long-term physical, mental, emotional and psychological impact on victims including:
 - physical injuries
 - general poor physical health caused by stress and the psychological impact of the abuse, particularly coercive control
 - feelings of isolation, depression, PTSD and anxiety
 - sleep and eating disorders
 - use drugs or alcohol as a coping mechanism.
- This impact can also have an adverse effect on the victim’s parenting capacity leading to potential neglect.

Impact on children

The impact of domestic abuse on children will be influenced by factors such as age, gender, disability and race and may vary even between siblings.

- 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.
- Older children may show signs of disruption to their daily lives; some may experience high levels of fear and anxiety and may worry about the victim and younger siblings and may blame themselves for the abuse.
- Some children may have to become young carers in order to protect the victim or when the victim is not able to parent younger siblings.
- An inability of the victim to be emotionally available to the child can negatively affect their attachments.
- Children are just as affected when witnessing non-violent incidents of coercive control as acts of physical violence.

- Children with SEND may find it difficult to communicate their situation or their feelings or may find other means to communicate their distress for example through their behaviour.
- Living with domestic abuse is a key Adverse Childhood Experience (ACE) contributing to trauma in later life.

Indicators

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 • difficulty settling/sleeping 	<ul style="list-style-type: none"> • conduct disorders and poor emotional wellbeing • poor school attendance and performance and attainment • 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) • poor school and performance • self-harm/eating disorders • inter-personal abuse and violence in own relationships either as victim or perpetrator.

5 Supporting disclosure

Understanding barriers

The personal characteristics and circumstances of victims can act as barriers to them being able to seek help or engage with services. 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 benefits, housing or tenancies if they leave the relationship.
- Victims from overseas may be worried about how reporting domestic abuse 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 worry about losing their children
- Male victims may feel they will not be believed or may be held back by shame and stigma.
- Some victims, particularly younger victims, may not recognise the behaviours as being abusive.
- Many of the issues faced by victims will be intersectional, adding to the complexity of their predicament.

Women from minority ethnic groups face additional barriers:

- They may face structural, cultural or language barriers and experience feelings of shame.
- They are unaware that what they are experiencing is a crime and that help is available.
- There may be cultural reasons for not seeking help such as being ostracised by their family and community, and they may face family pressure to remain in the relationship.
- There may also be cultural reasons to mistrust the authorities and to feel that it is a family or community issue.

Good practice in supporting disclosure:

- providing information about domestic abuse services to raise general awareness
- giving victims an opportunity to be seen alone and being aware of the presence of the perpetrator during appointments may be a form of control
- routine enquiry about domestic abuse and direct questions incorporated into agency assessments
- approaching victims via a worker who they already know and trust
- using appropriate voluntary or community groups to support hard to reach groups
- making trained interpreters or signers available or having information in different languages/braille rather than using family and friends as interpreters.

Supporting children to disclose

Children may find it difficult to disclose domestic abuse because they want to protect their parents, may have been told by adults not to discuss the abuse and may also be fearful for their own safety.

- Children should be believed and be given time to talk about their experiences

- They should be given clear, age appropriate information about domestic abuse and why it is wrong.
- They should be reassured that the abuse is not their fault and that other children have similar experiences.
- They should not be pressed for information
- They should be told that it may not be possible to keep the abuse secret if they are at risk of harm and informed of what action will be taken.

6 Role of agencies

Professionals in all agencies working with family members:

- need to be vigilant and able to recognise the presence of domestic abuse in a family in all its forms.
- should be confident on how to deal sensitively and discretely with any disclosure of domestic abuse in a way that keeps the victim and children safe.
- should know how to make referrals in order to get help and support for the family in order to keep children safe.
- should routinely share information about domestic abuse in order to assess the level of risk.

Agencies are likely to have differing levels of contact with victims, children and perpetrators and this will influence how they may become aware of the presence of domestic abuse:

- **Health professionals** are likely to be in contact with victims, children and perpetrators and may witness the physical and mental impact of the abuse on the victim and the child. Victims are more likely to disclose to health professionals as health services are used universally. Professionals should refer to the Department of Health guidance “Responding to domestic abuse” available at: [Domestic abuse: a resource for health professionals - GOV.UK](#)
- **A&E staff** may be aware of women who present frequently with non-accidental injuries and perpetrators may present with injuries to hands such as fractures. **Midwives** may become aware of the presence of domestic abuse during antenatal care.
- **Health visitors** may be in contact with families when there is the most pressure following the birth of a child and when the child is most vulnerable to harm arising from domestic abuse.
- Victims are more likely to disclose to **GPs** whilst seeking treatment for injuries sustained during the abuse or for unrelated issues as this may be the only

opportunity they have to be alone with a professional. Victims may also present with unrelated symptoms including mental health problems. Perpetrators may also disclose the abuse to their GP during routine health treatment.

- The **Police** will be called to domestic disturbances that may involve domestic abuse and should routinely ask if there are any children present at the address that they should then see. All incidents of domestic abuse where children are present must be notified to CFHS. Police may also consider the use of Domestic Violence Notifications and Orders.
- **Schools and early years providers** such as children's centres, nurseries and childminders may have some contact with victims but are more likely to notice the impact of the abuse of children who may disclose the abuse to staff. Children may start to display aggressive behaviour following a violent incident in the home. Schools should be aware of their duties under *Keeping children safe in education* and will be notified of domestic abuse incidents where pupils were present via Operation Encompass.
- Staff in **Youth services** and **keyworkers in young people's pathway hostels** may know of young people they work with who are the victim or perpetrator of domestic abuse. Some may be accommodated in Pathway accommodation because of domestic abuse and family violence.
- **Probation staff and the Youth Offending Service** staff may be working with perpetrators of domestic abuse and may have knowledge on ongoing abuse or be able to provide information in order to assess the risk posed to children. They may also be working with offenders who are victims of domestic abuse.
- **Substance misuse services** may be working with perpetrators and victims and can provide information about how the perpetrators use of substances may heighten risk and whether victims' use of substances is in response to the abuse and the extent to which it may affect parenting.
- **Mental health services** may also be working with perpetrators and victims and can provide information on how mental illness may increase the risk posed by the perpetrator or limit the victim's ability to protect the child.

7 Responding to domestic abuse

Camden follows the London Safeguarding Children Board procedures available at: [PG13. Domestic Abuse \(londonsafeguardingchildrenprocedures.co.uk\)](https://www.londonsafeguardingchildrenprocedures.co.uk)

Identification and referral

- A referral should be made for any child where domestic abuse as described in the statutory definition (see section 2) is indicated as being present and is having a negative impact on a child who is living with the abuse.
- Where there are concerns about the impact of domestic abuse on a child, professionals should discuss concerns with their agency's designated safeguarding lead and use the Barnardos domestic abuse risk assessment matrix in order to assess the level of risk. Agencies can also contact the MASH social worker for a "no names" discussion on risk and thresholds. [Moderate – scale 1 \(cscp.org.uk\)](https://www.cscp.org.uk)
- Information to be used as part of the risk assessment matrix should be gathered from as many sources as possible and although the victim is clearly the most important source of information, professionals should be aware that they may minimise or deny the abuse.
- Professionals should always try to gather information from the child on their experiences as this will provide information about how the abuse is impacting on them.
- Professionals should and make a referral using the e-CAF referral form to refer to the Child and Family Contact team. If the family already have an allocated social worker any domestic abuse incident should be reported to them.
- All incidents of domestic abuse attended by the police where there are children living at the address will be notified to CFHS.
- Child protection referrals where level 4 risks are present can be made by telephone but must be confirmed in writing by e-CAF referral form within 48 hours.

Thresholds for services

- Where concerns are assessed at Scales 1 & 2 (moderate and moderate to serious) the case will be referred for an **Early Help service**. These are likely to be cases involving low level verbal abuse or threats where no criminal offence has taken place.
- Where concerns are assessed at Scale 3 (serious) the case will be referred for a **child in need service**. These are likely to be cases involving the following:

- where other risk 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.
- Where concerns are assessed at Scale 4 (severe) the case will be dealt with under **child protection procedures**. These are likely to be cases 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.

Where there have been a number of Police notifications or referrals 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.

8 Information sharing

Good information sharing is vital so that the professional network can share information, and an accurate assessment of risk can be built up especially where information may be withheld by victims and/or perpetrators. No single agency can ever know for sure what is happening in a child's life; it is only when information is shared that the full picture can be seen.

The Children Act 2004 provides agencies with a legal basis on which to share information with CSSW without parental agreement in order to safeguard a child. That means information needs to be shared in order to:

- protect them from maltreatment
- prevent impairment of their health or development
- ensure that they grow up in circumstances consistent with the provision of safe and effective care: and
- take action to ensure they have the best outcomes.

Where any of these factors are met, agencies may refer children to CSSW or provide information to CSSW under network checks without the agreement of parents.

Professionals receiving information about domestic abuse should explain that priority will be given to ensuring that the child/ren and their mother's safety is not compromised through the sharing of information.

If there is concern about the risk of significant harm to the child/ren, then every professional's overriding duty is to protect the child/ren.

Professionals also have a duty to protect the mother and should do so under the Crime and Disorder Act 1998, which allows responsible authorities to share information where a crime has been committed or is going to be committed.

The following should be notified to social workers or Family Support workers:

- details of any domestic abuse incidents either known, suspected or disclosed;
- the outcome of home visits and appointments and particularly any that are missed;
- the presence of the perpetrator at home when it is thought the couple have separated;
- any contact between the child and the perpetrator where such contact is prohibited;
- the presentation of the child or victim to health services for injuries or evidence of injury;
- information from adult services on the perpetrator or victim that may indicate an increase of the risk of domestic abuse.

CFHS and Early help services will always let professionals know of the outcome of any referral to the service and provide copies of assessments, plans and reviews.

9 Working with victims, children and perpetrators

- All domestic abuse cases are notified to Camden Safety Net (CSN) the main provider of services and support for victims of domestic abuse in Camden. The service works with victims to help keep them safe but can only work with them on a voluntary basis if the victim acknowledges the abuse and agrees to work with CSN.
- Where a child receives a social care service due to living with domestic abuse, professionals working directly with the child or victim will be involved in implementing any plan to keep them safe and to continue to monitor and share information. Agencies will be expected to attend strategy meetings and planning meetings such as:
 - Team around the Family reviews for Early Help cases

- Child in Need reviews
 - Child protection case conferences and core group meetings.
- To ensure the safety of the victim and children professionals should take care when contacting victims and should agree a safe form of contact with them as perpetrators may control their movements and intercept their mail/check their mobile phones.
 - When victims leave perpetrators the risk of harm can increase dramatically. Professionals will be made aware of any case where victims and children are not to have contact with the perpetrator following separation, what action to take should the perpetrator attempt contact and that care is taken not to disclose the family's whereabouts to anyone outside of the professional network.
 - When victims and children move out of Camden to refuge accommodation or to live with family members, professionals should ensure they share relevant information about concerns with their counterparts in the new borough. Professionals should seek information from their counterparts where a family fleeing domestic abuse moves into Camden.
 - Perpetrators may disclose domestic abuse to professionals, often GPs, because they are seeking help to stop their abusive behaviour and many may present with anger issues, mental health problems, substance misuse or relationship problems. In these cases, professionals should establish whether any children live in the household and their ages and advice sought from the professional's designated safeguarding lead on what action to take to ensure the safety of the victim and children.
 - It is important that young people aged 16 and 17 who are experiencing violence and abuse within their intimate relationships are protected from harm and receive the support they need to develop healthy intimate relationships. A referral to CFHS should be made on behalf of both the victim and the perpetrator. Forms of violence and abuse to be aware of are:
 - emotional abuse and control including checking up on them, stopping them from seeing friends, telling them what they can wear;
 - physical violence
 - sexual violence and abuse such as forcing a partner to do something sexual against their wishes;
 - abuse and control through technology such as looking through/monitoring partner's texts and social media accounts, sending unwanted texts and messages or distributing sexual images without consent.

10 Resolving professional differences

In the event that professionals or agencies have any disagreements in connection with this policy, this will be resolved under the CSCP escalation policy available at: <https://cscp.org.uk/professionals/escalation-policy/>